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Inquiry into Suicide in Australia



TRADIES' TUNE UP

EVALUATION AUDIT

JANUARY 2010

Executive summary

This report provides an evaluation of the Tradies' Tune Up program conducted by the OzHelp Foundation in the ACT between 01/10/2008 - 31/01/2010. The program provided health screening and education to 593 clients across a range of building and construction sites in and around the ACT. Given that men – and blue-collar males in particular – access health screening and preventive services at low rates, this type of targeted program fills a gap in service provision that has substantial potential benefits.

The program aimed to increase the awareness of building and construction workers about their current state of physical and mental health; to provide direction and motivation to assist with more pro-health choices; and to increase access by these workers to support services and education that will assist in preventing or ameliorating health problems.

This innovative approach to engaging blue-collar males in preventive health is based on a mobile van, a registered Nurse, a Psychologist and Field Officer – and an informal low-key approach that allows for one-to-one conversations over a (healthy) barbeque lunch. The program is evaluated positively by almost every participant, and is well supported by employers.

Participants were given feedback on basic health measures, health behaviours and mental health. Screening data showed that, compared to the general population, participants had higher rates of high blood pressure, smoking, at risk waist size and lifetime illegal drug use. They showed comparatively lower rates of emotional distress, better fruit consumption and higher rates of access to primary care services. Alcohol consumption, cholesterol levels, and vegetable consumption were all comparable to the general population.

Follow up of participants indicated that health behaviour change and support seeking had occurred after attending the 'Tune Up'.

The evaluation found that the Tradies' Tune Up is an excellent model that has been delivered professionally and effectively. It provides efficient physical and mental health screening to a hard to reach population. The program has clearly assisted building and construction workers identify their health issues – and participants are enthusiastic about the process. In terms of behaviour change, it appears that the impact of the program has been significant.

The only suggested improvements for the program concern some minor adjustments to the health measures to ensure consistency with national health monitoring.

The evaluators recommended that the OzHelp Foundation seek further funding to continue TTU and widen its impact to other industries and locations.

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Introduction

The “Tradies Tune Up” is a workplace initiative of the OzHelp Foundation providing ACT/ Regional NSW apprentices and workers in the Building and Construction Industry (BCI) with:

- Indicative physical and mental health check up.
- Awareness and education about healthier life strategies and resources.
- Exposure to and links with other community services.
- Referral pathways for those wishing to implement lifestyle changes.

This service – funded by the Department of Health and Ageing (under Healthy Active Australia Community and Schools Grants Program) - operates from a van fitted out for the purpose so the events can be taken to any construction site in the region.

Events are conducted on a weekly basis, sometimes twice weekly depending on the size of the construction site. The support of employers at each site is essential for the release of their workers for approximately twenty minutes to complete the tune-up.



The Project aimed to achieve the following outcomes:

- An increase in the awareness of workers as to their current state of physical and mental health.
- An increase in BCI members seeking support and education for health issues.
- Referrals to health services where workers physical and/or mental health indicators suggest a need for professional attention.

Males suffer from higher rates of all non-gender specific conditions than do females in Australia. Males have higher rates of cardiovascular disease (CVD), cancers diabetes and injuries.[1] They also have much higher rates than females of severe mental health concerns. These issues are even more pronounced for males employed in manual occupations – the “blue-collar workers”. The risk factors that contribute to this range of conditions (poor nutrition, smoking, excess use of alcohol, stress) are also more commonly found in blue-collar males. Yet despite these higher rates of serious and chronic conditions males are less likely to access primary care services, such as GPs.

However, there is evidence that males are happy and willing to access screening and health services when these are readily available. “Tradies’ Tune Up” (TTU) is one such service that particularly targets male blue-collar workers in the building and construction industry. The experience of TTU to date shows not only that the males they access often have excessive risk

factors, but that they are willing to access the TTU screening services, and that there is an improvement in pro-health behaviours in a significant proportion of the clients of the service.

Program rationale and logic

There are approximately 6,800 tradespeople, machinery operators and labourers in building and construction industry in the ACT[2] excluding Regional NSW. Tradies' Tune-Up has the potential to reach approximately 10,000 workers in the industry. The overwhelming majority of these are male.

This client group (blue collar manual labourers and tradesmen) is acknowledged as being at increased risk compared to the general population. A review of Australian research examining health status by occupation,[3] found that blue collar workers, when compared to other occupations, experience the following:

- Lower self rated health
- More recent illness
- More likely to be current smokers
- More likely to drink alcohol at risky levels
- Higher levels of occupational injuries
- Higher blood pressure
- Higher BMI
- Higher rates of obesity
- Higher cholesterol

“Tradies' Tune Up” is a means of providing an accessible health screening program to these workers; to encourage modification of risk behaviours; and to increase use of primary and specialist health care services.

Description of the Project

The Screening

“Tradies' Tune Up” consists of van and attached awning that provides a mobile consultation room. The three staff accompanying the van are a registered nurse and a registered psychologist and a field officer. Permission is sought from (and mostly enthusiastically agreed to) by employers on construction sites around the region.

Employees at the site are notified in advance – prior to the day of the “Tune Up” the safety officer on site informs the employees of the impending visit, and posters are placed in toilet blocks, lunch rooms and other common areas.



Appointments for each employee are at times arranged in advance by the safety officer, although OzHelp staff walk around site and make appointments as well. On other occasions the employer calls everyone together for a meeting with the OzHelp staff, and appointments are then made.

Each person is seen individually to ensure confidentiality. On arriving at the van, they are met by the Field Officer, who helps complete the necessary forms for consent, and background on health behaviours, as well as taking weight and waist measurements. Once this is done, the person enters the van where the nurse completes the physical examination (blood pressure, blood samples). While the nurse conducts this exam, the psychologist asks questions from the Kessler Psychological Distress Scale as a means to assess the client's emotional state. While the Kessler is not ideal for screening in detail, it provides a "door-opener" to initiate discussion about mental health. The psychologist's informal assessment is central to determining any need for further action regarding mental health.

