

Sustainable Farm Families - the human resource in the triple bottom

Victoria Mack

KEY POINTS

- ★ The general health of rural people is, by urban standards, very poor. When rural communities are compared with urban communities statistics show that rural men and women experience more disease and an increased rate of mortality.

'There is no point having a better bottom line if you are not around to enjoy it!'

Sue Brumby, Sustainable Farm Families Project

The good news is that our health is in our own hands. Achieving good health is a choice that we can actually make, and there are actions that we can take today, that will help to minimise future health risks and maximise our chance of leading a longer, healthier and happier life.

However, the bad news is that the statistics show that rural people are not managing their health particularly well and their general health is significantly worse than that of metropolitan people. This should be of enormous concern to all rural people, and particularly farmers and their families.

The reasons why, and what can be done, is the basis of a dynamic research and education program which has been designed to explore through research farmer and farm family attitudes to their health, and offer support through education and monitoring.

In 2003, Sue Brumby and Stu Willder, both professional health educators (with farming backgrounds) at Western District Health Service, in collaboration with RMIT University Hamilton, Farm Management 500 and the registered training organisation Land Connect Australia, made a successful funding

application to the Farm Health and Safety Joint Research Venture (partnership of several Research and Development Corporations) and managed by the Rural Industries Research and Development Corporation (RIRDC). The result, 'Sustainable Farm Families', involves over 125 farmers and farm family members participating in a comprehensive research and education program over three years. Collaborating partners include the Victorian Farmers Federation, Meat and Livestock Australia, Australian Women in Agriculture and Farm Bis. The training program covers cardiovascular disease, cancer, farm safety, stress, diet and nutrition, exercise, gender health issues and general rural health issues. Included in the package is a physical assessment of each participant. Individual health status is also monitored over the life of the three-year program.

The purpose of the project is to:

- ★ Enable farmers to participate in a health education program that helps them recognise and identify factors that effect family farm health;
- ★ Support the development of individual health action plans to achieve health goals;
- ★ Undertake a health assessment of participating farmers at commencement and then after 12 months and 24 months to monitor health status over time;
- ★ Interview through focus groups farmers' experiences of the project.
- ★ Investigate the link between farming family health, farm accidents and farm sustainability; and
- ★ Develop a training module that can be used across a range of farming industries.

Below are some extracts from Chapter 1 of the Sustainable Farm Families Resource Manual

STATE OF RURAL HEALTH - 'How are we really travelling?'

It has been well documented by major studies and reported by agencies such as the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW), and the National Health and Medical Research Council (NHMRC) that:

"the general health of rural people is, by urban standards, very poor. Rural populations have above average rates of premature mortality and death through heart disease, cancer and suicide.' In 2002 the AIHW again noted that death rates are indeed higher outside metropolitan areas." (AIHW: 2002:220)

Some of the main reasons for this disparity are as documented in the Sustainable Farm Families Resource Manual (2003) as:

- ★ Stoic attitudes of males and females in the rural environment;
- ★ Rural families often are exposed to more physically demanding workloads and longer working hours;
- ★ Rural families often live at their workplace;
- ★ Poorer diet of rural families;
- ★ Poorly resourced physical environment;
- ★ Rural families have less access to sporting and recreational facilities;
- ★ Longer travelling distance to sporting and community facilities;
- ★ Lower socioeconomic status;
- ★ Rural families have less access to health services and the services are often poorly serviced and staffed compared to city services;
- ★ Specialised health services are often limited in the rural environment.
- ★ Rural families are often exposed to a range of pesticides and herbicides in their environment.

The Victorian Burden of Disease Report published in 2001 supports this disparity. The report examined what illnesses, injuries and disabilities Victorians develop. Cancer, heart disease and injuries are responsible for about 75 per cent of deaths in both men and women. Life expectancy in Victoria is increasing. Fewer people are dying from heart disease, injuries, infectious diseases and fewer men are dying from smoking-related illnesses. However, deaths from dementia, illicit drug use and renal failure are predicted to increase.

