



Implementation Guidelines

THE YEA SALEYARDS FARMER HEALTH PROGRAM



Acknowledgements

Yea and District Memorial Hospital is proud to acknowledge the Taungurung and Wurundjeri Woo-wurrung Peoples on whose unceded lands the Yea Saleyards Farmer Health Program is delivered.

The development of these *Implementation Guidelines: **The Yea Saleyards Farmer Health Program*** was made possible through the contributions of many individuals and organisations. We also acknowledge the health professionals, program coordinators and administrative staff whose expertise shaped the practical recommendations within these guidelines.

Their commitment to improving farmer health and wellbeing has been invaluable.

We also extend our sincere appreciation to the farmers at the Yea saleyards, whose openness, trust and willingness to engage in health checks made this work not only possible but genuinely meaningful. Inviting us into their space—often in the midst of a busy and demanding sale day—demonstrates their commitment to looking after their own health and supporting a healthier farming community. Their participation grounds this initiative in real-world needs and reminds us of the importance of meeting farmers where they are, with respect and care.

In particular, we acknowledge:

The Australian Government Department of Health, Disability and Ageing Rural Health Multidisciplinary Training program

The Regional Drought Resilience Planning program and funding from the Australian Government's Future Drought Fund and the Victorian Government

The University of Melbourne, University Department of Rural Health

The Violet Vines Marshman Centre for Rural Health Research, La Trobe University

Contents

- 3. About this document**
- 4. Purpose of the document**
- 5. Executive Summary**
- 6. Project Background**
- 8. Guidelines:**
 - 8. Governance and Accountability**
 - 10. Budget**
 - 13. Stakeholders and Partnerships**
 - 15. Planning and Scheduling**
 - 18. Staffing and Roles**
 - 22. Logistics and Equipment**
 - 25. Participant Flow and Data**
 - 30. Risk management**
 - 33. Communications and promotion**
 - 35. Monitoring and Evaluation**
 - 36. Practice Insights and Lessons Learned**
- 39. Conclusion**

About this document

The contents of this document are grounded in the practical experiences, observations, and reflections of the team involved in the design and delivery of the Yea and District Memorial Hospital (YDMH) The Yea Saleyards Farmer Health Program (the Saleyards Program) over the past two years. While not all elements outlined in this guide were implemented from the outset, they represent components that, in hindsight, have been identified as essential for the effective governance, sustainability, and scalability of the Program.

The Saleyards Program itself began as a small, community-driven idea that rapidly grew in scope and impact—often outpacing the team’s available resources and initial planning frameworks. On reflection, we recognise that many of the processes and structures described here would have been invaluable if established earlier. This guide, therefore, reflects the lessons learned through practical experience and the knowledge we wish we had at the program’s inception.

By sharing both operational processes and retrospective insights, this guide aims to offer a practical and realistic foundation for others in the rural health and community sector.

The Yea Saleyards Farmer Health Program is structured in alignment with the five Clinical Governance Domains outlined by Safer Care Victoria – Consumer Participation, Clinical Effectiveness, Risk Management, Workforce, Clinical Practice Environment - ensuring the delivery of safe, effective, person-centred care within a robust quality and safety framework.

Purpose of the document

The purpose of this document is to provide clear, consistent, and practical operational guidelines for the implementation and delivery of programs seeking to replicate or adapt the Saleyards Program at local saleyards or other designated locations. It is designed to support rural health services, community organisations, and other stakeholders who may wish to replicate, adapt, or scale this program in their own regions.

By documenting the key components, operational processes, and lessons learned, this guide aims to:

- Enable effective and sustainable delivery of health checks in informal rural settings.
- Promote farmer engagement through trusted, accessible health interventions.
- Support program planning, funding proposals, and policy development by demonstrating a proven model.
- Ensure compliance with relevant health and safety standards and privacy legislation.
- Contribute to broader efforts to improve health outcomes in farming communities.

While primarily intended for healthcare providers and rural communities, this document may also be of value to funders, government bodies, and policymakers seeking evidence-based approaches to rural health outreach and early intervention.

By following these guidelines, all stakeholders can contribute to a well-coordinated and impactful health initiative that supports the wellbeing of the rural and farming community.

Executive Summary

The Saleyards Program aims to improve rural health outcomes by offering free health checks to farmers at the Yea Saleyards during monthly cattle sales. Hundreds of farmer health checks have been conducted so far, leading to early identification of health risks, clinical interventions and increased access to allied health services. The project effectively utilises the Yea Saleyards as a unique and accessible setting for health screening and health promotion activities, fostering stronger community connections and awareness around farmer well-being.

Key achievements so far include increased preventative health awareness and literacy, early detection of both acute and chronic conditions, clinical interventions and follow-up, referrals to local services, and overwhelmingly positive feedback from the farming community. Additionally, several new partnerships and initiatives have evolved as the program has developed.

This document reflects the journey of that growth — from early experimentation to a mature, community-valued program. In many ways, we learned by doing. The program's rapid expansion revealed both the opportunities and challenges of delivering health services in informal rural settings. Looking back, there are many aspects we wish we had understood from the outset — particularly around planning, partnerships, and governance — yet these lessons have become invaluable for shaping future practice.

Project Background

The Yea Saleyards Farmer Health Program was initiated to address the health and well-being of farmers who may have limited access to health services due to multiple barriers including geographic and time constraints. The Saleyards location was identified as an ideal location for these services, offering a familiar and convenient setting to engage with farmers.

