

2010

# Pit Stop Health Check Evaluation



Pit Stop

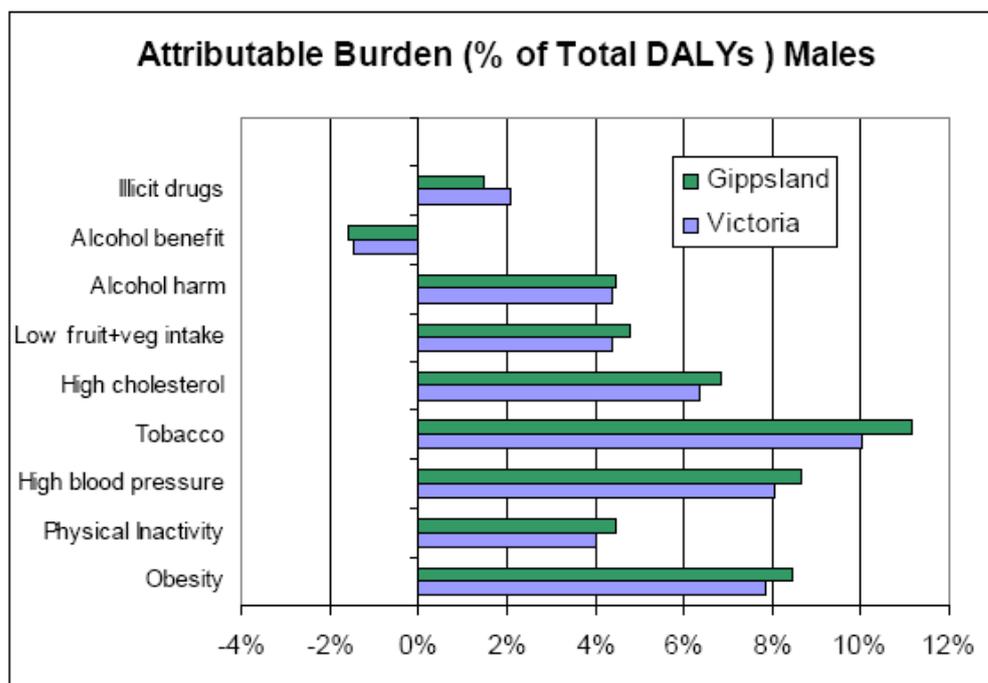


## Introduction and Background

It is often said that men take more care of their cars than they do of their own bodies. Unfortunately, this appears to be not far from the truth. The consequences of this lack of health monitoring are evident in society. On average, men die six years younger than females and in 2006 more than 48,000 men died of illnesses that could have been prevented with regular General Practitioner checkups.

This health inequality in men is further impacted in rural areas, where men have an expected life span 2.1 years shorter than those men born in metropolitan areas. In fact, studies show that men in rural areas are more likely to suffer from heart disease, depression, suicide, chronic disease and have a higher rate and mortality from accidents and injuries. This, combined with lowered availability and accessibility of health services, result in a high risk population group that is sadly often overlooked. Men living in the area of Latrobe Valley and the Gippsland region are by no means exempt from this health inequality. Rather, the following graphs below show that men in this region generally have higher rates of unhealthy behaviours and relating co morbidities than the average Victorian male.

Figure 1: Burden of Disease (DALYs) attributable to risk factors in Gippsland Region compared to Victoria, 2001.



Source: Department of Health, Gippsland Health Status Summary Profile, 2010.



Table 1: Comparison of Risk Factors Leading to Burden of Disease in Gippsland Region and Victoria, 2001.

Risk Factor	Victoria	Gippsland
Obesity	7.9%	8.4%
Physical Inactivity	4.0%	4.4%
High blood pressure	8.1%	8.7%
Tobacco	10.0%	11.2%
High cholesterol	6.4%	6.9%
Low fruit & vegetable intake	4.4%	4.8%
Alcohol harm	4.4%	4.5%
Alcohol benefit	-1.4%	-1.6%
Illicit drugs	2.1%	1.5%
Intimate partner violence	-	-

Source: Department of Health, Gippsland Health Status Summary Profile, 2010.

