

Michael Lawrance

Occupational Therapist

Michael Lawrance & Associates Pty. Ltd.

911 Ligar Street, Ballarat, Victoria, 3350

PO Box 1678, Ballarat MC, 3354

Telephone (03) 5332 2400 Fax (03) 5333 4100 Mobile 0417 562 881

Email: mLawrance@ncable.net.au

29th December 2003

SUPPLEMENTARY SUBMISSION

Following requests from the committee for useful ideas to improve agricultural occupational health and safety, I offer the following two suggestions:

1. To increase the level of OH&S expertise of those supporting, promoting and implementing prevention initiatives in rural areas
2. To engage people and organisations with extensive and active rural and regional networks.

BRIEF BACKGROUND

A brief background of some past initiatives may be useful here.

After working for many years in agriculture, shearing and forestry I retrained as an allied health professional. I then worked for an organisation funded through the federal health system which employs occupational health focused professionals throughout rural Australia. Through my work in rural OHS, it became apparent that there is a gap between the level of OH&S expertise and activity available to industry generally (due to business size, density, geographical location etc.) and agriculture. Due to this concern and my involvement in farm health and safety I approached the then WorkCover Minister, Roger Hallam, who supported convening a meeting of stakeholders to focus on this problem. At a follow up meeting convened by the Victorian Agricultural Department, I put forward the concept of a farm safe alliance to assist in improving agricultural health and safety. After two or three years of lobbying for this concept with the support of John Dawson, the then Chairman of FarmSafe Victoria and FarmSafe Australia, the Farmsafe Alliance was created. Despite the best efforts of the personnel involved however, I do not think this current model can lead to further improvements. I believe that there are significant structural problems that interfere with the successful operation of the alliance. The reader is referred to the Alliance evaluation conducted by Dr Lesley Day for further information on this matter.

As part of the initiative that led to the concept and funding of the FarmSafe Alliance, I also, again with the support of John Dawson promoted a Farm Safety Centre at the University of Ballarat to draw on the twin areas of expertise of vocational training and occupational health and safety research and solution implementation. This has in part been achieved with the establishment of the Farm Safety Training Centre in Ballarat.

Vocational training expertise, support and professional development is now available to the rural focussed OH&S training personnel and organisations. What has not been achieved yet is supporting this with rurally focussed OH&S research, solution finding and application expertise.

Therefore some of the original problems still remain, i.e. the lack of OH&S expertise available to rural and regional primary industries and small businesses generally and the need for further engagement of rurally based networks particularly those with large and active volunteer bases.

SUGGESTED WAY FORWARD

To address the issues raised above, I support the development of a centre focused on OH&S training, OH&S research and risk control implementation. This expertise is currently available through the university of Ballarat (VIOASH). Such a centre would be supported by the University's rural & regional mission and focus thereby making available the Universities health promotion, engineering, health, information technology and telecommunications, sport, psychology, welfare and geosciences capabilities. This provides a complementary arm to the vocational and extension capability currently available through the managing farm safety training centre. I suggest the development of two or three pilot projects in a number of regions across the state focusing on action research and risk control implementation initiatives. Links should also be established with local government, football/netball clubs, CWA, Women in Agriculture, CFA, SES, Farm Safety Action Groups and associated

Community Health Centres. I would envisage collaborative work with other regionally based university campuses.

For example, the current WorkSafe sponsorship of South West Football Leagues could be enhanced by actively engaging small business (particularly primary industry small business owners and workers) with a focus on understanding manual handling problems (which are the most costly injuries in terms of workers compensation and particularly so in many occupations prevalent in rural and remote areas, that is farming, transport and health) and implementation of risk controls.

