Pit Stop at FarmFest 2010

Evaluation: Is Pit Stop Effective?

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Dr Jennifer Moffatt

Post-Doctoral Research Fellow Rural Clinical School, School of Medicine, The University of Queensland

Dr Delwar Hossain

Research Fellow, Centre for Rural and Remote Area Health, University of Southern Queensland

Mrs Donna Boucher

Research Assistant, Rural Clinical School, School of Medicine, The University of Queensland



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Authors:

Dr. Jennifer Moffatt

Dr. Delwar Hossain

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Executive summary

Overview

Pit Stop is a health awareness-raising program designed to target rural men by using a mechanical theme to market and conduct health screen tests in a non-medical environment.

GP Connections, Toowoomba ran a Pit Stop program at FarmFest near Toowoomba, Queensland during 1st to 3rd June, 2010. FarmFest is a three-day agricultural field day known to attract a large number of rural men. GP Connections wished to target rural men so purchased a site at FarmFest.

The University of Queensland and the University of Southern Queensland were commissioned to conduct an independent evaluation of the FarmFest, Toowoomba 2010 Pit Stop.

In order to ascertain the effectiveness of FarmFest 2010 Pit Stop, the following evaluation questions were examined :

- 1. Do men use the Pit Stop program?
- 2. Does Pit Stop provide a comfortable environment for a health check?
- 3. Does it increase men's knowledge about their health?
- 4. Does it assist men to change their health behaviour?

Results

The evaluation was conducted in three phases, using both quantitative and qualitative data.

Phase I – Health screening data

Health screening data were collected using the Work Order (WO) from the stations of: obesity, diabetes, blood pressure, testicular cancer, smoking, alcohol and depression/mental health. The sample for the health screening data is 317, with the following characteristics:

- 70% of participants were male;
- 70% of participants lived in a rural area;
- average age of participants was 55 years;
- 30% of participants were farmers; 25% housewives/home duties; 21% Skilled technical workers; 13% Professionals;
- 68% had attended their GP in the last 6 months and
- 90% of men attended all 7 health screening tests.

Health screening test score

- Obesity measure: 82% exceeded the norm; 83% men & 80% women.
- Diabetes risk assessment: 87% are at risk of acquiring diabetes in the next five years; 91% men & 80% women.
- Blood pressure measure: 33% had high blood pressure; 35% men & 29% women.
- Testicular cancer assessment: 2% reported adverse indicators.

- Smoking measure: 7% reported being current smokers; 8% men & 5% women.
- Alcohol risk assessment: 16% scored above the recommended norm; 19% men & 9% women.
- Non-specific psychological distress measure: 26% reported moderate or high levels of psychological stress; 21% men & 32% women.

Quality of documentation: For most stations there were inconsistencies in the recording of information on the Work Order form.

Phase II – Follow up survey data

The follow up survey data were collected to measure the impact of the program through selfreported behaviour change, changes in knowledge and their perceptions of the program. A structured questionnaire was developed and used to collect data from the respondents. The sample for the follow up survey is 120, with the following characteristics:

- 66% of respondents were men;
- 70% of respondents lived in a rural area;
- average age of respondents is 60 years;
- 30% of respondents were retired; 19% farmers; 18% Skilled technical workers; 13% housewives; 9% Professionals and
- 55% had visited their GP since Pit Stop.

How respondents knew about Pit Stop: 70% walked by the stand

Changes in knowledge and behaviour

- 68% reported increased knowledge of their own health because of attending Pit Stop. The majority of those whose knowledge was not increased by Pit Stop reported that it was because they were already well informed. The greatest increase in knowledge was in the areas of diet and exercise.
- 49% reported changed health behaviours as a result of attending Pit Stop. The majority of those whose who did not change their behaviour as a result of Pit Stop reported that it was because they were already doing what was recommended. The greatest behavioural changes were in relation to diet and exercise, but changes were also made with mental health care, alcohol consumption, smoking and testicular examination.
- Between 89% and 95% of those who recalled being recommended to 'eat healthier', report having done so; between 77% and 95% of those who recalled being recommended to increase their exercise levels report doing so; between 76% and 80% of those who recalled being recommended to change their drinking behaviour at the alcohol station report doing so, but low percentages where this recommendation was made at other stations.
- 18 people (15%) had visited a health professional because of attending Pit Stop; 13 people 65% of those recommended to see their GP at the blood pressure station report doing do so; 5 people 64% of those recommended to see their GP at the testicular cancer station reported doing so; 10 people 45% of those recommended to see their GP at the Depression station report doing so.

Respondent assessment of Pit Stop

- 92% of respondents 'enjoyed' Pit Stop.
- 93% reported that Pit Stop was effective in improving preventative healthcare.
- 100% indicated the registration process for Pit Stop & how the stations were run as *Good*.

• More than 90% rated the attitude of staff, the ease of communication with staff, the health information provided, the Marketer and the free soup as *Good*.

Best thing about Pit Stop: The volunteers, and the information and advice.

How can Pit Stop being improved

- No improvements are required.
- More space/larger tent/More privacy.
- Too rushed.

Phase III- Provider comments

- Volunteers from stakeholder organisations are relied upon to man the stations and therefore deliver Pit Stop.
- There was some formal but mainly informal training, through documentation at each station and a handover from another volunteer. Debriefing was informal.
- Pit Stop is resource intensive because:
 - A tent, tables and chairs and other equipment has to transported in and set up, then taken down and transported out.
 - Health information has to be collected from the multiple stakeholders.
 - 41 volunteers were recruited and coordinated over three days for this Pit Stop.
- The main strength identified is the concept Pit Stop; also identifying people at immediate risk, the teamwork, the atmosphere, the organisation of it, the volunteers and the free soup.

Conclusions

This extremely positive assessment of Pit Stop by respondents demonstrates success on several levels. This is a health prevention program addressing chronic disease, one of Australia's most pressing health concerns, effectively organised despite the challenging logistics, and manned by volunteers decidedly suitable for the role.

The volunteers were a key strength of Pit Stop; specifically how they related to and treated respondents. However they were also delivering a program that respondents valued for its informative nature.

Recommendations

<u>1</u>: Include women in Pit Stop – promotional activities and health screening (eg breast cancer screening).

<u>2</u>: Give the volunteers a formal thankyou. The volunteers were a key to the success of the FarmFest 2010 Pit Stop.

<u>3:</u> At future Pit Stops introduce strategies to manage the flow of people to prevent crowding in the tent, or create partitions in the tent to increase privacy.

<u>**4:</u>** FarmFest 2010 Pit Stop was effective – continue the program with modifications as suggested.</u>

<u>5:</u> Prioritise obesity and diabetes prevention in health promotion activities as high percentages of participants were over the recommended norm.

<u>6:</u> The Work Order documentation needs to be modified for future Pit Stops and included in training to improve the quality of recording.

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Introduction

What is Pit Stop?

Pit Stop was developed by Gascoyne Public Health Unit, Carnarvon (Western Australia) as health workers in that area saw the need to target men's health more creatively than traditional approaches had done (Alston and Hall 2001). In brief, Pit Stop is an awareness raising men's health program that uses a mechanical theme to market and conduct health screening tests in a non-medical environment.

The original program consists of 8 health screening tests – blood pressure, flexibility, alcohol intake, hip to waist ratio, skin cancer, smoking, lung function and testicular cancer (Alston and Hall 2007). Each test is given a label consistent with the mechanical theme (see Appendix 1, Table 13). Typically a tent is set up at the venue, often with a motor vehicle at the front, selected to attract attention. Inside there is a table and chair for each test (or station), with the stations being manned by volunteers (see Appendix 1, Figure 10). Participants register then move through the stations with the results of each test recorded on a 'Work Order' form (see Appendix 1, Figure 11), with participants being given health resources for each test, or each test they 'fail'. This basic program is adapted to suit the occasion. Volunteers, at times wear overalls and on occasions mechanical equipment is used in displays to maintain the mechanical theme. At times a person with a microphone will stand outside the tent, inviting people in.

Why have Pit Stop?

Consistently men have been shown to have a poorer health status than women, with mortality and morbidity (AIHW 2010). They carry a higher disease burden than women for chronic disease, cancer and injuries, including suicide, greater risk factors than women for misuse of alcohol, use of tobacco and drugs, occupational exposures and hazards, and risk factors for cardiovascular disease (Begg S, Vos T et al. 2007). In addition, men are more reluctant than women to seek medical advice/intervention (Addis and Mahalik 2003); they have lower levels of health service use (Bayram C, Britt H et al. 2003) partly because they are less likely to see themselves as being at risk of injury or illness (Courtenay 2003).

The poorer status of rural Australians' health when compared to their urban counterparts is welldocumented (AIHW 2008). Contributing to this are poorer health risk factor profiles, lower levels of education and income, greater exposure to physical risks through road travel and occupation, and less ability to access health services (AIHW 2008; Smith, Humphreys et al. 2008). Therefore, men who live in rural Australia suffer double disadvantage in terms of their health.

In addition to this farm families are known to prefer to manage independently and not seek professional help (Anderson 2009). This may account for why a national study found that GPs were visited less often by rural and remote residents than by metropolitan residents (Caldwell, Jorm et al. 2004), and GPs provided fewer mental health services per capita in non-metropolitan areas compared to metropolitan areas.

While there are a range of men's health awareness and preventative health programs, in order to be effective the program must target the particular setting (Johnson, Huggard et al. 2008). Pit Stop was designed to appeal to Australian rural men and has been used in a range of rural settings – a tractor muster, Rotary meeting (Anonymous), a mining expo (Chambers 2005), agricultural field day (GP

Connections 2009), machinery field day (Russell, Harding et al. 2006), sports festival (Price 2006) and TAFE college (Johnston 2007). Adaptation of Pit Stop to a range of settings is a feature of the program. While this is advantageous to the participants, having multiple versions is a barrier to drawing conclusions about the program as a whole.

Whereas anecdotal evidence suggests that Pit Stop is very popular and effective, limited formal evaluations have been conducted despite the developers identifying the importance of evaluation (Alston and Hall 2001). A literature search reveals evaluations of Pit Stops conducted in the Riverina (Russell, Harding et al. 2006), Bendemeer (Anonymous) and the Goldfields, Gascoyne and Mid West in Western Australia (Chambers 2005).

Rationale for evaluation

GP Connections conduct numerous health education and health promotion programs. In 2009 they conducted a Pit Stop at the Ag Show, a regional field day held annually near Toowoomba (GP Connections 2009). While the subjective experience indicated to the organisers that it was a success and the level of participation was positive, the organisers were keenly aware that an independent evaluation would be more valuable in assessing the effectiveness of the program.

Pit Stop - FarmFest, Toowoomba 2010

GP Connections, Toowoomba Division of General Practice ran a Pit Stop program at FarmFest using the licence purchased by the Australian General Practice Network. FarmFest is an agricultural field day held annually, near Toowoomba, Queensland that runs over three days. It is billed by the organisers as Queensland's premier field days and reports approximately 70,000 people attend the event annually though actual numbers for 2010 have not been released (Fairfax Media 2010). In 2010 it ran from 1st to 3rd June, 2010.

While there are opportunities to run Pit Stop programs at agricultural shows in the vicinity of Toowoomba, many people who attend these are from the local towns. By comparison FarmFest is known to attract a large proportion of people rural men, many of whom travel substantial distances to attend. GP Connections wished to target rural men so purchased a site at FarmFest (see Appendix 1, Figure 12).



Evaluation

The University of Queensland and the University of Southern Queensland were commissioned to conduct an independent evaluation of the FarmFest 2010 Pit Stop, Toowoomba. The methodology for the evaluation was developed in consultation with GP Connections. This report is the outcome of that evaluation.

In order to ascertain the effectiveness of FarmFest 2010 Pit Stop, the following guiding questions were examined:

- 1. Do men use the Pit Stop program?
- 2. Does Pit Stop provide a comfortable environment for a health check?
- 3. Does it increase men's knowledge about their health?
- 4. Does it assist men to change their health behaviour?

In response to these questions qualitative and quantitative data were collected in three phases.

Phase I – FarmFest health screening data

Health screening data were collected using the Work Order (WO) form. In consultation with GP Connections some minor changes were made to the previously used WO form. This data was collected from consenting participants at FarmFest 2010, 1-3 June, 2010.

Once people were enrolled in the Pit Stop program, they progressed as usual through the stations. The stations consisted of: obesity, diabetes, blood pressure, testicular cancer, smoking, alcohol and depression/mental health. The tests used for these measures were mostly those recommended in the Pit Stop manual (Alston and Hall 2007).

Three pieces of data were recorded for each test on the WO, for each individual. The *Score* is the actual measure from the test. For example at the Obesity station this was the participant's waist measurement. The Testicular cancer and Smoking station did not record a result in this column. The second piece of data is the *Recommendation* that the participant was given based on their score. The recommendation options are based on the those in the Pit Stop manual (Alston and Hall 2007). An addition to the recommendations has been a more clearly defined call to action for participants, with the recommendation of 'See your GP now'. The third piece of data is the *Result* which was *Satisfactory* or *Needs attention*. Those whose *Score* was outside the recommended norm received a *Needs attention* result and these participants were provided with health information relevant to that test.

After participants completed the final station each person was invited to be involved in the evaluation of the Pit Stop. Those who agreed signed a written consent. This data has been used for the evaluation. A total of 406 men and women had their health checked in the Pit Stop program. Twelve of them were under 18 years of age and 77 did not consent to involvement in the evaluation, and were thus excluded from the data set. The final health screening sample is 317.

Phase II – Follow-up survey data

The follow up survey data were collected to measure the impact of the program through selfreported behaviour and knowledge regarding their health and their perceptions of the program. A structured questionnaire was developed and used to collect data from the respondents (see Appendix 1). This was sent two months after FarmFest (30.7.2010) and a reminder was sent approximately six weeks later (9.9.2010).

Of the 317 participants in the health screening data, 287 provided addresses. Three of these were incomplete, leaving a sample of 284 respondents. GP Connections undertook to package and post out the questionnaire. Each package contained a questionnaire, a covering letter and a Reply Paid envelope addressed to the evaluation team. Four letters were 'returned to sender', leaving a sample of 280 for the survey. One hundred and twenty completed questionnaires were returned, giving a response rate of 43%.

Phase III – Provider interviews

Following Pit Stop three people who had key roles in the provision of Pit Stop were interviewed using a semi-structured format (see Appendix 1). The purpose was to gather some factual information on the organisation and preparation for Pit Stop, and to elicit comments about the strengths and weakness of Pit Stop. Each of these people provided a written consent prior to the interview.

