

Every Family Needs A **Farmer**

Healthy



The Healthy Farmers program has been running for over five years. It demonstrates a number of key features that reflect an understanding behind our methodology for this tender. A collection of Documents relating to promotions, evaluations, partners is attached Attachments 1-11 Healthy Farmers support material

Healthy Farmers – A Workplace Program for Agribusiness Members

Introduction

The Healthy Farmers program over the length of its existence has set out to reach the more remote and inaccessible working Queenslanders, be they individuals or groups (families / business units). A secondary intent was to create a Healthy Farmers Index, that would serve to benchmark farmers against other industries and to assist in improving the quality and accessibility of services for them where they lived.

Originally, signature events and membership access were used to inform country men and women of the importance of health to their day to day performance of the work they did and lives they lead. Health literacy as a concept required an initial endorsement of the source Ford Health and how well the information was made "useful" to their setting.

To this end the reputation of Dr Ford was an essential ingredient to how well community organizing groups could galvanize interest to attend a signature event or allow the names of their members to be accessed to extend to them a further value of being a member in their organization.

Various local senior key figures and community organizations, in turn lent their name and reputation to the promotional activities required to bring a signature event into being, or underwrite by guarantees that the offerings from Ford Health were genuine if offered to members under strict privacy and confidentiality arrangements .

Early follow up activity to the signature events centered on extending coverage to more community gatherings (formal public open / public specific / membership only /Designated health events). After each communication forum, isolated men and women were encouraged to attend their local health professionals for care , screening etc An alternative was also offered due in part to the participants not wanting to overload local manpower, that they could attend a specific set of health assessment clinics run by Ford Health for the sole purpose of getting care which was not available locally or convenient. Agforce also extended the membership framework to other key agribusiness organizations across Queensland and Australia

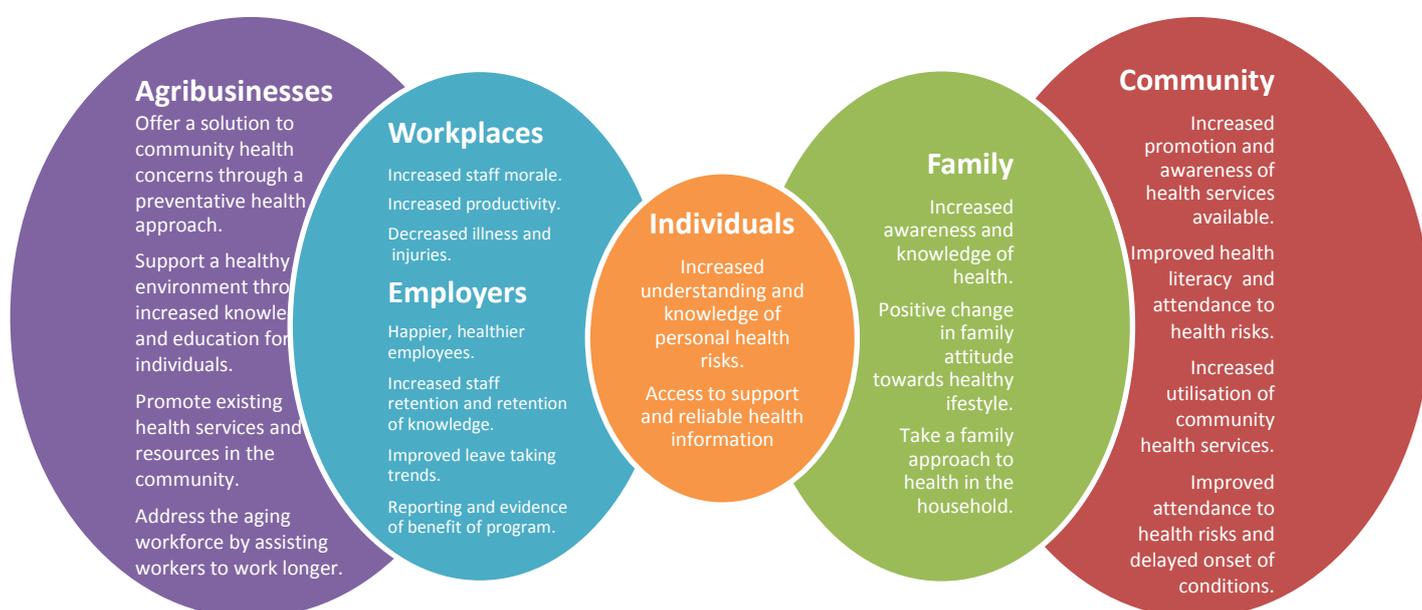
In 2009 after a report on the success of the clinic model was shared with Agforce, it was decided that a more accessible , cheaper program needed to be provided that included online capacity so more farming families could access health and wellbeing specific to their needs.

