



## OPENING THE GATES

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## Preamble

A social model of health	The health, well-being and safety of farm men, women and families around the world is a barometer for the level of national and global health as a resource and reserve. Healthy farm families produce fibre, food, and nutrition, essential determinants of anyone's health. Unhealthy farming conditions produce farm families whose health is under pressure, and are potentially unable to sustain themselves, their productive capacity, and their markets.
Comprehensive programmes	Farmer health programmes bring together knowledge, skills and capacity from human, animal and plant health services, communities, industry, and academia to develop health, well-being and safety with a focus on farming men, women, and families.
Accountability and responsibility	Individuals, groups and communities in urban, rural and remote environments around the world, and all levels of government should take farmer health seriously. This Hamilton Charter for Farmer Health suggests five areas of critical action, and ways forward.

## Value Culture

Unique culture	Whether it is in large scale hi-tech agriculture or on subsistence farms, on land or water, in warm or cold climates, farming has unique cultural attributes. It is important to recognise these cultural elements, name them, and identify cultural challenges and opportunities that are the result of changing global and local conditions. More than ever before this glocal relationship should drive individual and institutional ambitions.
Address farming and gender	Men, women and families live and work on farms. They each have different needs, all within a strong myth of a hard farmer ethos. Women's health may be underprioritised, and the strong masculine culture may lead to problems for farming men expressing concerns for their health, wellbeing and safety. Farmer health programmes need to address these issues and differentiate appropriately.
Appreciate lifecourse, generations, and transition	Farming is usually a life-long and intergenerational family career. Its attributes become engrained in community, family and national culture, and with changing economic and climate conditions this culture comes under serious pressure. When life becomes work, identity can be challenged when work fails. Farmer health programmes value and work with intergenerational culture in a lifecourse approach in farming communities. Where necessary they assist in non-linear transitions in and out of the farmer culture.
Place and nature	In varying degrees, farming is close to, and depends on nature. This is an important

cultural aspect of the farming experience. A strong sense of place connects with a strong sense of coherence, and social capital significantly intersects with natural capital in farm environments. There is intrinsic value in farming, and farmer health programmes mediate and advocate for connectedness to the land as a critical determinant of health.

#### Change

The romantic image of the strong, physically able labourer on the land is long gone. Social and technological changes have redefined the nature of farm life. Farmer health programmes see such dynamic change as an important part of farm life, and advocate and enable occupational health and safety policies and programmes to be intrinsic and inalienable parts of farm culture for all.

### Live with work

#### Different work-life balance

Life-long and intergenerational farm systems link social and environmental capital, and farm families live and work by the clock set by seasonal and biological laws. The idea of work-life balance has substantially different meaning in farming communities. Farmer health programmes work with the unique timelines of farming, and advocate for appropriate adaptations of, for instance, work and social assistance legislation and funding arrangements.

#### Together for all health

The (cycles and determinants of ) health and well-being of humans, livestock, and plants on farms are intimately connected and need to be both a resource and concern for all those involved in their development. Farmer health programmes must therefore be seen as hubs of interprofessional and interdisciplinary research and service delivery in which agri-science, veterinary and human medicine and public health, natural and social care, and propagation and empowerment create synergies for better health for all.

#### Poor health not acceptable

Poorer health outcomes in farming communities have become accepted and normalised as the result of access issues (the tyranny of distance) or being intrinsic part of farm realities. Pain, self-medication through alcohol and drugs, injury, cancers and preventable deaths need not be part of farm reality. These issues, and the resultant poor health outcomes, need to be de-normalised. Farmer health programmes advocate for equitable standards in health and social service delivery, and expose policy, programme and research biases.

### Future-proof farm systems

#### Adaptive capacity

The world is changing and continues to change: current global dynamics are impacting on the operations of farm systems. In a global market with varying degrees of protectionism and open trade parameters, some of the determinants of farmer health and well-being have become more threatening and yet more intangible. This also applies to climate variability. Successful farm systems and farmer health programmes

are built around capacities to monitor change and adapt flexibly. Their success is further determined by fast, intersectoral contingency planning and effective involvement of the media.

#### Health and Social Impact Assessment

In order to future-proof farm systems it is critical to recognise and address the interface between social, economic and environmental capital. Health (and Social) Impact Assessments (HIAs or HSIAs) are applicable, valid and effective tools to assess the impact of changing parameters on the health and well-being of larger populations, and the planning of adaptive capacity in farm systems. They are most effective when embedded in statutory frameworks. Farmer health programmes apply and advocate for the application of Health (and Social) Impact Assessments both for planning and outcome purposes.

#### Health priorities and planned intervention

Future-proofing farm systems must address priority issues of health, well-being and safety, and see these as fundamental to sustainable agriculture. By any measure, mental health issues constitute the largest part of the global burden of disease; mental health issues in farming families are disproportionately higher than global rates; and farming men are particularly vulnerable. Stigma associated with mental health creates additional prevention and treatment barriers, and mental health resources in farm communities are scarce. Farmer health programmes invest in two-tiered approaches (focusing both at farming communities as well as those at highest risk) in prevention, early detection, rapid intervention, and where necessary appropriate care. Most importantly though, farmer health programmes future-proof farm systems through sustained, strong, planned and evidence-based health promotion engaging with communities and the media.

