RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into cause of fatality and injury on Victorian farms

Ballarat–27 April 2004

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Witnesses
Mr J. Fletcher, chief executive officer (sworn); and
Ms S. Brumby, director of community services, Western District Health Service (sworn); and
Dr. J. Martin, associate professor, and director, Centre for Regional and Rural Development, RMIT Hamilton (sworn).
The CHAIR — Welcome everybody. Under the powers conferred on this committee by the Constitution Act and the Parliamentary Committees Act this committee is empowered to take all evidence at these hearings on oath or affirmation. I wish to advise all present at these hearings that all evidence taken by this committee, including submissions, is, under the provisions of the Constitution Act, granted immunity from judicial review. I also wish to advise witnesses that any comments made by witnesses outside the committee’s hearing are protected by Parliamentary privilege. We are an all-party committee hearing evidence into the causes of fatalities and injuries on Victorian farms.

Mr FLETCHER — My name is James Michael Fletcher, and I am the chief executive officer of the Western District Health Service and my address is Foster Street, Hamilton.

Ms BRUMBY — My name is Susan Alison Brumby and I am the director of community services of the Western District Health Service and my address is Foster Street, Hamilton.

Dr MARTIN — My name is Dr John Martin, associate professor and director, Centre for Regional and Rural Development, RMIT Hamilton, and my address is Glenelg Highway, Hamilton.

The CHAIR — You obviously have a prepared submission for us, so if you would like to present that to us, we will then ask you some questions.

Overheads shown.

Mr FLETCHER — Just by way of introduction, Western District Health Service is an integrated health service. It provides acute, aged and primary care services. It has a 24-hour accident and emergency department and is also designated as a regional trauma service. When we presented our submission to the committee our designation was not confirmed as a regional trauma service; it is now confirmed.

We service a catchment population primarily in the southern Grampians and Glenelg area, but also the surrounding areas of Ararat, Horsham, Moyne, and to the south-east of the South Australian border. We cover 1300 square kilometres.

Today we are focusing on our strategy firstly looking at reducing fatalities and injuries, which is we believe the education of farmers and farming families on health and safety prevention strategies is a key. The second component to a holistic approach is reasonable geographic access to regional trauma service, and accident and emergency service for treatment or stabilisation; and that is particularly prior to transport to tertiary services, and to have an effective retrieval and emergency transport service. Today our main focus will be strategy 1, which is about the Sustainable Farm Families project, which involves the Western District Health Service, RMIT University, the farming industry and, more importantly, the farming community. I will hand over to Sue Brumby, who will go through the project.

Ms BRUMBY — I have given you a copy of the presentation. Why did we embark on sustainable farm families and why is it of particular interest to the inquiry? There are high rates of accident and injury and poor health outcomes for farmers and the farming communities. We want the project to explore knowledge, attitudes and beliefs among farmers and farming families, and, most importantly, we believe much of the high mortality and morbidity of farming males and females could be prevented with improved health behaviours, particularly the knowledge and skills, and better access to health information and to services.

The Sustainable Farm Families project is unusual in that it is a three-year project with both commonwealth and state and inter-sectoral collaboration. It is funded primarily through the Rural Industries Research and Development Corporation, Farm Health and the Safety Joint Research Venture. Our partners are RMIT University Hamilton, Farm Management 500, and Land Connect Australia, but the whole project is supported — and this is one of the powerful things about the project — by the Victorian Farmers Federation, Australian Women in Agriculture, FarmBis, Meat and Livestock Australia and the Victorian Department of Primary Industries.

The aim of the project is to investigate the link between farming family health, farm-related accidents and farm sustainability, and one of its big positives is it does have strong inter-sectoral collaboration. So it is not per se just about your accidents but about total family health, which is strongly related.
The project outcomes are to obviously understand the link between farming family health and farm-related accidents and farm sustainability, to build the capacity across rural disciplines, businesses, communities, education and industry to enhance farming family health and reduce farm-related accidents by valuing your health, and to enable farmers to make comparisons about health, farm safety and farming businesses across a benchmark, and also to recommend changes to farming families through the development of their family health plan consistent with good farming practices.

Our approach is that it is much better to teach rather than treat. It uses the theory of reasoned action and planned behaviour of Nutbeam and Harris. It highlights to groups the social advantage of health and farm safety, and helps shape social pressure to modify health and work behaviour by group, individual and industry learning. That is something that is very different about this project. Participants think first about themselves, then family and then farm, in the broader context.