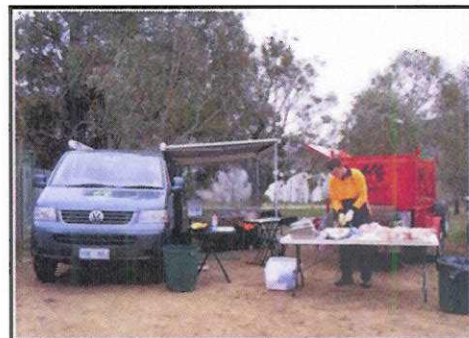


Results from the physical and mental health screening are provided instantly as a printout. The client is also provided with a wallet card that contains basic health information, and the results are then discussed with client. Where results are indicative of potential health concerns, clients are recommended to see their general practitioner (or are provided with contact details for local GPs if they are new to the area). Where there is concern over emotional or mental health issues, referrals are made to appropriate agencies (financial counsellors, drug and alcohol counsellors etc). If there is a serious and immediate concern, clients are seen again by the Field Officer, who arranges for OzHelp staff to conduct emergency counselling, and other sources of support are arranged as needed.

The Barbeques

As a means of building a suitable ambience for the day, another staff member from OzHelp joins the Tune Up van and provides a lunch-time barbeque, using healthy foods.

This enables more informal discussion between clients and OzHelp staff. The barbeques are seen as crucial to the aims of raising individual awareness and encouraging follow-up action by clients.



Follow Up

Three months after event, OzHelp staff initiate phone contact. A standard questionnaire (see Appendix 2) is used to record information about any behavioural changes that the client has made, any actions taken in consulting health professionals, and their evaluation of the experience of the "tune up".

Results

Overall, the results from the health screening support the perception that many workers in the BCI suffer from poorer health than the general community. The important part of this project is not these findings, but the fact that an accessible screening service is able to provide personal feedback and individual motivation to address existing and potential risk factors.

Outcomes

The expected outcomes were:

- An increase in the awareness of workers as to their current state of physical and mental health.
- An increase in BCI members seeking support and education for health issues
- Referrals to health services where workers physical and/or mental health indicators suggest a need for professional attention.

The following graphs show the proportions of those screened were at risk in relation to central health measures, and what actions (if any) were taken by those who had undergone the tune-up.

The first step towards maintaining good health is to be aware of any health risks and what preventive behaviours to adopt to avoid potential health problems such as diabetes. The health screening provided by “Tradies’ Tune Up” includes:

- Blood Pressure check
- Waist size
- Cholesterol check
- Glucose
- Smoking
- Use of primary care services (General Practitioners)
- Use of illegal drugs
- Nutrition (vegetable and fruit consumption)
- Alcohol Consumption
- Stress and emotional well-being

The following provides a discussion of each of relevance of each of the measures, and provides the results from the 593 clients who used TTU from 01/10/2008 - 31/01/2010.

Blood Pressure

High blood pressure is a major risk factor for a range of cardiovascular diseases, with the risk of disease increasing as the level of blood pressure increases. High blood pressure can be controlled via changes in nutrition, weight, physical activity and medication.

Increased risk of two major forms of cardiovascular disease - coronary heart disease and stroke - as well as other serious complications are directly associated with high blood pressure.

It can increase the risk of these two cardiovascular diseases by two to four times, and is also associated with an increased risk of heart failure and peripheral vascular disease[4].

All age groups of TTU participants revealed worrying levels of high and very high blood pressure compared to national averages, particularly in younger age groups. In the age group 26-35, 18.5% of participants had high or very high blood pressure, compared to a national average for this age group of 7.1%[4]. Rates for other age groups also far exceed the national averages.

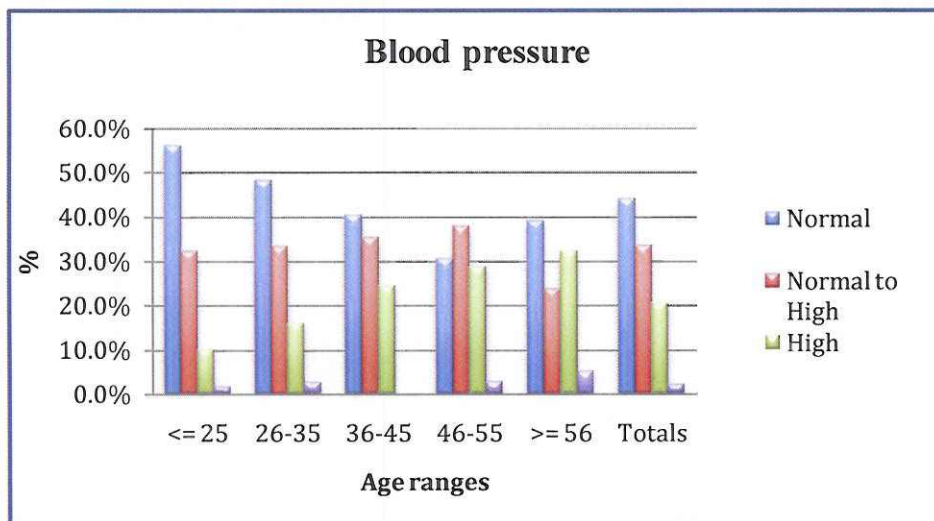
Table: Blood Pressure Results

Age/Status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	121	162	122	108	59	572
Normal *	56.2%	48.1%	40.2%	30.6%	39.0%	43.88%
Normal to High *	32.2%	33.3%	35.2%	38.0%	23.7%	33.39%
High *	9.9%	16.0%	24.6%	28.7%	32.2%	20.63%
V High *	1.7%	2.5%	0.0%	2.8%	5.1%	2.10%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%

Source: Tradies' Tune Up client database. n=572

* Scores: Normal: Less than 120/80 / Normal to high: between 120/80 and 140/90 /High: equal to or more than 140/90 / Very high: equal to or more than 180/110

Figure: Blood Pressure Results



Source: Tradies' Tune Up client database. n=572

Waist size

People who are overweight, particularly those who are obese, have higher rates of mortality and morbidity than people of healthy weight, both overall and from a range of specific conditions. Among these conditions are coronary heart disease, Type 2 diabetes, gall bladder disease, ischaemic stroke, osteoporosis, sleep apnoea, and some cancers. Obesity can also have psychosocial and psychological consequences.

Among people who are overweight, weight loss can reduce the incidence and severity of some of these conditions, as well as improving cholesterol levels, blood pressure and glycaemic control and decreasing the symptoms of osteoarthritis.