Data Analysis

Quantitative data were analysed using the Predicative Analytic Software (PASW) Statistics 18. The descriptive statistics were used to summarise data. Frequency counts, percentages, means and standard deviations were calculated for the quantitative data. A thematic analysis was conducted on the qualitative data.

Ethics approval

Ethical clearance for the evaluation was given by the University of Queensland Behavioural and Social Sciences Ethical Review Committee and the University of Southern Queensland's Ethics committee.

Limitations

A limitation of this report is that the results cannot be generalised because a purposive sample was used. Therefore the evaluation results pertain to this Pit Stop alone.

While the purpose of the report is to provide an evaluation of the effectiveness of the FarmFest 2010 Pit Stop, data from other Pit Stops and national data have been provided. This gives the reader useful contextual information, however the following limitations apply:

- All Pit Stops use a purposive sample no generalisations or direct comparisons can be made
- One of the hallmarks of the Pit Stop program is that it can be and is adapted to suit the community and particular target group, so each Pit Stop is different from every other Pit Stop which prevents direct comparison.

Therefore any comparisons made in this report are indicative at best, but are provided to assist the reader.

Other Pit Stops

Health screening data

In 2009 GPConnections conducted a Pit Stop at Ag Show which is an annual one-day field day, near Toowoomba, with more than 500 participants (GP Connections 2009). A Pit Stop was conducted in the Riverina, New South Wales at a field day, with a sample of 317 men (Russell, Harding et al. 2006). Pit Stops were conducted at Tamworth and Bendemeer, New South Wales with a combined sample of 119 men, one of which was at a type of field day (Anonymous). The data from three Pit Stops in Western Australia (Gascoyne, Mid West, Goldfields) was reported together, with a combined sample size of 355 (Chambers 2005).

Follow-up survey/interviews

There are three evaluations of Pit Stop programs using a similar method to the follow-up survey used here. There was a one-month follow-up after the Riverina Pit Stop in which 60 participants were involved (Russell, Harding et al. 2006). With the Tamworth/Bendemeer Pit Stop, a telephone survey was conducted three months after the Pit Stop with the Bendemeer sample, and the response rate was 56% (Anonymous). Thirteen of the 19 Gascoyne Pit Stop participants completed a survey; 19 of the 20 Mid West Pit Stop participants were surveyed two months after the Pit Stop, and 20 men from the Goldfields Pit Stop were interviewed (Chambers 2005). Where comparative results are available from the earlier evaluations they are reported, but with the same limitations previously outlined.



Results and Discussion

Phase I Health screening data

A total of 406 men and women had their health checked in the Pit Stop program during June 1-3, 2010 at FarmFest held, Toowoomba. Twelve of these were under 18 years of age and therefore excluded from the data set. Of the remaining 394, a total of 77 did not consent to involvement in the evaluation, giving a sample of 317.

Demographic profile of the participants

<u>Sex</u>: Of the 317 valid participants, 70% were male (n=218) and 30% female (n=97). Considering that the target group is males, the number of women who attended is unexpectedly high. The results are reported in total and by sex to capture any sex based differences.

<u>Age</u>: The average age of participants was 54.67 years (see Appendix 1, Table 14). More than half (51%) of the participants were between 51 and 70 years, compared to 26% in 31 to 50 years age group; 16% were over 70 years and only 7% below 31 years of age. There was very little difference between the age range for men (18-84 years) and women (18-88 years), and the average age for men and women was similar (men=54.67 years; women=53.76 years).

The Riverina Pit Stop reported an average age of 51 years (Russell, Harding et al. 2006). In the Gascoyne Pit Stop more than half of the participants were over 50 years of age and just under half of the Mid West participants were over 50 years (Chambers 2005). The Tamworth/Bendemeer Pit Stop reported that 80% of their participants were over 50 years (Russell, Harding et al. 2006). In contrast to these at the Goldfields Pit Stop approximately one-quarter (26%) of participants were over 50 years (Chambers 2005).

<u>Ethnic origin</u>: Overall, one percent of participants described themselves as either Aboriginal or Torres Strait Islander people which is lower than the 3.3% of people in Queensland who identify as Indigenous people (ABS 2007)(see Appendix 1, Table 15), however the Queensland figure includes those under 18 years whereas Pit Stop does not.

One percent of participants reported being from a Culturally and Linguistically Diverse (CALD) background. In the 2006 Census however, 75.2% of persons usually resident in Queensland stated they were born in Australia and 86.4% stated English was as the only language spoken at home (ABS 2007).

<u>Urban/rural location</u>: The majority of participants (70%) described themselves as living in a rural area (see Appendix 1, Table 16). The proportions for men and women are similar; men 71%, women 68%.

<u>Occupation</u>: Participants were asked their occupation, and these are grouped. Almost one-third of participants were farmer/graziers (30%) and a quarter indicated they were housewives/did home duties (see Appendix 1, Table 17). The next largest group were Skilled technical workers (eg welder, fitter and turner), representing almost a quarter (21%) of the sample. This was followed by Professionals (eg teacher, director, manager) who were 13% of the sample.

Last visit to GP: While attendance at one's General Practitioner (GP) is not typically part of a demographic profile it is of particular interest for a health awareness-raising program. More than two-thirds (68%) of participants stated they had visited their GP within the previous 6 months; men and women reporting similar scores. Seventeen percent of participants had visited their GP within the last 12 months; 15% of men and 21% of women. Seven percent of all respondents could not recall the last time they visited a GP; 9% of men and 4% of women. Four percent had visited their GP within the last two years; same percent for each sex; the same percent had visited last more than two years previously; 4% men and 2% women (see Appendix 1, Table 18). The Gascoyne and Mid West Pit Stop participants who participated in an interview following Pit Stop indicated that 92% and 79% respectively reported had attended their GP within two years prior to Pit Stop (Chambers 2005). These results are similar to the 89% who report this for the FarmFest 2010 Pit Stop.

Attendance and participation

Daily attendance at Pit Stop

In total 317 people attended the FarmFest 2010 Pit Stop program over the three-day period. Day 1 had the least number of participants (n=80), and Day 2 had the most (n=124)(Figure 1). This same pattern of attendance was apparent for the male participants, whereas the number of women who

attended each day increased, having their highest participation rate on Day 3. On each day, more than twice the number of men than women attended.

Level of participation at stations

Eighty-three percent of the 317 participants completed all seven work stations. Proportionately fewer women (65%) than men (90%) completed all tests, due largely to women omitting the Testicular cancer station (see Appendix 1, Table 19). Eight percent of men



missed one station and 1% or fewer Figure 1: D Figure 1: D

Figure 1: Daily attendance at FarmFest Pit Stop by sex

the tests omitted is considered, the highest score was for the Testicular cancer (45), followed by Depression (8), Diabetes (7), Smoking (4), Alcohol (3) and Blood pressure (1).

Health screening test scores

Obesity test

Waistline measurement was used as the measure for this station. Waistline measurement for adults is an indicator of the risk of suffering from a chronic disease (Australian Better Health Initiative 2009). Men with a waist circumference of more than 94 centimeters and for women, more than 80 centimeters, are considered to be at increased risk of chronic disease.

More than 80 percent of participants exceeded the normative score (ie recommended waist measurement) at the Obesity station (Figure 2); men 83%; women 80% (Figure 2). This contrasts with the 60% of participants from the Ag Show Pit Stop (GP Connections 2009) whose waist measurement was above that recommended. Similar to this was the Goldfields Pit Stop result with 61% not meeting the norm 2005). (Chambers At the Tamworth/Bendemeer Pit Stop, 67% of participants had a waist measurement above that recommended (Anonymous). At the Mid West Pit Stop 70% did not meet the norm (Chambers 2005). In sharp contrast only 39% of participants 'failed' the test at the Riverina Pit Stop (Russell, Harding et al. 2006); however their cut-off point for waist measurement



was >100cm, which is higher than the other Pit Stops. Figure 2: Results of Obesity test Recommended Waist Measurement (RWM)

In the Australian adult population, 60% are obese/overweight; 68% of men and 55% of women (ABS 2009), as measured by Body Mass Index. Men living outside major cities are 6% more likely to be overweight or obese (by self-report) than those living in major cities (AIHW 2010). Therefore rurality may have contributed to the high percentages above the normative score reported.

While the scores for obesity vary considerably for the Pit Stops reported, most are between 60 and 70%. So with scores of 83% for men and 80% for women, there is no doubt that the FarmFest 2010 participants, belong to a group at risk for chronic disease.

Diabetes risk assessment

The Ausdrisk questionnaire was used as the measure at the diabetes station. The Australian Type 2 Diabetes Risk Assessment Tool (Ausdrisk) was developed from the National Australian Diabetes Obesity and Lifestyle study (AusDiab)(Barr, Magliano et

for

а

diabetes

predictor



al. 2005) and is used as a Figure 3: Percentages above and below the RWM by sex

diagnosis within the following five year period (Baker IDI Heart and Diabetes Institute).

Half of the participants were in the high risk group (score of 12 or more) for becoming diabetic within the next five years (Figure 4). More than a third (37%) were in the medium risk group (score of 6 to 11) and 13% in the low risk group (score of 5 or less). Therefore 87% were at risk of acquiring diabetes within the next five years. This compares to 40% of those over 40 years of age being at risk at the Tamworth/Bendemeer Pit Stop (Anonymous), which is less than half that number.



More than twice the percentage of women (20%) compared to men (9%) were scored in the low risk category at FarmFest 2010 Pit Stop. Almost half of the women were in the medium risk category (47%), followed by one-third (33%)in the high risk category. By contrast, men had the highest proportion in the high risk category (58%), and only one third in the medium category (33%).

Figure 4: Percentage of all participants in high, medium and low risk categories for diabetes

Comparable national data is not available. however the prevalence of diabetes in Australians for those over 25 years of age, is 7.5% of the population (8% men; 7% women)(Dunstan, Zimmet et Within al. 2001). this population of diabetics, almost 60% were mildly overweight or obese.



Figure 5: Comparison of men and women in low, medium, and high risk categories for diabetes

While rural Australian's are at higher risk of developing diabetes (Type 1 or 2) than urban Australians (AIHW 2008, p. 58), the prevalence of self-reported Type 2 diabetes in men living outside major cities is significantly lower than those living in major cities (AIHW 2010). However many cases of type 2 diabetes go undiagnosed (Dunstan, Zimmet et al. 2001).

The 87% of participants being at risk of acquiring diabetes within the next five years is a high proportion of the sample.

Blood pressure measurement

The measure for the blood pressure station is 140/90 which is considered a normal blood pressure (Alston and Hall 2007). Systolic blood pressure indicates the pressure in the arties as the heart squeezes the blood during each beat and diastolic indicates the pressure as the heart relaxes before the next beat.



Figure 6: Percentage of participants in high or normal blood pressure range, all together, and by sex

One-third of participants recorded high blood pressure (35% men; 29% women)(Figure 6). This is similar to the Riverina Pit Stop with 36% (Russell, Harding et al. 2006), higher than the Tamworth/Bendemeer Pit Stop (Anonymous) where 24% recorded a high blood pressure, and also higher than the 14% with high blood pressure at Ag Show Pit Stop (GP Connections 2009).

In the Australian population approximately 32% of men and 27% of women had high blood pressure (AIHW 2001). The FarmFest 2010 result is consistent with national data.

Testicular cancer risk assessment, symptoms and knowledge of self-examination

The measure for testicular cancer was a brief questionnaire about risk factors, symptoms and knowledge of self-examination. Testicular cancer is considered to be a rare form of cancer, with an incidence of 1.2% of cancers in men (AIHW & AACR 2008, p. 9). It is considered to be curable when detected early and treated promptly with the highest 5 and 10 year survival rates (97%; 96%)(AIHW & AACR 2008), however incidence is increasing (AIHW & AACR 2008).

Two hundred and three men attended this station and 98% reported no adverse indicators. The results from the two other Pit Stops that reported on this test, included whether or not participants conducted regular self-examinations, which the FarmFest Pit Stop did not, so not even an indicative comparison cannot be made.

Smoking

Ninety-three percent of participants reported being non-smokers, leaving the remaining 7% as smokers (8% male; 5% female)(Figure 7). Most other Pit Stop reported similar results for smoking: 3% Gascoyne; 5% Tamworth/Bendemeer; 7% Mid West; 8% Riverina; 11% Ag Show; 17% Goldfields (Anonymous ; Chambers 2005; Russell, Harding et al. 2006; GP Connections 2009).

This compares to 22% of men and 18% of women in the Australian population reporting themselves to be current smokers (ABS 2009). In addition men living outside major cities are significantly more likely to report daily smoking (18% daily smokers) than those in major cities (16% daily smokers)(AIHW 2010). The large differences between the Pit Stop scores and the national data may be attributable to under-reporting as smokers are known to under-report on self-report measures (Parker, Lasater et al. 2002).



Figure 7: Comparison of smoking rates (%) at Pit Stop – between sexes and with the national average.

Alcohol risk measure

The measure used for alcohol consumption was the Alcohol Use Disorders Identification Test (AUDIT). This was developed by the World Health Organization to screen for excessive drinking and to assist in brief assessment, designed with primary health care providers in mind (Babor, Higgins-Biddle et al. 2001). It also provides a framework for intervention.

Sixteen percent of participants scored above the recommended level for alcohol consumption (score of 8 or more)(Figure 8); (19% men; 9% women scored above the recommended level for alcohol consumption. Those with scores in this zone are considered to have a medium or high level of alcohol problem (Babor, Higgins-Biddle et al. 2001).

100%

The Ag Show Pit Stop reported 16% with alcohol consumption above low risk, which is similar. At the Tamworth/Bendemeer Pit Stop 17% reported a hazardous use of alcohol (measured as five or more standard drinks per day)(Anonymous). The Riverina Pit Stop reported an 18% failure rate (measured by not having two alcohol free days per week or having more than four drinks on a typical day)(Russell, Harding et al. 2006). The Gascoyne Pit Stop reported that 32% did not meet the alcohol consumption norm, the Mid West Pit Stop, 43% and the Goldfields Pit Stop 52% (Chambers 2005). While the measure used for



Alcohol consumption-by sex

these three Pit Stops appears to be similar to the Riverina Pit Stop the details were not reported.

these three Pit Stops appears to be similar to Figure 8: Alcohol consumption by men and women the Diversion Dit Stop the details were not

In Australia 23% of men and 18% of women above 14 years were found to have overconsumed alcohol and put themselves at risk of short-term alcohol related harm at least once a month, and 10% of men and 9% of women, put themselves at risk for long-term alcohol effects; 9% of those over 14 years consistently drank in excess of recommended guidelines for harm from the chronic effects of alcohol consumption (Chikritzhs T, Catalano P et al. 2003).