Project Objectives

- Promote early detection and prevention of chronic health conditions in farmers.
- Improve farmers' health literacy and health-seeking behaviours.
- Improve accessibility of health services in rural areas.
- Foster stronger partnerships between health providers, agricultural communities, and other stakeholders.

Key Partnerships

The success of the project is attributed to collaboration with several key partners:

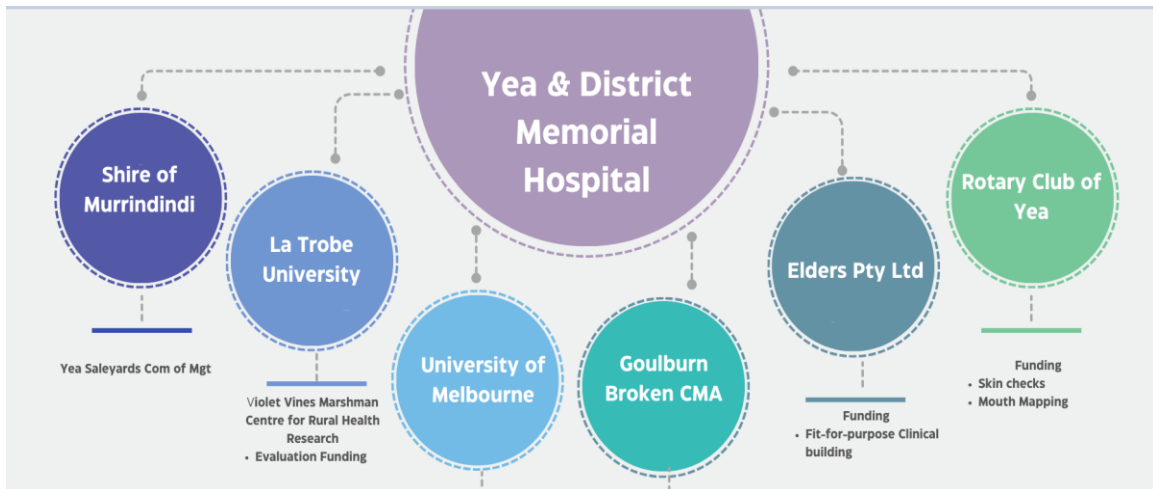
- Murrindindi Shire Council
- Yea Saleyards Committee
- Violet Vines Marshman Centre for Rural Health
- Goulburn Broken Catchment Management Authority
- The Rotary Club of Yea
- The University of Melbourne
- Elders Pty Ltd.

The Saleyards Program began through a modest but meaningful partnership with the Shire of Murrindindi, who provided a small amount of funding and vital local

support. From that foundation, the program’s visibility and reputation grew organically, demonstrating real community impact and credibility. As word spread, more partners joined the program: some through formal outreach (like the National Centre for Farmer Health) and others who approached us after seeing the value first-hand (such as the Rotary Club of Yea).

This experience highlights an important lesson for others:

- Strong partnerships often grow from genuine relationships, shared purpose, and demonstrated outcomes—not from scale or budget alone.
- Start with committed partners – maybe just one initially - deliver quality and authenticity and be ready to welcome new collaborators as impact becomes more visible.



Guidelines

1. Governance and Accountability

1.1 Program Ownership and Oversight

Governance processes evolved over time as the project developed. YDMH held overall responsibility for the design and delivery of the initiative, which ensured alignment with local health priorities and regulations.

In hindsight, formalising program governance from the outset would strengthen accountability and support long-term sustainability. For future programs, it is recommended that a clear lead agency be identified to take responsibility for oversight, reporting, and coordination.

1.2 Steering Committee

While the program benefited from strong informal collaboration among partners, establishing a formal multi-stakeholder Steering Committee from the beginning would provide clearer direction and community ownership.

Such a committee might include representatives from the lead health service, local council, agricultural partners, community health clinicians, saleyard management, and farmer representatives. Its role would be to guide strategic decisions, monitor progress, and ensure transparency and responsiveness to community needs.

1.3 Reporting Structure

During the initial phase of the Saleyards Program, reporting processes were largely informal and integrated within YDMH broader clinical governance systems. Progress and outcomes were shared periodically with internal stakeholders and community partners as the program evolved.

In hindsight, establishing a more formal and consistent reporting structure from the outset would enhance transparency, evaluation, and long-term planning. For future iterations of this program—or for other services implementing a similar model—it is recommended that clear reporting mechanisms be defined within the lead agency's governance framework.

Regular progress reports, key performance indicators, and de-identified outcome data could be shared with:

- The internal executive or board of the lead agency
- The Program Steering Committee
- Funding bodies, where applicable
- Community stakeholders through public updates, social media, or annual reports.

Such an approach would help demonstrate program impact, support ongoing funding applications, and reinforce accountability to the community.

1.4 Compliance

Any clinical incidents, privacy breaches, or significant concerns must be escalated in line with the lead agency's incident reporting protocols.

All personal and health information collected through the program must be handled in accordance with relevant privacy legislation (e.g., [Health Records Act 2001](#) and the [Privacy and Data Protection Act 2014](#),). Secure data collection, storage, and transfer processes must be in place to protect participant confidentiality.

No identifiable health information is shared outside the clinical team without express consent from the participant.

Informed consent must be obtained from all participants prior to any health assessment or data collection. Consent should be:

- Voluntary, informed, and documented
- Delivered verbally or in writing, depending on the nature of the check
- Supported by clear information about what the health check involves, how data will be used, and the participant's right to decline or withdraw.

Where applicable, referral pathways must be clearly explained, and follow-up support should be offered with the participant's consent.