We do have some preliminary data. Of the 107 participants that have been through in the five areas of Benalla, Horsham, Clare, Swan Hill and Hamilton, we are attracting a significant age group of the under-50s, which is pretty interesting given the age of farming is increasing. We are getting a good male-female mix — 56 males to date and 51 females. In terms of body mass index, particularly when one is looking at farm injury and particularly long-term injury, the body mass index of our cohort at this stage has been better than the Australian average, so that has been a surprise for us. The one that is over the Australian cohort is the underweight females area, running at 6 per cent at the moment; so your body mass index of 20 to 25 is ideal. So I have given the committee some comparisons of our cohort against the Australian average, and that has been a surprise for us.

Also in terms of cholesterol levels, we know that farming families have a higher incidence of injury and disease and particularly cardiovascular disease, cancer rates and mental health disease. If we are looking at cholesterol levels greater than 5.5 on a basic fasting screen, our cohort for males is pretty much on par with the Australian average, but for females it is below the recommendation of 5.5, so that is a good thing. This begs the question: if we are dying of higher rates of cardiovascular disease and two of our risk factors are no different to the rest of Australia, then is it stress; attitudes; risk–taking behaviour; lack of information; access to services?

We are also exploring one of the primary health issues affecting farm families. We have been asking the farmers what they think are the primary issues. These are their answers. ‘Safe work practices’ came up first, with chemicals and sunlight as examples. Their comments as to why they are not addressing this properly are: ‘lack of time’; ‘not a priority’; ‘a cultural thing’; ‘I have always done it this way’; and ‘children in the workplace is a problem’.

The next issue was stress management: ‘I don’t know where to go’. They know they are stressed but do not know what to do about it. In terms of farm work and leisure balance they said, ‘Women get upset; we blokes just go out and work!’; and maybe they go out and play football — I do not know.

Next is communication in relation to the health system: ‘We don’t have enough information to make a decision’. If you do not know your way around, it is hard to know what to ask for. That has certainly arisen as an overriding issue in terms of addressing chronic health problems. They do not know their way around the health system satisfactorily.

The next was under the heading of ‘Mentally fit’. Their attitude is, ‘We are pretty good up here. There are not any mental health problems up here’. From the 107 people that we have put through our program, we would dispute that very strongly. They say, ‘The reason I came is because the women made me; they worry about it’. So we are doing the cross-gender thing. How do we change the behaviour? Currently we are using education, skill development and resources. All participants receive a resource manual, which basically breaks into all of the topics we cover, including farm safety, stress, cardiovascular disease and so on, and it is absolutely up to date. We use shock, through the use of pictures depicting farm injuries. We involve them through sharing of their own stories about farm injuries and near misses, which are plentiful. We use reflection, discussion and insight as to how these can be prevented and their motivation and why this is important in terms of the context of health, industry and community, and help them develop new ways of working.

Participants all commit to a project action plan, and we keep checking back with them; so a month after the project they have to write back to us with what they plan to do with the new information. I just thought I would give you a few of the slides we use. This is only a small part of them. This first slide is a young child bitten by a dog. Dog bites are a very common form of farm injury.
This is a gentleman who got his arm caught in an auger. This person stepped over their power take-off shaft on the tractor, and this is an example of a squamous cell carcinoma. The person was a shearer who wore a singlet. He would have had a scab and just kept scratching it. I know from our data to date that the use of sunscreen and protective clothing is far lower than the Australian average. The cancer council tells us that 77 per cent of people use prevention in terms of sunscreen, and certainly the 107 that have gone through would not be in that 77 per cent; they are not very good with their sun protection. This gives you an example of what our workshops look like. This slide shows a colonoscopy. The next slide shows a table group discussion and reflection. They are asking: what does this mean to me on my farm? How can I relate what I have learnt here back to my farming business?

We take all participants on a supermarket tour, looking at label reading and how diet, nutrition and being physically fit can help to reduce injury. This slide shows that we give information and reflection. These are some examples of our action plans. One month after our workshop participants have written back saying that they want to increase their physical activity for general health including exercise, riding and walking for 30 minutes. That will impact upon injury because people will be fitter.

Diet: people said they had no idea how easy it was to understand basic label reading, altering shopping, increasing fibre and avoiding high fat and high sugar.

