

# FARMERS HAVE HEARTS AT THE NATIONAL PLOUGHING CHAMPIONSHIPS

## 2007 AND 2008 EVALUATION



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Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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**FARMERS HAVE HEARTS PROJECT**

**AT**

**NATIONAL PLOUGHING CHAMPIONSHIPS**

**2007 AND 2008**

**EVALUATION**

**By**

**Department of Public Health  
Health Promotion Services  
Community Nutrition and Dietetics  
Health Service Executive West**

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## EXECUTIVE SUMMARY

Cardiovascular disease is a significant health problem both in Ireland and worldwide. In developing preventative programmes emphasis is now being placed on a comprehensive multidisciplinary approach (Jennings, 2007).

The Farmers Have Hearts Project at the National Ploughing Championships (NPC) represents a creative approach to developing a project outside the traditional primary care setting. The NPC is held annually over three days and is the largest national agricultural event in Ireland. The project provides access to a multidisciplinary team of health professionals including health promotion, nurses, public health researchers, dieticians, and physical activity professionals. It aims to create an awareness of cardiovascular disease and the importance of healthy lifestyles in promoting heart health. It identifies participants with risk factors that contribute to cardiovascular ill-health and encourages them to engage in positive health behaviours. The 'Farmers Have Hearts Project' was available at the NPC in 2007 and 2008.

The aim of the report is to provide an evaluation of data collected during the NPC in 2007 and in 2008. The report will inform decision-making in terms of future participation at the event.

A database of all individuals who attended the project in 2007 and 2008 was set up to record key information. In addition, feedback from participants was obtained from a postal survey one month after attending, a postal survey six months after attending (2007) and a telephone survey after four months (2008).

The database of individuals who attended the project in 2007 and 2008 showed that:

- A total of 436 participants attended the 'Farmers Have Hearts Project' at the NPC in 2007 (n = 234) and 2008 (n = 202) with a similar proportion of males (51%) and females (51%) attending.

- 52% of participants were classified as having mild, moderate, or severe hypertension, with 48% having normal blood pressure.
- Total cholesterol levels were less than 5.0 for 47% of those attending, with 53% having levels above 5.0. Over a third (35%) of those attending had a cholesterol level of between 5.1 and 6.0.
- 77% of those attending the project at the NPC were classified as overweight or obese. A total of 22% were classified as having normal weight.
- The majority of participants (84%) were advised to see their family doctor between one and three months after attending the NPC.

The postal questionnaire one month after the 2007 and 2008 NPC established that:

- 94% rated their heart health as either good or very good.
- Compared to when they first attended the project, 41% stated that their heart health was slightly better and 10% stated it was much better.
- 43% reported that they were advised to visit their GP after attending the project. Of these, 50% reported being advised to attend their GP within a month or sooner.
- Of those advised to attend their GP, 51% reported that they did attend. Of those advised to attend their GP within one month or sooner, 80% attended.
- 88% of respondents found the heart risk assessment a lot of use.
- 85% of those that saw the dietician were advised to make changes to what they ate, with 80% being able to make some

of the changes and 17% being able to make all suggested changes to what they ate.

- 82% of those that saw the physical activity instructor were advised to take more exercise, with 85% being able to make some changes, and 9% making all changes to their exercise.
- Of those advised to reduce their alcohol consumption, 81% reported that they had reduced their alcohol consumption.
- Of those advised to quit smoking, 19% had given up cigarettes.
- The majority of respondents (76-90%) found the leaflets that were relevant to them a lot of use or of some use.
- 91% of respondents found the 'Farmers Have Hearts Project' very easy or easy to use.
- 98% found the visit to each of the health professionals well co-ordinated.
- 95% reported that their knowledge of the risk factors of heart disease had improved since attending the project.
- 72% of respondents rated the project at the NPC as excellent.

The postal questionnaire six months after the 2007 NPC established that:

- 92% rated their heart health as very good or good.
- 62% reported that their heart health was much better compared to when they first attended the project.
- Almost a quarter had made all the recommended changes to what they eat and 77% had made some changes.
- 15% have made all recommended changes to their exercise, and 77% made some changes.

- All respondents reported that their knowledge of the risk factors of heart disease had improved since attending the project.

Four months after the 2008 NPC all participants were contacted by telephone to complete a survey. This established that:

- 50% had seen their family doctor as advised.
- 57% had increased their levels of physical activity.
- 72% had made nutritional changes.
- Many of the participants reported weight loss and very positive feelings of health.

The 'Farmers Have Hearts Project' has had a positive impact on those attending, with the majority making behavioural and lifestyle changes as a result. It demonstrates the value of continuing the 'Farmers Have Hearts Project' at the NPC in 2009. The following recommendations have been identified to enhance and further develop the project in the future:

1. Nutritional intake should be recorded in more detail to facilitate future interventions specifically targeting the farming community.
2. The process by which participants are informed to visit their GP should be examined, to ensure that all are informed, and the importance of attending is reinforced.
3. Providing leaflets at the NPC should be continued. Duplication in the information provided between the different leaflets should be minimised.
4. The project should be examined to establish whether the length of time taken to attend the project can be reduced.
5. Staffing levels should be reviewed to ensure they are sufficient to meet the anticipated demand for the project.

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# 1. INTRODUCTION

## 1.1 Background

Cardiovascular disease remains a leading cause of mortality in men and women globally including coronary heart disease, stroke, and other circulatory diseases. These diseases account for 37% of all deaths in Ireland (Jennings, 2007). In Ireland and internationally cardiovascular disease poses a significant health risk for the general population. In Ireland, the incidence of cardiovascular disease and of circulatory diseases are all higher for men than women (Mc Evoy and Richardson 2004).

In developing cardiovascular disease prevention programmes, emphasis is now being placed on a multi-disciplinary approach. The National Heartwatch Clinical Report (2006) stated that there is a need for multi-disciplinary teams to provide individualised and tailored programmes to help tackle all the risk factors for heart disease. Jennings (2007), in an audit of progress made on the implementation of the Building Healthier Hearts Strategy 1999-2005, recommended the need for establishing multi-disciplinary teams made up of nurses, dieticians and health promotion professionals to help tackle cardiovascular disease. These teams it was argued could provide comprehensive behavioural and lifestyle programmes to help improve one's heart health status. Evidence based health promotion interventions have been credited with staggering increases in life expectancy and decreases in cardiovascular disease (O'Donovan. 2008).

In recognition of these issues, the 'Farmers Have Hearts Project' was established at the NPC in 2007 and again in 2008. Initially the 'Farmers Have Hearts Project' was established to focus on heart screening for farmers in Co. Roscommon. Due to the success of the project the team decided to participate at the NPC in 2007 and 2008.

The 'Farmers Have Hearts Project' is a multi-disciplinary team comprising health promotion professionals, dieticians, a public health researcher, physical activity professionals, and nurses. They provide a free heart health promotion programme which includes cardiovascular health-screening.

A crucial element of the project is to create an awareness of heart disease (CVD) by focusing on the importance of maintaining a pro-active healthy lifestyle, and the promotion of heart health. The project seeks to identify participants with risk factors that contribute to heart ill-health and to encourage them to engage in positive health behaviours. These high risk factors include people who smoke, have high alcohol intake, have high cholesterol, have high blood pressure and raised blood glucose (sugar), have poor dietary habits, those who are overweight or obese, and those that are physically inactive.

## **1.2 Aims and Objectives**

The aim of the report is to provide an evaluation of data collected by the project team during the NPC 2007 and 2008 of the 'Farmers Have Hearts Project' to facilitate decision-making in terms of the future direction of the project. More specifically, the objectives of this evaluation are:

- 1 To provide an overview of the 'Farmers Have Hearts Project' at the NPC in 2007 and in 2008.
- 2 To assess the impact of the project in relation to participants making and maintaining positive healthy lifestyle changes.

## 2. THE FARMERS HAVE HEARTS PROJECT

### 2.1 Background

The 'Farmers Have Hearts Project' provides a creative approach to target the population outside the traditional primary care setting. The project team are focused on delivering a heart health screening service that is:

- **Equitable**, it is equitable for all participants to attend the project.
- **Client Centred**, providing client access to health services in a user-friendly manner.
- **Easy Access**, it would provide easy access, minimal waiting with no form filling for the client.
- **Empowering**, introducing the human face of the health services to all who would be listened to, and supported to take control of their health by making simple attainable changes in their lifestyle at home.
- **Positive**, focusing on a 'salutogenic' approach to all on what keeps them healthy.
- **Informative**, there would be simple, clear explanations of results and changeable lifestyle factors identified to improve their health.
- **Sustainable**, a recall visit is provided in relation to lifestyle changes, blood pressure, cholesterol screening, nutritional assessments and physical activity consultation — men would feel valued and thus more motivated to stay on track.
- **Portable**, that the service would be portable and flexible i.e. brought to the place where people are participating at an event.
- **Beneficial**, that there are a host of tangible physical and mental benefits to be derived for participants in the short term, and hopefully the long term.
- **Easy to replicate**, that the project can be replicated to other client groups.
- **Simple**, it would allow clients to see in a very simple way, and experience good effective multi-disciplinary working.

- **Free**, there is no cost involved for the client.

## **2.2 The Process of the 'Farmers Have Hearts Project'**

The NPC is a national agricultural event held every September over three days. It attracts participants from all over Ireland with as many as 80,000 persons attending each day. A key element of the project is that a dedicated team provide a high quality heart screening service for all participants.

An overview of the process for the participants who attended the NPC in 2007 from their first visit to their recall visit at 6 months is outlined in Appendix 1.

In relation to the collection of data for the year 2008 changes were made to the project. It was decided not to ask participants to present for a recall visit due to the geographical spread of the participants. Instead, each participant was invited to participate in a telephone questionnaire. This allowed the team to collate data in relation to how the participant was progressing with the lifestyle changes they agreed to work on since their first visit. An overview of the process is outlined for the participants who attended the NPC in 2008 from their first visit, to their telephone questionnaire at four months is outlined in Appendix 2.

The model of Motivational Interviewing is used by all health professionals (Prochaska and DiClemente, 1993).