2. Budget

The Saleyards Program was initially implemented without a formal, large-scale budget. Instead, it relied on a combination of modest seed funding, in-kind contributions, and strategic partnerships to deliver services in a cost-effective and sustainable manner. While formal financial planning was minimal in the early stages, experience demonstrates that resource optimisation, collaboration, and creative funding approaches are key to program longevity.

2.1 Initial Funding

The program began with a small allocation from the Shire of Murrindindi. These initial funds supported essential program elements, such as basic equipment, promotional materials, and administrative coordination. Although modest, this initial investment was instrumental in establishing credibility and demonstrating early impact to potential partners and supporters.

2.2 In-Kind Contributions

A substantial portion of the program's delivery has relied on in-kind contributions, particularly from Yea and District Memorial Hospital (YDMH). Clinical staff, including registered nurses, allied health professionals, and administrative personnel, have been redeployed from their routine duties to support health checks at the saleyards. This approach has allowed the Program to operate without the financial burden of additional staffing costs while providing a professional, high-quality service.

Other in-kind contributions have included:

- Pro-bono services from specialist clinicians and health promotion personnel (e.g., prostate awareness representatives).
- Use of hospital-owned equipment and mobile resources.
- Access to YDMH branding, communications, and administrative support.

These contributions not only reduce direct costs but also strengthen the sense of shared ownership and commitment among local stakeholders.

2.3 Partnerships and Grant Funding

As the program expanded, partnerships were developed to secure both financial and non-financial support. Key examples include:

- Elders Grant: Supported infrastructure enhancements, including provision of a fit-for-purpose saleyard building to facilitate safe and efficient service delivery.
- Rotary Club of Yea: Funded specific activities, such as skin and oral health checks, ensuring targeted outreach to high-need areas.
- Small Grants for Equipment: Additional grants were obtained for essential items such as marquees, promotional materials, and portable screening equipment.

These collaborations demonstrate the value of leveraging community relationships to sustain program operations while minimising financial overheads.

2.4 Cost-Saving Strategies

The program has actively sought cost efficiencies without compromising quality. Strategies include:

- Aligning health check days with existing community events and national awareness campaigns to maximise attendance and minimise promotional costs.
- Coordinating multiple health services and clinicians on a single day to reduce operational overheads.
- Engaging student placements under clinical supervision to assist with administration and health promotion activities.

2.5 Sustainability Considerations

While the program operates on a modest budget, sustainability relies on continued engagement with partners, strategic grant applications, and the optimisation of in-kind resources. Key learnings include:

- Demonstrating program impact is critical to securing ongoing support from both formal funders and local stakeholders.
- Flexibility in funding sources—combining small grants, in-kind support, and community contributions—provides resilience against financial uncertainty.

- Maintaining transparent reporting on resource utilisation helps reinforce credibility and encourages further investment from partners.

2.6 Planning Checklist for New Programs

- Identify a lead agency to oversee program governance, finance, and reporting.
- Map potential in-kind contributors, partners, and volunteer support.
- Estimate unavoidable costs and explore micro-grants or seed funding opportunities.
- Develop systems to track all financial and in-kind contributions.
- Schedule events to coincide with high-attendance saleyard dates and relevant health awareness campaigns.

3. Stakeholders and Partnerships

3.1 Key Partners

As outlined earlier, strong and collaborative partnerships are fundamental to the success and sustainability of the Saleyards Program. These partnerships ensure that it is responsive, well-integrated, and culturally appropriate for the community and that all opinions are considered. While every community will have its own local context and networks, it's worth considering which organisations could play a similar role in your region.

Key partners may include:

1. Hospitals and health services:
 - Provide clinical governance, staffing and health service delivery.
 - Ensure integration with referral pathways and follow-up care.
2. Local councils and saleyard management
 - Facilitate access to saleyards facilities and assist with site logistics.
 - Support local promotion and coordination of health check days.
3. Other stakeholder organisations
 - Peak bodies such as The National Centre for Farmer Health / National Farmers' Federation
 - Universities and research institutions – support program evaluation, data analysis, and evidence-based improvements
 - Local Service Clubs
 - Stock and Station agents
 - Farming community representatives.

3.2 Roles and Responsibilities

MOUs or partnership agreements.

Initially, partner roles were largely defined through collaborative relationships and shared understanding rather than formal agreements. While this flexible approach worked well in the early stages, it also highlighted the importance of establishing clearer frameworks for accountability and sustainability.

In future implementations—whether by YDMH or other services—roles and responsibilities of each partner organisation should be clearly articulated through Memoranda of Understanding (MOUs), Partnership Agreements, or informal agreements where appropriate. Doing so from the outset helps ensure clarity, transparency, and continuity, particularly as programs expand or as staffing and partnerships evolve.

Where formal MOUs are not in place, a shared understanding should still be documented to ensure alignment and accountability.

3.3 Community Engagement Plan

A proactive and inclusive community engagement approach is central to the success of the Saleyards Program. From the outset, engagement with the farming community evolved organically through existing relationships and informal conversations at the saleyards. While this approach successfully built trust and participation, in hindsight a more structured and proactive engagement plan from the outset would have strengthened community ownership and program reach.

While some of this did happen, for future programs, the goals of community engagement should be to build trust, encourage participation, and ensure the initiative reflects the values and needs of the local farming community.

Key components may include:

- Early consultation with local farmers, saleyard users, and community leaders.
- Co-design approaches where feasible, particularly in underrepresented communities.
- Use of trusted local messengers or champions (e.g., farmers, saleyard committee members, local shire representatives) in communication.
- Clear, jargon-free promotional materials distributed through relevant channels (e.g., local radio, newspapers, livestock agents, and social media).
- Opportunities for participant feedback and community input into program design and delivery.