In 2001, 20% of alcohol consumed was at low risk levels, leaving 80% at combined risky/high risk levels for acute harm (Chikritzhs T, Catalano P et al. 2003, p. x)(using NHMRC guidelines). The rate for alcohol-caused deaths was higher for non-metropolitan than metropolitan areas (2.24 versus 1.67 per 10,000 persons aged 15 or over) (Chikritzhs T, Catalano P et al. 2003, p. xi), and men living outside major cities were more likely than those living in major cities to report risky or high-risk alcohol use (AIHW 2010). The FarmFest Pit Stop result of 19% of men with a medium or high level of alcohol problem is similar to the Ag Show result (16%)(GP Connections 2009), where the AUDIT took was used.

While no meaningful comparisons can be made between the various Pit Stops because of different measures used, the FarmFest data for alcohol consumption above the norm (19% men) is consistent with the national data for risk of short-term alcohol harm (23% men).



Non-specific psychological distress assessment

The measure for the Depression station was the Kessler Psychological Distress Scale (K10)(Kessler, Andrews et al. 2000). It was designed to measure non-specific psychological distress rather than the existence of a clinically diagnosable mental illness, and consists of 10 items.

Almost three-quarters (74%) of participants reported low levels of psychological stress (a score of 20 or less)(Figure

Figure 9: Comparison of depression scores-by sex and with national average

9). Twenty-one percent reported moderate levels of psychological stress (a score of 21 to 30) and 5% high levels (a score of 31 and above). Therefore 26% reported levels of psychological stress where some action was recommended. A higher percentage of women (32%) than men (24%) scored moderate or high levels of psychological stress (above 20) on the K10. At the Ag Show Pit Stop 54% of participants had scores that suggested some action should be taken. In the Riverina Pit Stop 42% are reported to be in this category, but their cut-off scores on the K10 were different (a score of 15 or below is reported as no distress)(Russell, Harding et al. 2006).

Using the K10, in Australia 67% of adults were classified as experiencing low levels (20 or less) of psychological distress, 21% moderate levels (a score of 21 to 30), 9% high levels and 4% very high levels (a score above 31) (ABS 2009). The FarmFest Pit Stop data shows that just over a quarter

(26%) had a level of psychological distress where some action was recommended, compared with national data where one-third are in the same category. This suggests that the mental health of the FarmFest sample is better than nationally.

Work Order completion

On the WO form the results show that for tests the *Scores* were not reflected in the *Recommendations* made or in the *Result*. These discrepancies are a result of inconsistency in marking the corresponding sections on the WOs. This is summarised below and the detailed tables are in Appendix 1, Tables 20 to 26.

<u>Obesity station</u>: With the obesity data 82% had *Scores* that indicated participants were above the norm, yet only 53% were given *Recommendations* to change behaviour, and 47% were given an *Unsatisfactory Result*.

<u>Diabetes station</u>: Here 87% had *Scores* that indicated they were at risk for diabetes, and 83% of these were classified as at risk with the *Recommendations* given, but only 62% were given an *Unsatisfactory Result*.

<u>Blood pressure station</u>: While one-third of participants recorded high blood pressure and 23% were given an *Unsatisfactory Result*, and only 15% were given *Recommendations* to change behaviours.

<u>Testicular cancer station</u>: At this station only 2% reported adverse indicators, and 1% were given an *Unsatisfactory Result*, however *Recommendations* to change behaviour were made to 47% of participants.

Smoking station: Eight percent reported being smokers, and 7% were Recommended to quit.

<u>Alcohol station</u>: While 16% of participants reported consumption levels above the norm, and exactly this percent were given an *Unsatisfactory Result*, however *Recommendations* were made to more than twice that percent 35%.

<u>Depression station</u>: Twenty-six percent recorded scores that indicated they were suffering a moderate to high level of psychological distress, and 25% were given a *Recommendation* to take some action, but only 11% were recorded as having an *Unsatisfactory Result*.

There are inconsistencies in the documentation in each of the 7 stations. This demonstrates a high level of error in the completion of the Work Order form by the volunteers. For the obesity, diabetes blood pressure and depression stations, many of those who 'failed' the test were given a *Satisfactory* result. For the testicular cancer and alcohol stations, the *Score* was largely reflected in the *Result*, however many of those with results within the norm were given *Recommendations* to change their behaviour. The measures taken at the smoking station were almost identical, reflecting very high level of consistency.

Phase II Follow up survey

There was a sample of 120 participants in the follow up survey. Of the 317 participants in Phase I (health screening sample), while 287 provided addresses and three of these were incomplete, leaving a sample of 284 respondents who were sent a postal survey approximately two months after the FarmFest 2010 Pit Stop, on 30th July. GP Connections undertook to package and post out the questionnaire as an inkind contribution to the evaluation costs. Each package contained a questionnaire which included a covering letter and a Reply Paid envelope, addressed to the evaluation team. Four letters were 'returned to sender', leaving a sample of 280 for the survey. One reminder was sent, also by GP Connections, approximately six weeks after the original questionnaire was posted, on 9th September. One hundred and twenty completed questionnaires were returned, giving a response rate for the survey of 43%. The other Pit Stops reported higher response rates, but the questionnaires were very brief. The Riverina postal questionnaire reported a response rate of 91% (Russell, Harding et al. 2006). The telephone survey response rates are: Mid West 95%, Bendemeer 91% and Gascoyne 68% (Anonymous ; Chambers 2005).

The purpose of the survey was to measure the impact of the program through self-reported behaviour change, changes in knowledge and their perceptions of the program.

Demographic profile of follow-up survey respondents

<u>Sex</u>: Of the 120 respondents in the survey, 66% were men and the balance women. This closely resembles the health screening data for sex.

<u>Age</u>: The average age of survey respondents is 60 years, which is slightly older than the health screening data sample (55 years)(see Appendix 2, Table 27). The higher average age is detailed in the age group break-down. More than three-fifths (62%) of the survey respondents are in the 51 to 70 years age group, compared to 16% in the 31 to 50 years age group. Eighteen percent were over 70 years of age and just four percent under 30 years of age. The sex break-down is similar for all age groups except the 71 years and over where 21% are men and almost half that (12%) are women, and to a lesser extent in the 31 to 50 years age group where there are more fewer men (15%) than women (20%).

<u>Ethnic origin</u>: None of the survey respondents identified themselves as Aboriginal or Torres Strait Islander people compared to 2% in the health screening data sample, but 2% reported being from a Culturally and Linguistically Diverse background, as occurred with the health screening sample.

<u>Urban/rural location</u>: Similar to the health screening sample (70%), 71% of the survey respondents reported living in a rural location; almost three quarters men (73%) and two-thirds of the women (see Appendix 2, Table 28).

<u>Occupation</u>: The occupation profile of the survey respondents differs from the health screening sample. The largest proportion of the respondents is the retired group (30%) followed by 19% who are farmers/graziers/primary producers, and almost the same percentage of Skilled technical workers (eg tradesman)(18%), then 13% who identified as Housewife/home duties (see Appendix 2, Table 29). By contrast the three largest groups in the health screening data were farmers (30%), housewives (25%) and Skilled workers-technical (21%), with 3% retired. While there were 8 retirees in the health screening data this increased to 33 in the survey.

<u>Education</u>: When respondents were asked for the highest level of education they had completed, almost half (45%) indicated it was Grade 10, followed by more than a quarter (27%) with a tertiary education (which included apprenticeship, TAFE certificate, Bachelors or other university degree

(see Appendix 2, Table 31). An equal percentage (14%) had completed primary school and Grade 12, as their highest level of education. By comparison national data for those of working age (15-64yrs), 31% whose highest level of education completed was Grade 11 or below, 21% Grade 12, and 39% tertiary education.

<u>Visit to GP</u>: More than half (55%) of the survey respondents had visited their GP since Pit Stop; with similar percentages for each sex (see Appendix 2, Table 31). A further 28% had done so within the last 6 months with slightly more men (29%) than women (24%).

How did you find out about Pit Stop at FarmFest?

Respondents were asked to indicate from a list of options, how they found out about Pit Stop (Q8). They could give more than one answer. The majority indicated that they found out about Pit Stop by walking by the Pit Stop stand (70%)(Table 1). This was the most common way that Bendemeer telephone sample participants reported as well (70%). At FarmFest 18% people heard about Pit Stop on the radio and the same percentage from the Marketer who was in front of the tent. A few (5%) heard by word-of-mouth and from friends/neighbours/relatives (3%). The second most frequent way that the Bendemeer sample heard about Pit Stop was via an invitation ticket (13%) and then word-of-mouth (10%).

How respondents found out	Male=79		Female=41		Total	=120
about Pit stop	Number	%	Number	%	Number	%
Walked by	54	68	30	73	84	70
Radio	15	19	6	15	21	18
Marketer on-the-day	13	17	8	20	21	18
Other	7	9	2	5	9	8
Word of mouth	6	8	0		6	5
Friend/neighbour/relative	3	4	1	2	4	3

Table 1: How respondents found out about Pit Stop

Changes because of Pit Stop: knowledge and behaviour

Knowledge changes

Almost two-thirds (64%) of respondents reported that their knowledge of their own health increased as a result of attending Pit Stop (56 men; 21 women)(Table 2). Respondents were asked to respond (with 'yes' or 'no') to a question asking if Pit Stop increased their knowledge of their own health (Q18). When respondents were asked why Pit Stop did <u>not</u> increase their knowledge about their own health, of the 37 people who answered the question, 35 indicated that it was because they were already well informed; one indicated that he/she didn't take a lot of notice and one gave an 'other' reason.

Those respondents who indicated that their knowledge had increased **or** their health behaviours had changed as a result of Pit Stop, were asked to detail this by indicating on a five point Likert scale their level of agreement with a set of items (1=Strongly agree; 5=Strongly disagree)(Q22). The five

categories were collapsed into three for ease of reading. The following changes to knowledge are now reported.

There were reported increases in knowledge for diet (66%), exercise (60%), how to conduct a testicular examination (43%), appropriate alcohol consumption (36%) and the benefits of quitting smoking (29%)(Table 2). With almost two-thirds of the sample reporting that Pit Stop attendance increased their knowledge about their own health, this shows that the combination of the interaction during Pit Stop combined with the health resource material is effective in providing knowledge about health.

Statement		Agree/Strongly agree			Disagree/Strongly disagree	
	N	%	N	%	N	%
I know now what a balanced diet consists of	51	66	3	4	0	0
I now understand the value of regular exercise	46	60	6	8	0	0
I now know how to conduct a testicular examination	33	43	8	6	0	0
I now know the appropriate level of alcohol consumption	27	36	13	10	0	0
I now know the benefits of quitting (smoking)	22	29	5	17	0	0

Table 2: Changes in knowledge from Pit Stop (n=77)*

* Percentages do not add to 100% because all data is not reported in the table

Behaviour changes

Several questions report that behavioural changes were made.

1) Did Pit Stop assist you to change any health care activities?

Respondents were asked to respond (with 'yes' or 'no') to a question asking if Pit Stop assisted them to change any health care activities (Q20). Almost half (49%) of respondents said 'yes' (45 men; 14 women). Those who said 'no' to this question were asked to select from options, why they gave this answer. Forty-eight indicated that they were already doing what was advised at Pit Stop (29 men; 19 women), seven indicated that they intended making changes and four gave 'other' reasons.

2) Changes to health care activities as a result of Pit Stop

Respondents who indicated that their knowledge had increased or their health behaviours had changed as a result of Pit Stop, reported the following changes in their health care activities (Q22). The greatest changes were made with diet and exercise, and to a lesser extent with mental health, alcohol consumption and smoking (Table 3). The percents reported are from the 59 respondents who indicated that their health behaviours had changed as a result of Pit Stop.

With diet, 86% agreed/strongly agreed that their diet has less fat, 73% reported eating more vegetables, 66% report eating meat with less fat and 59% report eating more fish.

Many respondents report increases in exercise since Pit Stop, with just over three-quarters (71%) doing more exercise to reduce blood pressure and almost two-thirds exercising to reduce body weight (63%).

Station	Statement	Agree ခန္	Agree/Strongly Neutral agree		leutral	Disag di	ree/Strongly isagree
		Ν	%	Ν	%	Ν	%
Diet	My diet now has less fat	51	86	3	6	0	0
	I now eat more vegetables	43	73	8	15	1	2
	I now eat meat with a lower fat content	39	66	12	22	2	4
	l now eat more fish	35	59	15	29	1	2
Exercise	l now do regular physical exercise to acquire/maintain normal blood	42	71	10	19	1	2
	l now do regular physical activity to reduce my body weight	37	63	13	25	2	4
Mental health	l now converse more with friends/family about my feelings	25	42	15	35	2	5
	l have had a chat about life with a friend	24	41	18	41	2	4
	I have sought professional help for my mental health	13	22	16	46	6	17
Alcohol	l now don't drink as often/drink for shorter periods	22	37	15	40	1	2
	I have reduced my alcohol consumption	18	31	19	49	1	5
Smoking	I have quit/reduced my smoking	10	17	7	41	0	0
Testicular cancer	l now conduct a testicular examination monthly	2	3	2	3	27	3

Table 3: Changes in health care activities as a result of Pit Stop (n=59)

The percentages reported for changing mental health behaviour are lower, but over 40% indicate that they converse more freely to family/friends about their feelings (42%) and have had a chat with a friend (41%). Almost one quarter (22%) have sought help from a professional for their mental health as a result of Pit Stop.

With alcohol consumption, more than a third (37%) specified that they drink less often or for shorter periods, and just under one-third report reducing their alcohol consumption (31%).

Seventeen percent indicated they had reduced or quit smoking. Although this is a small number of people (10), it is known to be a difficult behaviour to change. Two men indicated that they now conduct a testicular examination every month.

3) Did you act on the recommendations made for you at Pit Stop?

Respondents were asked if they had acted on the Recommendations made for them at Pit Stop (Q15) with the answer options being 'yes' or 'no'. Changes were reported to have occurred with diet, exercise and alcohol consumption (visit to GP is in the next section). The percent of reported changes are for those who answered each question, less those who indicated that the recommendation did not apply to them (Table 4).

The greatest changes reported are with diet. Almost all of those who were recommended to 'eat healthier' (95%) at the obesity station and at the diabetes station (95%) report doing so. More than three-quarters (89%) or those at the blood pressure station who were recommended to improve their diet, report doing so.