## **3. METHODOLOGY**

### **3.1 Introduction**

The study methodology comprised the following components:

1. Review of the data collected at the NPC.
2. Survey of participants one month after NPC.
3. Survey of participants at six months for 2007 participants.
4. Survey of participants by telephone at four months for 2008 participants.

### **3.2 Review of the Data Collected at the NPC**

A database of all clients who attended the NPC was set up to record key information about the clients. All clients gave written consent prior to being included on the database. The following information was recorded:

- Age
- Gender
- Family history
- Lifestyle behaviours
- Medications (prescribed and 'over the counter')
- Blood pressure
- Cholesterol levels
- Blood glucose (sugar)
- Height, weight, and body mass index
- Waist circumference
- Physical activity

From the information recorded, all participants were categorised according to their cardiac risk profile by the European Guidelines on CVD Prevention 2007 (Fourth Joint Task Force of the European Society of Cardiology and other Societies on Cardiovascular Disease Prevention in Clinical Practice, 2007).

### **3.3 Survey of Participants one month after NPC**

One month after attending the project, participants were sent a confidential questionnaire to ascertain:

- Rating of heart health
- Impact of project on heart health
- Attendance at GP if advised
- Perceptions of key elements of the project
- Usefulness of leaflets received at the project
- Information received about local services at the project

A copy of the questionnaire is given in Appendix 3.

### **3.4 Survey of Participants at six months for 2007 Participants**

In 2007, all those who attended the NPC were invited to attend a six month follow up assessment at Roscommon mart. Those that attended were sent a confidential questionnaire (Appendix 4) to seek feedback in terms of their visit to the mart, and to obtain a further assessment of the impact of attending the project on behaviour.

### **3.5 Survey of Participants by Telephone at four months for 2008 Participants**

In 2008, participants were not offered a six month follow up assessment due to the geographical spread of the clients. Instead, all participants were contacted by telephone four months after the NPC, and asked to complete a telephone survey (Appendix 5) to obtain feedback in terms of the ongoing impact of attending the project. A maximum of three attempts was made to contact participants for the telephone survey.

## 4. REVIEW OF THE DATA COLLECTED AT THE NPC

### 4.1 Introduction

In this section, the results of the data base are presented. Key data was recorded for all those who attended the 'Farmers Have Hearts Project' during 2007 and 2008.

### 4.2 Profile

A total of 436 participants attended the 'Farmers Have Hearts Project' at the NPC in 2007 and 2008, with a similar proportion of males 50 %) and females 50 % attending (table 4.1).

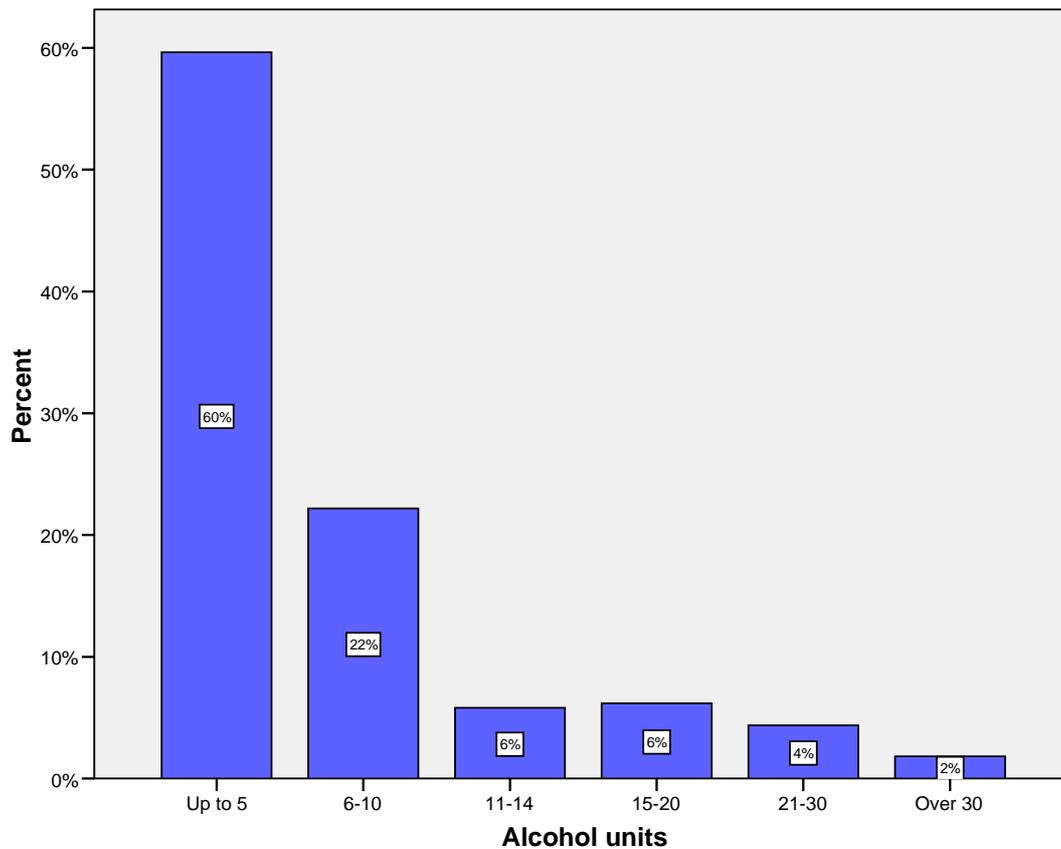
**Table 4.1: Attendance by Location and Gender**

Location	Male		Female		Total	
	No.	%	No.	%	No.	%
Tullamore 2007	117	50	117	50	234	54
Kilkenny 2008	101	50	101	50	202	46
Total	218	50	218	50	436	100

### 4.3 Lifestyle Behaviours

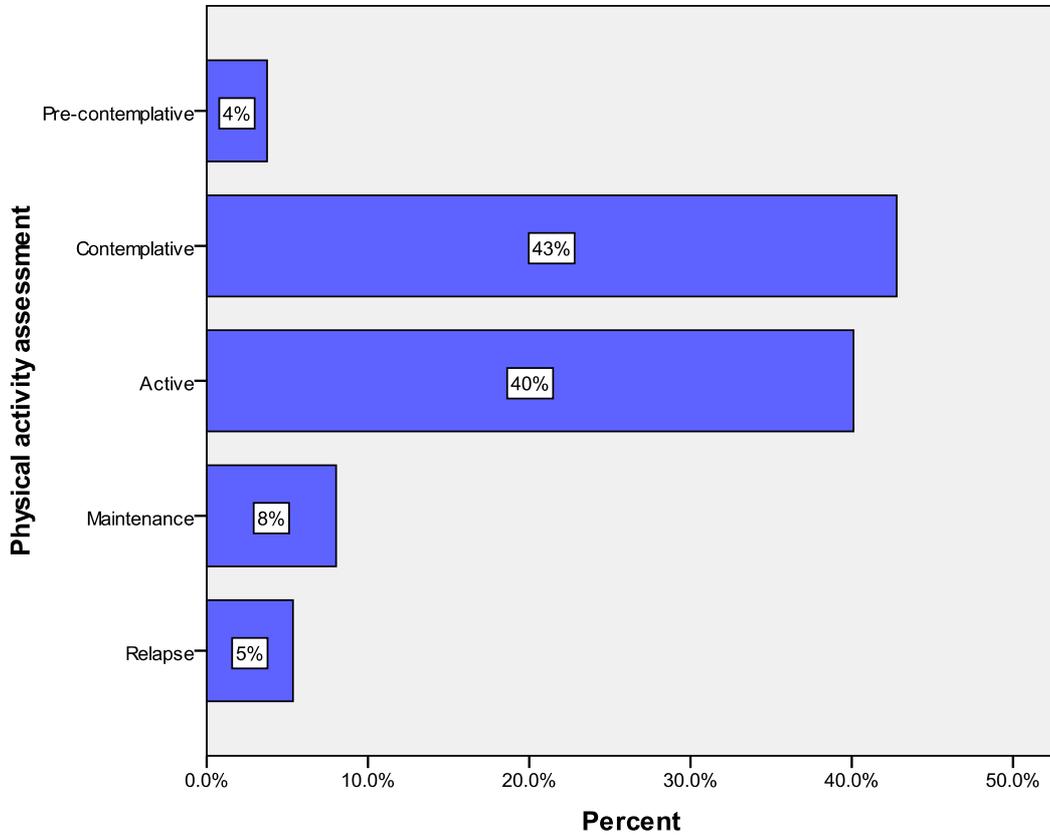
On attending the project at the NPC, 9% reported that they smoked and 64% consumed alcohol. For those who did consume alcohol, figure 4.1 shows that 94% drank less than 21 units per week with 6.76 units drunk per week on average (standard deviation = 8.16).