Improving farm safety to improve injury: one group has now engaged WorkCover to come and do a full workshop with them. Use of earmuffs, bike helmets, completing first aid course, keeping all machinery in safe working order et cetera. Working at a pace that they can keep up with. Lose weight, get to normal body mass index. Stress: set aside time for rest and relaxation, recognise what stresses me, improve communication skills. The bottom line is business. Health plans should be part of your business plan. Without your health you have nothing.

**Dr MARTIN** — I will just make a few comments before I come to the outcomes, just to reflect on some of the things that Susan has said. There are three key players in this particular initiative and it is important to acknowledge that. The Western District Health Service has had a fine health promotion program running for many years — Susan in her area with women’s health and Stu Wilder with men’s health — and he is quite a star in the Western District because he has done a lot of work. The other key player in this program is the Farm Management 500 group because it came to the Western District Health Service and said, ‘Some of our members are concerned about family health and safety. What can we do together?’ If we did not have the Farm Management 500 group, which is underpinning this project and encouraging and supporting its members to attend, it probably would not run. The university has played a role in terms of assisting with the research design and in the teaching strategies that have been employed.

The other thing I should say in terms of the data is that we are only just keying the information into our products of the databases at the moment. We have not undertaken significant testing, so while the numbers look like there is not much difference, they might well be different; we have not done that testing yet. I should also acknowledge that the DPI and Gavin Kearney, the biometrician there, have also been very helpful. So this is a community project; it is not just one institution, it is many working together. The other thing that I should say, and this relates to the outcomes, is that the way we run the workshops is crucial. We enable farmers to work with each other and to tell those stories about farming, health and safety. We provide them with an opportunity to articulate their beliefs about family health and so on and we lead them to some sort of purposeful action; we do some action planning. It is not just going to a two-day workshop and being tested and walking away. They are making a commitment to work in their Farm Management 500 group for the next two years.

The other observation I would make is that they know a lot, but it is patchy; it is not comprehensive. As a person not involved in health promotion, participating in the workshops and listening to Susan and Stu my feeling is that they give them an holistic approach to family health, and that is very important.

In terms of the outcomes of the project, as you can see we have had enhanced awareness of farm family health. We tested them through the workshop process. We ask them what they understand to be contributing factors to things like cardiovascular disease, cancer, stress and so on. We empower farmers. Our aim is to increase their family health and to reduce accidents and injuries. They go away feeling empowered; they go away telling us in their evaluations — we have evaluated this material; we are required to do that by the commonwealth government which is funding it — that clearly they have learnt things by attending this course. So it relates to changing attitudes. Sitting in on five workshops, it is amazing how often they talk about not putting on their seatbelt when going to the
farm gate or they do not wear a helmet on the quad bike and therefore their kids do not. There are issues about sunscreen. They say, ‘It is not really sunny today, I will not put it on’.

It has certainly built capacity across the rural disciplines. We have an excellent advisory committee as you have seen including the Victorian Farmers Federation and FarmBis. As I have already mentioned, we are comprehensively evaluating this program. We have to explain to people at the outset that it is not only about their learning; we want to get something out of this that we can transfer to other industries and other farming groups. Demand for the program is high. Initially we were going to run five programs and we are now running a sixth on this Thursday and Friday in Hamilton. But it is early days. We will need to keep on and give these people feedback, but at the moment the early feedback is that it is a very positive and worthwhile program.

What are the policy implications? As I said, they have a good level of information although there are some gaps; it is not comprehensive. The way in which the health professionals have put it together has really provided a comprehensive framework for them to think about. Some risk factors are similar to the Australian rate but with higher rates of disease. We know about that. I am just getting the data that Susan has provided on the health status of people in metropolitan Australia versus the biomass index figures. There does not appear to be much difference. The thing that I keep coming back to is that the actual workplace of the farm is a much more hazardous workplace than, say, an office-based workplace in metropolitan Australia, and that is the explanatory factor as to why there are more injuries.

Teaching and learning is a viable option and needs empirical follow-up research for policy-makers. I think if the university is going to make a contribution to this project, it is all about the power of actually running these sorts of programs. We know that farmers learn more effectively through participant-oriented learning techniques and are more likely to change their behaviour when insights are developed with peers. It is a wonderful workshop to sit through. There is a lot of tragedy which is shown in the graphical representation that the professionals show, but there is also a lot of camaraderie amongst the farmers. In many cases they know that there are issues of not putting covers on power take offs (PTOs) and those sorts of things. The strategy seems to be that if we can focus on ourselves and get our own health status and then our family’s health status up to scratch. It will have an impact on our farming business in the long term.