There are a number of methods used for measuring overweight and obesity including BMI, waist circumference and waist-to-hip ratio. Waist circumference is useful because abdominal fat mass over certain thresholds indicates increased risk of chronic disease. It may also be more strongly linked to disease than BMI.[4]

Waist circumference

The National Health Data Dictionary defines waist circumference cut-offs for increased and substantially increased risk of ill health [5]. Waist circumferences of 94 cm or more in men indicate increased risk (“ abdominal overweight”). Waist circumferences of 102 cm or more in men indicate substantially increased risk (“ abdominal obesity”). This classification is not suitable for use in people aged less than 18 years and the cut-off points may not be suitable for all ethnic groups.

The results from the TTU shows quite a high proportion of those tested were at risk from abdominal overweight/obesity. The AIHW [5]reports that just over one fifth (21%) of men were abdominally obese in 1999–2000, and a further 27.5% of men were abdominally overweight in 1999-2000. The TTU does not distinguish between the two categories, simply reporting all those who are at least abdominally overweight as “at risk”.

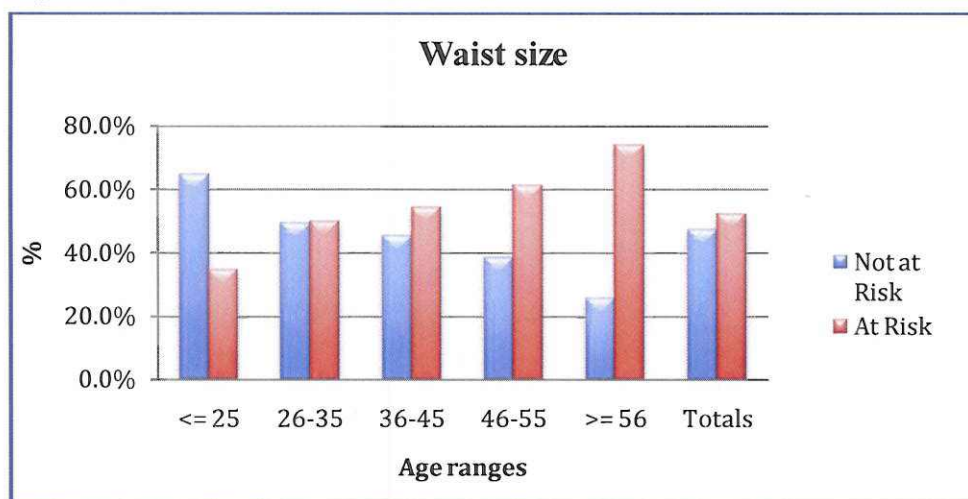
Table: Waist Size

Age/Status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	123	163	123	109	58	576
Not at Risk	65.0%	49.7%	45.5%	38.5%	25.9%	47.6%
At Risk *	35.0%	50.3%	54.5%	61.5%	74.1%	52.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=576

* At risk = If the measurement is 94cm or more

Figure: Waist Size



Source: Tradies' Tune Up client database. n=576

Cholesterol check

High blood cholesterol levels can lead to an artery-clogging process known as atherosclerosis, which is causal for heart attacks, angina or stroke. High blood cholesterol contributes to the development of Type 2 diabetes.

As with most risk factors, there is no single point at which the risk of disease from cholesterol begins. Rather, as total blood cholesterol increases, so does the risk of CVD and Type 2 diabetes. The AIHW considers that a total cholesterol level of 5.5 mmol/L or more is considered high.[6]

It appears that, while many of those tested by TTU had higher than normal levels of cholesterol, the numbers were slightly lower than the national averages for high cholesterol[7].

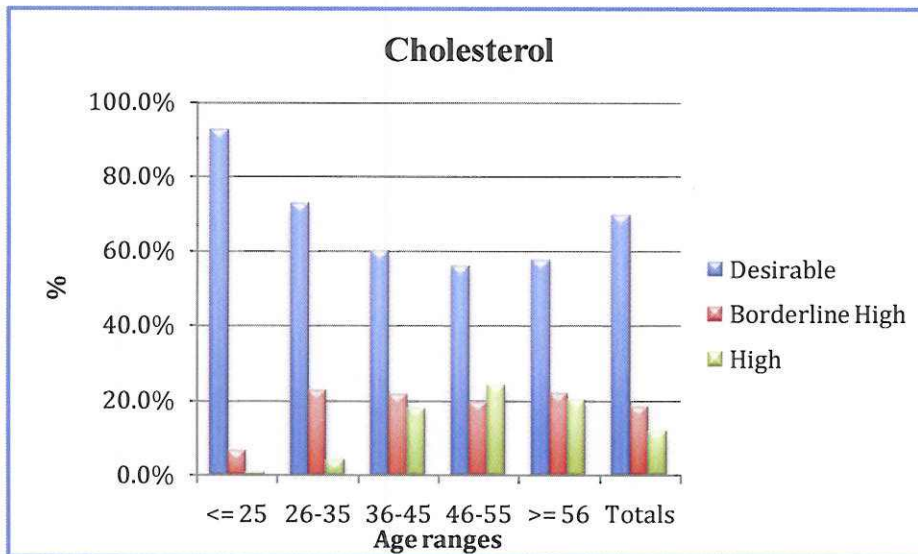
Table – Cholesterol levels

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	122	162	123	107	59	573
Desirable	92.6%	72.8%	60.2%	56.1%	57.6%	69.6%
Borderline High	6.6%	22.8%	22.0%	19.6%	22.0%	18.5%
High	0.8%	4.3%	17.9%	24.3%	20.3%	11.9%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=573

Score: Desirable: below 5.18mmol/L is considered desirable and reflects low risk of heart disease
 Borderline high: 5.18 to 6.22mmol/L reflects moderate risk.
 High Risk: Above 6.22mmol/L reflects high risk.

Figure: Cholesterol levels



Source: Tradies' Tune Up client database. n=573

Glucose

Impaired glucose tolerance (IGT) - indicated by high blood sugar - is not a clinical condition, but rather a risk factor for the future development of diabetes. The 1999-2000 AusDiab study (Barr et al, 2006) estimated that 7.4% of the population (more than 1 in 14 people) had diabetes, the vast majority (96%) of cases in adults aged 25 years and over being Type 2. Rates were higher for males than females in most age groups, particularly for those between 55 and 74 years of age. This study also found that a large proportion of total diabetes cases were undiagnosed—half of the cases detected in the survey had not previously been diagnosed.

IGT itself is part of a metabolic syndrome—the clustering of a number of risk factors including abdominal obesity, impaired fasting blood glucose, raised blood pressure, raised blood triglycerides and reduced blood HDL-cholesterol—that substantially increases the risk of Type 2 diabetes. The 2004–05 AusDiab follow-up study showed an annual incidence rate for the metabolic syndrome was higher in males (3.8% in males and 2.4% in females).