**Figure 4.1: Weekly Alcohol Consumption**

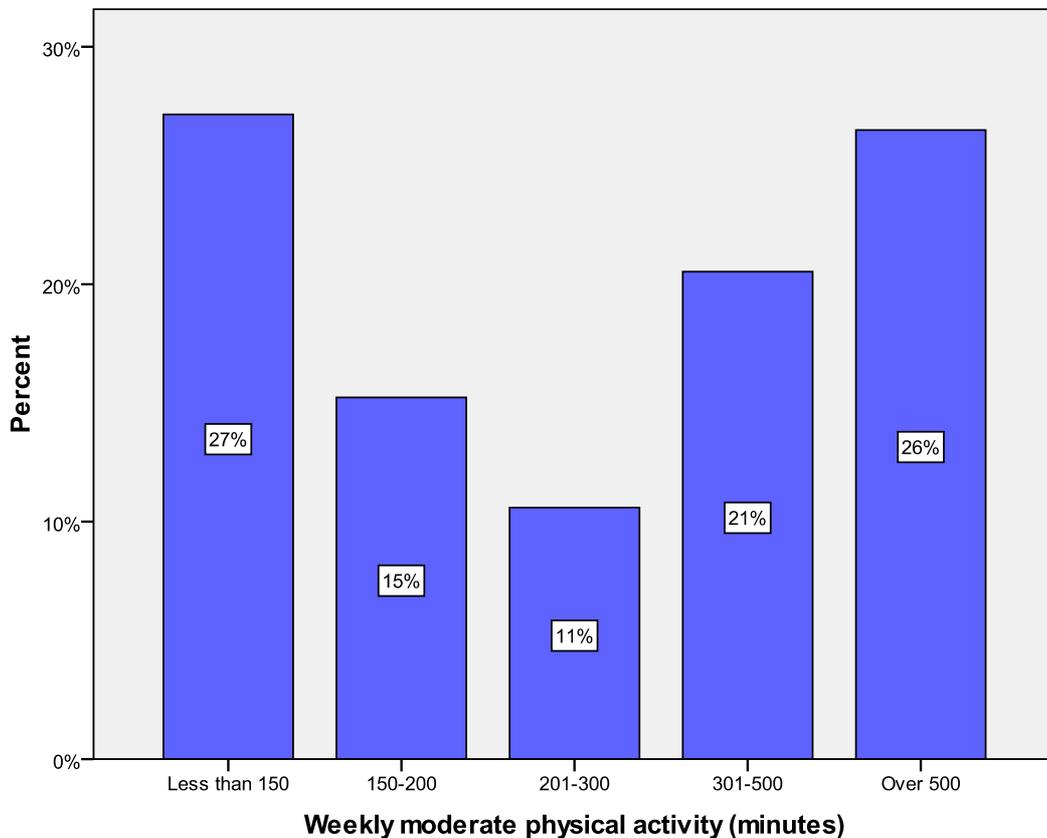


A total of 71% reported that they exercised. At the 2008 NPC, an assessment was made of the current level of physical activity using the stages of change model (Prochaska and DiClemente, 1993). In addition, those attending were asked to estimate their weekly level of moderate physical activity. Figure 4.2 shows that at the 2008 NPC, 47% were classified as pre-contemplative or contemplative, with 40% classified as active. It can be seen from figure 4.3 that three quarters (73%) of those attending the NPC in 2008 undertook over 150 minutes per week of moderate intensity aerobic physical activity. On average, those attending the NPC in 2008 undertook 7.91 hours of moderate physical activity per week.

**Figure 4.2: Assessment of Current Level of Physical Activity Using the Stages of Change Model (2008)**



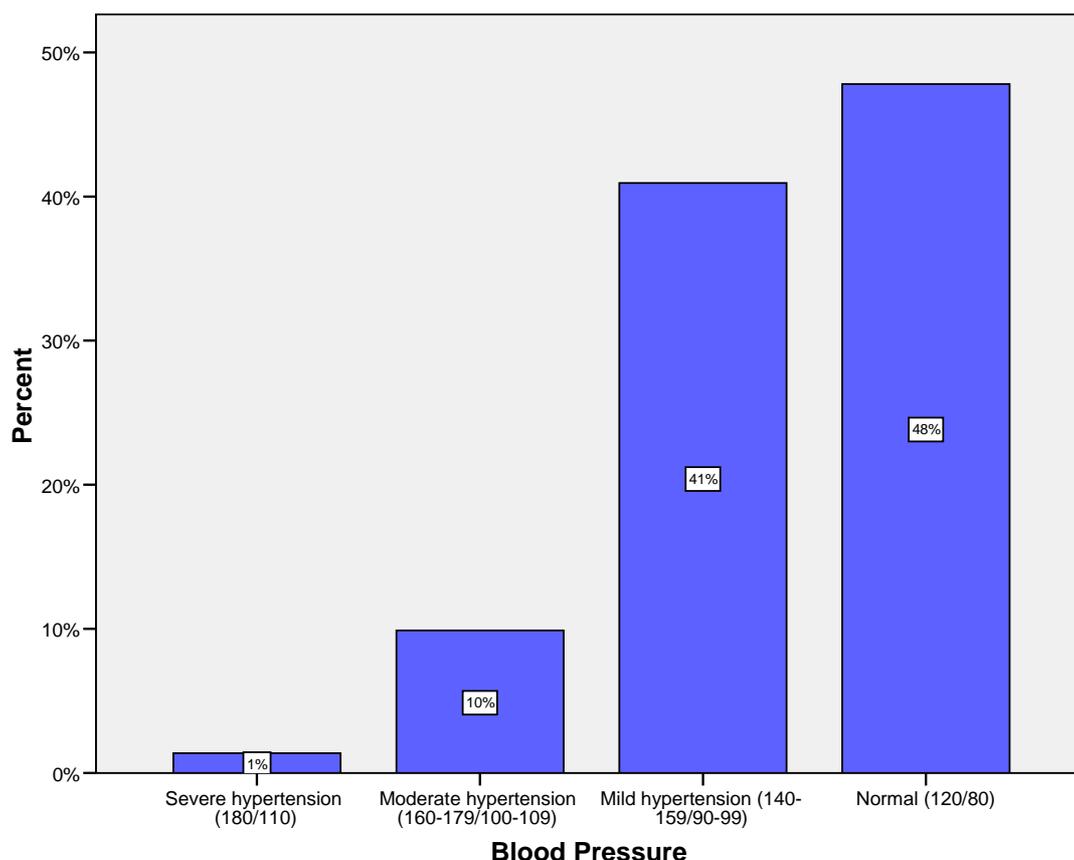
**Figure 4.3: Time Spent per week Undertaking Moderate Physical Activity (2008)**



#### **4.4 Blood Pressure**

Figure 4.4 shows blood pressure results for those attending the NPC and table 4.2 shows the blood pressure results by year. The results have been grouped into four categories, following the European Guidelines on CVD Prevention (Fourth Joint Task Force of the European Society of Cardiology and other Societies on Cardiovascular Disease Prevention in Clinical Practice, 2007). It can be seen that 52% were classified as having mild, moderate, or severe hypertension, with 48% having normal blood pressure. This pattern was similar for the NPC in 2007 and 2008.

**Figure 4.4: Blood Pressure at 2007 and 2008 NPC**

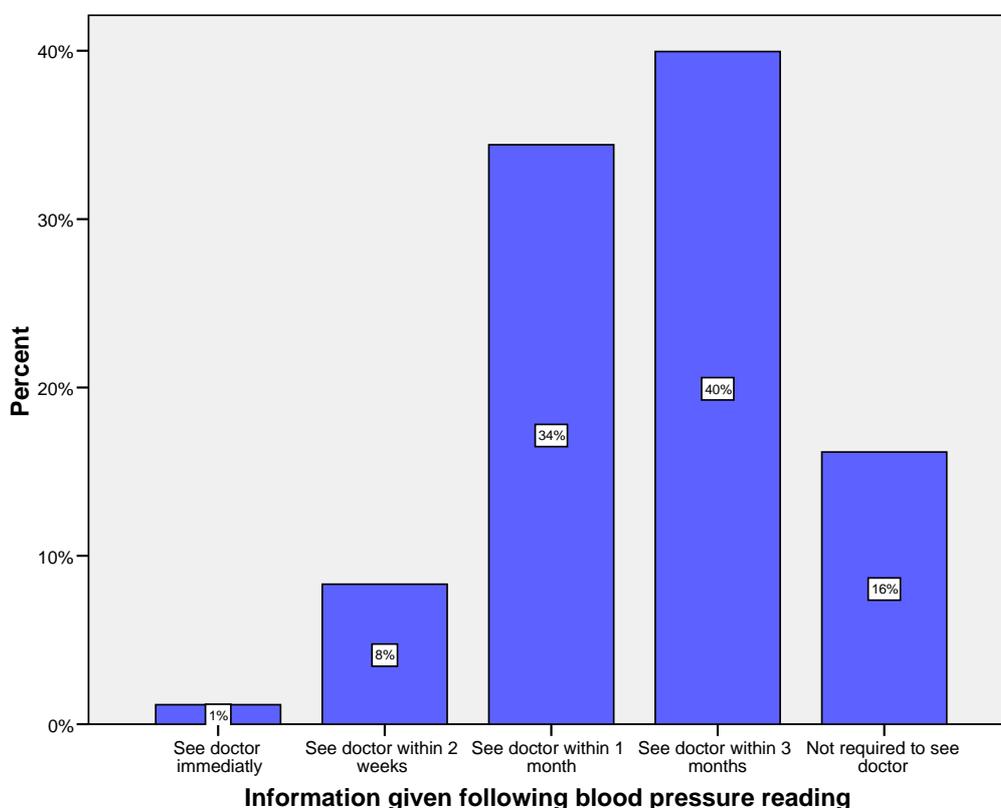


**Table 4.2 Blood Pressure at NPC by Location**

Blood pressure	Tullamore (2007)		Kilkenny (2008)	
	No.	%	No.	%
Grade 3 (180/110) severe hypertension	3	2	2	1
Grade 2 (160-179/100-109) moderate	22	11	14	9
Grade 1 (140-159 / 90-99) mild	79	39	70	44
Normal (120/80)	101	49	73	46

Figure 4.5 shows the information given to those attending the project following their blood pressure reading and table 4.2 shows the information given by year. The majority of respondents (84%) were advised to see their family doctor between one and three months after attending the NPC. A larger proportion of those attending in 2007 were advised to see their family doctor between one and three months after attending the NPC 88% in 2007 compared to 79% in 2008.