Table 4: Diet – eat healthier

Station	Number	%
HIP/Waist	56	95
measurement		
Diabetes	40	95
Blood pressure	42	89

High percentages of change are also reported for an increase in exercise (Table 5). More than threequarters of those who were recommended to increase their exercise at the diabetes station (83%) and obesity station (77%) report doing so. Almost three-quarters (71%) of those who received this recommendation at the Blood pressure station, did so (Table 5).

Table 5: Increase exercise

Station	Number	%
Diabetes	38	83
HIP/Waist	51	77
measurement		
Blood pressure	34	71

While the reported reduction of alcohol consumption is not as high as diet and exercise changes, all are above 50% (Table 6). The greatest reported changes were from recommendations acted on from recommendations made at the alcohol station. Eighty percent report now having two alcohol free days per week, and more than three-quarters (76%) have reduced the quantity of alcohol consumed per session, or the number of sessions. Almost two-thirds (61%) of those who received this recommendation at the obesity station reported reducing their alcohol intake. More than half of those who received this recommendation at the diabetes station (58%) and blood pressure station (52%) report taking up the recommendation.

Table 6: Reduce alcohol intake

Station	Number	%
Alcohol: 2 alcohol free days per week	32	80
Alcohol: Reduce quantity/session	3	76
Obesity	21	61
Diabetes	14	58
Blood pressure	15	52

4) Seeing a health professional recently

There are multiple measures of respondents reporting having seen a health professional recently which provides a measure of reliability. When respondents were asked when they last visited a GP (Q7), 66 people answered – within the last two months. However there was a maximum of three months between Pit Stop and when the questionnaire was closed because of delays with the survey. In addition to this, respondents may have visited their GP quite independently of their Pit Stop experience.

A more accurate measure for the impact of Pit Stop is the question where respondents were asked if they had visited a doctor/counselor/health professional *because* of attending Pit Stop (Q14). Eighteen people said 'yes' to this question (15%). The proportion of men and women are equal. Of those who answered 'yes' to having seen a doctor/counselor/health professional as a result of attending Pit Stop, all had seen a nurse. Fourteen saw a doctor as well. One each had attended a Specialist, a Dietician, a Counselor and a Physiotherapist.

The third measure is from the question where respondents were asked if they had followed the recommendations made to them at Pit Stop (Q15). For several of the stations one of the recommendations was visiting their GP/counselor. The number of respondents who recall receiving this recommendation and acting on it are as follows:

- Blood pressure station 13 people (65%) had since attended a health professional;
- Testicular cancer station 5 people (64%) had since attended a health professional and
- Depression station 10 people (45%) had since attended a health professional.

The percent of reported changes are for those who answered each question, less those who indicated that the recommendation did not apply to them. These three measures indicate that at least 15% of the 120 respondents visited their GP/counselor as a direct result of attending Pit Stop.

Intention to change

It is theorised that intention to change a behaviour is a necessary precedent to changing that behaviour, though intention alone is insufficient (Fishbein and Ajzen 1975). Therefore it was of interest in this evaluation to elicit a measure of intention to change. For respondents who reported that Pit Stop had increased their knowledge or assisted them to change health care activities they were asked to respond to statements on a five point Likert type scale (1=Strongly agree; 5=Strongly disagree)(Q22). There categories were collapsed into three. The percentages reported are of those who answered the question (Table 7).

The greatest level of intended change is with diet, with 88% reporting an intention to improve their diet. This is consistent with the 66% who indicated that their knowledge about diet had improved and between 86% and 59% who reported specific dietary changes already. A similar percentage (86%) reported that they are now more likely to seek medical advice when needed. This is an important result with this sample of predominantly older, rural men. As it is rural men who have greater health risks then rural women or urban men (Begg S, Vos T et al. 2007; AIHW 2008; AIHW 2010) and men are less likely to seek medical assistance than women (Addis and Mahalik 2003).

More than two-thirds (69%) intend increasing the amount of exercise they do, more than half (53%) indicate they intend to quit or reduce smoking and a similar percent (52%) report they intend reducing their alcohol consumption. While intentions do not equal action, it appears that the messages received at Pit Stop have been retained.

Table 7: Intention to change health behaviours

Statement	Neutral Agree/Strongly agree		Agree/Strongly agree		Disag Stror disag	gree/ ngly ree
	N	%	Ν	%	Ν	%
l intend improving my diet	45	88	6	12	0	0
I now am more likely to seek medical advice when needed	44	86	6	12	1	2
I intend increasing the amount of exercise I do	33	69	15	31	1	2
l intend to reduce/quit smoking	9	53	7	41	1	6
l intend reducing my alcohol consumption/frequency of drinking	19	52	15	42	2	6



Recall

Recall of test score

Respondents were asked if they recalled the results of their health check (Q15) by reporting for each station what their result was (*Acceptable* or *Not acceptable* or that they did not remember). A high level of recall is reported with the more than 90% reporting whether their score was Acceptable or *Not acceptable* score for five of the seven stations. Eighty-five percent or more recalled their result for the other two stations (see Appendix 2, Table 32).

Recall of receipt of health information at Pit Stop

Respondents were asked if they received any health information with the response options being 'yes' or 'no' (Q16). Participants who 'failed' a test at Pit Stop were provided with relevant health resource information for that test. Of the 113 respondents who answered the question, 82% recalled receiving some health information (see Appendix 2, Table 33). The proportions are the same for each sex.

Recall of rate of Pit Stop participation

With the exception of the Testicular cancer station, respondents indicated that they had participated in at least 71% of the stations, with most attending between 83 and 99 percent of the stations (see Appendix 2, Table 34).

Respondent assessment of Pit Stop

While reported knowledge and behaviour changes are a strong indicator of the effectiveness of Pit Stop in this dimension, how Pit Stop respondents perceived of it is valuable information for providers. A series of questions were asked to elicit from respondents insights of value to the Pit Stop providers.

The quality of how Pit Stop was run

Respondents were asked to respond to a set of items on a five point Likert type scale (1=Excellent; 2=Good; 3=Fair; 4=Poor; 5=Very poor)(Q13). These five categories were reduced to three, combining 1 and 2 into Good, 4 and 5 into Poor and 3 remaining as Fair. The results are presented in Table 8 (details in Appendix 2, Table 35) with the highest rated item linked in ranked order with the highest percentages first. Two items were scored at 100% for *Good* - the registration process and the stations and in total 12 of the 13 items, more than 50% were given a rating of *Good*.

The interactions with staff are very highly rated: attitude (97% *Good*), ease of communication (96% *Good*) and comfort when discussing their health (87% *Good*). While the sex breakdown is very similar for the first two items here, men felt more comfortable than women when discussing their health.

The health information, the Marketer and the free soup each were given a 90% rating for *Good* and the mechanical theme an 80% rating for the same. The sex break-down showed that men tended to give slightly higher ratings than women on these items. Approximately two-thirds rated the wait times at stations (67%) and physical setting in the tent (65%) as *Good* and about a quarter as *Fair*. Women gave each of these a lower rating than men.

Approximately half (53%) of the sample rated the environment for a health check and the seating outside the tent as *Good* and just over a third as *Fair*. Fifteen percent rated the outside seating as *Poor*, which was the highest percentage given for *Poor* of all items.

Table 8: Quality of how Pit Stop was run

Items	Good	Fair	Poor
	%	%	%
Registration process	100	0	0
The stations: checks measured & questions asked	100	0	0
Attitude of staff towards you	97	3	0
Ease of communication with staff eg: friendliness, empathy etc	96	4	0
Health information you were given	93	6	1
Marketer	91	7	2
Free soup	90	5	5
Level of comfort when discussing your health with the Pit Stop team	87	11	2
The mechanical theme & car	80	20	0
Wait times at stations	67	24	9
Physical setting in the tent eg: seating, space, comfort etc	65	27	9
Environment for a health check eg: privacy etc	53	38	9
Seating outside the tent	49	36	15

Enjoyment of Pit Stop

Ninety-two percent of respondents indicated that they enjoyed Pit Stop. Respondents were asked to indicate whether or not they enjoyed Pit Stop, by choosing 'yes' or 'no' (Q10). Clearly Pit Stop was a positive experience. (For why Pit Stop was considered positive see the section headed 'the best thing about Pit Stop').

Usefulness of the health information

Table 9 shows that the health information was considered useful (see details in Appendix 2, Table 36). Over 90% of respondents indicated that the information for 6 of the 7 stations was useful. Respondents were asked to indicate on a five point Likert type scale how useful the information was (1=Very useful; 5=Not at all useful)(Q17). These were collapsed into three categories for ease of reading. The only station where improvement could be made is with the smoking information.

Table 9: Usefulness of health information

Usefulness of health information	Very / Moderately / A little useful	Not very/Not at all
	70	70
Blood Pressure	98	2
Testicular Cancers	98	2
Diabetes	94	6
Alcohol Consumption	92	8
HIP/Waist Measurement	91	9
Depression and Mental Health	90	19
Smoking	67	33

The best thing about Pit Stop

In order to capture information in the respondents' words, they were asked to complete an openended question – What was BEST about Pit Stop? (Q11).

The friendliness of staff

Overwhelmingly the comments were about the friendliness of the staff (all volunteers)(35 comments)(Table 10). Many respondents simply stated – 'the friendly staff'. Examples of other positive comments about the volunteers who manned the station are:

- The people were best.
- Friendly, non-confronting, supportive.
- The staff were cheerful, friendly and not at all condescending in attitude towards my health failures a real pleasure to participate despite the poor results for me.
- Friendly people trying to make people aware there could be problems.
- Happy helpful people and good info.
- Talking to friendly attendants and advice offered.
- Friendliness and professionalism of staff.
- The positive attitude of all the staff.
- The nice welcome.
- Easy to talk to staff.

This finding is consistent with the Bendemeer report where 72% of respondents indicated they felt very comfortable with the health professionals, most comments were that staff were friendly and energetic (Anonymous).

Informative

The second largest group of comments is about the informative nature of Pit Stop (21 comments). Examples of the comments follow:

- It was informative with a fun twist.
- Increased general health knowledge.
- The information provided.
- Good advice.
- Learnt more about state of my health.

Table 10: What was considered best about Pit Stop

Themes	Number of
	comments
Friendliness of staff	35
Information and advice	21
Soup	7
Results	6
Free	6
Convenience	5
Increased awareness	3
Marketer	3
Ease of access	2
Mental health	2

Free soup

The free soup provided to people when they had completed Pit Stop was valued, with 7 comments about this.

Health screening test results/ free checkup/convenience

For 6 people the results of their health screening test was the best thing about Pit Stop, while for others, the check-up being free (6) and convenient (5) were also highly valued.

It is clear from these comments that one of the assets of Pit Stop was the warmth, friendliness and support given by the volunteers.

How Pit Stop could be improved

Respondents were asked in open-ended format, how they thought Pit Stop could be improved (Q12).

No improvements are required

The most common type of response to this question is that no improvements are required (12 responses)(Table 11). This consistent with the Bendemeer respondents when negative aspects were sought - 82% indicated that there were no negative aspects. Following are examples of comments:

- Can't be (improved).
- It's pretty good as it is.
- I thought it was a great experience.

More space

The second most frequent comment was that more space would be an improvement (9 responses). The examples of the comments in this category indicate why this comment was made:

- More space to allow faster processing with more consultants.
- More space; maybe a bigger setting as a few people were always waiting.
- The room was crowded and too small.

More privacy/more indepth discussions

A number of respondents indicated that more privacy would be beneficial (6 responses). A couple suggested private booths or cubicles. The typical layout for a Pit Stop is a large tent with a table for each station and a couple of chairs (see photos). At the Ag Show Pit Stop, people wanted to talk after completing the K10 questionnaire at the Depression station, so there tended to be a bottleneck at that station. For this reason GP Connections added a break-out area, next to FarmFest Pit Stop Depression station and two volunteers worked that station. This was to allow those who wished to talk, some privacy and the opportunity to do so. Similar to these suggestions for more privacy there were four responses that indicated that more in-depth discussions would have been desirable. Quotes here are: 'have more people to advise more deeply'; ' more time to discuss problems'.

Too rushed

Some respondents indicated that is was too rushed (6 responses).

Together comments indicating that more space and more privacy would be improvements suggest that there may have been some crowding in the tent, with people queuing. This would conceivably have reduced the level of privacy with people standing near stations while waiting. While 85% of the Bendemeer respondents said that there were no negative aspects, 15% did suggest that it was too crowded and time consuming (Anonymous). When asked how it could be improved, consistent with

FarmFest 2010, most indicated that it was good the way it was, however a common response was that it should be held in a wider variety of venues (Anonymous). When asked a similar question the Western Australia study respondents suggested extra tests such as screening for hearing, vision, diabetes, cholesterol and drug education and that it should be extended to other venues that men attend (Chambers 2005).

Themes	Number of
	suggestions
No improvements required	12
More space – larger tent	9
More privacy eg booths	6
Too busy/rushed	5
More in depth discussions	4
More volunteers (to ease time pressure)	3
More blondes! (ie marketer)	3
Run on gender lines (eg breast cancer; prostrate cancer)	2
Smoother flow organisationally	2

Table 11: How Could Pit Stop could be improved



Rating of the effectiveness of Pit Stop in improving preventative health care

The effectiveness of Pit Stop was measured on a five point Likert type scale (1=Not at all effective; 5=Extremely effective). The mean rating is 3.92. Almost half of the respondents (45%) indicated that they thought Pit Stop was very effective, more than a quarter (28%) that it was extremely effective and 20% thought it was effective in improving preventative health care (Table 12). Twenty-seven of the 28 participants at the Alice Springs Pit Stop (Price 2006) rated their Pit Stop as 'excellent' or 'good'. This program was offered to men by an all male volunteer crew.

Effectiveness scale items	Number	%
Extremely effective	32	28
Very effective	51	45
Effective	23	20
Little bit	3	3
Not at all effective	4	4
Total	113	100

Table 12: Overall rating of effectiveness of Pit Stop in improving preventative health care (S)

Further comments

At the end of the questionnaire respondents were invited to make other comments. A number of respondents took the opportunity to provide written responses to this open-ended question. These have been grouped into the following categories.

Possible benefits and beneficiaries of Pit Stop

The most frequent comment (10 responses) was about who could or would benefit from Pit Stop. Some examples are:

- Its a very good idea for people who don't look after themselves properly and hopefully pull them into line.
- However on the whole it was very good as a lot of busy people don't take time to check on health problems.
- Old habits die hard especially for older men, over 60. Men need to be made aware of their health-we service our car, tools etc, but not ourselves.
- This is a particularly good idea and certainly brings health issues to those who may be too far from town or too macho to see a doctor.
- It would be extremely effective if you have health issue. It would be an amazing help for people who don't know the in and out of their health.