Pit Stop is a health program that aims to engage men of all ages by likening areas of the body to parts in a car. It is run as a series of stations, each involving a quick, simple health check. The environment of the Pit Stop stations is non-medical, and is a comfortable and fun setting that allows participants to overcome any apprehension they may have about going to a doctor, or presenting with a specific problem. Developed by the Gascoyne Public Health Unit in Western Australia, the Pit Stop program was designed to be a mobile service that could go to male dominated areas and events and provide a quick health check up in a masculine and welcoming environment.

Pit Stop delivers:

- A masculine, mechanical concept that is attached to a series of men’s health screening tests and provides an engaging comfortable backdrop while introducing an element of humour.
- A mobile campaign that can be taken to where men are including; agricultural field days, drag races, shopping centres, festivals etc.
- Presented in leisure time settings where people are not held to strict time schedules and service is immediate, no waiting rooms or appointments needed.
- Reduces the stigma associated with “admitting a problem”. Men don’t have to present with a problem. They can join the challenge of “passing the pits” and may choose to discuss a health issue if they fail a test (Alston & Hall, 2001).

Pit Stop is used as an engagement tool to encourage men to take better care of themselves. After participants take their bodies through ‘the pits’ they are issued with either a

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roadworthy registration sticker or an unroadworthy yellow sticker. Participants who are issued with a yellow sticker are advised to follow up with a General Practitioner.

Central West Gippsland Primary Care Partnership (CWGPCP) agencies Latrobe Community Health Service, Central West Gippsland Dept of General Practice, Relationships Australia Victoria along with the local office of Department of Veterans Affairs formed a working group in 2009 and partnered to deliver Pit Stop over two days at the Farm World Agricultural Show in Gippsland in March 2010. The Farm World event is one of Victoria's largest regional agricultural events and attracts more than 650 exhibitors and 50,000 people over four days.

Together these organisations offered expertise from Community Health Nurses, General Practitioners, Counsellors, Health Promotion Workers, Drug and Alcohol Workers, Gamblers Health Service Community Education Officers, Project Workers and Trained Peer Leaders from the Veterans community who manned the health check stations over the two days.

Health professionals were able to give advice through the following 'stations.'

-  Chassis Check (waist circumference)
-  Fuel additives (alcohol consumption)
-  Oil Pressure (blood pressure)
-  Spark Plugs (testicles)
-  Extractor (colorectal cancer)
-  Shock absorbers (coping skills)

The Pit Stop program provides additional stations which can include skin cancer (Duco), Exhaust (smoking), flexibility (Torsion) and hearing (Sound System). Information on these areas of health were given as handouts at the Farm World Pit Stop but not as individual stations.

This report outlines the evaluation results of the Pit Stop service held at Farm World 2010, which was conducted to see how effective the program was in reaching the target population and increasing their awareness of health as well as advocating self monitoring.



## Aim

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The evaluation was conducted to assess the program's effectiveness and to ascertain whether to continue Pit Stop services at Farm World each year, as well as assess other opportunities to expand the program to numerous sites such as local RSL's and other community events. The aims of the evaluation include:

- 1.** To determine whether participants enjoyed Pit Stop and would re-attend the service if it was available to them at other events.
- 2.** To determine whether participants learnt anything new in regards to their health and how to live a healthy lifestyle.
- 3.** To establish whether the program prompted participants to change any unhealthy behaviours and/or increase the frequency of visits to their General Practitioner.
- 4.** To ascertain whether Pit Stop reached the target population of rural men of agricultural or labouring backgrounds that may be at risk of preventable health conditions.
- 5.** To explore ways in which the program can be improved from the viewpoint of participants.