Behavioural risk factors for the development of diabetes are physical inactivity, poor diet and tobacco smoking, which combine with biomedical risk factors of impaired glucose regulation, overweight, high blood pressure and high cholesterol. The important point is that these behavioural and biomedical risk factors – all of which are considered in the TTU - have the potential to be modified and reduce the risk of developing diabetes.

Table: Glucose test

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	123	164	124	108	59	578
Normal	100.0%	94.5%	96.0%	94.4%	83.1%	94.8%
High	0.0%	5.5%	4.0%	5.6%	16.9%	5.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=578

Scores: If the individual has eaten 2 hours prior to the test a normal glucose level is less than 7.9mmol/L
 In a random test the normal level should be less than 7.0mmol/L.¹

Smoking

Tobacco smoking is the single largest cause of preventable death and disease in Australia.[8] Smokers face increased risks of death and illnesses including cancers, heart disease, stroke, emphysema and other respiratory diseases.[9] In the workplace, exposure to second hand smoke places other workers at risk of premature death and disease.

Smoking rates were comparatively high amongst participants. All age groups reported smoking rates higher than the national male average of 19%. Rates were particularly high amongst participants aged 26 to 45, at over 40%. This compares with national smoking rates for men under 60 of around 22%. Participants aged 46 and over were smoking at rates closer to the national average.

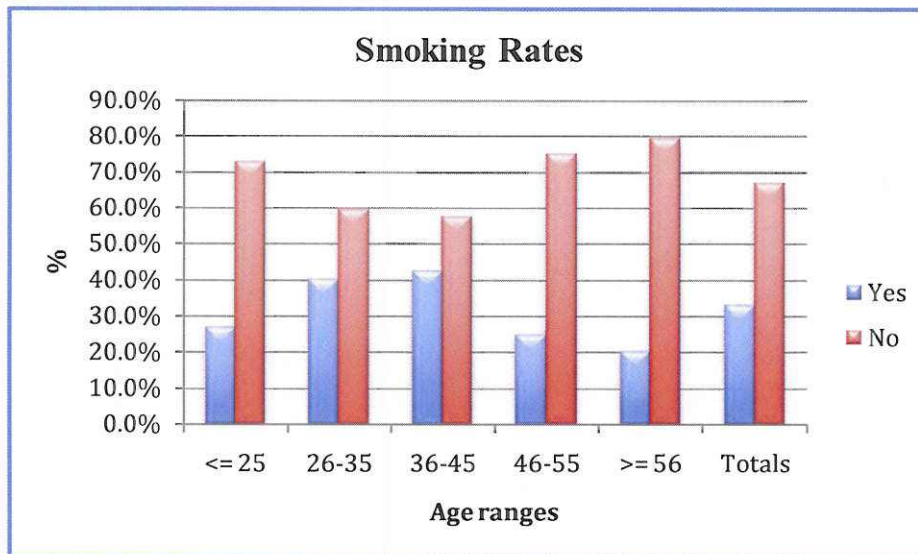
Table: Smoking Rates

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	126	164	125	109	59	583
Yes	27.0%	40.2%	42.4%	24.8%	20.3%	32.9%
No	73.0%	59.8%	57.6%	75.2%	79.7%	67.1%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies Tune Up client database. n=583

¹ The glucose test conducted for Tradies' Tune-Up is likely to be influenced by a number of factors. The glucose test can be influenced by eating less than 8 hours before a fasting blood test or less than 2 hours before a 2 hour test, drinking alcohol, illness or emotional stress, smoking, caffeine and taking certain medications. The Registered Nurse will ask appropriate questions regarding this. High glucose levels do not necessarily mean an individual has diabetes, but are referred to their GP for more detailed tests to diagnose diabetes.

Figure: Smoking Rates



Source: Tradies' Tune Up client database. n=583

Use of primary care services (General Practitioners)

Only 43% of general practice patient contacts are with men[10]. This difference is not simply accounted for by women’s visits relating to contraception, pregnancy and childbirth. It also reflects a greater unwillingness by men to utilise services with which they feel uncomfortable. In addition, men’s consultations tend to be more superficial, shorter, and occur later in the disease process. Men are reluctant to engage in preventive health consultations(check ups) during their early and middle years; taking time off work for health care is often seen as a sign of weakness. Men from lower socioeconomic groups may defer or avoid medical intervention even more when out-of-pocket costs are anticipated. [11]

But it is not only GP services - more generally, men use all services within the health care system to a lesser extent than women. [12]

Table: Use of Primary Care (GP) Services – visit to GP in past 12 months

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	124	164	125	109	59	581
Yes	67.7%	72.6%	69.6%	74.3%	83.1%	72.3%
No	32.3%	27.4%	30.4%	25.7%	16.9%	27.7%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=581

Use of illegal drugs

Abuse of illegal drugs is associated with a range of serious risks to physical and mental health and relationships. In the workplace, use of illegal drugs can create hazards and risks to individual workers and their colleagues.

Participants were asked if they had ever used illegal drugs, and if so, if they had used illegal drugs in the last 6 months.

The rates of reported illegal drug use were considerably higher than those of the general population, where 38% of people report ever having used illegal drugs[10].

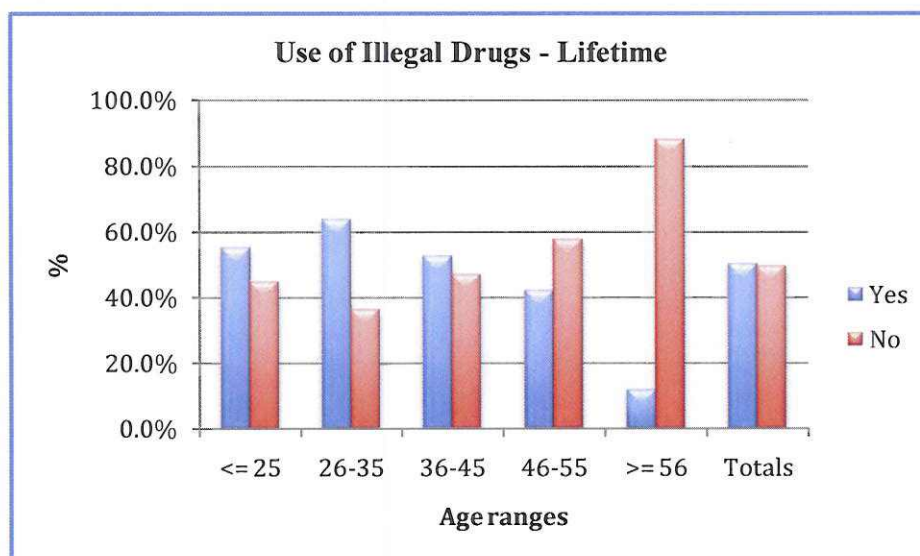
Discussing drug use in a non-threatening and confidential environment provides an opportunity for participants concerned about their drug use to obtain referral to counselling or support services.