How to improve Pit Stop

Another common response was about how Pit Stop could be improved (9 responses). The lack of privacy issues raised in the request asking for ways Pit Stop could be improved, was mentioned three times:
- As far as I am concerned consultations should be more private! There were too many people at a station waiting in the queue I did not feel free to discuss my concerns
- Areas screened off for privacy; make people more comfortable to talk without spectators
- With regard to stations; more privacy would be good especially with mental health

The crowding was mentioned once: 'It was just a little disorganised and crowded maybe you could have people sit outside until room was available and then go from one table to next in order'. The Gascoyne and Mid West comments indicated that their preference for a medical check-up was Pit Stop because it was more relaxed and comfortable than a clinical environment and that Pit Stop could be extended to other venues where men gather (Chambers 2005).

Other interesting suggestions were:

- Cooking demonstration: 'have a nutritionist/dietician give a talk while a butcher/beef producer/fish retailer cooks a BBQ/ meal nearby and vice versa. Different cooking methods to promote healthy nutritious meals vegetables and fruit produce'.
- Pit Stop for women: 'It would be good to have a similar service for women like me who avoid going to the doctor (or more precisely, don't have time)'.
- Pit Stop for urban men: 'Why are these only held in the country? There are a lot of unhealthy men in the city'.
- A follow up: 'It would be nice to follow up later with staff to talk about situations etc'.

Good work!

There were 9 responses, complimenting the good work. Examples of there are:

- Keep up the good work.
- Congratulations, well done.
- Very well conducted.

<u>Pit Stop – a good idea</u>

Some comments (8) were about Pit Stop being a good idea. Examples of these are:

- I think the Pit Stop idea is very good because a lot of men don't take a lot of notice.
- I think it is a good idea took friends with me.
- I think it is an excellent program.
- I was pleased to see the number of men who participated were they encouraged by their partners as they walked by the tent? If so it's a very positive initiative.
- I think the program on a whole is very good.

I've taken action

Five responses indicated that people had taken action. Such things as:

- Bought BP machine, discussed BP with GP.
- I do exercise now.
- My blood pressure was way out which concerned me. I went straight to my GP where my BP was at normal level.
- I have lost 6kg since the Pit Stop. I am now down to 79kg which I'm pretty happy with.
- I only drink red wine as per my GP, but perhaps a bit more than you recommend. I have also cut back but no alcohol free days.

<u>Thank you</u>

Several (4) responses were a simple thank you.

- Thank you.
- I thank you for the FarmFest Pit Stop.
- It was great fun and thanks to people who ran it.
- Thank you for providing a great initiative I sincerely hope it continues and if seen again at a field day/show/etc I would encourage others to attend also.

A couple of responses each indicated that people did not take any action, that staff were helpful, and there was one comment that Pit Stop was well organised.

Those in the Gascoyne and Mid West surveys commented very positively and supportively of Pit Stop in open-ended comments. The two examples given are that the men found the non-medical environment appealing and the staff were complimented on their professionalism. A negative comment about the Western Australia study is that there was wasted paper/pamphlets (Chambers 2005).



Phase III Provider interviews

Three volunteers closely involved in organising and volunteering at Pit Stop were interviewed. One of the interviewees was the primary organiser. Below is a summary with detailed responses in Appendix 2, Table, 37.

Incentives and barriers to attend Pit Stop

Interviewees indicated that in addition to the elements from the mechanical theme they believed the hay bales for seating the free hot soup in cold weather was an incentive to attend Pit Stop. A barrier may have been the muddy ground from rain earlier in the week.

Work Order documentation

Prior to Pit Stop minor changes were made from the stations suggested in the manual, based on advice from medical advisors and the current national health priorities. Minor changes to the documentation were made prior to Pit Stop, to increase clarity and ease of completion. Two interviewees noted that the Work Order form was not always completed fully or completed accurately. The interviewee who spent some time at the Exit station reiterated to participants what their recommendations would have been, based on their WO scores, unless they indicated that they had already received these. A suggestion from a interviewee was that the volunteers at the station do this as was originally planned. Another suggestion is that the original and not the carbon copy of the Work Order form be retained because a number of names and addresses were illegible on the carbon copy.

Recruitment and training

The recruitment strategy was informal and focused on drawing people from the organisational networks (see stakeholder list, Appendix 2, Table 38). Training for Pit Stop was minimal and predominently informal, however the interviewees who volunteered on stations considered their training to be adequate. The organisor indicated that because volunteers only nominated themselves 'at the last minute' the only real option for training was on the day. An important addition to training, whether it be formal or informal, would be a greater emphasis on completing the WO form accurately. Debriefing was informal, but targeted. There is no evidence to suggest that any changes to this are required.

Costs of Pit Stop

While the most significant costs is for the evaluation of Pit Stop, the inkind costs if calculated would have been significant. The challenge for a small organisation to run a Pit Stop on this scale are risks involved in not knowing if there will be sufficient volunteers on the day, or whether the estimates will be sufficiently accurate to meet the needs on the day.

Strengths and limitations

The primary strength is reported to be the concept itself – the informality, the non-clinical approach and taking it to people who may benefit from a health check. Two of the three interviewees indicated that locating people where immediate intervention was of great importance was a strength of the program. Team work and the high standard of organisation of Pit Stop were also seen as strengths. The free soup which was an innovation at this Pit Stop was considered by all three interviewees to be a strength of this Pit Stop. While overcrowding was mentioned as a limitation it was also mentioned as a strength – it helped give a 'buzz' to the 'atmosphere'. The logistics of running a Pit Stop on this scale clearly needed sound planning, which included organising the resources and volunteers.



Summary

Phase I - Health screening data

Participants

With a median age of 56 years an older age group was attracted and due to this they are more likely than their younger counterparts to be suffering from chronic disease, as incidence increases with age. This makes them an ideal group for the program. While 70% of participants reported living in a rural area, only 30% reported being farmers. However this older age group may reflect in part the aging farmer population (Barr, Karunaratne et al. 2005).

Aboriginal and Torres Strait Islander people and people from a Culturally and Linguistically Diverse background were underrepresented when compared with Queensland data. More than two-thirds (68%) of participants reported visiting their GP within the previous 6 months and 17% within the last 12 months.

The response rate of 80% for the health screening data is high. The FarmFest 2010 Pit Stop reached its target audience of rural men.

Attendance

Ninety percent of men attended all tests which is an exemplary result. Sixty-five percent of women attended all tests, with most of the non-attendance because of the unsuitability of the testicular cancer test for women.

Health screening results

<u>Obesity</u>: On the obesity measure 82% of participants are at increased risk of chronic disease, because their waist measurement exceeds the recommended norm (Australian Better Health Initiative 2009). Sixty percent of the Australian adult population are obese/overweight as measured by their body mass index, and 56% using waist circumference (Dunstan, Zimmet et al. 2001; ABS 2009). This was greatest for the 65-74 years men with 71% above the recommended norm (Dunstan, Zimmet et al. 2001). Even with rural men being 6% more likely to be overweight or obese, the FarmFest evaluation sample still exceeds other scores. This is an area where health promotion could target.

<u>Diabetes</u>: More than four-fifths (87%) of the participants are at risk of developing diabetes in the next five years. It is estimated over 1 million people have diabetes throughout Australia with approximately 50 percent of this number not yet diagnosed (Dietician Association of Australia NSW Branch Diabetes Interest Group 2006). Uncontrolled Diabetes can lead to CVD, poor circulation, amputation, neuropathy, kidney disease and vision impairment (Centre for Epidemiology and Research and NSW Department of Health 2004). Ninety-one percent of men and 78% of women were in this category. This reflects the finding that rural Australian's are at higher risk of developing diabetes (AIHW 2008) and that men have a higher incidence of diabetes than women (AIHW 2010). As with obesity, this is an area where health promotion could target.

<u>Blood pressure</u>: Hypertension is a risk factor for chronic disease. One third of participants of both sexes were recorded as having blood pressure that identified them as at risk of chronic disease. This result is very similar to the Australian figure of 32% (AIHW 2001).

<u>Testicular cancer</u>: At the testicular cancer station almost all (98%) of participants reported no adverse indicators. No Australian data is available to allow for comparisons to be drawn.

<u>Smoking</u>: While participants reported a 7% rate of smoking, this contrasts with 22% of Australian men and 18% of Australian women being smokers (ABS 2009). Even the 18% of men living outside major cities who report being daily smokers (AIHW 2010) is much higher than the rate reported by participants. Smoking is strongly linked to cardiovascular disease, diabetes, several cancers and death (Miller and Wood 2002). The reported prevalence of smokers among the participants is very low and if valid this is a positive sign of good health. <u>Alcohol consumption</u>: The level of alcohol consumption reported by male participants, above that recommended (19%) is similar to the 23% of Australian men above 14 years to have overconsumed alcohol and put themselves at risk of short-term alcohol related harm at least once a month (Chikritzhs T, Catalano P et al. 2003).

<u>Depression</u>: Rural and remote communities suffer disadvantage due to their isolation and limited access to health and mental health resources (Judd 2003; AIHW 2008). Natural disaster can give rise to feelings of loss of control and mastery, fear, helplessness and futility; and in the long term there may be an increased risk of psychiatric morbidity (Raphael 1986). The distress arising from drought in the rural areas is likely to be associated with mental illness such as depression and anxiety (Sartore, Kelly et al. 2008) and may end in suicide (Booth, Briscoe et al. 2000).

The almost three-quarters (76%) of participants who reported low levels of psychological stress is higher than the approximately two-thirds (67%) of Australians who reported this. In addition only 5% of participants reported high levels of psychological distress, whereas the national sample reported 13%. Therefore this sample could be considered to be experiencing better mental health than the average Australian. However more than a quarter of the participants were experiencing a moderate or high level of psychological distress and these vulnerable groups require preventive care. The Pit Stop program is one the preventative measures that assists people to understand mental health and how to improve it.

Work Order completion

The level of error apparent in the Work Order form between *Score*, *Recommendations* and *Result* is an issue that could benefit from review for future Pit Stops. There is evidence from respondents and providers that this was a busy Pit Stop, so changes could be based on the idea of what is likely to be completed by a busy volunteer. Deleting the *Recommendations* column from the WO and placing this information on the table of each station would make the WO quicker to complete and the text on the WO form could be in a larger font making it quicker to read.

Phase II – Follow up survey

Respondents

Almost three-quarters (71%) of the sample of 120 lived in a rural area and 66% were men. The average age is 60 years with the largest occupational group being retirees (30%) followed by farmers (19%) then Skilled technical workers (eg trades)(18%). For almost half the sample (45%), Grade 10 was their highest level of education, but more than a quarter (27%) had a tertiary education. As with the health screening data, the target audience of rural men was captured by the follow up survey.

How respondents found out about Pit Stop at FarmFest

The most common way respondents found out about Pit Stop at FarmFest 2010 was by walking past (70%). Therefore the location of the Pit Stop tent within FarmFest appears to have been successful.

Change in knowledge and behaviour because of Pit Stop

Pit Stop had a significant impact on knowledge and behavior change. Almost two-thirds of respondents report increased knowledge about their own health and almost half report changed health behaviours as a direct consequence of attending Pit Stop. Of those who report that Pit Stop

did not increase their knowledge, almost all indicated that it was because they were already well informed. This demonstrates that Pit Stop is an effective tool for the generation of health knowledge and for the improvement of health behaviours.

The greatest gains in knowledge about their own health were for diet and exercise, while many reported changes in health behaviour were for diet, exercise, mental health care, alcohol consumption, smoking and testicular examination. The different measures of the reported behaviour changes showed consistency across results.

The FarmFest respondent reports of behaviour change (49%) are not as great as those from the Bendemeer (68%) and Riverina (57%) Pit Stops, but are similar to those reported at the Goldfields (50%), and Mid West (47%). However of those who reported that their behaviour did not change because of Pit Stop, more than 90% indicated that it was because they were already doing what was advised at Pit Stop. Therefore FarmFest Pit Stop can be considered an effective health behaviour change agent.

In addition, further analysis shows that when respondents received a recommendation to change a particular behaviour, the majority did so. For example 95% of those who report being recommended to eat healthier at the obesity station, report having done so. The figure is the same for those receiving this recommendation at the diabetes station and similar (89%) for the blood pressure station. While the numbers reporting this are quite small – 56, 40 and 42 respectively – an 89% to 95% report of changed health behaviours is extremely good. In addition these changes are reported at three months after Pit Stop which provides ample time for people to lose the initial enthusiasm usually associated with changed health behaviours. Similar but smaller percentages of changed behaviour for increased exercise and reduced alcohol consumption are reported.

Fifteen percent of the sample reported seeing a health professional because of attending Pit Stop. With one exception, a far lower percentage of respondents reported attending a GP/counselor after the FarmFest 2010 Pit Stop (15%), than any of the other Pit Stops where this was reported (Goldfields 50%; Gascoyne 23%; Mid West 10%). However when recommendations were made at specific stations a more promising result is apparent. Several stations had a recommendation option of seeing their GP/counselor. Almost two-thirds of those who received this recommendation at the blood pressure and testicular cancer stations reported having seen a health professional. Forty-five percent who received this recommendation at the depression station reported acting on the recommendation.

These exceptional behavioural changes are reflected in a more general measure of change where respondents were asked to report what changes had occurred, if Pit Stop had assisted them to change their health care activities. Of those who reported changes (n=59), in three of the four diet items, more than two-thirds reported changes, and almost that number reported changes in exercise items. Approximately 40% reported taking action to improve their mental health and about one-third reported improvements in alcohol consumption. However, very few took action regarding smoking or testicular cancer.

Change in health behaviours is a key result for this evaluation. This demonstrates without doubt that this Pit Stop was effective. The increased in knowledge that two-thirds of respondents reported shows that Pit Stop is a successful approach to providing knowledge about health.

Respondent assessment of Pit Stop

When respondents were asked to assess how Pit Stop was delivered the response was overwhelmingly positive. Ninety-two percent said they enjoyed it and 93% thought it was effective in improving preventative healthcare. One hundred percent rated as *Good* the registration process

and how the stations were run. A score of more than 90% *Good* was given for the attitude of volunteers, ease of communication with volunteers, the health information provided, the Marketer (in front of the tent) and the free soup. Scores of 90% or above for *usefulness* of the health resource information was given for all except for smoking which was 67%.