Farming safety and health policies need to be intersectorial. This slide shows the Western District Health Service, Farm Management 500 and LandConnect, who have done an excellent job in transferring these materials and preparing the workshops. We also have the university, the government, the Department of Primary Industries in Victoria and the commonwealth government which are all working together. Clearly we believe a blend of strategies involving farmers and industry groups is pointing to our strategy for the future. I think Susan can talk to the last point.

Ms BRUMBY — At the end of the last session we always say there is not much point in having a better bottom line if you are not there to enjoy it. That is the key message for the farming families.

Mr McQUILBTEN — When you say there is high demand for the program, what do you mean by that?

Ms BRUMBY — In the project we were to engage with 110 farmers, or 60 to 80 farming families to take through the three-year project. We would have already had additional requests of another 60 people who have just heard about the project, but we cannot deliver to them at the moment because we are engaged in this as a research project, but as you can see it has been very popular and the feedback has been sensational in regards to how positive the program is.

The CHAIR — In terms of these people who have heard about the project and would like to get involved, one of the major issues we seem to be confronting is that the people who are getting involved with a lot of the programs, be they WorkSafe or Farm Safe, tend to be those people who are networked and well connected into the different organisations anyway, be it the VFF, Landcare or whatever. Is it reaching the grassroots people who may not be taking part in these kinds of forums across the areas?

Mr BRUMBY — That was a challenge. Certainly as a research project Farm Management 500 has supplied a lot of the farmer interest, however the VFF certainly has a keen interest, and so has Australian Women in Agriculture and the VFF, with 22 000 farmer members, and would be a good place to be exploring transferring this further, and that is why it is so important for them to be involved.
Prof. MARTIN — We were questioned early on as to how representative our participants would be of all farmers. Would they be self selecting? The committee was concerned that they would be self selecting and that they would be people who were fit and well. I think the evidence that we presented is that they are typical of what you would find in the Australian population when compared to, say, metropolitan Melbourne.

Mr McQUILLEN — Probably not in terms of the age groups. What we are finding is that accidents tend to happen more with the over 50s, and I notice in your research that you have more under 50s than over 50s.

Prof. MARTIN — Yes, but whether that is because we went to Horsham, Clare and, Swan Hill, and we therefore got croppers instead of wool growers — I do not know. People have said to me, ‘You will probably find that there is a younger population involved there’, and whether it has something to do with the fact that the younger farmer is more interested in benchmarking and is therefore active in the Farm Management 500 group as compared to an older farmer — again I do not know. I think there are some social factors that have caused a certain group to come to us, but in terms of their health status — that is the issue I was addressing.

Dr NAPTHINE — Sue, you mentioned the fact that in terms of major risk factors for cardiovascular disease, in terms of cholesterol levels and body mass index, that the farmers were not significantly different, and in fact may have been on the better side of the ledger than the normal population; yet figures show they have higher levels of these things. How important do you think is the fact that farmers are more isolated and perhaps have lack of access to accident and emergency services at the highest level — ambulance and so on — compared to their city counterparts?

And that leads to my question to Jim Fletcher: how important do you see it for rural hospitals to have good accident and emergency systems and good funding of accident and emergency which may, on any objective measure, seem to be disproportionate to the population they service, given the importance of ‘The golden hour’ and access for more isolated communities and so on?

Mr FLETCHER — It is certainly critical. We can put a lot of effort into educating farmers about prevention, but unfortunately accidents will occur and when they do we have to ensure we have well-skilled accident and emergency departments to be able to at least make assessment and stabilise patients for transfer to higher-level centres if it is in an isolated area; and we need to ensure that we have regional trauma services set out throughout the state in critical regional areas such as Hamilton, so that where there are major trauma cases people can be treated, stabilised and assessed prior to transfer to a tertiary centre in Melbourne, if required in terms of a major head injury or a major spine injury. So having a well-developed accident and emergencies system is critical in terms of response to farm injuries, or to any injuries for that matter.

Mr McQUILLEN — What about helicopter use from Melbourne to your area?

Mr FLETCHER — Air travel to our area — there have been delays of up to 7 hours in terms of being able to get someone transported from our accident and emergency department to one of the major metropolitan centres.