Table: Use of Illegal Drugs

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	125	163	125	109	59	581
Yes	55.2%	63.8%	52.8%	42.2%	11.9%	50.3%
No	44.8%	36.2%	47.2%	57.8%	88.1%	49.7%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=581

Figure: Use of Illegal Drugs



Source: Tradies' Tune Up client database. n=581

For the 291 participants who had used illegal drugs, a further question was asked as to whether they had used illegal drugs in the last 6 months. About 36% had used illegal drugs recently, comprising around 18% of the total participants.

Table. Illegal drug use – past six months.

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	69	104	66	46	6	291
Yes	44.9%	36.5%	27.3%	32.6%	33.3%	35.7%
No	55.1%	63.5%	72.7%	67.4%	66.7%	64.3%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=291

Nutrition (vegetable and fruit consumption)

The National Health and Medical Research Council dietary guidelines recommend that adults consume on average at least two helpings of fruit and five of vegetables each day.[13] Dietary intake of fruit and vegetables are linked to health and disease, either as protective influences or as risk factors, including: coronary heart disease, some cancers, Type 2 diabetes, overweight and obesity.[13]

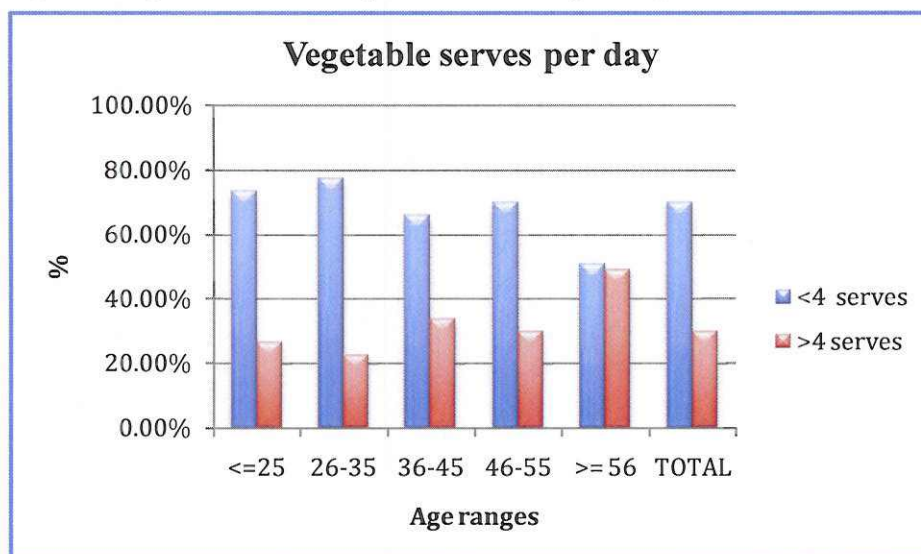
Participants were asked about their usual intake of fruit and vegetables. Like around 90% of Australians,[2] the majority of participants were consuming less than recommended amounts of vegetables. However, it is not possible to make direct comparisons because the TTU used the category '4-5 serves', where 4 is considered 'inadequate' intake and 5 'adequate'.

Table: Vegetable consumption – serves per day.

Age/status	<=25	26-35	36-45	46-55	>= 56	TOTAL
Clients	125	164	124	107	59	579
<4 serves	73.6%	77.4%	66.1%	70.1%	50.8%	70.1%
>4 serves	26.4%	22.6%	33.9%	29.9%	49.2%	29.9%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=579

Figure: Vegetable consumption – serves per day.



Source: Tradies' Tune Up client database. n=579

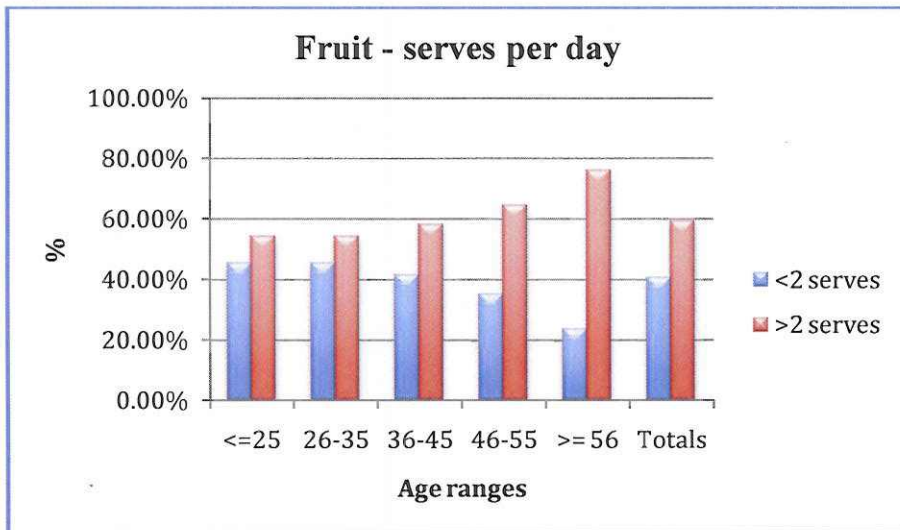
Fruit consumption by participants was comparatively good. Just over half of Australians consume the recommended amount of fruit, and this was matched or exceeded by all age groups; participants aged over 45 showed a proportionately greater consumption of fruit.

Table: Fruit consumption – serves per day.

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	125	164	125	108	59	581
<2 serves	45.6%	45.7%	41.6%	35.2%	23.7%	40.6%
>2 serves	54.4%	54.3%	58.4%	64.8%	76.3%	59.4%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=581

Figure: Fruit consumption – serves per day.



Source: Tradies' Tune Up client database. n=581

An adequate intake of fruit and vegetables has a protective influence on health but most population groups eat less than the recommended amounts of these foods.