Why respondents enjoyed Pit Stop

Why people enjoyed Pit Stop emerged in the qualitative data. For many people the best thing about Pit Stop was 'the friendly staff'. Many compliments were paid to the volunteers who manned the stations and did the measurements. This is a credit to the people who gave up their time, by travelling about 20 minutes to the site, wearing large blue overalls and spending their time in a tent that was often busy and crowded, interacting in a professional and pleasant manner with strangers, but still having the tests completed. Another reason that Pit Stop appealed to respondents is because of the informative nature of Pit Stop. Participants got a free and personalised health-check that gave them a good indication of how their 'motor' was running.

How to improve Pit Stop

While most comments indicated that Pit Stop could not be improved, some suggested that more space, more privacy, even booths, and less rush, would be an improvement. While the atmosphere of Pit Stop is one of informality and fun, very personal information is conveyed to respondents with their health checks that clearly some do not wish to share inadvertently with strangers. While the space issue is inherently difficult to manage because of the nature of Pit Stop, perhaps more emphasis could be put on flow control to limit the number of people in the tent at one time.

Final comments

When people were asked to make final comments, the lack of privacy was raised here as well. General comments were made about who can benefit from Pit Stop and several people simply said it was 'good work' and a 'good idea'.

Results Phase III – Provider interviews

Interviewees reported minor changes to the original Pit Stop program in terms of stations and the Work Order form. The goal of the changes was to make the stations current eg addition of the diabetes risk assessment measure, to provide clearer information and to make the process more streamlined.

An informal approach was taken to the recruitment of volunteers. GP Connections stakeholders were targeted, but word-of-mouth was also relied upon. Of the 41 volunteers recruited, the majority were women (32). The backgrounds of volunteers included: GPs, nurses, medical students and people from Community Health with a health background. Volunteers included GP Connections staff.

There was a combination of formal and informal training, both occurring on the day. The emphasis was on the purpose of Pit Stop and the philosophy that underpinned it, rather than the finer details, although there was documentation that volunteers at each station could refer to. Similar to the training, the debriefing when it occurred, was informal.

The greatest limitation voiced was that Pit Stop is very resource intensive. This includes the materials to maintain the Pit Stop mechanical theme, such as uniforms and also the health resource information that has to be collected. It also includes the labour; not just the volunteers to man the stations, but also the staff to collect the materials, set up the tent and stations, then packing up after the event. Overcrowding was mentioned as a limitation because people had to wait, but also as a strength because that contributed to the atmosphere.

The key strength reported by interviewees is the concept itself – taking health screening tests to a location where people, particularly men gather, and offering these in a informal, non-clinical environment. Other strengths mentioned are: the identification of people at risk; the teamwork; free soup; and the volunteers.

Conclusions and Recommendations

The main aim of Pit Stop is to raise awareness of people's health issues, engage people who would not normally access services, provide screening, education and referral, empower people to look after their health, and encourage them to seek help.

From an inauspicious beginning in remote Western Australia (Alston and Hall 2001) anecdotal evidence suggests that Pit Stop has become a popular health awareness-raising program. However despite repeated calls for its evaluation, very few have occurred. So this report adds to this sparse Pit Stop evaluation literature.

1. Do men use Pit Stop? YES

Predominately this preventative health check was for men; however, a good number of women (30%) participated in Pit Stop. This raises the question of whether the opportunity for women to have health checks in a non-medical environment should be provided. As women concerned about their health and wellbeing attended Pit Stop, promotional activities as well as health checking of women should, therefore, be included in the program. Both men and women's participation will increase the awareness about their health issues and a better preventive care approach.

Recommendation 1: Include women in the Pit Stop program – promotional activities and health screening (eg breast cancer screening).

2. Does Pit Stop provide a comfortable environment for a health check? YES

A key aspect of Pit Stop is to provide the opportunity to have health checks in a non-clinical environment.

- 92% of respondents 'enjoyed' Pit Stop.
- 100% indicated that the registration process for Pit Stop and how the stations were run are rated as *Good*.
- More than 90% rated the attitude of staff, the ease of communication with staff, the health information provided, the Marketer and the free soup as *Good*.
- More than 80% rated the level of comfort when discussing their health with the Pit Stop team and the mechanical theme and car as *Good*.
- When asked what the best thing about Pit Stop was, the most frequent comment was the friendliness of the staff.
- Comments in several areas were made that more privacy would be an improvement.

Recommendation 2: Give the volunteers a formal thankyou. The volunteers were a key to the success of the FarmFest 2010 Pit Stop.

Recommendation 3: At future Pit Stops introduce strategies to manage the flow of people to prevent crowding in the tent, or create partitions in the tent to increase privacy.

3. Does Pit Stop increase men's knowledge about their health? YES

While the purpose of Pit Stop is to increase awareness, an important measure is whether participant knowledge has improved.

• 68% reported increased knowledge of their own health because of attending Pit Stop.

- The majority of those who reported their knowledge was not increased by Pit Stop indicated that this was because they were already well informed.
- The highest level of increased knowledge was in the areas of diet and exercise.

4. Does Pit Stop assist men to change their health behaviour? YES

This is a key measure of effectiveness for a Pit Stop.

- 49% reported changed health behaviours as a result of attending Pit Stop.
- The majority of those whose who did not change their behaviour as a result of Pit Stop reported that it was because they were already doing what was recommended.
- The greatest behavioural changes reported were in relation to diet and exercise, but changes were also made with mental health care, alcohol consumption, smoking and testicular examination.
- Between 89% and 95% of those who recalled being recommended to 'eat healthier', report having done so; between 77% and 95% of those who recalled being recommended to increase their exercise levels report doing so; between 76% and 80% of those who recalled being recommended to change their drinking behaviour at the alcohol station report doing so, but the percentages are lower where this recommendation was made at other stations.
- 18 people (15%) had visited a health professional *because* of attending Pit Stop; 13 people 65% of those recommended to see their GP at the blood pressure station report doing do so;
 5 people 64% of those recommended to see their GP at the testicular cancer station reported doing so; 10 people 45% of those recommended to see their GP at the Depression station report doing so.

Recommendation 4: FarmFest 2010 Pit Stop was effective – continue the program as is, with modifications as suggested.

Further recommendations

Recommendation 5: Prioritise obesity and diabetes prevention in health promotion activities as high percentages of participants were over the recommended norm.

Recommendation 6: The Work Order documentation needs to be modified for future Pit Stops and included in training to improve the quality of recording.

Was Pit Stop at FarmFest an effective program? YES

This extremely positive assessment of Pit Stop by respondents demonstrates success on several levels. This is a health prevention program addressing chronic disease, one of Australia's most pressing health concerns, effectively organised despite the challenging logistics, and manned by volunteers decidedly suitable for the role.

The volunteers were a key strength of Pit Stop; specifically how they related to and treated respondents. However they were also delivering a program that respondents valued for its informative nature.

Appendix 1 – Health screening data

Table 13: Health screening tests - Farm Fest 2010 Pit Stop

Test	Mechanical theme name
Obesity	Chassis
Diabetes	Electronics
Blood pressure	Oil pressure
Testicular cancer	Spark plugs
Smoking	Fuel additives
Alcohol	Fuel additives
Depression/Mental health	Shock absorbers



Figure 10: Layout of FarmFest Pit Stop

	-		wo			
	TEST	SCORE	NORM	RECOMMENDATIONS	5	RESULT
1	HASSIS Obesity Measure Up		M: 94cm F: 80cm (Waist M'ment)	Review and change your: Diet - eat healthier (more fruit & veges) Increase your exercise leve Reduce your alcohol intake	el	Satisfactory
2	LECTRONICS Diabetes		5 or less (AUSDRISK)	5 or less: Low risk 6-11: Intermediate ris 12+: High Risk	k	Satisfactory Needs Attention
3 ⁰	DIL PRESSURE slood Pressure	\setminus	140/90 or less	Review and change your: Diet - eat healthier (less salt & saturated fat) Increase your exercise level Reduce your alcohol intake See your GP NOW!	el e	Satisfactory
4 T	PARK PLUGS esticular ancer	No No	lumps aches swelling	Self examine once a month See your GP NOW!	h	Satisfactory Needs Attention
5 A S	UEL ADDITIVES moking	No leve i:	l of smoking s safe			Non-smoker Willing to quit Not willing to quit
6 A	UEL ADDITIVES Alcohol		7 or less (AUDIT tool)	 2 alcohol free days/week Reduce quantity/session Seek professional help 		Satisfactory
7 ^S	HOCK ABSORBERS Depression Mental Health		20 or less (K10 Tool)	21-30: It's time to have a about life with a factor of the second se	a chat friend. to ællor	Satisfactory
PERSON	AL DETAILS				NOTI	CES
First Nam Address: Do you lin Do you id DoB:	rst Name:Surname: ddress: PCode: o you live in a mainly: urban or rural location? o you identify with: ATSI CALD NEITHER? oB: Gender: M F				PITSTC interve tool to to ta thems encour for a f check PRIVA inform collect the F	OP is not a medical ention. It is a screening o encourage participants ake better care of elves. We sincerely rage you to see your GP full and thorough health on a regular basis. CY: Your personal lation on this form is ed in accordance with trivacy Act 1988 (as
Occupation	ccupation: amended), and will be used by GP Connections for statistical					
When w	hen was the last time you visited a GP? GP Connections for statistical purposes. If you have any queries regarding collection or access, please phone the last 6 12 24 months > 24 months Can't remember GP Connections for statistical purposes. If you have any queries regarding collection or access, please phone GP Connections: 4688 2000.					





Figure 12: Pit Stop location at FarmFest site



Project To Examine the Effectiveness of the Pit Stop Program in Toowoomba - the Participants' Perspective

To the FarmFest PitStop participant ...

When you attended FarmFest in June this year, you attended the Pit Stop run by GPConnections. When you had completed Pit Stop you were invited to participate in its evaluation and agreed to do so. You were provided with an Information Sheet to this effect – see the last page of the questionnaire for a copy if you do not have yours now.

You also agreed to have your health screening test data provided to the University of Queensland and University of Southern Queensland researchers for analysis, and to complete a postal questionnaire.

Well ... this is the questionnaire ... and it only takes 10 minutes to complete!

We would be very appreciative if you would now complete the questionnaire, put it in the Reply Paid Envelope and post it back to us (no postage stamp required).

Your involvement is voluntary and you may withdraw at any time without consequence. Therefore you are not obliged to complete this questionnaire. As previously indicated the information you provide will be confidential. The completed questionnaire will go to the Universities and the result will be reported at the de-identified or group level, so that no individual will be identified.

If you would like to speak to someone about the project please contact the project investigators:

Dr Jennifer Moffatt (07/4631-5455 j.moffatt@uq.edu.au) Postdoctoral Research Fellow, Rural Clinical School Research Centre, School of Medicine, University of Queensland: or

Dr Delwar Hossain (07/4631 5443 <u>delwar.hossain@usq.edu.au</u>), Research Fellow, Centre for Rural and Remote Area Health, University of Southern Queensland.

Thank you for your help so far, now for the questionnaire ...

You attended the FarmFest Pit Stop and we would like to hear from you about the program, and its effectiveness. First of all we would just like to know a little about you.

1 2 3 4	What is your sex? What is your year of birth? What is your occupation? What is your highest level of education? Primary school Grade 10 Grade 12	Male <u>1</u> 9	Female Female box):
5	 Tertiary education (apprenticeship, T Do you identify with (<i>please tick one bo</i> Aboriginal or Torres Strait Island per People from a culturally and linguistic Neither 	AFE certificate, x): ople cally diverse bac	Bachelors or other university degree) ckground
6	Do you live in a mainly:		
7	 Rural location (in the country) When was the last time you visited a GI In the last 2 months In the last 6 months In the last 12 months In the last 2 years More than 2 years ago Can't remember 	P? (please tick o	ne box)
Now w 8	e would like you to tell us about your How did you FIND OUT about Pit Stop? Word of mouth Friend/neighbour/relative Marketer on-the-day	experience of P (<i>please tick as</i> Walked by Radio Other	Pit Stop many boxes as apply)
9	 Which Pit Stop STATIONS did you part HIP/Waist measurement (Chassis) Diabetes (Electronics) Blood pressure (Oil Pressure) Testicular Cancer (Spark plugs) Smoking (Fuel Additives) Alcohol (Fuel Additives) Depression and Mental Health (Shore) 	cipate in? (<i>pleas</i> ck Absorbers)	se tick as many boxes as apply)
10	Did you ENJOY participating in Pit Stop Yes No Don't know	?	

11 What was BEST about Pit Stop?

12 How could Pit Stop be IMPROVED?

13 Please comment on the QUALITY of how Pit Stop was run

Activity	Excellent	Good	Fair	Poor	Very Poor
Registration process					
The stations: checks measured &					
questions asked					
Physical setting in the tent					
eg: seating, space, comfort etc					
Environment for a health check					
eg: privacy etc					
Ease of communication with staff					
eg: friendliness, empathy etc					
Level of comfort when discussing					
your health with the Pit Stop team					
Attitude of staff towards you					
Wait times at stations					
The mechanical theme & car					
Health information you were given					
Seating outside the tent					
Free soup					
The promotions girl, outside the tent					
Anything else?					

14

Have you seen a doctor/counsellor/health professional because of attending Pit Stop?

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I		Y	έ	95	5

🛛 No

If you have seen a doctor/counsellor/health professional because of attending Pit Stop, who did you see? (*tick as many boxes as apply*)

GP/doctor

□ Specialist

Nurse

Dietician

Other (please identify: _____)

15 If you can remember, please indicate your TEST SCORE (Acceptable, Not Acceptable, Don't remember) and which RECOMMENDATIONS you have since followed where they were made, if any (Yes, No, Not Applicable). Please tick as many as apply.

		Test score		Recommendations you <u>acted</u> on Yes			
Stations	Acceptable	Not Acceptable	Don't remember			No	N/A
				Diet - eat healthier			
Measurement				Increase exercise level			
Weasurement				Reduced alcohol intake			
				Diet - eat healthier			
Diabetes				Increase exercise level			
				Reduced alcohol intake			
				Diet - eat healthier			
Blood				Increase exercise level			
Pressure				Reduce alcohol intake			
				See your GP NOW!			
Testicular &				Self examine once a month			
Other Cancers				See your GP NOW!			
Smoking				Quit smoking			
Aleehel				2 alcohol free day per week			
Alcohol				Reduce quantity/session			
Consumption				Seek professional help			
Depression				It's time to have a chat			
and Montal				about life with a friend			
				You need to talk			
				to your GP or Counsellor			

16 Did you receive any HEALTH INFORMATION such as brochures, leaflets, fliers or booklets?

Yes- Go to Q17

D No - Go to Q18

17 If yes, please indicate the USEFULNESS of this health information:

Health information	Very useful	Moderately useful	A little useful	Not very useful	Not at all useful
HIP/Waist Measurement					
Diabetes					
Blood Pressure					
Testicular & Other Cancers					
Smoking					
Alcohol Consumption					
Depression and Mental Health					

18 Did Pit Stop increase your KNOWLEDGE about your own health?

☐ Yes - Go to Q20

🛛 No ---Go to Q19

19 Pit Stop did NOT increase my knowledge about my own health because:

	I was already well informed
	□ I didn't really understand what I was told
	□ I didn't take a lot of notice of what was said
	Other (please explain):
20	Did Pit Stop assist you to change any HEALTH CARE activities? □ Yes - Go to Q22 □ No - Go to Q21
21	 Pit Stop did NOT assist me to change any health care activities because: I was already doing what was advised at Pit Stop I intend making changes, but haven't yet I need more than test scores, to change Other (please explain):

22 If Pit Stop either <u>increased your knowledge</u> or <u>assisted you to change health care activities</u>, ('yes' to Q18 or Q20), please tell us more about this, by ticking one box on each line.