## Methods

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### *Health Stations*

The 'stations' of chassis check (waist measurement), fuel additives (alcohol consumption), oil pressure (blood pressure), spark plugs (testicles), extractor (colorectal cancer) and shock absorbers (coping skills) were offered over the two day event. At each station a health professional talked to each participant about the health issues. This involved either a questionnaire to assess risk factors such as the station 'fuel additives', screening for risk factors such as 'oil pressure' or gave health advice at other stations such as 'extractor'.

### *Work Order*

Each participant was given a 'work order' which contained a section where the health professional at each station would record the participant's results. At this time the health professional would also circle the column "Pass" or "Take Action", depending on the results of the screening at that station.



At the end of the Pit Stop the work order was assessed by the “Marshall” to determine whether the participant would receive a registration or an unroadworthy sticker. This was determined by the number of “Pass” or “Taken Action” that were circled. If the participant had two or more “Take Action” then they would receive an unroadworthy sticker.

At this time the “Marshall” asked each participant if they were willing to be involved in the evaluation of the program. Those that accepted were asked to sign a section of the work order that stated “Do you agree for a follow up in three months” and asked for their consent signature. Included in this section were details of their age, town of address, occupation and phone number. Participants then received their work order and the “Marshall” kept a carbon copy.

The personal detail section (including consent signature) was detached from the work order (in order for the person conducting the evaluating to not know the participants individual results) and was used to follow up with participants for the evaluation.

### ***Partner Organisations***

The project was managed by a working group comprising the CWGPCP member agencies the Central West Gippsland Division of General Practice (CGWDoGP), Latrobe Community Health Service (LCHS), Relationships Australia Vic (RAV), the local office of the Department of Veterans Affairs and the CWGPCP Resource Unit.

On the day, staffing was sourced from each partner agency which included Community Health Nurses, General Practitioners, Counsellors, Health Promotion Workers, Drug and Alcohol Workers, Gamblers Health Service Community Education Officers, Project Workers and Trained Peer Leaders from the Veterans community.

### ***Promotion***

By having Pit Stop run at an established and well attended event, promotion was based around supporting Farm World and focusing Pit Stop as a major attraction of the event.

The event was promoted by having a local well-known racing personality do a series of radio advertisements that aired leading up to the event and a live cross from a local radio station on the day of the event. In addition to this, flyers for Pit Stop were advertised through the GippsDairy Network, Department of Primary Industries Network, and the Rural Financial Councillors Network. In addition, articles were placed in local community newsletters and local newspapers across the region and partner agencies.

### ***Survey***

In order to gain an understanding of participant’s health habits and the long term effects of Pit Stop, participants were surveyed 6-8 months after having attended Pit Stop.



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Surveys were constructed by the working group and were built upon the pilot Pit Stop done at the Westbury Country Fire Authority (CFA) in February 2010, in which the evaluation tools were tested. Please find attached a copy of the list of evaluation questions used in the appendices of this report.

After the pilot of the survey tools were conducted at Westbury CFA some of the questions and format of surveys were amended. Changes included using closed ended questions instead of open ended and including a time scale for question 2 (time since last GP visit). These changes allowed for better collation and understanding of the information gathered from the evaluation. Participants were advised at the beginning of the survey to answer 'yes' or 'no' and were advised if there were multiple choice questions.

Surveys were conducted via telephone by the same worker to ensure continuity in results. Questions asked were based upon the aims of the project and prompted closed 'yes' or 'no' answers in most questions. This allowed for clear results but also gave participants the opportunity to expand and better explain their opinions in several extended questions.

## ***Blood Pressure and Waist Circumference Screening***

Part of the evaluation was to confirm if the participants of Pit Stop at Farm World could be classified as the target population, males from farming backgrounds, and were in fact 'at-risk' of chronic diseases.

Completed work orders were assessed and from these the results for Blood Pressures and Waist Circumference, which were already categorised as either 'Normal' 'Medium' 'High' or 'Very High', were tallied to see the percent of 'at risk' participants at the time of Pit Stop.