Alcohol Consumption

Excessive alcohol consumption is associated with a range of short and long term health and social risks. Short term risks resulting from intoxication include death, injury, aggressive and foolhardy behaviour. Longer term, alcohol has been causally linked to numerous medical conditions including cirrhosis of the liver, heart and circulatory problems, various cancers, digestive problems, sleep disorders, male impotency and alcohol dependence.[14]

The World Health Organisation Alcohol Use Disorders Identification Test was administered. This test is used to identify participants who are drinking at hazardous levels. It provides the basis for recommending participants who would benefit from reducing their drinking and, where appropriate, seeking professional assistance. Scoring on the test ranges from 0 to 20 or more, where scores under 7 indicate safe drinking, and scores of 8 or more indicates hazardous and harmful alcohol use and possible alcohol dependence. [14]

Test scores were grouped into three categories of risk: 'low to medium', 'medium to high' and 'very high risk'.

The great majority of participants scored in the low to medium risk category of drinking, requiring no intervention or simple advice about managing alcohol. Around 10% of participants scored in the medium to very high risk categories. This is consistent with the level of Australian adults drinking at levels considered risky or of high risk to health.

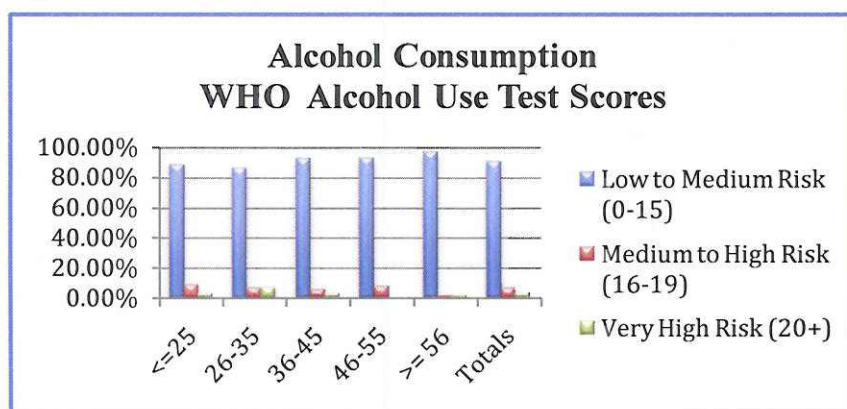
Participants under 25 reported the highest levels of higher risk drinking. This is also consistent with drinking levels in this age group in the general population. However, it does indicate that younger people may benefit from extra support and advice in managing their drinking and avoiding heavy binge drinking.

Table: Alcohol Consumption

Age/status	<=25	26-35	36-45	46-55	>=56	TOTAL
Clients	124	161	125	109	58	577
Low to Medium Risk(0-15)	88.7%	86.3%	92.0%	92.7%	96.6%	90.3%
Medium to High Risk(16-19)	8.9%	6.8%	5.6%	7.3%	1.7%	6.6%
Very High Risk(20+)	2.4%	6.8%	2.4%	0.0%	1.7%	3.1%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=577

Figure: Alcohol Consumption



Source: Tradies' Tune Up client database. n=577

Stress

The human body responds to stress by activating the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis, which may in turn affect the cardiovascular, the metabolic, and the immune systems. Prolonged activation of these systems may lead to stress-related disease and possibly increase the risk of premature death. Stress has been implicated in chronic physical illnesses, particularly heart disease [15] and diabetes [16].

High levels of stress may generate (and certainly exacerbates) mental health issues such as depression and substance abuse, [17] and may also contribute to a higher frequency of adverse health behaviours, such as increased alcohol consumption, which in turn will affect health.

The primary measure used for TTU was the Kessler Psychological Distress Scale, although its utility was more as a result of enabling the TTU Psychologist to discuss the questions and responses with each of the clients.

The TTU results showed a lower level of distress amongst its clients than have been reported in other studies regarding Australian males. Hopefully, this is due to these participants experiencing a lower rate of stress than many others, although it is also possible the result may be an artefact of the setting, in which clients do not wish to reveal too much about their emotional well-being on an initial meeting. Those with moderate to severe stress are encouraged to seek professional support, and those who are clearly distressed were offered immediate support and counselling, and further access to services was encouraged.

Table: Levels of Psychological Distress

Age/status	<= 25	26-35	36-45	46-55	>=56	TOTAL
Clients	127	164	125	109	59	584
Likely to be well(under 20)	91.3%	90.2%	93.6%	95.4%	93.2%	92.5%
Mild distress (20-24)	4.7%	6.1%	4.0%	3.7%	6.8%	5.0%
Moderate distress (25-29)	2.4%	3.0%	0.8%	0.9%	0.0%	1.7%
Severe distress(30+)	1.6%	0.6%	1.6%	0.0%	0.0%	0.9%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Tradies' Tune Up client database. n=584

Participant Follow Up

Three months after the TTU, participants were contacted by phone and asked to complete a short questionnaire any actions they may have taken regarding their health, and their perception of the TTU. 253 clients completed the questionnaire, and results were as follows.

Health Behaviour Actions

	YES	NO
Have you seen a GP since your tune-up?	105	140

Without a comparison group, it is not possible to ascertain if the levels of attendance at GP clinics subsequent to the TTU increased due to the intervention.

Which recommendations have you followed up on?

Drink less alcohol	27
Talk to a friend / counsellor	4
Eat more fruit and veg	84
More exercise	47
Quit smoking	19
Eat less fat	20
Other	7

It is very positive to find a large number of these men reporting some important dietary changes, along with other lifestyle modifications. Again, it is not possible to ascertain the contribution of the TTU to these behavioural changes without a comparison group. It seems highly likely given the informal feedback from those in the phone evaluation that the TTU played a significant role – alongside similar health messages from media and other sources – in assisting these men to make substantial positive changes in their health behaviour.

Perceptions of the “tune up” experience.

	YES	NO
Did you enjoy the tune-up?	248	1
Did you learn anything about your health?	170	78
Did you tell others (Family/Friends/Workmates) about the tune-up?	226	18
Would you do it again?	237	8

The TTU appears to be received very positively by the clients. This is supported by other unsolicited comments that are very supportive of having access to health screening in this way.

Findings

This report provides an evaluation of the Tradies' Tune Up program conducted by the OzHelp Foundation in the ACT and surrounding areas between 01/10/2008 - 31/01/2010. The program aimed to increase the awareness of building and construction workers about their current state of physical and mental health, and to increase access by workers to referrals, support and education around health issues.