				1	r
Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know now what a balanced diet consists of					
My diet now has less fat					
I now eat meat with a lower fat content					
I now eat more vegetables					
I now eat more fish					
I intend improving my diet					
I now understand the value of regular exercise					
I now do regular physical exercise to acquire/maintain normal blood pressure					
I now do regular physical activity to reduce my body weight					
I intend increasing the amount of exercise I do					
I now know the appropriate level of alcohol consumption					
I have reduced my alcohol consumption					
I now don't drink as often/drink for shorter periods					
I intend reducing my alcohol consumption/frequency of drinking					
I now know the benefits of quitting (smoking)					
I have quit/reduced my smoking					
I intend to reduce/quit smoking					
I have had a chat about life with a friend					
I now converse more with friends/family about my feelings					
I have sought professional help for my mental health					
I now know how to conduct a testicular examination					
I now conduct a testicular examination monthly					
I now check my waist regularly to keep the ≤ 94 limit					
I now have more confidence in managing my health problems					
I now am more likely to seek medical advice when needed					

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have lost weight					
Pit Stop gave me the confidence to change my dietary habits					

23 Overall, do you think this program is EFFECTIVE in improving preventative health care? (please circle one number on the 1 to 5 scale below)

Not at all effect	tive			Extremely ef	fective
1	2	3	4	5	

Are there any other COMMENTS that you would like to make?

Thank you for your time and cooperation in completing this questionnaire. Now please put it in the supplied Reply Paid envelope and post it back to us (no stamp required).

Thank you

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Provider	oneshon	ыле
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Pit Stop evaluation 2010 FarmFest- Provider questionnaire

Date:

What is your role in the FarmFest Pit Stop?

The following questions may not be relevant to all the interviewees.

1. Site details: Please describe - location within FarmFest, influences on participation rate on the day, area/size covered by tent, displays (inside and outside), and media prior to

FarmFest.

- 2. Delivery of the program
 - a. The stations
 - i. How many stations were there, and what were they?
 - ii. Did you make changes to the stations prior to this Pit Stop? If yes, please describe
 - iii. What station changes would be useful for future Pit Stops?
 - b. The documentation (the data sheets that underpin the Work Order form and the Work Order form)
 - i. Did you make changes to the documentation prior to this Pit Stop? If yes, please describe
 - ii. What documentation changes would be useful for future Pit Stops?
 - c. Staffing
 - i. How did you recruit volunteers? Please describe the recruitment process, their background and the number and gender of volunteers.
 - ii. Did you provide training for the volunteers? If yes, please describe.
 - iii. Did you provide debriefing for the volunteers? If yes, please describe.What feedback did you receive?
 - iv. Was the reporting accurate? (Did the data sheets that underpin the Work Order forms correspond)
- 3. Costs of the program
 - a. Displays, media and program materials
 - b. Recruitment and training
 - c. Partnerships
- 4. What were the limitations and strengths of the 2010 FarmFest Pit Stop?
- 5. Do you have any final comments?

Table 14: Age

Age group	Male		Fem	ale	Total		
	Number	%	Number	%	Number	%	
18-30	14	6	8	8	22	7	
31-50	56	26	27	28	83	26	
51-70	109	50	51	53	160	51	
71 and over	39	18	11	11	50	16	
	218	100	97	100	315	100	

* Note: In the following tables where Numbers are reported for separate genders and the whole group (Both), the group total may not be equivalent to male plus female Numbers. This is due to these two case not being included in the 'Both' category.

Table 15: Identity - ethnic and cultural

		Male		Fen	nale	Totals	
		Number	%	Number	%	Number	%
Identity	ATSI	2	1	1	1	3	1
	CALD	2	1	1	1	3	1
	Neither	173	98	82	98	256	98
	Total	177	100	84	100	262	100

Table 16: Urban or rural residence

		Male		Fen	nale	Totals	
		Number	%	Number	%	Number	%
Residence	Urban	62	29	29	32	92	30
	Rural	150	71	63	68	214	70
	Total	212	100	92	100	306	100

Table 17: Occupation

Occupation	Number	%
Farmer/grazier/primary producer	97	30
Housewife/home duties	80	25
Skilled A (Technical) – trades eg welder, fitter and	65	21
turner		
Skilled B (Professional) – office eg teacher, director,	40	13
manager, accountant		
Retired	8	3
Unskilled eg truck driver	6	2
Others- self employed, students, etc	17	5
Sales	4	1
Totals	317	100

Table 18: Time since last visit to General Practitioner

		Male		Female		Totals	
		Number	%	Number	%	Number	%
Visit GP	6 months	146	68	65	69	211	68
	12 months	31	15	20	21	53	17
	24 months	8	4	4	4	12	4
	≥ 24 months	9	4	2	2	11	4
	Can't	19	9	4	4	23	7
	remember						
	Total	213	100	95	100	310	100

Table 19: Level of participation in stations

Participate in all	Male		Fem	ale	Totals		
tests	Number	%	Number	%	Number	%	
Yes	197	90	63	65	262	83	
No	21	10	34	35	55	17	
Total	218	100	97	100	317	100	

Work Order completion

Table 20 to 26 provide details on the WO Recommendations and Results

Table 20: WO - Obesity Recommendation and Result

Recom	mendation	Ма	le	Fem	ale	Totals		
		Number	%	Number	%	Number	%	
Diet	Yes	91	42	31	32	122	39	
	No	127	58	66	68	195	62	
	Total	218	100	97	100	317	100	
Exercise	Yes	80	37	35	36	115	36	
	No	138	63	62	64	202	64	
	Total	218	100	97	100	317	100	
Alcohol	Yes	46	21	9	9	55	17	
	No	172	79	88	91	262	83	
	Total	218	100	97	100	317	100	
None	Yes	109	50	57	59	168	53	
	No	109	50	39	40	148	47	
	Total	218	100	96	100	316	100	
Obesity Result	Satisfactory	50	23	27	28	168	53	
	Needs attention	166	77	68	72	148	47	
	Totals	216	100	95	100	316	100	

Table 21: WO - Diabetes Recommendations and Result

Rec	ommendation	Ma	le	Fem	ale	Totals	
		Number	%	Number	%	Number	%
	5 or less-low	17	8	20	22	37	11
	risk						
	6-11	65	32	40	43	106	36
	intermediate						
	risk						
	12+ High risk	109	53	29	31	139	47
	None	13	6	4	4	17	6
	Total	204	100	93	100	299	100
Result	Satisfactory	71	33	44	47	116	38
	Needs attention	141	67	50	53	192	62
	Total	212	100	94	100	308	100

Table 22: WO - Blood pressure Recommendations and Result

Recomr	nendation	Ma	le	Fem	ale	Totals		
		Number	%	Number	%	Number	%	
Diet	Yes	9	4	4	4	13	4	
	No	208	96	93	96	303	96	
	Total	217	100	97	100	316	100	
Exercise	Yes	7	3	2	2	9	3	
	No	210	97	95	98	307	97	
	Total	217	100	97	100	316	100	
Alcohol	Yes	2	1	0	0	2	<1	
	No	215	99	97	100	314	99	
	Total	217	100	97	100	316	100	
See GP	Yes	23	11	9	9	32	10	
	No	194	89	88	91	284	90	
	Total	217	100	97	100	316	100	
None	Yes	182	84	84	87	286	85	
	No	35	16	13	13	48	15	
	Total	217	100	97	100	316	100	
Result		Ma	le	Fem	ale	То	tals	
		Number	%	Number	%	Number	%	
Satisfactory	/	157	76	71	78	229	77	
Needs atter	ntion	50	24	20	22	70	23	
Totals		207	100	91	100	299	100	

Table 23: Testicular cancer station Recommendations and Result

	Testicular test	Number	%
Norms	None	198	98
	No lumps	1	<1
	Aches	2	1
	Swelling	2	1
	Total	203	100
Recommendation	Self examine once a month	95	47
	See your GP now	4	2
	None	104	51
	Total	218	100
Result	Satisfactory	200	99
	Need attention	3	2
	Totals	203	100

Table 24: Smoking Recommendations and Results

Recomme	endation	Ma	ale	Fen	nale	То	tals
		Number	%	Number	%	Number	%
Norms	No level of smoking	7	3	1	1	8	3
	none	208	97	95	99	305	97
	Total	215	100	96	100	313	100
Recommend	Quit	17	8	5	5	22	7
-ation	None	198	92	91	95	291	93
	Total	215	100	96	100	313	100
Result	Non- smoker	195	91	89	94	286	91.5
	Willing to quit	16	7	5	5	21	6.5
	Not willing to quit	4	2	1	1	5	2
	Totals	215	100	95	100	312	100

Recommend	ations	Ma	le	Fem	ale	Tot	als
		Number	%	Number	%	Number	%
2 alcohol	Yes	85	39	15	16	100	32
free/week	No	121	61	81	84	214	68
	Total	216	100	96	100	314	100
Reduce	Yes	33	15	7	7	40	13
quantity/sessions	No	183	85	89	93	274	87
	Total	216	100	96	100	314	100
Seek professional	Yes	7	3	0	0	7	2
help	No	209	97	96	100	307	98
	Total	216	100	96	100	314	100
None	Yes	124	57	78	81	204	65
	No	92	43	18	19	110	35
	Total	216	100	96	100	314	100
Results	Satisfactory	171	81	88	92	261	84
	Needs	41	19	8	8	49	16
	attention						
	Total	212	100	96	100	310	100

Table 25: Alcohol Recommendations and Result

Table 26: Depression Recommendations and Result

Recommendation		Male		Fem	ale	Totals	
		Number	%	Number	%	Number	%
Norms	21-30 scores	30	14	17	19	47	16
	>30 scores	9	4	4	4	13	4
	None	172	82	71	77	245	80
	Total	211	100	92	100	305	100
Result	Satisfactory	189	90	79	87	270	89
	Needs attention	22	10	12	13	34	11
	Total	211	100	91	100	304	100

Appendix 2 – Follow up survey data

Age group	Male		Fem	ale	Total	
	Number %		Number	%	Number	%
18-30	3	4	2	5	5	4
31-50	11	15	8	20	19	16
51-70	46	60	26	63	72	62
71 and over	16	21	5	12	21	18
Total	76	100	41	100	117	100

Table 27: Age of follow up survey respondents

Table 28: Urban or rural location of residence follow up survey respondents

Residence	Male		Fen	nale	Total	
	Number	%	Number	%	Number	%
Urban	21	27	14	24	35	29
Rural	57	73	27	66	84	71
Total	78	100	41	100	119	100

Table 29: Occupation of follow up survey respondents

Occupation	Number	Percent
Retired	33	30
Farmer/grazier/primary producer	21	19
Skilled A (Technical)– trades eg welder, fitter and turner	19	18
Housewife/home duties	14	13
Skilled B (Professional) –eg teacher, director, manager,	10	9
accountant		
Others- self employed, students, etc	9	8
Unskilled eg truck driver	4	3
Totals	110	100

Education	Male		Fem	ale	Total	
	Number	%	Number	%	Number	%
Primary school	13	16	4	10	17	14
Grade 10	36	46	18	45	54	45
Grade 12	13	16	3	8	16	14
Tertiary	17	22	15	37	32	27
Total	79	100	40	100	119	100

Table 30: Highest level of education complete follow up survey respondents

Table 31: Visit to GP follow up survey respondents

GP Visit	Male		Fen	nale	Total	
	Number	%	Number	%	Number	%
In the last 2 months	43	54	23	56	66	55
In the last 6 months	23	29	10	24	33	27
In the last 12 months	8	10	4	10	12	10
In the last 2 years	2	3	2	5	4	3
More than 2 years	3	4	0	0	3	3
Can't remember	0	0	2	5	2	2
Total	79	100	41	100	120	100

Table 32: Recall of test score

Stations		Test score							
		Acceptable	Not acceptable	Don't remember	Total	% Recall			
HIP/Waist	n	40	43	15	98	-			
Measurement	%	41	44	15	100	85			
	n	58	16	8	82	-			
Diabetes	%	71	19	10	100	90			
	n	73	17	8	98	-			
Blood Pressure	%	75	17	8	100	92			
Testicular & Other	n	46	1	3	50	-			
Cancers	%	92	2	6	100	94			
Smoking	n	38	2	5	45	-			
	%	85	4	11	100	89			
Alashal Canaurantian	n	56	13	5	74	-			
Alconol Consumption	%	76	18	6	100	94			
Depression and	n	68	9	7	84	-			
Mental Health	%	81	11	8	100	92			

Table 33: Recall of receipt of health information

Health Information	Male		Fem	ale	Total		
	Number	%	Number	%	Numbe	%	
Yes	61	82	32	82	93	82	
No	13	18	7	18	20	18	
Total	74	100	39	100	113	100	

Pit Stop stations	Number	%
HIP/Waist measurement (Chassis)	118	99
Diabetes (Electronics)	107	90
Blood pressure (Oil Pressure)	118	99
Testicular Cancer (Spark plugs)	71	60
Smoking (Fuel Additives)	84	71
Alcohol (Fuel Additives)	99	83
Depression and Mental Health (Shock Absorbers)	106	88

Table 35: Quality of Pit Stop

Registration process						
		Good	Fair	Poor	Total	
Sex	Male	Count	76	0	0	76
		% within Sex	100	0	0	100
	Female	Count	39	0	0	39
		% within Sex	100	0	0	100
Total		Count	115	0	0	115
		% of Total	100	0	0	100
The stations: checks measured & questions asked						
Sex	Male	Count	76	0	0	76
		% within Sex	100	0	0	100
	Female	Count	40	0	0	40
		% within Sex	100	0	0	100
Total		Count	116	0	0	116
		% of Total	100	0	0	100
Physica	al setting i	n the tent eg: seatir	ng, space, co	omfort etc		
Sex	Male	Count	52	16	7	75
		% within Sex	69	22	9	100
	Female	Count	23	15	2	40
		% within Sex	57	38	5	100