There has been a development with respect to trying to establish a helicopter service in the south-west. That would be an addition. It would also be used, I would imagine, for other emergency services; it would not just be related to health. So it would be another addition, but you would also need to have the other parts of your accident and emergency system in place, because it will not always be accessible at that given point in time. There could be a search and rescue situation and at the same time you have a major trauma.

So you still need to have well-developed road transport and well-developed accident and emergency services within hospitals to respond and to enable you have the facilities and skills to stabilise people before they are able to be moved on to larger centres.

In terms of air ambulance, there have been delays of up to 7 hours in terms of retrieval. The other thing to ensure, irrespective of what system you have in place, with a helicopter system, is that you need good guidelines with respect to decisions made at a given point. So for example if you have a major trauma between Casterton and Coleraine, and you have access to a helicopter, the decision has to be made as to whether you wait for the helicopter to come to that site, or whether you transport the person to Hamilton to stabilise them and pick them up from Hamilton. They are the guidelines that need to be developed in terms of the emergency services.
Dr NAPTHINE — Coming back to your primary program, given that you have only 107 or so participants, how will you measure the effectiveness of the program, given that many farm accidents have a randomness as well as an underlying pattern, but the underlying pattern is like a plus-on distribution more than anything else? And how do you measure the cost effectiveness of what would seem to be a fairly intensive program?

Ms BRUMBY — In terms of evaluating whether or not farmers have made changes to their farming and health practices, we have their written response in terms of what they plan to do, so we will be doing a factorial analysis on what people have come up with and what they would like to change as to how they currently farm or their health issues. So we have been evaluating that.

Participants are coming back and doing a presentation and report in writing on how they have addressed these things. That will be happening in 12 months, again in 24 months, and again at the end of the project; so we do get some feedback no relation to that.

In relation to farm accident and injury, each 12 months they have to tell us whether or not they have had a farm accident or injury and what it related to, and that should tie with the national database on farm injury and safety. We will end up with about 127 farmers to track through in the end. Does that answer your question?

Dr NAPTHINE — I think so, but further on that, I have been a respondent to questionnaires myself, and when a farmer is asked, ‘Have you been good or have you been bad?’ they tend to tick ‘Good’. Often you need someone else to give you an independent evaluation as to whether that is an accurate description. So when a farmer says, ‘Yes, I now wear my helmet when I ride my quad bike, I have now fenced off my sheep dip and so on’ do you have an on-farm process to perhaps confirm that they are doing what they say they are doing?

Ms BRUMBY — No, we do not. However, certainly in the discussion about farm safety they have been very honest about the fact that they do not wear bike helmets and that they have not got guards on PTOs, and they know that they have some hazards that they have just not prioritised. They have been very honest about that. We have the qualitative data because we are documenting all that throughout the whole workshop, so I guess we will have the following data. They have been very honest, warts and all, at this stage

Mr FLETCHER — But we certainly do not have the on-site assessment that you are alluding to, which really looks at them in practice to see if they are actually carrying out what they are saying they are carrying out.

Dr MARTIN — The empirical baseline stuff is their health status and the focus on 90 per cent of the actions plans is, ‘What am I going to do for myself? I am going to take more exercise and manage my recreation time more effectively. I am going to read the labels and I am going to manage my diet’ and so on. So the empirical test will be: what is their BMI, their cholesterol and so on in 12 months time? We will then ask a set of questions about how their attitude to their farming is different. There will be some people who will not have changed. There will be some people who will slip off, and the challenge for us will be to get them to come back. So we are interested in whether if you institute a health program with farmers over a period of time, in a longitudinal sense, and they change their behaviour and their health status, does it have an impact on their farming practice and farm safety? That is the question that we are really looking at.

Ms BRUMBY — Once they have been through the project they see their health — as in total health and prevention of accident and prevention of bystander visitor injury or death — as one of the major priorities. Particularly when we focus on health and safety, we are saying to them, ‘If this was you or your employee or your child, how would you get this person back to work? How would you rehabilitate them? What sort of compensation would be fair if you are dealing with those sorts of injuries that are clearly farm injuries?’. In a holistic sense, that is starting to ring the bells.

The CHAIR — Thank you for your presentation today and for sharing your information with us. I am sure it will be helpful to us in our deliberations and in writing our recommendations. You will get a copy of the transcript. You will be able to correct any matters of fact or error, but not matters of substance.

Witnesses withdrew.