The program clearly achieved its aims. Health checks were provided to 593 workers from across building sites in the ACT and regional NSW areas bordering the ACT. Participants were given feedback on basic health measures, health behaviours and mental health. Referrals were provided as appropriate to general practitioners, counselling, substance abuse services and other specialist supports.

Health check results

The results of the Tradies' Tune up showed that compared to national averages, participants had:

higher rates of concern for the following factors:

- Blood pressure
- Smoking
- Waist size
- Illegal drug use

similar rates of concern for the following factors:

- Alcohol consumption
- Cholesterol
- Vegetable consumption

lower levels of concern for the following factors:

- Emotional distress
- Inadequate fruit consumption
- Access to primary health services

Strengths

The key strength of the program is that it provides access to screening and preventative health care to building and construction workers – a population that has higher health needs than the general population, and who can face significant barriers to accessing health services.

The model is particularly appealing because it is delivered onsite, is confidential and anonymous, and screening and tests results are provided very quickly. In addition to providing general screening and information, the staff are capable of providing rapid

intervention and referral to clients in crisis, or who are experiencing serious physical or mental health issues

Participants have indicated a high level of support for the program, with the great majority enjoying the screening and indicating they would participate again. Follow up indicated that significant changes in health behaviours and use of services occurred after participation in the Tune Up.

Tradies' Tune Up provides a very effective and cost efficient way of providing screening to a hard to access population. The simple setup of a van and three health professionals facilitates the rapid delivery of health services to work places, and directly to the worker.

Areas for improvement

We could find very few areas for improvement, but offer the following minor suggestions:

Additional variables:

- Body Mass Index
- Self assessed health (a good predictor of later health problems)

Adjustments of existing variables

- Change the question on vegetable consumption to reflect NHMRC guidelines.
- Use of additional category for alcohol consumption to reflect results from the WHO (AUDIT instrument)

Conclusion

Overall, the Tradies' Tune Up is an excellent model that has been delivered professionally and effectively. It provides efficient physical and mental health screening to a hard to reach population. The program has clearly assisted building and construction workers identify their health issues – and participants support and are enthusiastic about the process. In terms of behaviour change, it appears that the impact of the program has had a significant effect.

It is recommended that the OzHelp Foundation seek further funding to continue TTU and widen its impact to other industries and locations.

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APPENDIX 1.

TRADIES TUNE-UP QUESTIONNAIRE

Section 1

Site Location:

Staff Member:

Signed Consent:

CBS Member:

Agree to follow up? Yes

No

Referred to:

Notes:

Section 2: General Health

Blood Pressure:

Status:

Waist:

Status:

Weight:

Cholesterol:

Status:

Glucose:

Status:

- Q. 1. Do you Smoke? Yes No
- Q. 2. Do you have Diabetes? Yes No
- Q. 3. Have you seen a doctor
in the last 12 months? Yes No
- Q. 4. Do you have an ongoing Physical
or Mental health Condition? Yes No
- | | | | |
|--|---------------------|---|--------|
| | If yes, please tick | Physical | Mental |
| | | <input type="checkbox"/> <input type="checkbox"/> | |
- Q. 5. Have you ever used illegal drugs?
If yes, have you used them in
the last 6 months?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 3: Questions about your nutrition

Please respond by ticking only one box for each question.

Q. 6. What type of milk do you usually consume?

- Whole Soy milk
 Low/reduced fat Evaporated or sweetened condensed
 Skim Don't know
 None of the above

Q. 7. How many serves of vegetables, including fresh, frozen and tinned vegetables, do you usually eat each day? (a serve = ½ cup cooked vegetables or 1 cup of salad)

- None 4-5 serves
 1 serve or less 6 serves or more
 2-3 serves

Q. 8. How many serves of fruit, including fresh, dried, frozen and tinned fruit, do you usually eat each day? (a serve = an apple, or banana, or orange, or two mandarins, or a cup of diced fruit, or fruit salad)

- None 4-5 serves
 1 serve or less 6 serves or more
 2-3 serves

Q. 9. How often do you add salt to your food after it is cooked?

- Never/rarely Usually
 Sometimes

Section 4: Questions about your use of alcohol

Please record, in the box provided, the answer that is correct for you for the **past 6 months**

Q. 10. How often do you have a drink containing alcohol?

- 0 = Never
- 1 = Monthly or less
- 2 = 2-4 times a month
- 3 = 2-3 times a week
- 4 = 4 or more times a week

(Skip to Qs 18-19 if score in Q 10 is 0)

Q. 11 How many drinks containing alcohol do you have on a typical day when you are drinking?

- 0 = 1 to 2
- 1 = 3 to 4
- 2 = 5 to 6
- 3 = 7 to 9
- 4 = 10 or more

Q. 12 How often do you have six or more drinks on one occasion?

- 0 = Never
- 1 = Less than monthly
- 2 = Monthly
- 3 = Weekly
- 4 = Daily or almost daily

(Skip to Qs 18-19 if total score for Qs 2 & 3 = 0)

Q. 13 How often during the past 6 months have you found that you were not able to stop drinking once you had started?

- 0 = Never 3 = Weekly
1 = Less than monthly 4 = Daily or almost daily
2 = Monthly

Q. 14 How often during the past 6 months have you failed to do what was normally expected from you because of drinking?

- 0 = Never 3 = Weekly
1 = Less than monthly 4 = Daily or almost daily
2 = Monthly

Q. 15 How often during the past 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- 0 = Never 3 = Weekly
1 = Less than monthly 4 = Daily or almost daily
2 = Monthly

Q. 16 How often during the past 6 months have you had a feeling of guilt or remorse after drinking?

- 0 = Never 3 = Weekly
1 = Less than monthly 4 = Daily or almost daily

2 = Monthly

Q. 17 How often during the past 6 months have you been unable to remember what happened the night before because you had been drinking?

0 = Never

3 = Weekly

1 = Less than monthly 4 = Daily or almost daily

2 = Monthly

Q. 18 Have you or someone else been injured as a result of your drinking?

0 = No

2 = Yes, but not in the past 6 months

4 = Yes, during the past 6 months

Q. 19 Has a relative, friend, doctor or another health worker been concerned about your drinking or suggested you cut down?