Total		Count	75	31	9	115			
		% of Total	65	27	9	100			
Enviror	Environment for a health check eg: privacy etc								
Sex	Male	Count	46	25	5	76			
		% within Sex	60	33	7	100			
	Female	Count	15	19	6	40			
		% within Sex	37	48	15	100			
Total		Count	61	44	11	116			
		% of Total	53	38	9	100			
Ease of	commun	ication with staff eg	: friendline	ss, empath	y etc				
Sex	Male	Count	74	3	0	77			
		% within Sex	96	4	0	100			
	Female	Count	38	2	0	40			
		% within Sex	95	5	0	100			
Total		Count	112	5	0	117			
		% of Total	96	4	0	100			
Level o	f comfort	when discussing yo	ur health w	vith the Pit	Stop team				
Sex	Male	Count	69	5	2	76			
		% within Sex	91	6	3	100			
	Female	Count	32	8	0	40			
		% within Sex	80	20	0	100			
Total		Count	101	13	2	116			
		% of Total	87	11	2	100			
Attitud	e of staff	towards you							
Sex	Male	Count	75	2	0	77			
		% within Sex	97	3	0	100			
	Female	Count	39	1	0	40			
		% within Sex	97	3	0	100			
Total		Count	114	3	0	117			
		% of Total	97	3	0	100			
Wait ti	mes at sta	tions	•	-					
Sex	Male	Count	55	16	6	77			

		% within Sex	71	21	8	100
	Female	Count	24	12	4	40
		% within Sex	60	30	10	100
Total		Count	79	28	10	117
		% of Total	67	24	9	100
The m	echanical t	theme & car	1	L		
Sex	Male	Count	51	12	0	63
		% within Sex	81	19	0	100
	Female	Count	18	5	0	23
		% within Sex	78	22	0	100
Total	1	Count	69	17	0	86
		% of Total	80	20	0	100
Health	informati	on you were given	•			
Sex	Male	Count	71	3	1	75
		% within Sex	94	5	1	100
	Female	Count	35	4	0	39
		% within Sex	90	10	0	100
Total		Count	106	7	1	114
		% of Total	93	6	1	100
Seating	outside tl	he tent				
Sex	Male	Count	33	16	8	57
		% within Sex	58	28	14	100
	Female	Count	9	15	5	29
		% within Sex	31	52	17	100
Total		Count	42	31	13	86
		% of Total	49	36	15	100
Free so	up		•			
Sex	Male	Count	54	3	3	60
		% within Sex	90	5	5	100
	Female	Count	28	2	2	32
		% within Sex	88	6	6	100

Total	Count	82	5	5	92
	% of Total	90	5	5	100

Table 36: Usefulness of health information

	Very useful	Moderate useful	At little useful	Not very useful	Not at all useful	Total	Index	Rank
n	34	8	4	0	1	47	140	1
%	72	17	9	0	2	100		
n	16	7	4	0	13	40	271	2
%	40	17	10	0	33	100		
n	36	25	13	1	1	76	174	3
%	48	33	17	1	1	100		
n	31	24	9	2	2	68	182	4
%	46	35	13	3	3	100		
n	37	29	8	4	3	81	187	5
%	45	36	10	5	4	100		
n	32	26	11	3	4	70	198	6
%	46	28	16	4	6	100		
n	26	13	13	0	5	57	203	7
%	46	23	23	0	8	100		
	n % n % n % n % n %	Very useful n 34 % 72 n 16 % 40 % 40 % 40 % 40 % 40 % 440 % 440 % 445 % 445 % 445 % 446 % 446 % 446	Very usefulModerate usefuln348%7217n167%4017n3625%4833n3124%4635n3729%4536n3226%4628n2613%4623	Very usefulModerate usefulAt nutle usefuln3484%72179n1674%401710n362513%483317n31249%463513n37298%453610n322611%462816n261313%462323	Very usefulModerate usefulAt nutle usefulNot very usefuln34840%721790n16740%4017100%4833171%4833171%4635133n372984%4536105n3226113%4628164%4623230	Very usefulModerate usefulAt little usefulNot at all usefuln348401%7217902n1674013%401710033n36251311%48331711%46351333n3124922%46351333n3729843%45361054%46281646n26131305%46232308	Very useful Moderate useful Not at useful Not at useful Not at all useful Itela n 34 8 4 0 1 47 % 72 17 9 0 2 100 n 16 7 4 0 13 40 % 40 17 100 33 100 n 36 25 13 1 1 76 % 48 33 17 1 1 100 n 31 24 9 2 2 68 % 46 35 13 3 3 100 n 37 29 8 4 3 81 % 45 36 10 5 4 100 n 32 26 11 3 4 70 % 46 28 16 4 6 100 <td>Very useful Moderate useful Not very useful Not all useful Not all</td>	Very useful Moderate useful Not very useful Not all

The 'Questions' column in Table 37 is developed from the Interview guide. The 'Results' are a combination of the responses made by the three interviewees. Direct quotes are contained in quotation marks; other text is a summary of the responses.

Question	Results - Interviewee responses						
Site details	See map in Appendix; 7 health screening stations; registration station; exit station; hot soup stand. Ten stations in total						
Displays	See photos within document						
Prior promotion	Replay of an ABC media interview on day 2, conducted 3 weeks prior-people referred to this and an AIHW report on heart						
	disease in women just released						
Barriers/promotion on	Elements they may have influenced people to attend:						
the day	- 'Good location because lots of people walking past'						
	- Promotions girl dressed like a racing car driver giving out invitation cards						
	- 'Some staff walking around outside talking to people'						
	- 'A car, a Monaro I think'						
	- 'Bales of hay which gave people somewhere comfortable to sit'						
	- 'Free soup !'						
	Barrier: muddy after rain						
Stations - Changes	- Eliminated skin cancer; medical advisors indicated that flexibility station could be eliminated because in part this was						
prior	duplicated by the obesity test; added diabetes because of current Federal government focus on chronic disease						
	- 'Larger tent than at Ag Show - 15 meters by 6 meters plus a little annex 3 meters by 3 meters, and it was just						
	enough(included breakout area for staff, storeroom for handouts)'.						
Stations - Changes	- 'Look if we had the time, we had the room, we had the volunteers to man the stands, we would not drop any of the						
after	stations'.						

Table 37: Phase III Questions and answers from provider interviews
Question	Results - Interviewee responses
Documentation	
1. Changes prior	- 'Work Order form made easier for the volunteer to complete accurately '
	 A ½ page script for each station, for the volunteer, designed to underpin the training and give the volunteer increased confidence
	- Wording for the obesity station made clearer
	- Instead of a 'pass' or 'fail' outcome these were labeled 'Acceptable' and 'Not acceptable'.
	- The 'fail sticker' used previously was dropped. This gave it 'more positive overtones'.
2 Changes offer	Either (describe the acronyme - CALD and ATS), or have a spiel for the volunteer'
z. Changes after	- Either describe the acronyms – CALD and ATSI, or have a spiel for the volunteer
	- Have the volumeers at each station check on on the work of denoting when recommendations have been made (Making sure that the demographic information is legible' which (probably means — we will keen the original conv of the
	- Making sure that the demographic information is legible which probably means we will keep the original copy of the Work Order rather than the carbon copy'
	work order rather than the carbon copy .
Recruitment process	- An invitation to volunteer was sent to GPConnections staff and they were asked to forward it to their networks.
	- 'Word-of-mouth' and 'emailing to stake holders'.
Volunteers	- 41 volunteers; 2 of these were Marshalls who oversaw the event.
	- 9 males; General Practitioners, nurses, medical students, nursing students; people from community health who had a
	health background from the 12 stakeholder organisations listed. Some of the volunteers were GP Connections staff.
Training	Formal training:
	- One interviewee said that on day 1 there was a 15-20 minute session that 'explained the philosophy of what we were doing
	and what we planned to do and the attitude to have, about it being non-threatening and non-clinical and fun'. 'Too busy
	after that'.
	- Another interviewee described the training for the station she worked on – 'Just explaining what we were doing, why,
	giving them information about what to talk to clients about if (exceeded norm), what that meant, and what pamphlets

Question	Results - Interviewee responses
	 we had there to give out and why'. <u>Informal training:</u> One interviewee said there was no training, however she said 'like I knew sort of exactly when I was required to be there and where and what my job would be, even though hadn't had the actual detail of what I'd be doing'. She also indicated that she received a handover from the volunteer on that station prior to that'. Another interviewee also mentioned a handover. There was a ½ page script for each station that was supposed to underpin the training and be a back-up if no formal training occurred.
Debrief	 2 interviewees said there was no formal debrief but in a group email they were given an overview of how Pit Stop event; everyone was thanked for their time and the CEO and managers at GPConnections added 'how impressed they were by it'. 1 interviewee said there was an informal debrief for the volunteer after the session finished when the opportunity presented itself. 'When people left, if I got a chance to say goodbye to them I would check in how then went and if there were any problems and anything like that. We did do more of a debrief with the people on the mental health stand because that was a little bit more, you know, confrontational and a little bit more intense'.
Costs of program	 In total \$24,000 evaluation which is about half equipment hire \$4500 (ie tent, tables, chairs); FarmFest site hire fee \$1,300 resources (printed material eg work order forms)\$1,200 incidentals Inkind: labour of volunteers Promotional material from organisations involved was free
Limitations	- Overcrowding (more space needed); when it was busy people had to wait at each station; BP and diabetes stations

Question	Results - Interviewee responses
	 'appeared to be slow stations <u>Program may age</u>; 'my only worry would be that it might get old after a while, like if we're in this area and we're doing this same model at lots of different agricultural events that maybe people will start going "Oh no I did that last time, I've done that, its old".' <u>Resource intensive</u>: 'setting up costs of a Pit Stop versus any other form of a health check You've got to have uniforms, you've got to have the signage, you've got to actually make an effort to make it a Pit Stop thing. I mean we could have gone a lot further but we didn't. So that's what I mean by it's also resource intensive in the sense of having to collect the resources, enough resources to distribute to large crowds We actually had to hire a removals van and two guys to go to around to five different places on the set up day and load up a truck full of boxes and other pieces of equipment, which ended up costing us \$536.00, and then I had to hire a car on the last day for \$100 to transfer resources that we didn't use, to get that back here'. <u>People intensive</u>: 'Man power intensive as I said. Man hours, not just in that there was a whole day, three people for a whole day to set up. Two people for half a day to pull down And then the planning, you know, that's sort of months of work, part-time work, to put it all together. So yeah, it's a resource and man power intensive thing'.
Strengths	 <u>The model/concept itself</u>: 'I think it's a really fantastic idea'; 'informal, non-clinical and reaches people who don't necessarily have health has a high priority'; 'I just think, I think the concept is really good. I think it has a pretty good goal in mind, like it and you know, you might learn about sort of rural people and their access to doctors or their willingness to go to doctors. I think it's really good, you know, it has this nice atmosphere, that kind of bringing everyone together and it feels like it's almost like peer pressure that you see all these other men going through, you're more likely to go through. You know what I mean, like, it was really crowded and it had a very good buzz about it and I think that that would probably influence more people to come through. And that I think probably all the health professionals are, you know, I could see them working and see how well they relate with people and I think that that's probably a really good thing in breaking down barriers of these people talking about their health'.

Question	Results - Interviewee responses
	 <u>Identify people at immediate risk:</u> 'possibly identify people at immediate risk' ' a young boy with a testicular cancer risk, like a really high and you're thinking well if we've managed to help that kid the whole thing was worth it, you know, like it's a really worth while exercise'.
	Team work: 'One factor that made it a success was that everyone worked as a team, collaborated and put their egos aside for three days to get the job done. So the team collaboration, not just within our organisations, but across all of our stake holders, was excellent'.
	 <u>The atmosphere</u> 'And I was going to say the down side was that it was not big enough but maybe you wouldn't get that atmosphere and that buzz if it was any bigger a space maybe that's actually a positive, that it was sort of intimate and yeah, had a nice atmosphere'. <u>Well organised:</u> 'I honestly think he did a really fantastic job. I don't know what I would do differently. I think it doesn't matter what you do, there's going to be limitations to what you do and you've got to accept that and work with it'; 'I think Gary did an absolutely fantastic job to be completely honest with you.'. ' Gary's very, very well coordinated'.
	 Free soup: 'At a practical level I think the big difference between this FarmFest Pit Stop and any other we've done was the partnership with Health Lifestyles and the free soup. That just went <i>so</i> well'; ' and then we had the actual recipe card for the soups that we gave out the soup was quite a good taking point. People would come and, you know, the wives particularly, come and share their recipes It was quite a good incentive for people to go through'. 'that it [free soup] did create something to talk about'.

Question	Results - Interviewee responses
	<u>Volunteers</u> 'consistently volunteers stayed longer than they were scheduled to stay because they were enjoying it so much. And those that couldn't stay because of other commitments were very apologetic and in fact a couple of them actually came back just came back for an extra shift just because they loved it so much, the next day. Yeah. For so many of the people it was an opportunity to do some preventative health promotion and that got them excited about it. Whether they'll remember that next year (<i>laughs</i>) and volunteer early will be another matter. Yeah, everybody, the feedback I got from, absolutely everybody, was that it was great fun and they loved doing it'.
Interviewee recommendations	 Already used the model of health checks but call them that, not pit stop (Free Health Check), so without the mechanical theme and Mini Health Checks Maybe have more media eg in local papers, of small towns where people are coming from 'I just really do think they did a good job running it. It would have been good to have more volunteers probably for some of the stands but that's there's really not much you can do if people don't volunteer. And I think the staff in the offices here really supported it well and did what they could to yeah. I think it was well done'.

Table 38: List of GP Connections stakeholders from where volunteers were drawn

- 1. GP Connections Toowoomba and District Division of General Practice
- 2. QHealth Community Health Services Oakey
- 3. Health ATSI Health Unit
- 4. QHealth Community Health Services Millmerran
- 5. The Heart Foundation
- 6. Cancer Council Queensland
- 7. Blue Care
- 8. Griffith University Griffith Health Nursing and Midwifery
- 9. RHealth Division of General Practice
- 10. Oakey Army Aviation Medical Services
- 11. University of Queensland School of Medicine Rural Clinical School
- 12. University of Southern Queensland Faculty of Science Nursing and Midwifery
- 13. Toowoomba Medical Centre

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