I suggest that the engagement of the following organisations is important:

Government

Victorian WorkCover Authority

Department of Human Services Victoria

Department of Natural Resources & Environment (DSE, DPI)

Department of Community Development, (name tbc)

Local Governments

Industry Organisations

Victorian Farmers Federation

Australian Worker's Union

Shearing Contractor's Assoc. of Australia

Community Organisations

FarmSafe Alliance

Farm Safety Action Groups

Professional Groups

Division of General Practice

*Victorian WorkCover Authority Occupational Rehabilitation Provider No. UR557
Michael Lawrance & Associates ACN / ARBN 097 334 293 ABN 98 097 334 293*

Rural and Remote Allied Health Association

STRUCTURE AND FUNDING

I would suggest that joint funding be sought from the Department of Human Services, Victorian WorkCover Authority and the Department of Natural Resources and Environment. It is envisaged that these funding bodies form a *steering committee*. An *advisory group* should be established including industry and employee representatives. This draws in bodies such as the Australian Worker's Union, the Victorian Farmers' Federation, FarmSafe Victoria and Occupational Health experts. I recommend that an *expert team* be established with a home though not necessarily a location at the University of Ballarat, due to its rural mission and focus, to support the existing farm safety training centre with OH&S expertise.

It is worth noting that research in the US in small business health and safety conducted out of the University of Minnesota, (a lands grant Uni with close links to agriculture) suggests that information coming from OH&S centres at Universities has high credibility compared with other sources of OH&S information, provided it is practical and solution focused, amongst small business owners. I would suggest that this expert team would draw on or have links with existing centres of expertise i.e. VIOSH Australia at the University of Ballarat, the Monash University Accident Research Centre, possibly the University of Melbourne's centre of study for health and society and the rural health expertise at LaTrobe University, particularly the Bendigo campus. The mission and focus of this work would be to use community development principles and action research to develop and pilot projects that will support rural communities' capacity to develop, disseminate and implement OH&S solutions.

RELEVANT REPORTS

In doing some background reading in preparing this supplementary submission I found it both encouraging and somewhat dismaying to read the document "*Strengthening Systems for Health Promotion Victoria*" (2002-2004 Human Services), which has resulted from a process

Victorian WorkCover Authority Occupational Rehabilitation Provider No. UR557
Michael Lawrance & Associates ACN / ARBN 097 334 293 ABN 98 097 334 293

involving many expert organisations and people. *It has a whole chapter with recommendations on rural matters including references to agricultural and farm safety, however due to what I perceive as the separation of occupational health and other health matters, does not seem to have bridged the gap between the expert assistance available in general health matters to primary industries occupational health needs.*

It may be useful to briefly precis what I see as some of the keys in this document *“Strengthening Systems for Health Promotion Victoria” (2002-2004 Human Services)*. This document sets out a strategic agenda formed by a high powered health committee and consultative group, representing all groups *except occupational health*. Key issues relevant to this supplementary submission are as follows:

- Issues to support health promotion in the eight key areas including Rural Health Promotion are:
 - strengthening community participation
 - investing in health promotion
 - advocating for health promotion
 - advancing health promotion research and development
 - developing partnerships for joint action
 - building local health promotion infrastructure
 - success lies in a co-ordinated approach by current and potential (parties) especially those in leadership, planning and program development roles
 - it is hoped that everyone in health promotion field in Victoria will give serious sustained consideration to this Agenda when they are reviewing their own strategic development plans and incorporate it where appropriate.

Recommendation eight reported on page 33 of the above cited document is *rural health promotion* and provides detail on the following key points.

***Victorian WorkCover Authority Occupational Rehabilitation Provider No. UR557
Michael Lawrance & Associates ACN / ARBN 097 334 293 ABN 98 097 334 293***

- *rural health* issues are distinctive and targeted strategies are required to alleviate health status *differentials between rural and metropolitan Victoria*. It is only in recent years that data has enabled comprehensive analysis of rural health and it is only very recently that this data is beginning to be made available to health promotion planners and practitioners statewide.

- data is still largely limited, however, to mortality and service utilisation indicators. Basic up to date behavioural risks factor data is not widely available for rural health areas due to the metropolitan bias in large scale surveys and sampling difficulties for small rural communities. Over sampling of rural populations and specific rural surveys using different methodologies are required. There is also a need for more innovative ways to gather community intelligence on health concerns and determinance on health, particularly focusing on social and environmental factors.

- rural health promotion efforts need to focus on specific risks inherent to rural life (such as farm safety) but equally on the impact of social, demographic and economic patterns on health and health related behaviours and environments. Issues such as isolation, communication difficulties and economic stress need to be seen as crucial to the analysis of health problems as well as the type of health promotion approaches likely to be effective. Other key issues for program design include literacy, effective use of technology, confidentiality and other sensitivities in small communities.