**Figure 4.5: Information Given Following Blood Pressure Reading at 2007 and 2008 NPC**



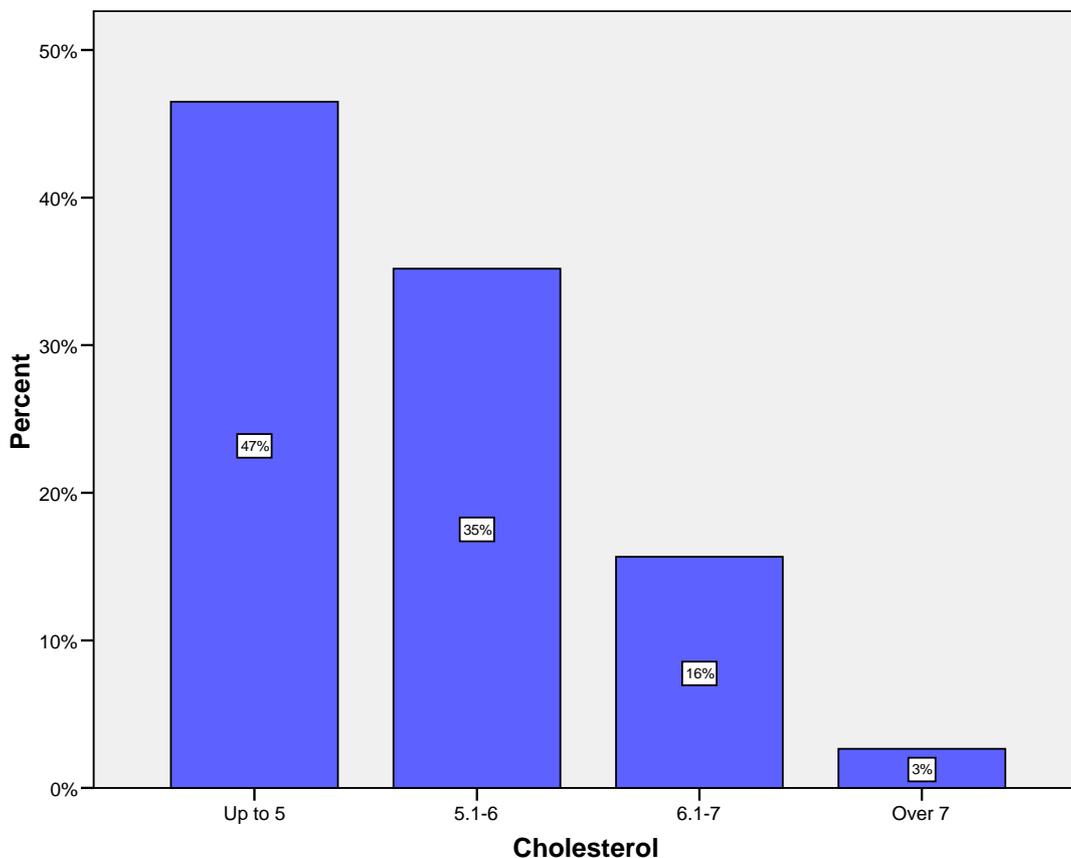
**Table 4.3 Information Given Following Blood Pressure Reading by Year**

Information given	Tullamore (2007)		Kilkenny (2008)	
	No.	%	No.	%
See doctor immediately	3	1	2	1
See doctor within 2 weeks	22	10	14	7
See doctor within one month	79	34	70	35
See doctor within 3 months	100	43	73	36
Not required to see doctor	28	12	42	21

#### 4.5 Cholesterol

Total Cholesterol levels were less than 5.0 for 47% of those attending, with 53% having levels above 5.0 (figure 4.6). Over a third (35%) of those attending had a cholesterol level of between 5.1 and 6.0.

**Figure 4.6: Cholesterol Levels at 2007 and 2008 NPC**



Cholesterol levels were similar for those attending the NPC in 2007 and 2008 (table 4.4 and table 4.5) with no significant differences in mean total cholesterol, HDL, LDL, or triglycerides (independent T test,  $p > 0.05$ ).

**Table 4.4 Cholesterol Levels by Year**

Cholesterol levels	Tullamore (2007)		Kilkenny (2008)	
	No.	%	No.	%
Up to 5	104	45	89	49
5.1-6	78	34	68	37
6.1-7	44	19	21	12
Over 7	6	3	5	3

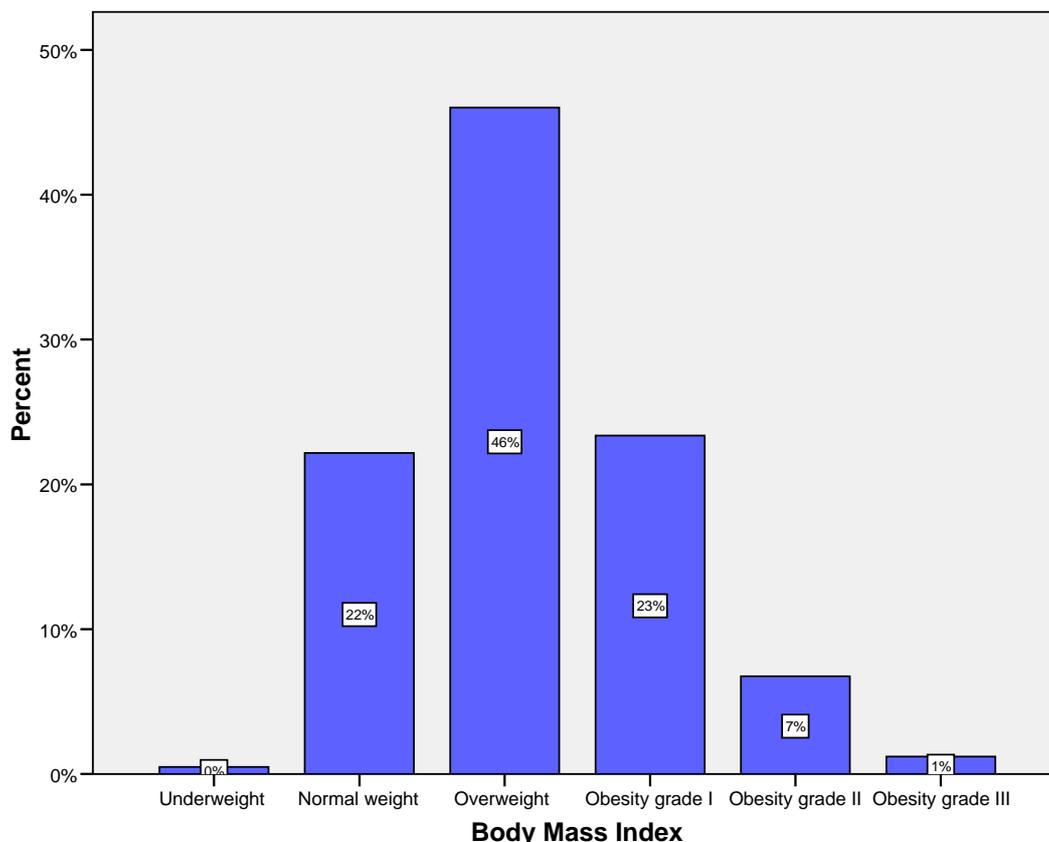
**Table 4.5: Components of Cholesterol by Year**

Components of cholesterol (mean)	Tullamore (2007)	Kilkenny (2008)	Total
	Mean	Mean	Mean
HDL	1.24	1.30	1.27
LDL	3.07	2.92	3.00
Triglycerides	1.84	1.93	1.88
Total Cholesterol	5.14	5.12	5.13

#### **4.6 Body Mass Index**

The data collected from those who attended the NPC was used to calculate their body mass index (WHO, 2000). From figure 4.7 it can be seen that 77% of those attending the project at the NPC were classified as overweight or obese. A total of 22% were classified as having normal weight. Similar body mass index levels were recorded for those attending the NPC in 2007 and 2008 (table 4.6), with no significant differences in mean body mass index (27.93 in 2007 compared to 28.36 in 2008, Independent T test,  $p = 0.331$ ).

**Figure 4.7: Body Mass Index at 2007 and 2008 NPC**



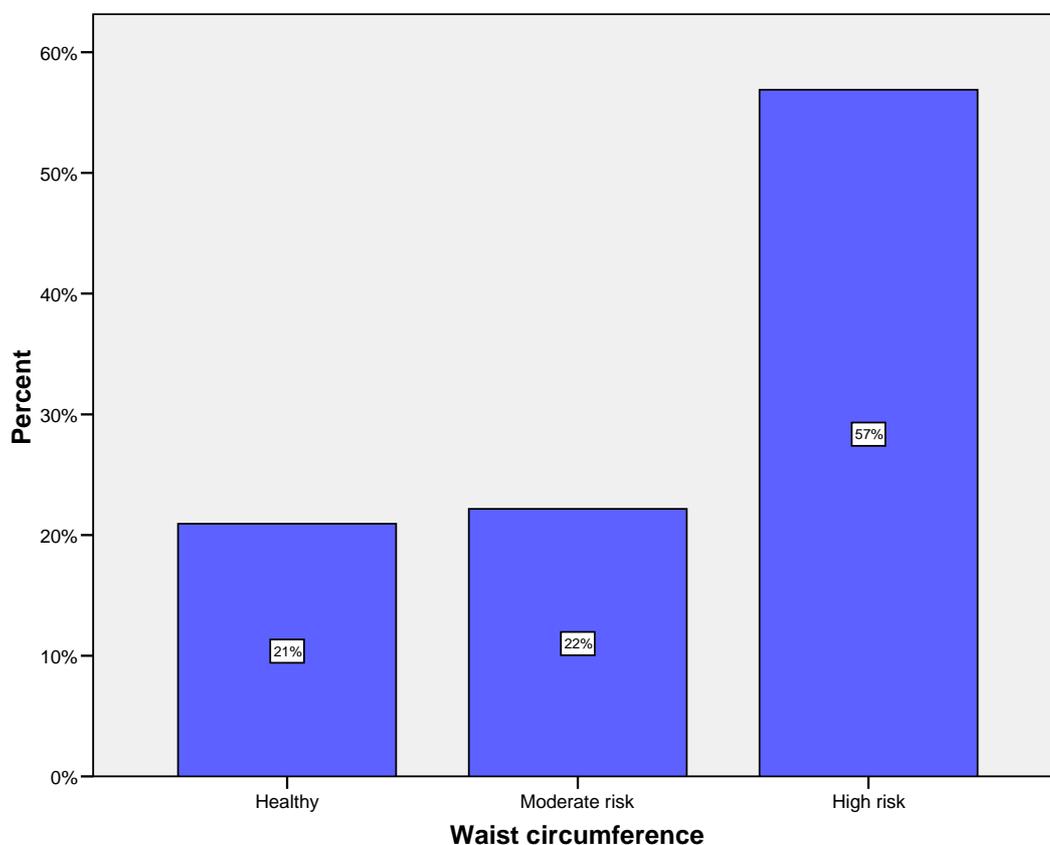
**Table 4.6: Body Mass Index by Year**

Body Mass Index	Tullamore (2007)		Kilkenny (2008)	
	No.	%	No.	%
Underweight	2	1	1	1
Normal weight	52	23	40	21
Overweight	105	47	86	46
Obesity grade I	49	22	48	25
Obesity grade II	15	7	13	7
Obesity grade III	3	1	2	1

#### 4.7 Waist Circumference

Figure 4.8 shows respondents' waist circumference. It can be seen that 57% of respondents are classified as high risk. Waist circumference levels were higher for those attending the NPC in 2008 (table 4.7). The mean waist circumference for 2008 was 99.7cm compared to 96cm for 2007. This difference was statistically significant (Independent T test,  $p = 0.009$ ).