0 = No

2 = Yes, but not in the past 6 months

4 = Yes, during the past 6 months

Section 5: Questions about your stress level

Q. 20 During the last 30 days, about how often did you feel tired out for no good reason?

- | | |
|--------------------------|----------------------|
| 1 = None of the time | 4 = Most of the time |
| 2 = A little of the time | 5 = All of the time |
| 3 = Some of the time | |

Q. 21 During the last 30 days, about how often did you feel nervous?

- | | |
|--------------------------|----------------------|
| 1 = None of the time | 4 = Most of the time |
| 2 = A little of the time | 5 = All of the time |
| 3 = Some of the time | |

Q. 22 During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

- | | |
|--------------------------|----------------------|
| 1 = None of the time | 4 = Most of the time |
| 2 = A little of the time | 5 = All of the time |
| 3 = Some of the time | |

Q. 23 During the last 30 days, about how often did you feel hopeless?

- | | |
|--------------------------|----------------------|
| 1 = None of the time | 4 = Most of the time |
| 2 = A little of the time | 5 = All of the time |
| 3 = Some of the time | |

Q. 24 During the last 30 days, about how often did you feel restless or fidgety?

- | | |
|----------------------|----------------------|
| 1 = None of the time | 4 = Most of the time |
|----------------------|----------------------|

2 = A little of the time
3 = Some of the time

5 = All of the time

Q. 25 During the last 30 days, about how often did you feel so restless you could not sit still?

1 = None of the time
2 = A little of the time
3 = Some of the time

4 = Most of the time
5 = All of the time

Q. 26 During the last 30 days, about how often did you feel depressed?

1 = None of the time
2 = A little of the time
3 = Some of the time

4 = Most of the time
5 = All of the time

Q. 27 During the last 30 days, about how often did you feel that everything was an effort?

1 = None of the time
2 = A little of the time
3 = Some of the time

4 = Most of the time
5 = All of the time

Q. 28 During the last 30 days, about how often did you feel sad that nothing could cheer you up?

1 = None of the time
2 = A little of the time
3 = Some of the time

4 = Most of the time
5 = All of the time

Q. 29 During the last 30 days, about how often did you feel worthless?

1 = None of the time

4 = Most of the time

2 = A little of the time

5 = All of the time

3 = Some of the time

Thank you for participating in this Tune-Up. In a few minutes you will receive a print out of your results.

If any of the tests or questions have made you feel uncomfortable or worried please talk to your GP or ring OzHelp on 02 6251 4166 or 1300 694 357.

APPENDIX 2

3 MONTH FOLLOW UP AND EVALUATION FORM

OzHelp Tune-Up Evaluation Wizard		
Date of Event	Start Time	Finish Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Yes No
Q. 1.	Have you seen a G.P. since your tune-up?	<input type="radio"/> <input type="radio"/>
Q. 2	Which recommendations have you followed up on?	
<input type="radio"/>	See your GP	<input type="radio"/> Eat more fruit & veg
<input type="radio"/>	Drink less alcohol	<input type="radio"/> More exercise
<input type="radio"/>	Talk to a friend/counsellor	<input type="radio"/> Eat less fat
		<input type="radio"/> Other
		<input type="text"/>
Q. 3	Did you enjoy the tune-up?	Yes No
		<input type="radio"/> <input type="radio"/>
Q. 3	Did you learn anything about your health?	<input type="radio"/> <input type="radio"/>
Q. 4	Did you tell others (family/friends/workmates) about the tune-up?	<input type="radio"/> <input type="radio"/>
Q. 5	Would you do it again?	<input type="radio"/> <input type="radio"/>
Q.6	Can you suggest anything we could do differently?	
	<input type="text"/>	
Cancel		Finish

APPENDIX 3

WALLET CARD GIVEN TO PARTICIPANTS

FRONT OF CARD:



Tradies Tune-Up results

VETtrak ID:

Date:

Weight:

Staff Member:

Test	My Result	Status	What's Healthy?
Cholesterol			Below 5.18mmol/L
Glucose			Random: 7.0mmol/L
Blood Pressure			120/80 or less
Waist measurement			Less than 94 cms
Smoking		No level of smoking is safe	
Nutrition		Low fat milk 5 serves veges/day 2 serves fruit/day Low salt	
Alcohol consumption		0-15—Low to Medium risk 16-19—Medium to High risk 20+ —Very High risk	
Stress		Under 20—Likely to be well 20-24—Mild distress 25-29—Moderate distress 30+ —Severe distress	

Recommendations

All the recommendations we've given you are based on the answers you've given on your questionnaire, the measurements we've taken and blood we've tested. All measurements and blood analyses are correct within the range and limitations of the machines used. Your results are not a medical diagnosis.

¹ This project was funded by the Australian Government Department of Health and Ageing

BACK OF WALLET CARD:



Tradies Tune-Up
OzHelp Foundation
T 1300 694 357
02 6251 4166
F 02 6251 4366
E info@ozhelp.org.au
PO Box, Belconnen ACT
2616
W www.ozhelp.org.au

Tradies Tune-Up



My Results

Want more info? Try these websites and phone numbers:

Heart Foundation

<http://www.heartfoundation.org.au>
1300 362 787

Cancer Council

<http://www.actcancer.org>
Helpline 13 11 20 & Quitline 13 78 48

Alcohol & Other Drug Program

24 hr Helpline (02) 6207 9977

Lifeline

<http://www.lifeline.org.au>
24 hr Helpline 13 11 14

Department of Health & Aging

<http://www.alcohol.gov.au>
<http://www.healthyaactive.gov.au>

Sexual Health & Family Planning ACT

<http://www.shfpact.org.au>
02 6247 3077

Diabetes ACT

<http://www.diabetesaustralia.com.au>
Freecall 1300 136 588

Alcohol & Drug Foundation ACT

<http://www.adfact.org>
Intake line 02 6292 2733

Nutrition Australia

<http://www.nutritionaustralia.org>

Cholesterol

<http://www.cholesteroltest.com.au>

Andrology Australia

<http://www.andrologyaustralia.org>

Breast Cancer Network Australia

<https://www.bcna.org.au>
Freecall 1800 500 258

Go see your GP

Your GP can do a complete 'Health Check', which includes blood tests to check your cholesterol and blood sugar, a height, weight, eye and ear check, a prostate check, breast check, skin lesion and mole check and bone density testing for osteoporosis (depending on your age). GP's can talk about a healthy living plan with you and other health things you might be worried about, like hair loss, impotence and depression. Take this Tune-Up along to your GP as a starting point.