Life expectancy of men versus women
Unfortunately there are significant differences between men and women in rural areas and even larger gaps between the life expectancy of males and females in rural compared to city areas.

Women live five years longer than men. However, the gap is narrowing.

- ★ The life expectancy at birth for women is 82.7 years. For men it is 77.4 years.
- ★ By the year 2020, women will have an extra 4.7 years of life expectancy at birth and men an extra 6 years.

These figures were recorded over the period 1997-2001. Victorians have a slightly higher life expectancy than other Australians. But many rural areas are still below the State average!

Causes of reduced life expectancy

These include:

- ★ **Cardiovascular disease** - ischaemic heart disease (blocked arteries in the heart) and stroke are the most common causes of cardiovascular death.
- ★ **Cancer** - the lungs, bowel, prostate and breast are the most common sites of fatal cancers.
- ★ **Smoking-related illnesses** - for example, chronic obstructive pulmonary disease (emphysema and chronic bronchitis).
- ★ **Injuries** - suicide and road traffic accidents are the most common causes of death from injury.
- ★ **Diabetes** incidence is rising
- ★ **Drug overdoses** - particularly heroin overdose.
- ★ **Cardiovascular disease**, cancer and injuries together cause 75 per cent of all premature deaths.

Rural populations

When we compare rural communities with urban communities we see that rural men and women experience more disease and an increased rate of mortality. Included in these are:

- ★ Traffic and motor vehicle accidents;
- ★ Farm injuries;
- ★ Suicides;
- ★ Drowning; and
- ★ Cardiovascular disease.

We know that our local environment and socioeconomic status does affect health status with higher incidence of diseases and disorders for people in these categories.

How do we take control?

The Sustainable farm Families program explores factors that are important in determining health potential. The program recommends taking the following points into consideration:

- ★ Incorporate an allowance for sick days and recovery in your business;
- ★ Allow time in each day to exercise and wind down from work;
- ★ Pay attention to your body and some of the tell tale signs of fatigue and illness, such as headaches, colds, flu and muscle pain;
- ★ Incorporate at least one regular annual check up with your doctor or health care agency to assess for potential problems, even if you feel fine;
- ★ Have at least two weeks away from your place of work per year to relax and recover;

- ★ Think about a regular sporting activity that you could be involved with and join in.
- ★ Develop a health management plan for all the family; and
- ★ Learn to help yourself by changing your lifestyle to promote a longer and more fruitful life.

Preliminary evaluation of Sustainable Farm Families

Between November 2003 and April 2004, six pilot workshops were completed. In Victoria they were held in Benalla, Horsham, Hamilton (two) and Swan Hill. One workshop was run in Clare, South Australia. Preliminary evaluations by participants gave the whole presentation an extremely positive score. Both the training program component and individual physical assessments were rated highly.

Each participant at the conclusion of the workshop was asked to develop a personal health action plan that will be monitored over the next three years. Participants will be monitored at regular intervals to check their progress against their nominated health goals.

The project steering committee meets quarterly and advises on project implementation and extension matters.

For further information about Sustainable Farm Families contact:

Sue Brumby
Principal Investigator
Western District Health Service
Ph: (03) 5551 8450

References:

Western District Health Service, Sustainable Farm Families - the human resource in the triple bottom line, Resource Kit 2003, Hamilton.

Australian Institute of Health and Welfare (1999). Australia's health 1998: the sixth biennial Report of the Australian Institute for Health and Welfare. AIHW. Cat.No.AUS 10. Canberra: AIHW.

Department of Human Services. (2001). Victorian Burden of Disease Study - 2000. The Victorian Department of Human Services. Public Health and Development Division, Melbourne.

Department of Human Services, (2002). Victorian Burden of Disease Study - 2000. The Victorian Department of Human Services. Public Health and Development Division, Melbourne.

Better Health Channel (2003). www.betterhealth.vic.gov.au.