**Figure 4.8: Waist Circumference at 2007 and 2008 NPC**



**Table 4.7: Waist Circumference by Year**

Waist circumference	Tullamore (2007)		Kilkenny (2008)	
	No.	%	No.	%
Healthy	60	27	25	14
Moderate risk	51	23	39	21
High risk	110	50	121	65

## 5. SURVEY OF PARTICIPANTS AT THE NPC

### 5.1 Introduction

One month after attending the project, participants were sent a confidential questionnaire. Responses were received from 131 participants who attended the 2007 NPC in Tullamore and from 109 participants at the 2008 NPC in Kilkenny. The overall response rate was 55%. The sample size is statistically representative at a 95% confidence level (with a confidence interval of 4.25).

### 5.2 Profile

The majority of respondents were male (53%). Table 5.1 shows that 80% were over 44 years of age, with the largest proportion in the 55-64 year age group (36%). The average age was 54.32 years.

**Table 5.1: Age by Gender**

Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
18-25	2	2	1	1	3	1
26-34	5	4	5	5	10	4
35-44	21	17	14	13	35	15
45-54	26	21	31	28	57	25
55-64	45	37	39	36	84	36
65-74	21	17	18	17	39	17
75+	3	2	1	1	4	2

From table 5.2 it can be seen that three quarters of respondents were married and 15% were single.

**Table 5.2: Marital Status**

Marital Status	No.	%
Married	176	75
Single	36	15
Co-habiting	6	3
Widow (er)	5	2
Separated	4	2
Divorced	7	3

### 5.3 Rating of Heart Health

Table 5.3 shows that 94% rated their heart health as either good or very good. Compared to when they first attended the project it can also be seen that half rated their heart health as about the same, with 41% stating it was slightly better and 10% stating it was much better. There were no significant differences by year in the current rating of heart health (Mann Whitney U test,  $p = 0.952$ ), or the rating of heart health compared to when they first attended the project (Mann Whitney U test,  $p = 0.402$ ).

**Table 5.3: Rating of Heart Health by Year**

Rating of Heart Health	Tullamore (2007)		Kilkenny (2008)		Total	
	No.	%	No.	%	No.	%
<b>Current rating</b>						
Very good	42	33	34	32	76	33
Good	77	60	65	61	142	61
Fair	9	7	7	7	16	7
Poor						
Very poor						
<b>Rating compared to when first attended project</b>						
Much better	12	9	11	10	23	10
Slightly better	56	44	39	36	95	41
About the same	59	47	57	53	116	50
Slightly worse						
Much worse						

### 5.4 Last Blood Tests

Respondents were asked when they had last received a cholesterol test, a blood pressure test, and a blood sugar test. A total of 13% reported that they had never received a cholesterol test, with 3% never having a blood pressure test, and 16% never having a blood sugar test. Table 5.4 shows that over two thirds (of those that could recall) stated that they had each of the tests less than a year ago.

The average length of time was 1-1.5 years since they had last been tested (cholesterol = 1.5 years, blood pressure = 1.2 years, blood sugar = 1.3 years).

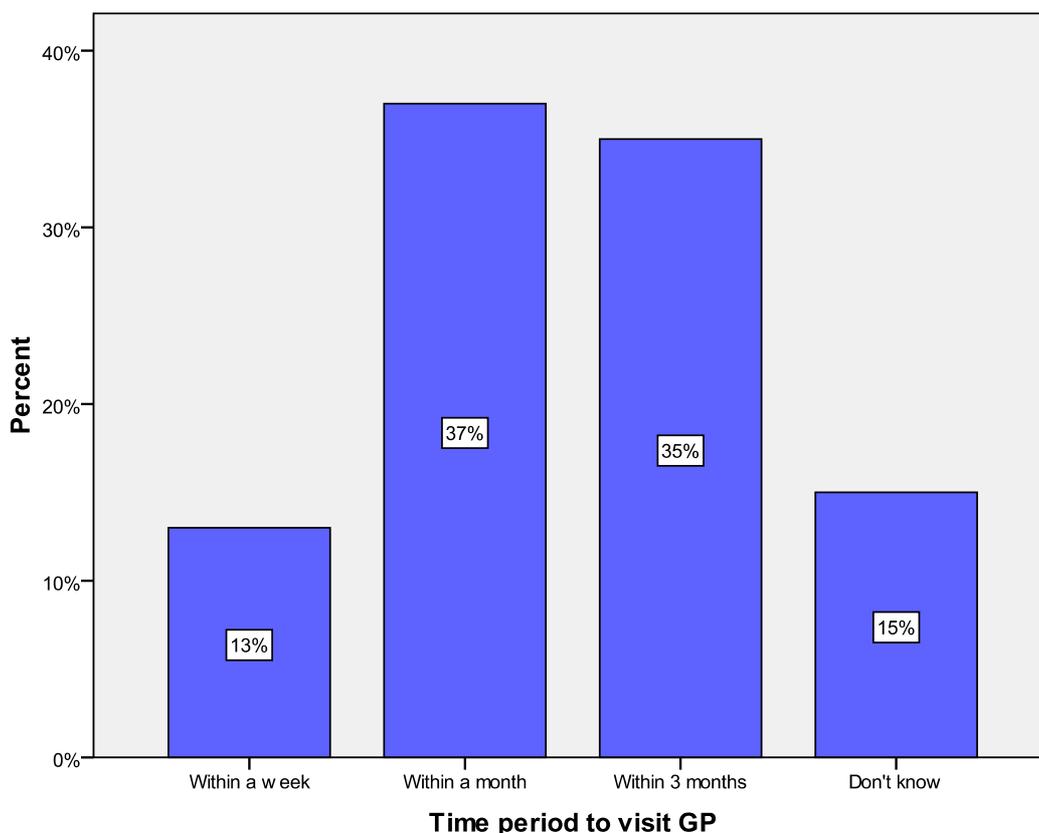
**Table 5.4: Number of years since last had blood tests**

Number of years	Cholesterol		Blood pressure		Blood sugar	
	No.	%	No.	%	No.	%
Less than 1	98	68	101	75	81	68
1-2	31	22	22	16	29	24
3-5	10	7	9	7	7	6
Over 5	5	4	3	2	2	2

### 5.5 Advised to Visit GP

A total of 43% reported that they were advised to visit their GP after attending the project. Figure 5.1 shows that half reported being advised to attend their GP within a month or sooner, with 35% advised to attend within three months. Of those advised to attend their GP over half (51%) reported that they did attend. Of those advised to attend their GP within one month or sooner, 80% attended.

**Figure 5.1: Time Period Advised to Attend GP**



## 5.6 Heart Risk Assessment

Based on blood test results, demographic, and lifestyle information, each participant was assessed in terms of their risk of getting heart disease in the next 10 years. Table 5.5 shows that 88% of respondents found the assessment a lot of use. Over half (52%) were informed that they may be at risk of heart disease. Significantly more respondents found the heart risk assessment a lot of use in 2008 compared to 2007 (95% compared to 82%, Mann Whitney U test,  $p = 0.005$ ).

**Table 5.5: Usefulness of Heart Risk Assessment**

Usefulness	Tullamore (2007)		Kilkenny (2008)		Total	
	No.	%	No.	%	No.	%
A lot of use	106	82	103	95	209	88
Some use	23	18	4	4	27	11
Neither						
Not much use			2	2	2	1
No use						

## 5.7 Availability of Local Services

It can be seen from table 5.6 that a similar proportion of respondents were informed about local Health Promotion (38%) and PACE exercise (36%) services, with less than a third (30%) informed about the availability of a local Community Dietician. A lower proportion of respondents were informed about the availability of local services in 2008 compared to 2007. These differences were statistically significant for Health Promotion Services (30% compared to 45%,  $\chi^2 = 4.701$ ,  $df = 1$ ,  $p = 0.030$ ) and the Community Dietician (20% compared to 38%,  $\chi^2 = 7.165$ ,  $df = 1$ ,  $p = 0.007$ ), but were not significant for the PACE exercise programme (30% compared to 41%,  $\chi^2 = 2.303$ ,  $df = 1$ ,  $p = 0.129$ ).

**Table 5.6 Informed of Availability of Local Services by Year**

Local Service	Tullamore (2007)		Kilkenny (2008)		Total	
	No.	%	No.	%	No.	%
Health Promotion	47	45	26	30	73	38
Community Dietician	36	38	16	20	52	30
PACE exercise programme	39	41	24	30	63	36

## 5.8 The Dietician at the NPC

A total of 95% of respondents stated that they saw the Dietician at the NPC. Of these, 85% were advised to make changes to what they ate. Table 5.7 shows that 80% were able to make some changes to what they ate and 17% reported that they had been able to make all the changes. There were no significant differences between 2007 and 2008 in respondents' ability to make changes (Mann Whitney U test,  $p = 0.345$ ).

**Table 5.7: Ability to make Changes to what eat**

Changes made	Tullamore (2007)		Kilkenny (2008)		Total	
	No.	%	No.	%	No.	%
None	5	5			5	3
Some	80	78	72	82	152	80
All	17	17	16	18	33	17

## 5.9 The Exercise Instructor at the NPC

A total of 89% of respondents stated that they saw the exercise instructor at the NPC. Of these, 82% were advised to take more exercise. It can be seen from table 5.8 that 85% were able to make some changes to their exercise and 9% reported that they had been able to make all the changes. There were no significant differences between 2007 and 2008 in respondents' ability to make changes (Mann Whitney U test,  $p = 0.639$ ).