During 2008-2009 Ford Health commenced discussions with LGAQ to develop a further community based layer to the rural modeling around Healthy Farmers by enlisting the support of Councils to allow access to their regional council websites in order to link local health services (eg sporting ovals, health food shops, physiotherapist, mammogram clinics) to the online resource area of Healthy Farmers platform.

This stage has been stalled by floods, regional reconstruction priorities , elections and most recently funding withdrawal.

Objectives

- ❖ develop an effective method for reaching isolated rural workers
- ❖ utilise existing community networks for dissemination and connection to rural families
- ❖ distribute health information, access to health services and entry into primary health streams for chronic disease care
- ❖ aggregate findings into meaningful reporting on which to build capacity and fill gaps in current service access
- ❖ development of a sustainable private philanthropic service to fill a large gap in the publicly funded system .
- ❖ engage local government as a layer of government focused on sustainable communities and service models.



Geographical location, average number and general demographics of target group participants

The geographic and demographic reach of this branded program is difficult to calculate, as its reputation continues to underpin enquiries for workshops, presentations, clinic access, online usage and primary health care referrals. In all we estimate over 20,000 remote and rural residents have either heard, read, attended, used, accessed health information that may have been given to them or seen by them in the last 6 years under the banner of Healthy Farmers. The media and community coverage that has been established in the brand is very significant and continues to grow through such recent forums as Breast and Prostate Cancer Association, which represents an increasing specificity of community buy into knowledge and self managed care.

Partner Organisations and Key Stakeholders

In the time that the Healthy Farmers program has been running many community agencies, organizations and local leaders have been involved in bringing together galvanizing local interest.

Groups Involved

The following groups are examples of those that have contributed participated in Healthy Farmers. They are not in any chronological order as many span different lengths of involvement.

The pre-emptive media public relations exercises are of two types . Those that are connected to existing events or programming and the more specific event promotions.

Using TV, radio, print, Internet , community billboard advertising , journals the messaging for an event .

Ford Health has established with its collaborative partners support from Qld Country Life, Australian Provincial Newspapers, Rural Press, RM Williams Outback magazine, TV Nine and ABC, Regional radio to promote events .

Early presentations through RFDS, Rotary , Isolated Children's and Parents Association ICPA, Rural Suicide Prevention , Drought Aide , Australian Saleyards Association, led to the opportunity to build a relationship with Agforce.

A second road show model which engaged a wider regional model of Community Health, Q Health, Qld Tourism, Qld Rail ,Qld Local Government Department , LGAQ, several regional councils, community groups of Rotary, Lions, Blue Nurses, ICPA, Sundowner Retirement Association, Regional Indigenous Health, stock and station agents Elders This group convened to organize a 7 town road show presenting men's health issues to locally gathered ROOs. Dr Toby Ford was engaged to present . A small booth of activities was taken to every event. Insufficient funding was available to offer significant generic services and resources attendees were encouraged to visit their local health professionals or attend a Healthy Farmers clinic.