Ongoing engagement helps normalise conversations around health in informal settings and reinforces the program's relevance and value within the rural community.

4. Planning and Scheduling

Effective planning and scheduling are essential to ensure that the program aligns with saleyard activity, clinician availability, and community engagement opportunities. Coordination must be collaborative and transparent across all partner organisations. However, in our experience, planning particular clinics is dependent on availability on the day e.g. cardiovascular nurse as opposed to planning the focus of the clinic first and then staffing accordingly.

4.1 Annual Calendar

Ideally, at the beginning of each financial or calendar year, stakeholders should meet to agree on a tentative annual schedule of health check days. This helps with:

- Securing resources (staff, equipment, vehicles)
- Aligning with saleyard sale days (particularly high-volume sales)
- Ensuring adequate lead time for promotion and logistics.

A digital and printable master calendar (e.g., Google Calendar, Outlook, or shared spreadsheet) could be accessible to key stakeholders including health services, saleyard managers, local council, and community partners (e.g., Rotary Club of Yea).

This calendar could include:

- Sale dates
- Site bookings
- Confirmed health check dates
- Booking deadlines
- Communications/promotional lead times
- Evaluation/reporting milestones.

Where possible, align Farmer Health Check Days with:

- Recognised Health campaigns (e.g., Men's Health Week, Diabetes Awareness)
- National and International Health Awareness days/weeks (e.g. National Re-start a Heart Day)

- Other Saleyards activities e.g. educational activities.

Take advantage of free clinical input—for example, optometry and audiology providers can offer basic checks at no cost. Any necessary referrals are likely to be directed back to them, which in turn helps increase their visibility and grow their client base.

4.2 Types of clinics delivered

Yea Saleyards Clinics

Current

Future

- | | |
|---|---|
| <ul style="list-style-type: none"> • Mental Health • Cardiovascular checks • Diabetes/Dietician • Prostate Awareness • Skin checks • Audiology • Optometry • Vaccinations | <ul style="list-style-type: none"> • Mouth Mapping • Bone Density • Women’s Health |
|---|---|

4.3 Complementary Activities and Co-Located Services

To enhance the impact of the Saleyards Program and increase community participation, we have found it beneficial it is to schedule complementary activities on the same day as health checks. These co-located services add value, attract foot traffic, support broader health, safety and wellbeing objectives in the rural community and demonstrate that programs aren’t just about health checks, but about creating a whole-of-community approach to farmer wellbeing. Examples include Farm Safety initiatives in association with Victoria Police, Rural Finance advice, Veterinary sessions such as Zoonotic Disease awareness which have all proven to be successful well-attended co-located activities.

These activities embody the "Healthy Farm, Healthy Farmer" philosophy which reflects the core philosophy of the Saleyards Program — that the wellbeing of the farmer is inseparable from the wellbeing of the farm and the rural economy.

Please be aware that while co-located services enhance community engagement and provide additional value, they also introduce potential reputational and legal risks for the host organisation, particularly if advice or information provided by third-party providers (e.g., financial planners or veterinary consultants) is incorrect, misinterpreted, or perceived as endorsed by the hospital.

To this end we recommend mitigation strategies to manage these risks to ensure participants understand the independence of co-located services. This includes:

- **On-site signage and posters** highlighting that third-party services are not endorsed by the hospital.
- **Flyers or handouts** distributed to participants with a clear disclaimer regarding independent advice.
- **Verbal reminders** from program staff reinforcing that any decisions based on third-party information are the responsibility of the participant.

Additionally, it is advised to warn members of the public that photography and video footage for use in social media will be taken during the event, and individuals may be included in this material. It is recommended that this information is also communicated on posters placed around the facility.

These measures help protect the hospital from potential liability while allowing participants to benefit from complementary services.

5. Staffing and Roles

The success of the Saleyards Program depends on having the right mix of clinical and administrative staff (and potentially volunteers) who are trained, well-coordinated, and equipped to deliver a professional and friendly service in a non-traditional environment.

Building trust within the farming community takes time and consistency. It is important that team members are visible, reliable, and recognisable — we have found that turning up month after month helps to establish rapport, familiarity, and credibility. A consistent presence reassures farmers that the program is dependable and genuinely committed to their wellbeing.

We think it is important that all staff are be clearly identifiable and presented in a professional and approachable manner.

- Staff are encouraged to wear branded clothing (e.g., YDMH polo shirts, vests, or jackets) and name badges.

5.1 Required Roles

- Registered Nurses, Mental health clinicians, Core clinical providers responsible for conducting health checks, (BP, glucose, cholesterol, BMI, brief health assessments).
- Allied/Community Health Depending on the focus of the clinic, may include dietitians, optometrists, podiatrist, audiologists.
- Other clinicians depending on the focus of the clinic e.g. dermatologist / dermatology nurses, dentists.
- Other personnel e.g. health promotion personnel
- Administrative support to assist with:
 - Client registration and consent
 - Paperwork or digital form completion
 - Managing waiting lists or flow
 - Data entry (if real-time)
 - Providing directions and materials.

5.2 Volunteers

At present, our program does not have a formal volunteer workforce. However, in future iterations, volunteers could play an important role in supporting outreach activities and community engagement.

Potential volunteers may include representatives from local service clubs, health promotion agencies, or other community organisations. All volunteers participating in hospital outreach services should complete the hospital's credentialing and induction process before commencing any duties. This process includes:

- Verification of identity and relevant background checks
- Orientation to hospital policies and procedures
- Training in safety, confidentiality, and infection control.