**Table 5.8: Ability to make Changes to Exercise**

Changes made	Tullamore (2007)		Kilkenny (2008)		Total	
	No.	%	No.	%	No.	%
None	7	8	4	5	11	7
Some	78	84	65	86	143	85
All	8	9	7	9	15	9

## 5.10 Alcohol and Smoking

Of those than drank alcohol (57%), 12% were advised to reduce their alcohol consumption. Of these, 81% reported that they had reduced their alcohol consumption. Of those that smoked (16%), 40% were advised to quit smoking, of which 19% had been able to quit cigarettes. Of those that were not able to give up smoking, 60% had been able to reduce the amount of cigarettes smoked.

## 5.11 Usefulness of Leaflets

A number of specific leaflets were made available for those who attended the project at the NPC. Table 5.9 shows that over half the respondents found all but one (smoking leaflet) of the leaflets a lot of use or some use. A large proportion of respondents (43%) did not read or receive the smoking leaflet. Over three quarters (76%) of those that did read the smoking leaflet found it a lot of use or some use. There were no significant differences between 2007 and 2008 in respondents' perception of the usefulness of all the leaflets that were available (Mann Whitney U test,  $p = >0.05$ ).

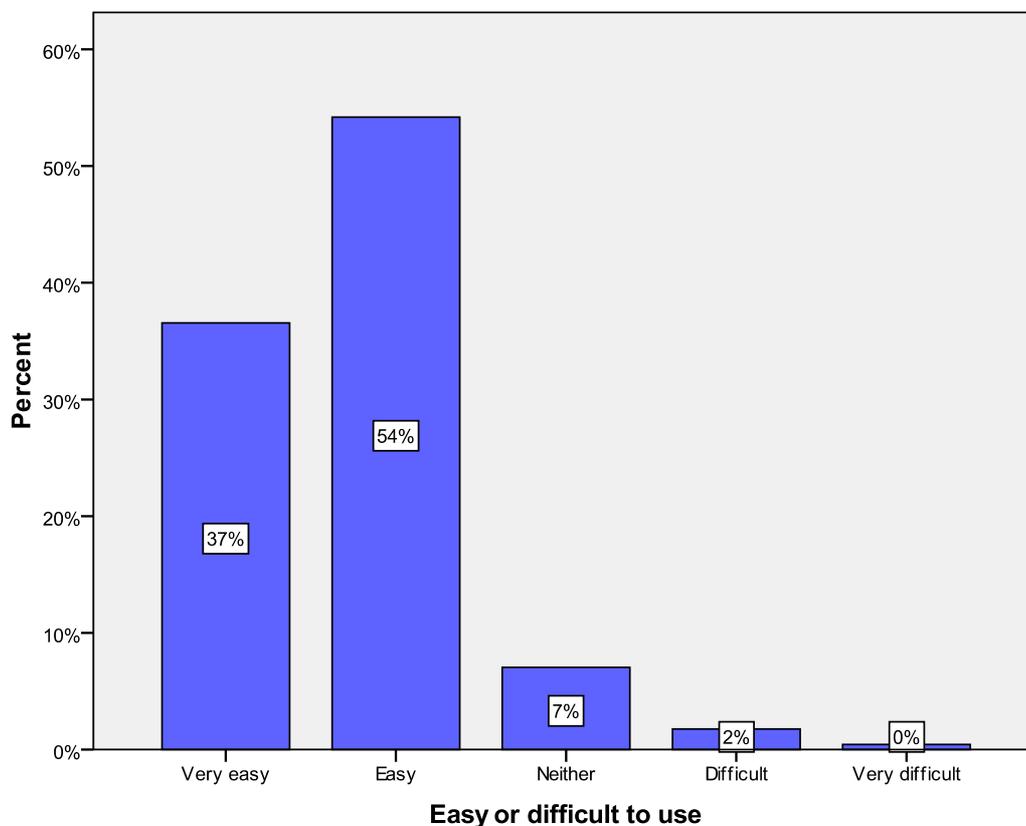
**Table 5.9: Usefulness of Leaflets**

Usefulness	Smoking leaflet		Nutrition leaflet		Mens health leaflet		Womens health leaflet		Exercise leaflet		Other leaflets	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A lot of use	30	31	131	55	87	60	75	57	122	61	11	55
Some use	12	12	61	25	28	19	30	23	54	27	7	35
Neither	7	7	1	0	1	1	3	2				
Not much use	2	2	1	0	1	1	1	1	2	1		
No use	4	4					2	2				
Didn't read	14	14	7	3	10	7	7	5	9	5	1	5
Didn't receive	28	29	5	2	19	13	13	10	13	7	1	5

**5.12 Perceptions of Farmers Have Hearts Project**

It can be seen from figure 5.2 that 91% of respondents found the 'Farmers Have Hearts Project' very easy or easy to use.

**Figure 5.2: Ease or Difficulty of using 'Farmers Have Hearts Project'**



A total of 98% found the visit to each of the health professionals well co-ordinated, and 95% reported that their knowledge of the

risk factors of heart disease had improved since attending the project. Overall, table 5.10 shows that almost three quarters (72%) of respondents rated the project at the NPC as excellent. There were no significant differences between 2007 and 2008 in the overall rating of the project (Mann Whitney U test,  $p = 0.980$ ).

**Table 5.10: Overall Opinion of the Farmers Have Hearts Project at the NPC**

Overall opinion	Tullamore (2007)		Kilkenny (2008)		Total	
	No.	%	No.	%	No.	%
Excellent	90	72	77	72	167	72
Good	33	26	29	27	62	27
Neither	2	2	1	1	3	1
Poor						
Very poor						

### 5.13 Further Comments/Suggestions

Respondents were given the opportunity to provide any comments regarding the 'Farmers Have Hearts Project' at the NPC. Comments were received from 57% of respondents (table 5.11). A wide variety of comments were received with the majority being positive. The most frequently stated comments were that it was an excellent or brilliant programme (24%), that the programme was a very good or great service (22%), thanks and gratitude for the service (17%), that it raised awareness of health status leading to changes in behaviour (15%), and that the process took too long and needed speeding up (13%). The following are examples of comments that were received:

*"Visited GP, was referred to Limerick Regional. Had an Angiogram and 3 stents fitted. My Pulmonary artery was 100% blocked. Lucky to be alive. Thank you. "*

*"2.45 hours is excessive time to spend on a days outing, need to look at speeding process up. Otherwise excellent, staff pleasant and very committed."*

*"I would recommend more of this around the country - well done to you all for your Trojan work at the NPC "*

*"Until now I had no idea of my Cholesterol level or my chances of developing heart disease, which I hope will make me more determined to take more physical exercise."*

*"The group at the NPC were very professional, friendly and excellent in all areas. I found it very encouraging and was delighted to be able to get checked out. Had been promising myself a health check for years. Thanks to everyone involved "*

*"It was a good idea to have this facility available to farmers who otherwise may not take the time to visit a doctor. It probably has helped the many who visited it "*

**Table 5.16: Further Comments/Suggestions**

<b>Further comments</b>	<b>No.</b>	<b>% *</b>
Took too long- need to speed the process up	17	13
Excellent/brilliant programme	32	24
Staff pleasant, committed, and very helpful	15	11
Need to have follow up	2	2
Great opportunity/worthwhile	11	8
More advice to people at risk	2	2
Raised awareness of health status and made changes as a result	20	15
Programme should be continued in the future	5	4
Need to make it bigger to get more people in	2	2
Maybe collect a donation	1	1
Computer assessment not based on enough information	1	1
Could add further test for prostate	1	1
Everything very good/great service	30	22
Demand seemed to exceed places	1	1
More staff	9	7
Plan to visit programme next year	6	4
Fast and efficient/well organised	2	2
Well done and thanks	23	17
Service should be set up throughout country	13	10
Use TV and DVD for people while waiting	1	1
Should have been aimed at people below 65 years	3	2
More promotion on local radio and afternoon show	1	1
More seats for people waiting	1	1
Screen section where weighed and measured to make private	2	2

\* Multiple response, therefore percentages may not add to 100%

## **6. 4 MONTH AND 6 MONTH RECALL**

### **6.1 Introduction**

Those that attended the NPC in 2007 were offered a six month recall assessment at Roscommon mart. Only 13 (6%) attended. One month after the assessment, feedback was obtained from all 13 respondents using a postal questionnaire. In 2008, all participants were contacted by telephone and asked to complete a telephone survey. A total of 136 participants (67%) completed the survey.

### **6.2 Six Month Recall (2007)**

Of the 13 respondents that returned the questionnaire, 69% were male, and 85% were married. The average age was 58 years. A total of 92% rated their heart health as very good or good with 62% reporting that their heart health was much better compared to when they first attended the project.

All respondents reported seeing the dietician at the mart. Almost a quarter had made all the recommended changes to what they eat and 77% had made some changes. All but one of the respondents (92%) had seen the exercise instructor at the mart, with 15% having made all recommended changes to their exercise, and 77% making some changes. All respondents reported that visiting each health professional was well co-ordinated and that their knowledge of the risk factors of heart disease had improved since attending the project. Additional comments were received from ten respondents which were all positive. For example:

*“Programme should be available country wide. Has potential to make us all more health aware. Keep up the good work. “*

*"Advice helped very much with improving health.  
Thanks for help and advice. "*

*"Programme was worthwhile, long may it continue.  
Should be more around other county marts and shows."*

### **6.3 Four Month Recall Telephone Survey (2008)**

Over half the respondents (51%) reported that they had visited their doctor since attending the project. In addition, 18% of those that smoked reported quitting since attending the project. About three quarters (72%) had made changes to what they eat. These included increases in fruit, vegetables, oily fish; and decreases in red meat, sugar, biscuits cakes, sugar, and sweets. Many of the participants reported weight loss and very positive feelings of health since they had made the changes at home. In relation to physical activity, 57% reported having increased their physical activity level.