To confirm if Pit Stop was reaching its target audience work orders were also counted to see what the dominating occupations were of the participants.

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## Results

Over the two days, 114 men participated in the program with 46% receiving a roadworthy certificate and 53% receiving a yellow sticker/canary on their work order form. This gave a total of approx 60 community members that were screened and given adequate health advice where they may not have otherwise accessed their local health service.

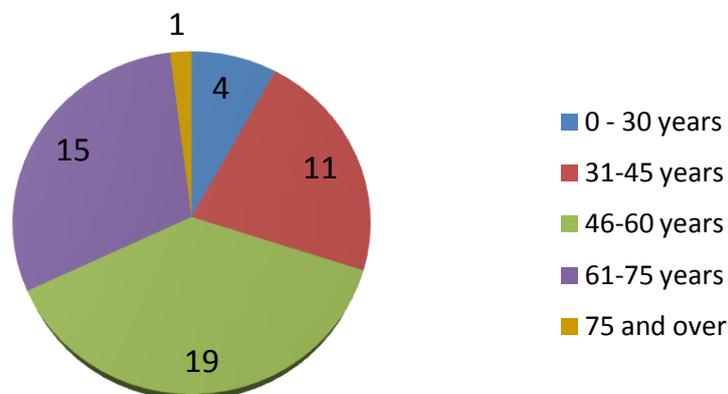
### Participants and Response Rate

A total of 113 participants were identified as being eligible to take part in the telephone evaluation survey. All of these participants were called at least once and gave the following sample size:

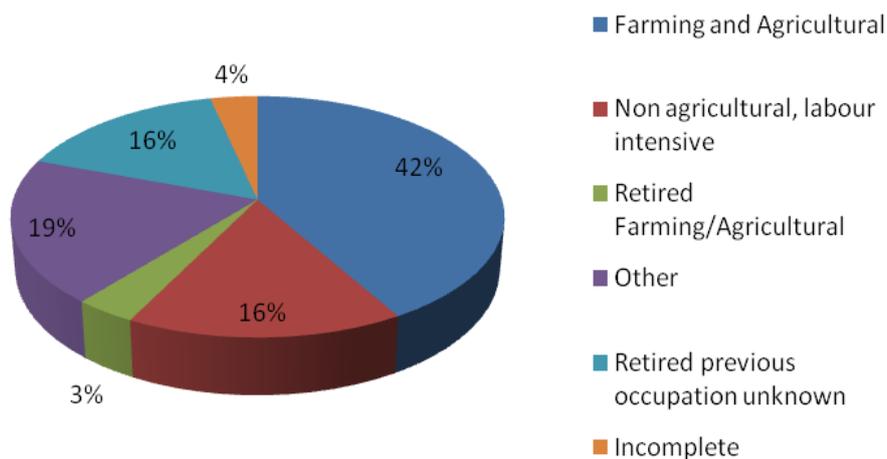
- Refused to take part (n): 20
- Unable to be reached (n): 43
- Completed the survey (n): 50

This gave an overall response rate of 44%, with those that responded coming from diverse occupations and age brackets as shown in the pie charts below.