5.3 Students on Clinical or Community Health Placement

Students from nursing, allied health, or public health disciplines may attend events as part of structured placements with partner health services or universities.

Student Roles:

- Supporting clinical staff under direct supervision
- Assisting with health promotion and education
- Contributing to administrative tasks
- Gaining exposure to rural and outreach health service delivery.

Note: Students must not work outside their scope of practice and must always be supervised by a registered clinician.

5.4 Staffing model

The staffing model for the Saleyards Program is often dependent on staff availability on the day and the specific health focus of each clinic. YDMH contributes to the clinics on an *in-kind* basis, with hospital staff reallocating a day of their usual hospital duties to participate in saleyard outreach activities.

This flexible approach allows the program to tailor clinical and administrative support to the needs of each session while maximising the hospital's existing resources.

5.5 Minimum and ideal staffing ratios

To maintain service quality and ensure smooth operations, a minimum and ideal staffing ratio should be planned for each event. These numbers will depend on the size of the sale (e.g. anticipated attendees) and the popularity of a particular clinic (e.g. skin checks)

Example:

Role	Minimum	Ideal
Registered Nurses	1	2
Allied Health	0	1–2
Administrative Support	1	2
Volunteers	1	2

Ideally, rosters should be developed at least 4 weeks prior to each sale (event) using a shared document or rostering platform.

5.6 Orientation and Induction

When the Saleyards Program first started, it operated with just one or two clinicians and an administrative staff member from YDMH. At that stage, formal induction processes were not required, as the small, consistent team worked closely together and understood the program's operations.

As the program has grown, with more external clinicians and other healthcare representatives participating, we recommended that all staff and volunteers receive a brief induction prior to their first event. This ensures safety, professionalism, and a consistent participant experience.

Induction should cover:

- Overview of the program and its objectives
- Roles and responsibilities
- Site map and logistics (toilets, parking, setup zones)
- Safety protocols (e.g., infection control, PPE, first aid)
- Cultural awareness (e.g., approaching farmers with sensitivity)
- Emergency contacts and incident reporting procedures
- Briefing on privacy, consent, and handling of confidential health data.

Induction can be provided on-site as a short pre-event briefing (~15–20 minutes). Optionally, a one-page induction handout or digital orientation video can be shared ahead of time.

5.7 Clinician Credentialing and Compliance

Credentialing Requirements

AHPRA Registration

- All health professionals — including Registered Nurses, Allied Health Practitioners, Medical Practitioners, and Dental Practitioners — must hold current registration with AHPRA.
- Registration must be:
 - Active
 - Relevant to the role
 - Without restrictions that affect outreach or independent practice.

Local Credentialing for Medical & Dental Practitioners

Medical and Dental Practitioners must also be credentialed through the local health service's credentialing and scope of practice process, which may include:

- Submission of qualifications and experience
- Reference checks
- Approval through the Credentialing & Scope of Practice Committee (CSPC) or Clinical Governance Committee

- Assignment of a defined scope of clinical practice (e.g. rural outreach GP, dental screening only, research).
- This ensures:
 - Legal and clinical accountability
 - Appropriate insurance coverage
 - Integration with referral pathways and follow-up systems.

Practitioners must not provide medical or dental care through the program unless they are formally credentialed and privileged by the host health service.

5.8 Documentation – Evidence Collection and Storage

The Lead Agency is responsible for collecting, verifying, and securely storing:

- AHPRA registration (for all clinicians)
- National Police Check (within 3 years)
- Working With Children Check (as required)
- Credentialing approval letter from the health service (for GPs, other medical clinicians and dentists)
- Scope of Practice approval documents (where applicable)
- Evidence of professional indemnity insurance
- Current CV (recommended for all clinicians; required for medical/dental credentialing)
- Immunisation record (may be required by some health services for frontline workers).

All records must be:

- Collected prior to a clinician's first rostered event
- Reviewed annually or per health service policy
- Stored securely in line with privacy and information governance protocols.

6. Logistics and Equipment

6.1 Site set-up and location

Initially, we simply cordoned off a corner of the canteen area with screens and were able to successfully run clinics. However, as the program grew and the scope of services expanded—particularly with the need for more privacy for all-of-body skin checks—we recognised the importance of a dedicated, fit-for-purpose facility. We were fortunate to secure funding through an Elders Community Giving Grant and, in partnership with the Rotary Club of Yea, were able to establish such a building.

6.2 Key considerations for a fit-for-purpose building:

- Where available, the use of a dedicated or multi-use indoor facility at the saleyards is strongly preferred.
- Provides the highest standard in confidentiality, comfort, privacy, weather protection, and access to power and water.
- Ideal for clinical assessments, minor procedures, administrative tasks, group information sessions, and overall program coordination.
- Must meet minimum infection control and accessibility standards (e.g., ramps, airflow, lighting).
- Can be shared with complementary services (e.g., farm safety, mental health).

6.3 Alternative setups:

- Marquee / Pop-Up Tent
 - Flexible, quick to deploy, and effective in open-air saleyard environments.
 - Requires secure anchoring in windy conditions and careful layout planning to ensure privacy.
 - Shade and ventilation should be considered during hot or wet weather.
- Mobile Van / Health Bus

- Fully contained and suitable for services requiring power, privacy, or security.
- Can be used as a consultation room, administrative space, or health promotion hub.
- Requires good vehicle access and turnaround space.

Note: Where available, the fit-for-purpose building should be the primary site used, with marquee or van options serving as backups or for overflow.