## **7. DISCUSSION**

### **7.1 Introduction**

The 'Farmers Have Hearts Project' at the NPC aims to promote heart health for all those that attend. It included a number of health assessments from a multidisciplinary team of health professionals. In 2007 and 2008 a total of 434 people attended the project. The evaluation provides an overview of the project; reviews data collected at the NPC, plus provides feedback from participants. The key issues arising from the evaluation will now be discussed.

### **7.2 Heart Health**

High blood pressure and cholesterol are major risk factors for cardiovascular disease. However, they can be improved through preventative measures (Torpy et al, 2003). The review established that 52% of those attending the project had high blood pressure and 53% had high cholesterol. This finding is similar to the Irish population overall (over 45 years old) (Morgan et al, 2008). Some attending the project had never had cholesterol (13%) or blood pressure (3%) tested before. By attending the project, participants were informed whether their blood pressure and cholesterol was raised and made aware of how this could be addressed. This does appear to have had an impact on participants. The survey of participants one month after the NPC found that the vast majority (91%) rate their heart health as good or very good, with 57% stating that it had improved since attending the project. This pattern also appears to have been sustained at the recall phase of the study.

### **7.3 Obesity**

Obesity is a major worldwide Public Health problem. In Ireland, 39% of adults are overweight, and 18% are obese, with obesity in adults increasing by at least 1% every year (Department of Health

and Children, 2005). The review has shown that these obesity levels are significantly greater among those who attended the 'Farmers Have Hearts Project'. On visiting the project at the NPC, 46% were classified as overweight and 31% as obese. In addition, 57% were classified as at high risk of cardiovascular disease due to their waist circumference. The majority of those attending the project clearly needed to significantly reduce their weight. Attending the 'Farmers Have Hearts Project' was particularly beneficial for such individuals, as they could discuss their weight with a dietician. Indeed the survey of participants one month after the NPC suggests that attending the project at the NPC has led to changes in terms of what people eat. One month after attending the NPC, 97% reported that they had made nutritional changes. In addition, the recall telephone survey in 2008 found that 72% reported making nutritional changes with many also reporting that they had lost weight.

#### **7.4 Physical Activity**

Participating in physical activity significantly reduces the risk of cardiovascular disease (US Department of Health and Human Services, 2000). Regular participation in physical activity also provides many physical and mental health benefits (Pitts et al, 1996). According to the WHO (2002, 2006), current physical inactivity trends are due to the increased mechanisation of work and daily tasks, the increase in sedentary work and the use of labour-saving devices. This issue is particularly important when considering the health of farmers, as the farming industry has become highly mechanised. It is therefore promising that the physical activity assessment revealed that those that attended the project at the NPC overall were physically active, with almost three quarters reporting that they exercised. In 2008, a more detailed assessment of physical activity levels also confirms this overall pattern. Almost half were physically active in 2008, with 43% classified as contemplating physical activity when using the Stages of Change model (Prochaska and DiClemente, 1993). In terms of national guidelines (Department of Health and Children, 2009), almost three quarters reported that (in the week prior to the NPC), they spent more than the recommended 150 minutes a week undertaking moderate physical activity. One month after the NPC,

89% reported having made some or all of the recommended changes to their exercise, with changes also being reported by the majority of respondents at the recall phase of the study. These findings clearly demonstrate the benefits of seeing the exercise instructor at the NPC. They also suggest that the high proportion of participants that were overweight and obese may be due to other factors such as diet. This would require a more detailed analysis of dietary intake which was outside the scope of the current study. It is suggested that future projects consider recording nutritional intake in more detail, to facilitate future interventions specifically targeting the farming community.

### **7.5 Advising to Attend GP**

Due to the significant impact cardiovascular disease has on health, anyone that attended the project who was found to have raised blood pressure or cholesterol was supposed to be advised to attend their GP by a member of the project team. This would then provide the opportunity for a more detailed assessment from their GP, following which appropriate preventative measures could be initiated if necessary. After being assessed at the NPC, 84% were classified as needing to see their GP. This represents a significant proportion of those that attended the project and highlights the need for participants to make steps to improve their heart health. What is disappointing however is that one month after attending the NPC; only 43% stated that they had been advised to visit their GP whilst attending the project. This suggests that participants have either forgotten that they were informed to attend, or alternatively that staff did not inform them that they needed to see their GP. There is a need to examine the process by which participants are informed to visit their GP, to help ensure that all are informed, and the importance of attending is reinforced. The need to reinforce this message is also demonstrated by the fact that 49% of those who recalled being advised to visit their GP did not attend. It is suggested that if a participant is classified as needing to see their GP, that every health professional that they see at the project reiterate this message, and that a documentation labelling system is developed to facilitate this process.

## **7.6 Providing Information**

To encourage healthy lifestyles and to promote heart health, the project at the NPC provided participants with several leaflets covering a wide range of health topics. They were also informed about the availability of local services where appropriate. The majority of respondents did receive the information leaflets and found them useful. Whilst attending the NPC, participants in all probability would have received numerous information leaflets from the wide range of trade stands that are there. It is therefore promising that the leaflets provided by the project team appear to have been kept safe, read, and found to be beneficial to the majority of respondents. Providing leaflets at the NPC should be continued. It would be important that every effort is made to avoid duplication in information provided between the different leaflets. Only a minority however were informed of the availability of the local Health Promotion (38%), Community Dietician (30%), and PACE Exercise Programme (36%). However, it must be noted that participants were only informed of these services if it was felt that they needed to access them. In this way, participants were not overloaded with information that they did not require. In addition, some of these services are not available in every region. For example, the PACE Exercise Programme is only provided in counties Galway and Mayo.

## **7.7 Perceptions of the Project**

Perceptions of the 'Farmers Have Hearts Project' were very positive. One month after attending the project, the vast majority of respondents found the project easy to use, well co-ordinated, and that it had improved their knowledge of the risk factors of heart disease. Overall, almost three quarters rated the project as excellent. Many participants expressed gratitude for the service that they had received. Indeed one participant reported that it had saved his life. The positive perception of the project was sustained 4-6 months after attending. A number of participants highlighted that the project should be available country wide. In terms of suggestions to improve the service, a number of participants highlighted that the process was too long and very time consuming. The large numbers that attended the project combined with the comprehensive nature of the assessment (involving consultation

with a number of different health professionals) means that it may be difficult to reduce the overall time taken to attend the project. It must be noted that at the beginning of the project, participants are made aware of the length of time it takes to attend. However it still would be worthwhile to examine the project to establish whether there are any areas where time could be saved. It would also be appropriate to ensure that staff levels are sufficient to meet the anticipated demand for the project.

## **8. CONCLUSIONS AND RECOMMENDATIONS**

The 'Farmers Have Hearts Project' has been able to access people from outside the traditional primary care setting, e.g. attending their family doctor for a specific illness. The evaluation demonstrates that it had a positive impact on those attending the NPC over 3 days in year 2007 and 2008. The evaluation suggests that the 'Farmers Have Hearts Project' at the NPC should be continued. The following recommendations have been identified to enhance and further develop the project in the future:

1. Nutritional intake should be recorded in more detail to facilitate future interventions specifically targeting the farming community.
2. The process by which participants are informed to visit their GP should be examined, to ensure that all are informed, and the importance of attending is reinforced.
3. Providing leaflets at the NPC should be continued. Duplication in the information provided between the different leaflets should be minimised.
4. The project should be examined to establish whether the length of time taken to attend the project can be reduced.
5. Staffing levels should be reviewed to ensure they are sufficient to meet the anticipated demand for the project.

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## APPENDIX 1

## **FARMERS HAVE HEARTS PROJECT**

### **Welcome to the Farmers Have Hearts Project**

The project is to improve your heart health by simple changes that you can make at home.

There are 4 staff for you to see.

### **Step 1 HEALTH PROMOTION.**

Here you will have your name and address taken. Some lifestyle questions concerning smoking, alcohol intake, cooking, family history of heart disease and diabetes will be asked. You will be asked to sign a consent form for research purposes about the project.

### **Step 2 NURSE**

The nurse will do a finger prick blood test which will give you your cholesterol and blood sugar results. Your blood pressure will be taken. All the results will be discussed with you. Your triglycerides which is part of your blood test may be elevated as you may not be fasting.

### **Step 3 NUTRITION**

The nutritionist will discuss your blood results and will measure your height, waist circumference and take your weight. You can then decide on what food / dietary changes you can make at home to improve your heart health.

### **Step 4 CARDIAC RISK ASSESSMENT**

Blood test results and background demographics are entered into a computer spreadsheet developed by the Department of Public Health and Epidemiology, University of Birmingham. This calculates your risk of developing heart disease or a stroke over the next ten years.

### **Step 5 PHYSICAL ACTIVITY**

The physical activity professional will consider your blood results and your weight. You will be advised on simple ways for you to maintain or improve your level of physical activity.

First visit you will see 5 health professionals this is the visit today

At 1 month you will receive the First Questionnaire, please complete and return it to me.

At 3 months you will receive a support letter to encourage you to adhere to or begin to make these small changes that were discussed at your first visit.

At 6 months you will receive an invitation for a recall appointment—please confirm your attendance with me.

At 7 months you will receive the Final Questionnaire; please return same to me.

This project is to help you to improve your HEART HEALTH AND WELL BEING.

If you have any question please contact me:

**Kate Walshe Health Promotion HSE W PCCC Lanesboro Road Roscommon  
Tel 090-66-37549**

**This program is facilitated by H.S.E. West Health Promotion Service  
and Nutrition Services.**

## APPENDIX 2

## **FARMERS HAVE HEARTS PROJECT HSE**

### **Welcome to the Farmers Have Hearts Project**

The aim of the project is to improve your HEART HEALTH by simple changes that you can make at home. The project is free to all participants. You will be seen by 5 health professionals today. It is important that you are seen by all the health professionals.

### **Step 1 HEALTH PROMOTION.**

Here you will have your name and address taken. Some simple lifestyle questions concerning smoking, alcohol intake, physical activity, family history of heart disease and diabetes will be recorded.