### Build skills and knowledge

#### Boundary crossing and knowledge mobilisation

In order to implement the action agenda embraced by this Charter a strong skills and knowledge base needs to be built. Basic medical science generates valuable information on, for instance, exposure and vector control. Substantial information in other fields has also been generated but has failed to be adapted, disseminated or implemented. Farmer health programmes work with their critical stakeholders to identify, validate and implement appropriate skills and evidence. Where necessary, implementation research with clearly identified populations or settings will be valuable. The establishment of an international repository or clearing-house for farmer health interventions (similar to Cochrane or Campbell Collaborations, and possibly part of either) is critical.

#### Integration in tertiary education

Tertiary education programmes in Agricultural Health and Medicine need to be integrated in the course offerings of all universities with current health, medicine, veterinarian and agricultural curricula. To thrive, they need embedding in rural and remote health units, offering placements for both Faculty and students.

Health literacy  
at many levels

Skills and knowledge are not merely a prerogative of “experts”. Effective programmes work with communities and industry partners, and develop health literacy at many levels. Reciprocal learning and boundary-crossing experience work best to mobilise and implement knowledge and practice. This results in increased health literacy, leading to improved health outcomes, more effective use of services, and the identification of a lack of system skills and facilities. Farmer health programmes design, build and implement programmes for health literacy in farm families, communities, human and veterinary medicine, agri-professionals, academics and particularly government bureaucracy and political leaders.

Use and generate evidence  
wisely

It will be necessary to continue to develop evidence-based farmer health programmes. However, the application of evidence without judgement or consultation may be ineffective or counterproductive. Farmer health programmes identify and apply evidence wisely, and generate new evidence only when appropriate. New tools and instruments, such as HSIAs, rapid appraisal techniques, and the design and implementation of research and development tools incorporating multiple methods, are already available and need further capacity building efforts. Farmer health programmes will provide testing grounds and capacity building for innovative research and development efforts.

## Create political momentum

Joint policy  
advocacy

A long sequence of declarations and statements has identified political will, or lack thereof, as a determinant of effective health development. Political will is the result of a dynamic discourse in which stakeholders take part with commitment and vigour. Political momentum will move the farmer health debate forward, beyond political will alone. Farmer health programmes will play policy entrepreneurial roles with other stakeholders, including but not limited to agri-professionals, communities and industry partners, to secure the presence of farmer health issues on glocal policy agendas. Individuals and institutions associated with farmer health programmes will, whenever appropriate, advocate for dynamic adaptation in service delivery, skills and knowledge development, and research for farmer health.

One voice in  
joint-up services

Redressing the fragmented development of a range of services for farmer health should be put high on social and political agendas. Individuals and institutions associated with farmer health programmes will make an effort to speak with a single voice in policy and political advocacy. This applies to the argument that – with the obvious similarities between agricultural extension and health promotion – comprehensive, embedded and integrated farm health development programmes will yield substantive health, social and economic gain for farm families, the broader community, and global health.

#### Reinvigorate participation

Community engagement in public policy decision making is a key democratic principle. However, significant groups in society are disengaging from such participatory and empowered approaches to policy. This is observed, for instance, in groups of young farming men and women. It is vitally important to reconnect with any such group. Individuals and institutions associated with farmer health programmes have a responsibility to act as conduits, and create communication and other pathways, to actively involve all voices, including those of Indigenous and First Nation populations, in the policy discourse.

#### Advocate health literacy policy

Further investment in the various forms and levels of health literacy as described above is essential for any health development programme. Individuals and institutions associated with farmer health programmes should advocate for policy and budget decisions that enable the development and implementation of health literacy programmes within a growing political preventive health agenda.

## The way forward

This Hamilton Charter for Farmer Health and its five core principles will guide us as we return to our workplaces, communities and countries. These inseparable five principles will enable us to move forward and take action with a unified voice through strategic alliances and partnerships.

We undertake to:

- Empower ourselves and others to consider the health impacts (individual, family, community, environment) of agricultural production and campaign to ensure that negative impacts on farmer health is recognised and not normalised as a by product of production.
- Understand the cycles (seasonal and biological) of farmer health and the relationship of farmers to nature whilst delivering appropriate and quality farming health programmes to all.
- Defend and celebrate profitable and sustainable rural industries in the global market recognising and valuing the key role of farmers in providing food and fibre for the world.
- Broaden the identity of farm men, women and communities beyond the life is work ethos, and thus enable them to successfully meet their new challenges through opportunities, alliances and education.
- Recognise that improving farmer health involves new relationships and the strengthening of old relationships across sectors and within sectors. Research, policy development and service delivery will need to be developed in place, recognising the valuable interaction in and with communities. The interdependency and synergistic drive of these relationships will move this Charter forward.

Go forth and sow and water the seeds of the Hamilton Charter for Farmer Health into your work, workplace, community, governance or new policy.