6.4 Clinical and associated equipment

- BP monitors, glucose meters, cholesterol testing kits, tape measure, scales, stethoscope, brochures, laptop and printer, stationery etc.
- **Consumables**
 - Gloves, wipes, paper towels, tissues, face masks
- **Transport and Storage**
 - Vehicle access, loading/unloading, tote boxes for contaminated equipment
- **Waste Disposal, Sharps control and Infection Control**
 - Surface disinfectant wipes, hand sanitiser

Clinical waste must be transported back to the health facility

It is advisable to create a pre-packed clinical box that includes all consumables and a re-stocking check list.

7. Participant Flow/Data

7.1 Flow

Welcome - Registration → Personal and Health information collected- Consent (verbal and/or written) → Health check/procedure→ Health advice/intervention - Referral (if needed) - data entry.

7.2 Clinical Pathways

The clinical pathways outline the standardised, evidence-based process used to assess participants during the Farmer Health Checks and ensure consistent, safe, and appropriate follow-up. These pathways guide clinicians through the collection of health data, interpretation of results, decision-making, and escalation or referral when required.

7.3 Referral Processes

The referral process ensures that participants identified as needing further medical follow-up during the Farmer Health Checks are appropriately connected with relevant health services in a timely, respectful, and supportive manner.

Depending on the outcomes of the health check, participants may be referred to one or more of the following:

- General Practitioners (GPs) – for chronic disease management, diagnostic follow-up, or further investigation.
- Allied Health Services – e.g. dietitians, diabetes educators, physiotherapists, mental health clinicians.
- Specialist Services – via GP referral, for cardiovascular, endocrine, or other concerns.
- Community Health Services – including alcohol and other drug services, mental health teams, and support for social determinants of health (e.g. financial stress, housing support).
- Urgent or Emergency Care – if immediate concerns are identified (e.g., very high BP or blood glucose), the participant may be directed or assisted to attend the local ED or urgent care centre.

7.4 Referral Procedure

1. Identify Need for Referral
 - Based on check results (e.g. elevated BP, high glucose, mental health screening) or clinical judgement.
 - Discuss findings sensitively with participant, including rationale for follow-up.
2. Obtain Informed Consent
 - Verbal and/or written consent obtained before sharing information with external providers.
 - Consent documented on referral or check-up form.
3. Initiate Referral
 - Depending on urgency and participant preference, choose warm referral or written referral pathway.
 - If possible, contact client's regular GP or preferred provider.
4. Provide Client with Information
 - Give participant a summary of results and referral instructions.
 - Include contact numbers, appointment details (if booked), and any follow-up information.
5. Document the Referral
 - Record the referral in the client's health check record (digital or paper).
 - Include type of referral, provider details, and method (e.g. phone, email, in-person).
 - Ensure records are stored securely according to privacy standards.
6. Follow-Up (if applicable)
 - In urgent cases or where follow-up is critical, program staff may re-contact the client (if consented) or liaise with their GP to confirm attendance.
 - For recurring participants, note referrals made for future continuity.

7.5 Record Keeping

What data is collected, how, and where it is stored

Currently, the Saleyards Program operates in an informal setting, and record-keeping is minimal to support accessibility and efficiency during events. However, as the program grows and more structured evaluation and reporting become important, the following record-keeping practices are recommended to ensure data integrity, participant privacy, and compliance with YDMH governance standards.

The program allows for both paper-based and digital data collection, depending on the available infrastructure at each site.

Paper-Based Records

- Standardised forms are used.
- Completed forms are stored in a locked container during the event.
- At the end of each session, forms are securely transported back to YDMH for:
 - Data entry (if required for reporting)
 - Scanning and secure storage
 - Shredding of originals if not needed.

Digital Records

- If a mobile device or tablet is available:
 - Data is entered into a secure platform or spreadsheet during the health check.
 - The device must be password-protected and data encrypted.
 - Data is transferred to the central storage system after the event, and device data cleared.

Data Storage

- All personal health information is stored according to YDMH data governance protocols.
- De-identified data is extracted for program monitoring and reporting.
- Records are retained in accordance with legislative requirements.

7.6 Data Privacy and Consent

- Participants are informed of:
 - What data is being collected
 - Why it is being collected
 - How it will be used and stored.
- Verbal or written consent is obtained for all data collection, and explicitly for any follow-up or external referral.
- Participants may opt out of providing identifying information and still receive the health check.
- Only authorised personnel (e.g. clinical staff, program coordinators) have access to full client records.
- Data is used for:
 - Clinical handover and referrals
 - Program evaluation and reporting
 - Quality improvement activities.
- De-identified data may be shared with funding bodies, partners, or for research, subject to ethics approval and consent.

7.7 Quality Assurance

- Standardised templates/forms are used to ensure consistency across events.
- Periodic audits are conducted to ensure:
 - Accurate and complete data collection
 - Secure storage and destruction of records.
- Feedback from clinicians is gathered to improve form design and usability in the field.

7.8 Integration with Participant's Usual Care

- If the participant consents, a summary of the health check findings may be:
 - Given to the participant to take to their GP
 - Faxed, emailed, or phoned through to the client's regular provider.
- This supports continuity of care and ensures findings are followed up appropriately.

8. Risk Management

Delivering mobile health services in rural, public settings such as saleyards presents a unique set of clinical, operational, environmental, and psychosocial risks. While our program addressed some of these issues in an ad-hoc manner during its initial stages, we now recommend the implementation of proactive strategies to systematically identify, minimise, and respond to these risks. Doing so helps protect both participants and staff and supports the safe, sustainable growth of the program.