In the Warwick Stanthorpe region two successful events were run with the aide of a large number of local community stakeholders (see Appendix media materials)

The Emerald /Springsure events sponsored by mining houses and organized by local community committees reflected the diverse network of affiliations. Religious, Local government , regional council, community groups Apex. Lions joined with Rio Tinto, Hastings Deering Komatsu to join local men with mining men to discuss a common issue of mens health. Many local men from farms working in mines attended.

Most recently, Breast and Prostate Cancer Association opens a new chapter in special philanthropic enterprise, sponsored by the Tim Fairfax Foundation.

The Role and Involvement

The role of Ford Health and Dr Toby Ford in this program has been to provide the project management facilitation, collaboration with community groups led by Agforce , technical know how , operating platform, evaluative reporting, risk management of individual case record management, liaison with primary health care providers, secondary health institutions and specialist care providers.

Outcomes and Sustainability of Strategies

See reports Evaluation of the Signature Events Maranoa Health and Stanthorpe Weekend . The 2009 Evaluation Report to Agforce is also listed in the Appendix - supporting literature.

The key learning's of the experiences that Ford Health have had in relation to the case study are referred to in

Section 6.9.1 .

Lessons learned and any future activities being conducted with partners and stakeholders as a result of the partnership

Key future learning's have been referred to in Section 9.6.1 , however, the following observations are made in addition.

- The target population does not necessarily see most appropriate fit to their needs of a totally free service . They are willing to contribute and pay their way as this gives them a senses of proprietary ship which leads to setting expectations of value for them

- It is essential that the working men who are perceived as the key targets are able to be supported by their wives and partners through strategies to keep this group engaged for themselves as well as their attentiveness to their spouses and any males they happen to be working with in their rural unit of business.
- Departmental support is essential for filling some expected infrastructure un communities , for example community nurses and allied mental health workers are important. So too are those deployed in such enterprises sponsored and funded by both public and private investors , namely RFDS, Blue Nurses, Beyond Blue.
- Philanthropic agencies are a vital part of how some of the gaps in the current health landscape are actually being resources both in terms of people , materials and monies. The engagement of this sector is essential.
- Branding of a familiar nature supported by iconic reputations remains important.
- Better , faster internet access and tele-health facilities will embellish the transactions for these working people.
- Extension of connectivity with local regional council web portals is a major aspect of sustaining communities for the future
- MEdical manpower solutions to triage individuals both "well non users ' of system and current unwell users " of the health system as the two groups both will need to endorse self manged care for their successful futures if they wish to remain living in the bush.

Academic Origins

Besides a philanthropic desire to improve quality of health and wellbeing in remote Queenslanders, Ford Health's drive to establish the Healthy Farmers project with our agribusiness community partners was based on the following observations.

Residents of rural and remote communities experience:

- poorer health outcomes and exhibit higher health needs (AIHW, 2008).
- health workforce shortages and misdistribution (Productivity Commission, 2005),
- higher out-of-pocket expenses, using expensive hospital resources for primary care especially in more remote areas (AIHW, 2005).

These are particular barriers for equality to city Australians.

Reports from the National Health and Hospitals Reform Commission, the Primary Health Care Strategy, the National Preventative Health Taskforce, have variously referred to the proportions of "existing users" and "non users" of the Australian health system.

Whilst these authorities have voiced concerns about how well existing users access and efficiently use resources, little has been done to generate interest in non users (well people or people in health denial) to engage the system and prevent or screen for common incipient diseases. In remote areas the "non user" rates are 30% higher than city counterparts.

Queensland's ten year plan titled "Blueprint for the Bush: building a sustainable, livable and prosperous rural Queensland" started in 2006 as a partnership between the Queensland Government, Agforce Queensland, and the Local Government Association of Queensland. Rural Queensland has been coping with economic crisis, drought and flood. It means depression and suicide risk were high as well as widespread chronic conditions with limited treatment regimes.

Provider centric - User centric scale and capacity

The foundations of the Healthy Farmer program were in the utilisation of RACGP Guidelines for Preventative Activities in General Practice, ANZ Cardiac Society and Aus DIAB standards compliant to E-Health priorities.