- statewide health promotion campaigns and programs have not always managed to infiltrate rural areas well and have too often been seen just as extensions of metropolitan focused efforts. **More promising approaches have involved rural health promotion practitioners developing practical programs with their communities.** This is supported by the experience of a number of projects undertaken in recent years (eg., the arthritis foundation rural strategy Latrobe Valley better health program). **Statewide NGOs have had very mixed success in working in rural areas and good models of partnership with rural communities need to be developed and disseminated.**

- infrastructure for health promotion in rural areas needs to take account of differences in the local workforce and human services system. Links with GPs and acute health services are particularly important given the prominence of these services in rural towns and the greater capacity and interest they sometimes have to be involved in health promotion and prevention, compared with their metropolitan counterparts. Current rural health service reform can support this integration.

- **leadership and community involvement are critical to building rural health promotion capacity. Advocacy to key local opinion leaders is critical as is the use of a wide range of vehicles for health promotion beyond formal health services, including neighbourhood houses, pharmacies, shire offices, and libraries, sporting clubs, schools and service clubs.** Local shops and country fairs and field days are seen as the good menus for health promotion, information and education.

The document cited above goes on to outline opportunities for improvement:

Research and training capacity for rural health promotion can benefit from a number of opportunities including the expansion of university campuses with a rural health focus, the growing focus on public health in rural medical workforce agencies such as rural workforce agency Victoria (WAV), and the interest of state based research funding bodies in supporting a rural health projects. Local models of collaborative intersectoral action on health have been developed and trialled in many rural areas in Victoria, although not always with a high degree of sustainability. There are examples ranging from alliances with broad health interest groups to those with a focus on specific areas of concern such as **Farm Safety** and men's health and that these approaches can be built upon and broadened.

The document goes on to list the proposed strategies and key responsibilities on page 34. I would strongly recommend that rural and regional primary industries occupational health and safety be incorporated into these proposed strategies.

Other documents of interest to this supplementary submission are as follows:

- **“The Identification and Analysis of Indicators of Community Strength and Outcomes”** (Department of Family and Community Services 2001).

This document among other things examines community strength and the links to maintaining and enhancing both individual and community wellbeing. It looks at geographic communities as well as communities of interest. I think there is useful knowledge here directly applicable to OH&S/injury prevention when working with R&R primary industries.

- The document **Sporting Capital Changes and Challenges for Rural Communities in Victoria** (1999, RMIT University) reports in the sports context looks at changes and challenges for rural communities in Victoria.

Of prime interest to rural and regional primary industries OH&S is the examination of community safety and volunteer profiles as well as connections with local governments. Importantly the document looks at the shift to safe place rather than safe person in the context of sport. I believe this document indicates useful vehicles for reinforcing and extending this message to the workplace in rural and regional areas. A key focus of this document is looking at sustainability. A key summary point highlights the need to recognise, foster and support community and sport relationships. Recommendations are made regarding this.

- Another similar document entitled **Volunteerism in Rural and Regional sport**, (University of Ballarat January 2003) reports on junior sport involvement and the links to parents. It looks at issues of how to increase volunteer training and examines the demographics of sports volunteers. I believe that this group of people would be well worth linking to occupational health due to their community leadership roles and

influence in many health matters. The report finds that the type of volunteer involvement is related to the type of employment. Interestingly the report notes that between community welfare volunteers at 26% and sports volunteers at 21% these two groups account for nearly half the volunteer hours in Australia.

- The document “Sustainable Community Sport” (South West Sports Assembly) indicates the clear interaction between social and economic health. The document points out the impact of loss of services in regional and rural areas and community interactivity being directly linked to the social, civic and economic welfare of that community.

Generally these documents discuss the lessening availability of volunteers because of work pressures versus the importance of volunteer involvement particularly in rural communities. **The key point emerging is that sports and recreation clubs offer a focus point and sense of control to individuals and communities in rural and remote regions.**

Michael Lawrance

BAppSci (Occ. Therapy), M. Hlth Sci (Hlth. Prom).

Member Ergonomics Society of Australia