### Age of Participants



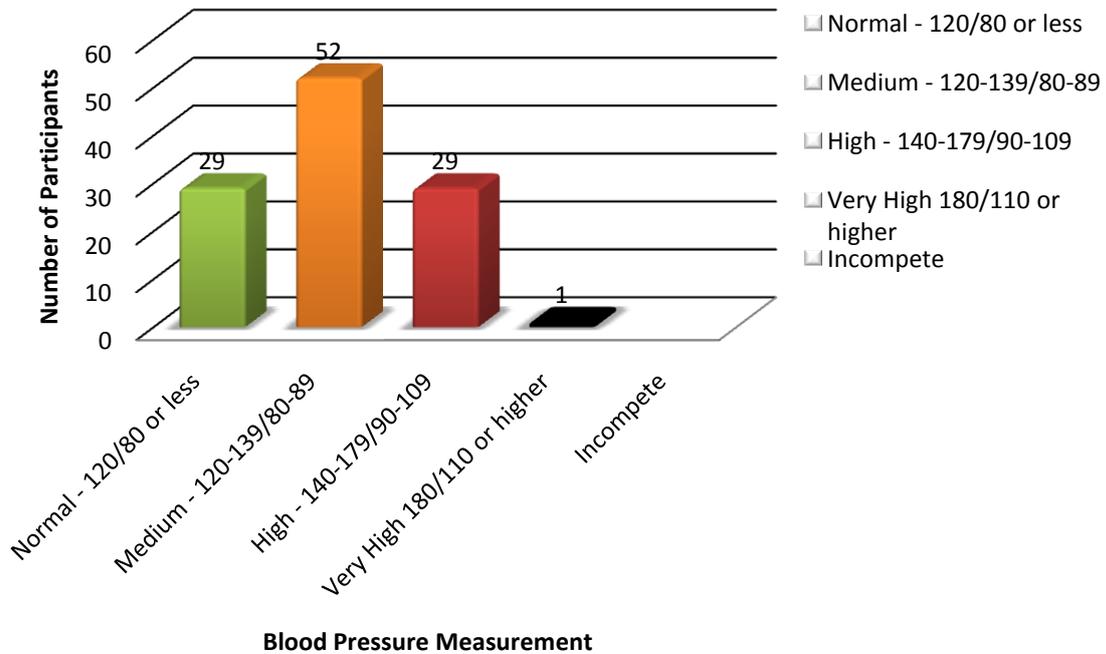
### Occupations Of Participants



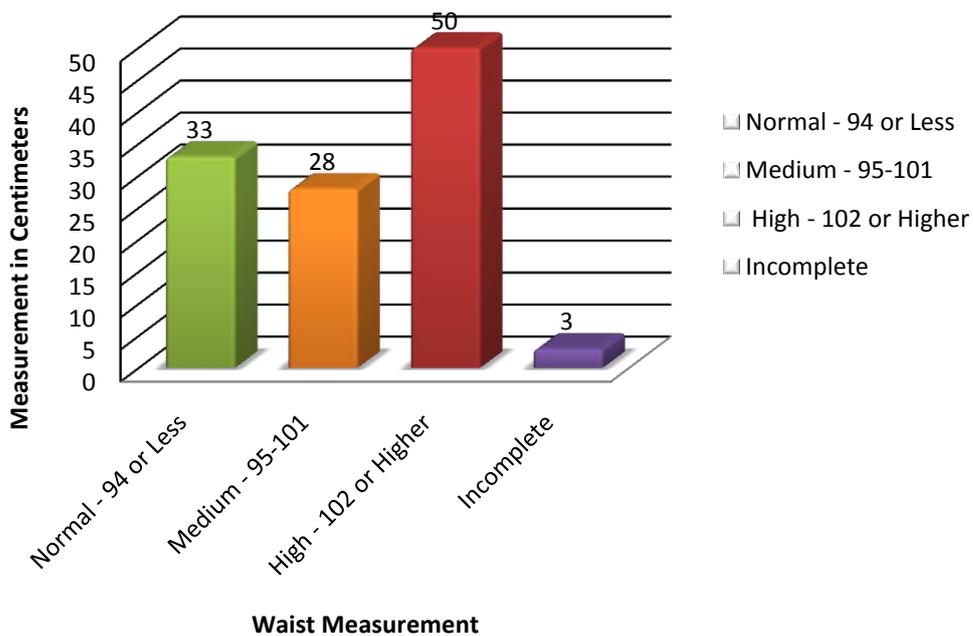


## Participant Blood Pressure and Waist Circumference Results

### Blood