8.1 Identified Risks

The following risks can be identified through program delivery experience and site-specific risk assessments:

Environmental Risks

- Extreme weather (e.g. heat, wind, rain) impacting staff/participant safety or equipment
- Slips, trips, and falls on uneven saleyard surfaces
- Poor lighting or visibility in some areas.

Biosecurity Risks

- Contamination from livestock or equipment
- Non-compliance with saleyard biosecurity protocols (e.g. footwear, hand hygiene)

Clinical and Staff Safety Risks

- Clinician injury (e.g. manual handling, needlestick injury)
- Participant distress or disclosure of mental health issues or risk
- Aggressive behaviour or confrontation.

Information and Privacy Risks

- Breach of participant confidentiality in a public setting
- Loss or theft of client records (paper or digital)

Inadequate documentation or loss of referral information

In our experience, privacy and confidentiality have not posed significant issues, even when health checks were conducted in open or public areas. Farmers generally appear comfortable with the informal setting, though we continue to take steps to protect personal information and ensure a professional and respectful service.

8.2 Mitigation Strategies

To reduce the likelihood and impact of these risks, the following strategies are implemented:

- Site risk assessments conducted before each clinic setup.
- Use of a sturdy, weather-appropriate marquee or van with tie-downs.
- Access to shade, seating, and hydration for participants and staff.
- Secure equipment placement and non-slip flooring where possible.
- Staff to wear sun protection and weather-appropriate PPE.

8.3 Biosecurity Protocols

- Adhere to saleyard biosecurity protocols (e.g. clean footwear, hand hygiene).
- Set up marquee away from cattle movement areas.
- Provide hand sanitiser and wipes for staff and participants.

8.4 Clinical and Staff Safety

- Minimum two clinical staff rostered for each session.
- Staff trained in:
 - Mental health first aid
 - Handling disclosures or distress
 - Managing aggression or disengagement.
- First aid and snake-bite kits on site at all times.
- Manual handling training for setup and pack-up.

8.5 Incident Reporting

All incidents, near misses, and client complaints must be reported and documented according to YDMH policy.

- Complete the standard Incident Reporting.
- Serious incidents (e.g. client harm, data breach) must be escalated to executive management and reported to relevant authorities.

Types of reportable incidents include:

- Participant injury or adverse event
- Loss or breach of personal information
- Aggressive or abusive behaviour
- Environmental hazard or near-miss
- Staff injury or illness during delivery.

8.6 Insurance and Indemnity

All staff and volunteers must be covered by appropriate insurance, including:

- Professional indemnity (for clinicians, under YDMH or agency)
- Public liability insurance (for events at public sites)
- Volunteer insurance (where applicable)
- Vehicle and equipment insurance for transport and setup.

YDMH holds overarching insurance for the program delivery, but all partner organisations must confirm that their staff are individually covered as per MOU agreements.

8.7 Review and Continuous Improvement

- Risks and mitigation strategies are reviewed annually or after any major incident.
- Staff are encouraged to contribute to risk identification.
- Updates to protocols are shared.

9. Communications and Promotion

Effective communication and promotion are essential to raise awareness of programs, encourage attendance, foster community trust, and ensure stakeholder alignment. Strategies are tailored to the rural context and the needs of farming communities, who may be less responsive to traditional health promotion methods.

9.1 On-Site Signage and Instructions

To support smooth clinic flow and reduce uncertainty on the day, simple, friendly, and visible signage is essential.

Required Signage:

- Welcome A-frame banner or sign
 - E.g. *“Free Farmer Health Heart Checks today”*
- Directional signs
 - E.g. *“Step 1: Register” → “Step 2: Health Check” → “Step 3: Snacks & Info”*
- Privacy notices
 - Displayed at registration about how personal information is used
- Disclaimer poster

Partner logos and acknowledgment

- Displayed on flyers, signs, and banners as appropriate

9.2 Off-site promotion

- Flyers and Posters:
 - Distributed at saleyards, rural stores, ag supply outlets, vet clinics, pubs, and local council offices
 - Visually simple, using clear and informal messaging.
- Local Radio:

- Use 1–2 weeks prior to each clinic
- Feature short, casual ads or interviews with YDMH staff, local clinicians, or farmer advocates.
- Social Media:
 - Leverage YDMH and partner accounts (e.g. local council, Stock and Station agents, Saleyards Committee of Mgt).
 - Use Facebook event posts, reminder stories, and shared photos after clinics (with permission).
 - Tag local farming pages, community groups, or influencers.
- Word-of-Mouth and Peer Champions:
 - Encourage farmers who have had positive experiences to spread the word.
 - Engage respected local figures (e.g. saleyard managers, ag agents) to promote the service.
- Local paper, Newsletters and Events.

10. Monitoring and evaluation

Monitoring and evaluation are essential to ensure the program is meeting its objectives, evolving with community needs, and delivering high-quality, evidence-informed outreach. A combination of quantitative data and qualitative feedback is used to guide continuous improvement, inform reporting, and secure future support.

10.1 Key Performance Indicators (KPIs) and Metrics

The following KPIs are collected and tracked for each clinic:

Output Measures:

- Total number of farmers who received a health check.
- Number of new vs. returning participants.
- Number of clinical assessments conducted (e.g. BP, glucose, skin checks).
- Number of referrals made to:
 - GPs
 - Allied health
 - Mental health services
 - Urgent Care or transfer to Emergency Departments
 - Ambulance Victoria

Engagement Metrics:

- Participant demographics (e.g. age range, gender, postcode)
- Number of informal enquiries/conversations (non-clinical)
- Attendance at stalls by partner organisations (e.g. Vic Police, AgSafe)
- Participant-reported reasons for attending (if collected).

