



# Farmers Have Hearts

**Irish Heart Foundation  
Heart Health Checks  
2013/14**



## *Summary Evaluation Report*



**Supported by the HSE**

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## **Executive summary**

### **Introduction**

Lifestyle diseases such as cardiovascular disease, diabetes type 2 and cancer are increasingly very common in today's society. These diseases are directly linked to several risk factors such as high blood pressure, high cholesterol, obesity, smoking, high consumption of alcohol and physical inactivity (Department of Health, 2013). In 2012, approximately 32.1% of all deaths in Ireland were linked to circulatory diseases, making it the leading cause of death and of premature deaths (Health Service Executive, 2013). Although farming is traditionally associated with a healthy lifestyle, recent Irish research showed that farmers are disproportionately affected by lifestyle diseases. For example, farmers are seven times more likely to die from circulatory diseases than other occupation groups such as lower professionals, managers and skilled manual workers (Smyth et al., 2012).

The purpose of the FHH programme evaluation was to:

- get an insight into the cardiovascular health status of Irish farmers based on the results of heart health checks carried out by the IHF at farmers' marts;
- study the impact of this health intervention in relation to farmers' (i) experience of the heart health checks; (ii) follow-up visit to the general practitioner (GP) where advised; (iii) lifestyle/health behaviour change; and (iv) use of health information;
- strengthen the evidence base in the area of workplace health promotion in Ireland that establishes how to reach and engage farmers in their health.

### **Methodology**

The FHH programme offered 1000 free heart health checks to farmers and mart workers at marts in Counties Longford, Cavan, Cork and Mayo from October 2013 until May 2014. The heart health checks included several tests to assess risk of cardiovascular disease such as cholesterol, blood glucose, blood pressure and body mass index (BMI), as well as providing individual comprehensive lifestyle advice. Farmers considered to be at health risk were advised to visit their GP.

The principal investigator attended the heart health checks to gain written informed consent from farmers. Consent included permission to analyse the heart health check results and agreement to participate in the two follow up questionnaires by phone at Week 1 and Week 12 after the heart health checks. These follow ups provided insights into farmers' socio-demographic backgrounds, their use of GP and local health services, their use of prescribed medication, their overall experience with the heart health check, their use of the health booklets and any changes to lifestyle that were undertaken. Farmers could opt out simply by declining consent. All data were

entered onto the Statistical Package for the Social Sciences (SPSS) version 22. A total of 310 heart health check results were analysed.

### Main findings

- The majority (**82.1%**) of farmers reported being aware of a **family history of heart disease and/or stroke or diabetes**.
- Almost half of farmers (**46.0%**) had **high blood pressure** ( $\geq 140/90$  mmHg).
- Almost half of farmers (**46.1%**) had **raised total cholesterol levels** ( $\geq 5.0$  mmol/L).
- The vast majority of participating farmers were found to be overweight or obese. Based on BMI measurements, **86.4%** of farmers were classified as **overweight** (BMI kg/m<sup>2</sup> 25.0-29.9) and of them **35.6%** were classified as **obese** (BMI kg/m<sup>2</sup> 30.0+). Similarly, for waist circumference, **79.5%** were classified as '**at risk**' (**37+ inches**) and of them **37.8%** were classified as '**at high risk**' (**40+ inches**).
- In relation to self-reported health measures
  - o One third of participating farmers (**35.5%**) reported **not physically active for 5 days** or more a week.
  - o The majority of farmers (**64.2%**) reported **experiencing stress** 'sometimes' and, of them 16.2% reported feeling stressed 'most of the time'.
  - o A minority of farmers (17.8%) reported smoking.
  - o Almost half of farmers (46.4%) reported that they drank alcohol on a regular basis and **25%** of 'drinkers' reported **drinking >17** standard drinks a week.
- Majority of farmers (77.7%) were found to have three or more CVD risk factors based on objective measured health outcomes from the heart health checks.
- In relation to non-measured self-reported health (79.7%) of farmers had one or more risk factors for CVD.
- Combined measured and non-measured health outcomes, the majority (**80.7%**) of famers had **four or more CVD risk factors**.
- The majority of farmers (**79.2%**) were **advised to visit their GP** by the IHF nurse on the basis of the heart health check results. At Week 12, almost a third (**31.8%**) followed through and **visited their GP**.
- Overall, most respondents reported a **positive experience of the heart health check** and rated it as 'very good' or 'excellent' in relation to the approach of the IHF staff (86.2%), the convenience of the location (79.9%), the explanation of the results by the nurse (84.8%), and the feeling that they could talk openly to the nurse during the heart health check (87.5%).

- At Week 12, almost half of farmers (**48.3%**) reported that they had **made some changes to their lifestyle**. The main reported changes were in relation to increased levels of physical activity (92.7%) and /or diet (89.1%).
- Overall, farmers felt that heart health checks at marts were a good initiative for a number of reasons. Almost half of farmers (**41.9%**) said that they '**would not have had a health check otherwise**'.
- Most participants (**64.0%**) reported that, as a result of the heart health check at the mart, **they would go to their GP or other health services more regularly in the future**.

### **Main recommendations**

- There should be an increased focus on the workplace (such as the mart or a farming event) as an ideal and effective setting in which to engage farmers in health promotion and preventive health interventions.
- There should be a nationwide expansion of health promotion interventions, such as the FHH programme, that targets farmers as a specific population group.
- Effective health consultations with farmers revolve around building rapport, talking their language and showing understanding of their profession; all of which pave the way for more open dialogue.
- Targeted health promotion activities, such as the FHH programme, contribute to farmers being more proactive about their health: specifically in terms of follow-up use of GP services and making certain lifestyle behaviour change. It is important to increase the focus of intervention measures that target the reduction of high risk drinking and smoking cessation among farmers. Furthermore, more research is needed to identify the factors that contribute to high stress levels among farmers and on effective interventions and practical tips to support farmers to deal with stress.

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