Pressure Results



### Waist Circumference Results



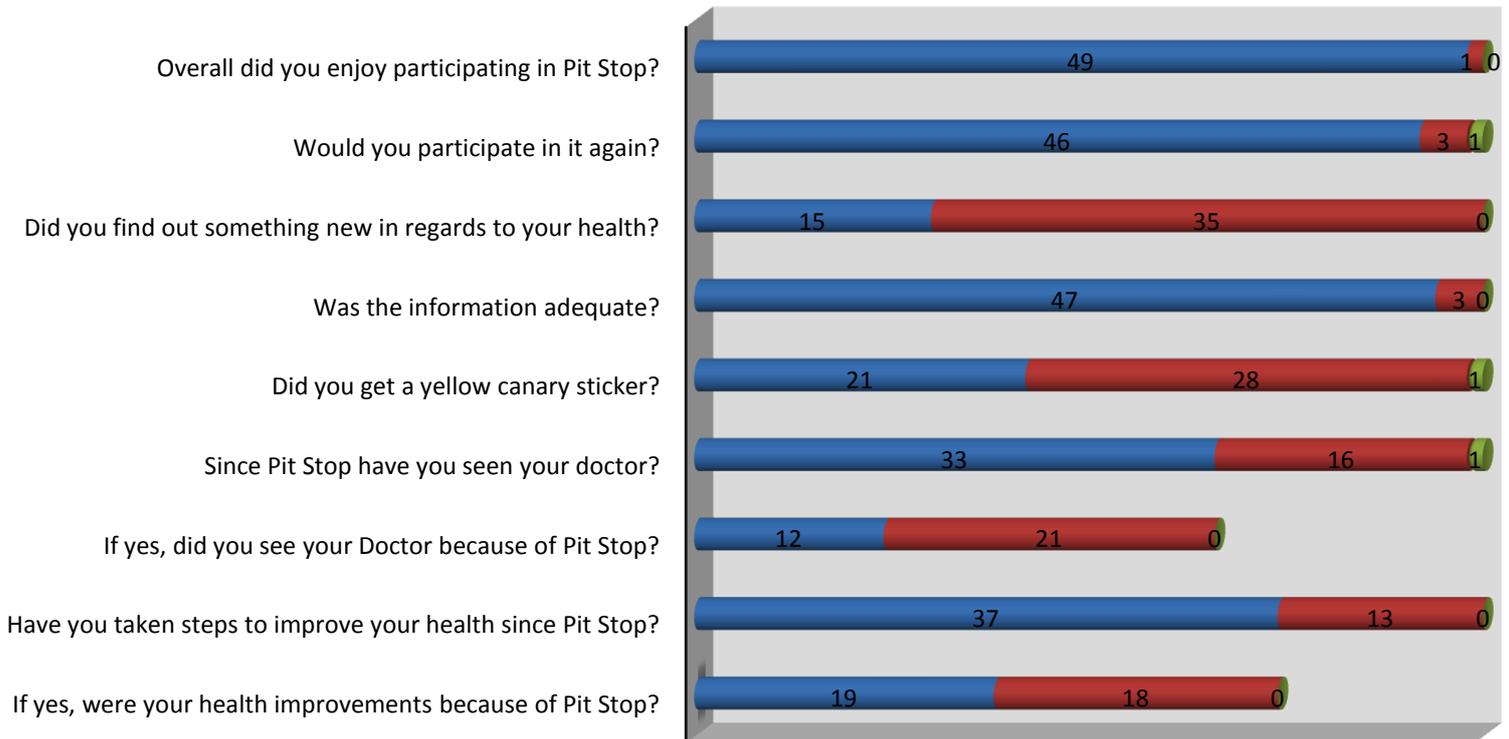


## Responses to Closed Survey Questions

The 50 responses received for closed questions are plotted in the graph below.