The Provision of services initially was **provider-centric** meaning farmers had to attend a clinic where Ford Health staff completed assessments to generate reports to clients, referrals to GPs and other health professionals meeting EHealth standards between practitioners. The doctor to doctor referrals were essential for credibility and safe high quality engagement of their multidisciplinary teams. Whilst notification of clinics and the services available were promoted through the signature events and membership access points in agribusiness organisations, the scalability was limited to those who could afford to pay and travel to centres for assessment.

Our partners also recognised from our evaluation reports that members in all agribusiness organisations were seeking a solution "on the farm" for health knowledge and self managed care.

At this time we recognised some valuable research from Canadian which showed the penetration of farming families in take up of internet services was substantially higher than equivalent city based small business. More than 53 % of farmers surveyed read a blog, or watched streaming video, 33 % visited social networks – chat rooms. Over 55 % reported purchasing products online, 82 % used the internet to view their financial statements and they spent on average more than 8.5 hours a week on the internet.

To scale Healthy Farmers , innovation required a model of **user-centricity** providing online self completed questionnaires, self reporting , areas for personal tracking of changes to risks (E.g. Pap smear completion) self paced behaviour change programs , PDF resources , annual reassessments of health and lifestyle practices, interactive e-learning modules . Healthy Farmer program has been underpinned by the Ford Health *my Health* platform.

The internet version of Healthy Farmer moved the person through to a “virtual health centre” meeting RACGP guidelines, privacy and confidentiality standards.

The Virtual Health Centre concept met ATO, Qld Whole of Government purchasing criteria and tendering diligence checks by agencies such as the International Ports Risk Management Criteria who required very high standards of service delivery.

Content and Electronic Specifications

Healthy Farmer Online offers contemporary, technology-enabled and proven personal health management techniques so that rural people can “do it for themselves” when it comes to personal health and wellbeing with safe, effective access to regional service information and health practitioners. The user is also able to “save” their individual health record and plan and return to those for review or update at any time over the period of the project.

A user can:

- identify their individual health risks, generate a personalized care plan and get access and referrals to primary healthcare services,
- improve health literacy and educate rural, regional and remote families in personal health and well-being from the perspective of their personal and family health history, common chronic incipient diseases, exercise, diet and activity levels, their use of alcohol, cigarettes, stress levels and coping techniques.

In addition, three other inbuilt *myHealth* innovations have made the system quite unique. They are allocation of a personal identifier which is ready for integration and matching to Universal Identifiers when they come into use under E-Health standards. Secondly, an automated protocol for identifying users with high risks and following them up in 48hours with contact from a qualified health practitioner ensures appropriate and timely referral to assistance. The third innovation has been a Universal Provider number that introduces a third party to verify accuracy of records which is essential to meeting the MBBS guidelines for Care plans.

Future Capability

Alignment with LGAQ regional council web portal connection

Ford Health has successfully negotiated with various regional councils to connect myHealth platform up to their web portal facility to offer local resources for use by participants . This is to find :

- quality, locally-relevant information about personal health including exercise and activity, diet, use of alcohol and cigarettes, stress and coping techniques and local health services that are accessible on the regional council websites.

Technical Aspects of my Health underpinning Healthy Farmers

myhealth platform underpinning Healthy Farmers program incorporates numerous layers including:

- Digital Enablement
- Maintenance
- Scalability
- Standards
- Accessibility
- Interoperability
- Functionality
- Security
- Upgrading
- Redundancy

The applications leverage a broad range of functionality to deliver health assessment and health literacy facilities. These include:

- Online self-assessment forms.
- Online surveys.
- Online health-care professional tools and data entry.
- Online reporting.
- Automated messaging and alerts.
- Scheduled online delivery of Newsletters and fact sheets.
- Online personalisation of healthcare information.

Contact details of a referee who can comment on the performance of the project.**Signature Events**

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