Quality and Satisfaction Metrics:

- Participant satisfaction (via brief feedback forms or informal interview)
- Staff satisfaction and debrief comments
- Stakeholder feedback (e.g. saleyard managers, partners)
- Observations of barriers or missed opportunities.

Impact (Long-Term) Indicators:

- Repeat attendance trends over time / attendance patterns
- Follow-up outcomes where tracked (e.g. participant saw GP)
- Increased uptake of local health services (qualitative, where applicable).

Suggestion:

At sales/event: Use paper forms or offline tablets (if internet unreliable).

After sales/event: Enter data into a central digital spreadsheet or database for tracking trends and reporting.

For ease: Standardise forms across clinics so the same data structure is used whether analogue or digital.

10.2 Continuous Improvement Processes

Feedback and findings are reviewed regularly to inform service design, engagement strategies, and stakeholder collaboration.

11. Practice Insights and Lessons Learned

Over time, the Saleyards Program has identified several practical strategies that improve participant engagement, clinician workflow, and the overall effectiveness of the service. These learnings inform our current model and should be considered during planning and delivery.

11.1 Strategic partnerships

Engaging proactively with external organisations, even in informal or introductory communications, can yield substantial and sometimes unexpected benefits. For example, reaching out to the National Centre for Farmer Health (NCFH) to share program objectives and activities led not only to strengthened professional relationships but also tangible outcomes: a staff member from YDMH subsequently enrolled in the Deakin University Agricultural Health and Medicine degree program, and also received a grant to support this study from the NCFH. This ultimately enables YDMH to roll out their accredited Health and Lifestyle Assessment Test and AgriSafe checks. This illustrates the value of maintaining open channels with partner organisations, as initial informal exchanges can evolve into meaningful collaborations, capacity-building opportunities, and mutually beneficial resource development.

11.2 Client Engagement and Comfort

- Start with less confronting checks (e.g. skin checks) to build rapport before progressing to more sensitive topics like cardiovascular risk or mental health.
- Skin checks are best received in warmer weather (spring/summer) but ideally before farmers are heavily tanned — early spring is optimal.
- Although we were initially concerned about privacy and confidentiality issues given the flimsy nature of our screened-off area, these concerns appeared to matter little to the farmers.
- Although each sale primarily focuses on physical health, a consistent element of our approach has been the provision of mental health support. Mental health clinicians attend every sale and use a gentle, conversational style to engage with farmers—for example, discussing cattle prices or the weather and how these factors are affecting them. These informal conversations – which often take place in the aisles where the sales is

occurring - often lead to more in-depth discussions or referrals for follow-up support, either with the same clinicians or through external mental health services. We have found this approach to be both acceptable and appropriate for the farming community.

- Offering healthy snacks or refreshments (e.g. fruit, water) encourages participation and creates a relaxed atmosphere.
- Simple, clear signage (“Free Health Checks Here – No Appointments Needed”) improves visibility and uptake.
- Including non-clinical partners (e.g. Vic Police offering farm safety sessions) helps destigmatise the setup and attract foot traffic.
- Offer free merchandise e.g. sunscreen / merchandise for sale e.g. snake bite kits

11.3 Trust and Long-Term Engagement

- Building trust takes time — regular attendance at monthly sales builds familiarity and shows commitment.
- Becoming a familiar face in a trusted space (the saleyard) helps overcome reluctance or suspicion about health services.
- Consistency is key — even when uptake is low initially, turning up month after month sends a message of reliability and respect.
- Be in it for the long haul — many farmers will attend only after observing the service over time, often after positive word-of-mouth from peers.
- Once word spread, we began to see people—often non-farmers—traveling from outside our district to attend the clinics simply because they are held at the saleyards, allowing them to access services without needing to make separate appointments elsewhere.

11.4 Site Setup and Logistics

- Position the marquee/van in a high-traffic, visible location, ideally near amenities or main cattle pens.
- Create a logical client flow with clear entry and exit points to minimise congestion and ensure privacy.
- Provide shade and seating, especially during hot weather, to improve comfort for older clients.

11.5 Service Delivery and Clinical Flow

- Use a flexible staffing model that allows for rotating roles (e.g. one clinician focuses on skin checks, another on blood pressure/glucose).
- Have printed info or take-home resources ready — especially about common findings (e.g. skin cancer signs, managing high blood pressure).
- Although most clinics operate on a walk-up basis, one source of frustration for farmers has been the unpredictable wait times for skin checks. The duration of each appointment can vary significantly—some require only a quick look, while others may need a biopsy—making it difficult to estimate waiting times. As a result, some farmers become frustrated while waiting. A call-up system would be ideal; however, by the time it's their turn, farmers are often already re-engaged in the sale.
- Use brief, conversational language rather than clinical terms — aligns better with the informal saleyard setting.
- Build in time for yarning — conversations often reveal key concerns that don't come up in a formal checklist.

11.6 Engagement with Partners and Community

- Collaborate with familiar local faces (e.g. farmer champions) to increase trust.
- Use branded gear or shirts so staff are easily identifiable but appear approachable, not overly clinical.

Conclusion

The Yea Saleyards Farmer Health Program demonstrates that community-based, accessible health interventions can significantly improve the well-being of rural farming populations. Its success is driven by strong partnerships, flexible service delivery, and the strategic use of saleyards as a trusted place for engagement. The lessons learned—particularly around governance, planning, staff support, and community collaboration—provide a practical framework for replicating or adapting similar initiatives in other rural settings. Overall, the Program offers a sustainable, evidence-informed model for enhancing farmer health and strengthening rural communities.