### Survey responses

Yes No Unanswered



## Responses to Extended Questions

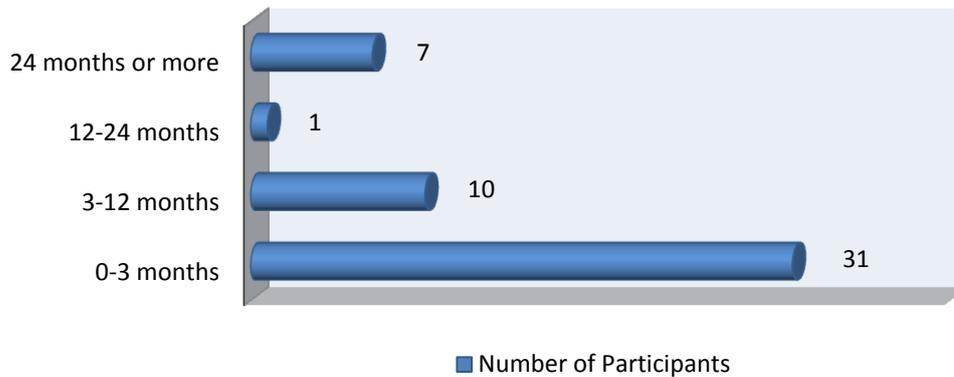
In Question 3 participants that stated that they had learnt something from Pit Stop were asked to state which stations provided them with new and useful information. Results were as follows:

- Blood pressure (5)
- Waist circumference (1)
- Mental health issues (2)
- Overall health (2)
- Bowel cancer (1)
- Testicular health (3)
- Portion sizes (1)
- Alcohol consumption (1)
- Diabetes risk (1)

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Question 5 gives a more exact view into when was the last time participants saw their General Practitioner for a health checkup at the time of the evaluation.

## Time since last GP visit



Question 9 asked participants whether they had any suggestions for stations/conditions that should be included at Pit Stop. Twelve respondents offered suggestions, which were:

- |                                      |                              |
|--------------------------------------|------------------------------|
| Skin cancer checks (4)               | Cholesterol (3)              |
| Prostate/PSA check (2)               | Blood sugar levels (2)       |
| More on depression in retirement (1) | What your goal weight is (1) |
| Diet (1)                             | Eyesight (1)                 |

## Qualitative Quotes

“I found I knew a lot of what was said but I passed some booklets onto a friend who I thought could use the information”

Very common – “It was a good reminder of the things I should be doing. I did know most of the things but (Pitstop) reminded me that I need to think about things.”

Very common – “It was good for what it was.”



## Discussion

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The evaluation results have shown that Pit Stop is an appropriate method of screening Men's Health and that the Farm World event is an appropriate setting to do this at. The aim of Pit Stop at Farm World was to target men of all ages, from rural and farming backgrounds, to screen and raise health concerns, as well as deliver education and awareness of men's health issues using a multi organisational approach.

The program was open to all males at Farm World with the target audience being older males from a predominantly farming background. Over the two days Pit Stop had a good attendance of 114 men. Results show that 40% of participants were aged between 46-60 yrs and 30% aged between 61-75 yrs with an age range of 16 years to 75 years old. A majority of participants come from a farming background (42% of all participants) or other labour intensive occupations such as carpenters, electricians and dock workers (16%).

Results indicate that the program is an effective way to increase awareness of men's health issues and a good community health education tool. A total of 94% of participants reported that the health information given in the program was adequate and 30% of participants reported learning something new about men's health. Although an aim of Pit Stop is to increase men's health knowledge, feedback from those surveyed said that Pit Stop reminded them of men's health issues that they already knew about and that were important. "It was a good reminder of the things I should be doing. I did know most of the things but (Pitstop) reminded me that I need to think about things" (quote of a surveyed participant).

Results from blood pressure and waist circumference taken on the day show that the audience reached were 'at risk' and in need of health education to raise awareness of risks of high blood and waist measurements. Blood pressure results indicated that 26% participants were within the normal range, 46% in the medium range and 27% were in the high to very high range. The waist measurement results show that 29% were in the normal range, 25% in the medium range and 45% were in the high range. Although blood pressure readings cannot always be reliable in a community based screening event, these results indicate that, even with this taken into account, events such as Farm World are effective at reaching the target population and raising awareness of men's health issues.