### **Step 2 NURSE**

The Nurse will do a finger prick blood test which will give you your cholesterol and blood sugar results. Your blood pressure will be taken. All the results will be discussed with you.

You will receive written results.

### **Step 3 DIETICIAN**

The Dietician will discuss your blood results and will measure your height, waist circumference and take your weight. You will receive written results of these measurements. You will have a discussion on what food / dietary changes you can make at home to improve your heart health. Various visual aids will be used such as the food pyramid and food models and portion sizes of food.

### **STEP 4 CARDIAC RISK ASSESSMENT**

Blood test results and background demographics are entered into a computer spreadsheet developed by the Department of Public Health and Epidemiology, University of Birmingham. This calculates your risk of developing heart disease or a stroke over the next ten years.

### **Step 5 PHYSICAL ACTIVITY**

The Physical Activity Professional will consider your blood results and your weight. You will have a discussion on simple ways for you to maintain or improve your level of physical activity. The positive benefits of physical activity and cardiac health will be explored. You can decide on activities which you enjoy, that you can do at home to improve your health.

## **FOLLOW UP**

At 4 weeks you will receive the First Questionnaire, please complete and return it to me.

At 3 months you will receive a support letter to encourage you to adhere to or begin to make these small changes that were discussed at your first visit.

At 4 months you may receive a telephone call survey concerning the changes you are making at home.

If you have any question please contact me:

**Kate Walshe Health Promotion HSE W PCCC Lanesboro Road Roscommon  
Tel 090-66-37549. This program is facilitated by H.S.E. West Health  
Promotion Service and Nutrition Services.**

## APPENDIX 3

# NATIONAL PLOUGHING CHAMPIONSHIPS (NPC) 2008

1<sup>st</sup> Visit:

## 1<sup>st</sup> Questionnaire:

**CONFIDENTIAL**

Questionnaire No

## HEALTHY HEARTS PROJECT AT NPC 2008

DEPARTMENT OF PUBLIC HEALTH, HEALTH SERVICES EXECUTIVE, WEST

Q1 How would you rate your heart health at present?

Very good	1
Good	2
Fair	3
Poor	4
Very poor	5

Q2 Prior to attending the Healthy Hearts programme at the National Ploughing Champ. NPC when did you last have a test for:

	Years	Months	Never
Cholesterol			
Blood pressure			
Blood sugar			

Q3 During your checkup at the NPC were you advised to visit your GP?

Yes	1	
No	2	<b>GO TO Q7</b>

Q4 How soon were you advised to visit your GP?

Within a week	1
Within a month	2
Within three months	3
Don't know	4

Q5 Did you receive a follow up telephone call to remind you to visit your GP?

Yes	1
No	2

Q6 Did you attend your GP?

Yes	1
No	2

Q7 How useful did you find the heart risk assessment? (cholesterol, blood pressure, Blood sugar)

A lot of use	1
Some use	2
Neither	3
Not much use	4
No use	5

- Q8 Were you informed that you may be at risk of developing heart disease?
- |     |   |  |
|-----|---|--|
| Yes | 1 |  |
| No  | 2 |  |
- Q9 Were you informed about the availability of the following local services?
- |                       | Yes | No |
|-----------------------|-----|----|
| Health Promotion      | 1   | 2  |
| Community Dietician   | 1   | 2  |
| PACE Exercise program | 1   | 2  |
- Q10 Did you see the dietitian at the NPC?
- |     |   |                  |
|-----|---|------------------|
| Yes | 1 |                  |
| No  | 2 | <b>GO TO Q14</b> |
- Q11 Were you advised to make any changes to what you eat?
- |     |   |                  |
|-----|---|------------------|
| Yes | 1 |                  |
| No  | 2 | <b>GO TO Q14</b> |
- Q12 Have you been able to make any changes to what you eat?
- |      |   |  |
|------|---|--|
| None | 1 |  |
| Some | 2 |  |
| All  | 3 |  |
- Q13 Were you referred to the Community Dietitian after attending the healthy hearts programme at the NPC?
- |     |   |  |
|-----|---|--|
| Yes | 1 |  |
| No  | 2 |  |
- Q14 Did you see the exercise instructor at the NPC?
- |     |   |                  |
|-----|---|------------------|
| Yes | 1 |                  |
| No  | 2 | <b>GO TO Q18</b> |
- Q15 Were you advised to take more exercise?
- |     |   |                  |
|-----|---|------------------|
| Yes | 1 |                  |
| No  | 2 | <b>GO TO Q18</b> |
- Q16 Have you been able to make any changes to your exercise?
- |      |   |  |
|------|---|--|
| None | 1 |  |
| Some | 2 |  |
| All  | 3 |  |
- Q17 Did you receive a follow up telephone call from the exercise instructor?
- |     |   |  |
|-----|---|--|
| Yes | 1 |  |
| No  | 2 |  |

Q18	Were you advised to reduce your alcohol consumption?	Yes	1	<b>GO TO Q20</b>
		No	2	
		Don't drink	3	

Q19	Have you reduced your Alcohol consumption?	Yes	1
		No	2

Q20	Were you advised to quit Smoking?	Yes	1	<b>GOTO Q23</b>
		No	2	
		Don't smoke	3	

Q21	Have you been able to give up cigarettes?	Yes	1	<b>GO TO Q 23</b>
		No	2	

Q22	Have you been able to reduce the number of cigarettes you smoke?	Yes	1
		No	2

Q23	Was the visit to each of the health professionals at the NPC well co-ordinated?	Yes	1
		No	2

Q24	Has your knowledge of the risk factors of heart disease Improved since attending the healthy heart programme at the NPC?	Yes	1
		No	2

Q25 How useful did you find the following leaflets that were available at your check-up at the NPC?

<b>CODE IN GRID (CIRCLE NUMBER)</b>	Smoking leaflet	Nutrition Leaflet	Men's Health Leaflet	Women's Health Leaflets	Exercise Leaflet	Others Leaflets
A lot of use	1	1	1	1	1	
Some use	2	2	2	2	2	
Neither	3	3	3	3	3	
Not much use	4	4	4	4	4	
No use	5	5	5	5	5	
Didn't read	6	6	6	6	6	
Didn't receive	7	7	7	7	7	

Q26 How would you describe your heart health now compared with when you first attended the Healthy Heart programme at the NPC ?

Much better	1
Slightly better	2
About the same	3
Slightly worse	4
Much worse	5

Q27 Was the Healthy Hearts programme at the NPC easy or difficult to use?

Very easy	1
Easy	2
Neither	3
Difficult	4
Very difficult	5

Q28 What is your overall opinion of the Healthy Hearts programme at the NPC?

Excellent	1
Good	2
Neither	3
Poor	4
Very poor	5

Q29 What is your age? \_\_\_\_\_ years

Q30 Are you:

Male	1
Female	2

Q31 Marital status

Married	1
Single	2
Co-habiting	3
Widow (er)	4
Separated	5
Divorced	6

Q32 Was this your first time attending the Healthy hearts programme at the NPC

Yes	1
No	2

Q33 Further comments/suggestions

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**THANK YOU FOR YOUR ASSISTANCE**

**Please return to:**

**Kate Walshe, Health Promotion Services, Roscommon PCCC, Lanesboro Road, Roscommon.**

## APPENDIX 4

**1<sup>st</sup> Visit. Recall visit  
at NPC**

**Final Questionnaire**

**CONFIDENTIAL**

Questionnaire No 

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**HEALTHY HEARTS IN CO. ROSCOMMON MARTS**

DEPARTMENT OF PUBLIC HEALTH, HEALTH SERVICES EXECUTIVE, WEST

Q1	How would you rate your heart health at present?	Very good	1
		Good	2
		Fair	3
		Poor	4
		Very poor	5

Q 2	Did you see the Dietitian at the mart?	Yes	1	
		No	2	

Q 3	Have you been able to make any changes to what you eat since your first visit?	None	1
		Some	2
		All	3

Q 4	Did you see the Exercise Instructor at the mart?	Yes	1
		No	2

Q 5	Have you been able to make any changes to your exercise since your first visit?	None	1
		Some	2
		All	3

Q 6	Were you advised to reduce your alcohol consumption?	Yes	1	
		No	2	
		Don't drink	3	

Q 7	Were you advised to quit Smoking?	Yes	1	
		No	2	
		Don't smoke	3	

Q 8	Have you been able to give up the cigarettes?	Yes	1	<b>Go to question 10</b>
		No	2	

Q 9	Have you been able to reduce	Yes	1
-----	------------------------------	-----	---

the number of cigarettes you smoke? 

No	2
----	---

Q10 Was the visit to each of the health professionals at the mart well co-ordinated? 

Yes	1
No	2

Q11 Has your knowledge of the risk factors of heart disease Improved since attending the healthy heart programme at the mart? 

Yes	1
No	2

Risk factors are: smoking / raised cholesterol / high blood pressure over weight / Low exercise level / obesity

Q12 How would you describe your heart health now compared with when you first attended the Healthy Heart programme at the mart 

Much better	1
Slightly better	2
About the same	3
Slightly worse	4
Much worse	5

Q13 What is your age? \_\_\_\_\_ years

Q14 Are you: 

Male	1
Female	2

Q15 Marital status 

Married	1
Single	2
Co-habiting	3
Widow (er)	4
Separated	5
Divorced	6

Q16 Further comments/suggestions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your assistance**

**Please return to:  
Kate Walshe, Health Promotion Services, Community Services, Lanesboro Rd.,  
Roscommon.**

## APPENDIX 5

**National Ploughing Championships 2008**

**Telephone Questionnaire January 2009**

**Farmers Have Hearts Project**

Q 1 Have you quit smoking?	YES
	NO

Q 2 Have you reduced your cigarette smoking ?	YES
	NO

Q 3 Have you reduced your alcohol intake ?	YES
	NO

Q 4 Did you attend your GP?	YES
	NO

Q 5 Did you make any food changes?	YES
	NO

Q 6 What changes did you make?	
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Q 7 Did you increase your physical activity?	YES
	NO

Q 8 What changes did you make?	
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