A majority of participants (74%) reported that they have taken steps to improve their health since Pit Stop. Of those participants 38% said they had made health changes because of Pit Stop with 36% saying they made health changes, but not because of Pit Stop.

Since Pit Stop 66% of participants have seen a general practitioner, of these 24% said it was because of Pit Stop with 42% saying it was not because of Pit Stop.

Completed surveys showed that we can predict an ongoing success rate for the next Pit Stop. During the survey as many as 98% of participants said that they enjoyed the program and 92% said they would participate in Pit Stop again. Other additional anecdotal comments both on the day and during the evaluation also indicated that if participants had known



about Pit Stop, that they would have brought friends along who might need a health check as well.

Pit Stop has shown to be effective at targeting an 'at-risk' population. Only 29 of the 111 results (3 were incomplete) were classified as being in the normal range for blood pressure, with 30 participants having either a High or Very High reading.

Another point worth noting is that Pit Stop is a good community engagement tool for local health services. The program has the capacity to integrate partners from a wide range of services, clearly evident from the number and variety of agencies involved. It also helps to advocate the issue of Men's Health both within the community and within organisations.

Our evaluation is consistent with other Pit Stop evaluations that have been completed across Australia. Other evaluations have shown that Pit Stop reaches the target audience with high participation rates and that information given in Pit Stop is adequate, with participants reporting that the mechanical theme makes for a comfortable, informal setting.

Suggestions for future stations to include in Pit Stop were skin cancer checks, cholesterol, prostate/PSA check, blood sugar levels, depression in retirement, what your goal weight is, diet and eyesight. As Pit Stop is a flexible program extra stations can be added or removed depending on the target group. And indeed the voluntary offering of these ideas from participants showed that from a target group renowned for little regard for health issues, Pit Stop was able to, in the least, revive the topic of health amongst rural men.



## **Recommendations and Conclusion**

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- 1.** As this was the first time Pit Stop was offered at Farm World, participation rates will likely increase if Pit Stop is established as a regular promoted event at Farm World.
- 2.** To improve the reach of the program across Gippsland, Pit Stop should be targeted to all males 18 years and over and target male dominated places such as sporting clubs, Retired Services Leagues (RSL), Country Fire Authorities' (CFA) and male dominated events such as agricultural shows and Farm World.
- 3.** In order to maintain a collaborative approach and strengthen networks, it is optimal that more than one organisation be involved in hosting, organising and delivering the program. A working group of key agencies is essential in planning the program and ensuring that the program has the correct number and range of health professionals to staff 'stations'.
- 4.** For Pit Stop to be evaluated every 1 to 2 years so as to gauge its on-going effectiveness, suitability and appropriateness.
- 5.** For Participants screened as 'at-risk' to be given complete health education on their condition and offered the chance to have an appointment booked in with the appropriate health professional.
- 6.** That Pit Stop be delivered with enough written resources for participants who want to pass on information to other community members, including what health services are available in certain areas.



## Resources

Alston E & Hall C. Pit Stop: Gentlemen Check your Engines. *6th National Rural Health Conference*, Canberra, Australian Capital Territory, March 2001.

Department of Health, Gippsland Health Status Summary Profile, 2010.

<http://www.dhs.vic.gov.au/operations/regional/gippsland/regional-initiatives/gippsland-health-online/summaries>

Government of Western Australia, Department of Health WA Country Health Service.

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=613>

Evaluation of the Pit Stop Program in the Tamworth and Bendemeer Communities.

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=618>

By Men for Men: A Men's Pit Stop in Alice Springs.

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=618>

Pit Stop at the Goldfields Mining Expo.

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=618>

Pit Stop in the Riverina

Australian Journal of Rural Health (2006) 14, 129 – 131.

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=618>

'Good Health is all about taking pit stop', Examiner, Tasmania October 2007, Pit Stop sessions run by Quit Tasmania.

<http://www.wacountry.health.wa.gov.au/default.asp?documentid=618>