



## Pit Stop Evaluation Final Report

### Changing Men's Health Behaviours; is Pit Stop the answer?

#### Authors:

Sarah Finlay, formerly of Monash University, School of Rural Health, Department of Rural and Indigenous Health & formally of Central West Gippsland Primary Care Partnership ([sarah\\_finlay24@hotmail.com](mailto:sarah_finlay24@hotmail.com)).

Elizabeth Meggetto, Central West Gippsland Primary Care Partnership ([liz.meggetto@lchs.com.au](mailto:liz.meggetto@lchs.com.au)).

Claire Davis, formally of Central West Gippsland Primary Care Partnership ([clyon@legacybrisbane.org.au](mailto:clyon@legacybrisbane.org.au)).

Susan Waller, Monash University, School of Rural Health, Department of Rural and Indigenous Health.

#### Corresponding Author:

Elizabeth Meggetto  
Central West Gippsland Primary Care Partnership,  
42 Fowler Street, PO Box 63, Moe, Victoria, 3825.  
Ph. 03 5127 9147

#### About the Author

Sarah Finlay, Elizabeth Meggetto, Claire Davis and Susan Waller are public and primary health professionals working in the rural area of Gippsland, Victoria, Australia. All authors have worked in the local public health system and have a broad research background having conducted research on rural health initiatives, health literacy, inter-professional collaboration and built environments for health.

#### Public Interest Statement

Improving men's participation in health services is an important step toward improving men's health. The Pit Stop program is designed to engage men in health screening by using a mechanical theme where their health is discussed using the theme or servicing a vehicle. An evaluation was done to see if men who participated in the screening activity improved their health behaviours. The results showed that the activity led to increased awareness of men's health immediately after the activity but did not lead to improved behaviours in the long term.

## Abstract

### Introduction

Throughout Victoria, men's health is significantly poorer than women's (Victorian Department of Health, 2008), with men being more reluctant to talk about their health and to seek medical advice (Smith, Braunack-Mayer, & Wittert, 2006). The Pit Stop program is a mobile men's health screening service that aims to engage men in conversations about their health. Pit Stop is based on a mechanical theme to engage male participation.

### Methods

This evaluation of Pit Stop includes data collected in 2012 from 124 men's original assessments, and 3 and 12 month post intervention data obtained through telephone interviews.

### Results

Feedback from participants interviewed at 3 and 12 months' post intervention suggests the Pit Stop program was beneficial in promoting health awareness at the time of program delivery. Of those contacted post intervention, few participants (n=29) made changes as a result of their participation in the program, and even fewer (n=12) sustained the changes 12 months' post intervention.

### Conclusions

These results suggest that apart from raising initial awareness of health issues, the Pit Stop program has had minimal medium-term impact on those participants who are at most risk of adverse health behaviours.

The Pit Stop program is a labour intense intervention and attracts significant operational costs. Future studies should look to conduct economic evaluation on the Pit Stop program, comparing the costs associated with conducting the program to the health benefits received by men who participate in the program.

## Introduction

Throughout Victoria, men's health is significantly poorer in comparison to women's, with similar trends being seen in Gippsland where men in Gippsland, on average, die 5.9 years earlier than women (Victorian Department of Health, 2008). In 2006, 48,000 men died state wide from preventable illness, those which could potentially be prevented by regular GP visits and maintenance of a healthy life style (Victorian Department of Health, 2008).

Men living in rural areas also face more health disparity in comparison to men living in metropolitan areas (Dixon & Welch, 2000). On average, men living in rural areas in Victoria have a lower life expectancy by 2.1 years in comparison to those living in metropolitan areas (Victorian Department of Health, 2008). Numerous studies also indicate that men living in rural areas are more likely to suffer from chronic diseases such as cardiovascular disease, diabetes, as well as depression, suicide and have a higher mortality rate due to injury (Dixon & Welch, 2000). Men living in the Gippsland area have also been found to engage in more unhealthy and risk taking behaviour in comparison to the rest of the state (Victorian Department of Health, 2008).

Men living in Gippsland were more likely to engage in harmful alcohol consumption, have a lower fruit and vegetable intake, have lower physical activity levels, were more likely to smoke tobacco and have higher rates of obesity, all contributing to a greater burden of disease (Victorian Department of Health, 2008). Furthermore, lack of access and availability to health care services results in longer waiting times and a need to travel further distances to access medical treatment and advice (Bourke et al., 2004).

The Pit Stop program, originally developed by the Gascoyne Public Health Unit, Western Australia, aims to engage men in conversations about their health, and is designed to operate as a mobile men's' health screening service that can be conducted at events and in areas with a high male attendance (O'Brien & Forrest, 2008). Pit Stop is based on a mechanical theme where participants pass through a series of health stations for a range of health checks, after which they receive an overall health assessment rated as either a 'pass' green traffic light an amber traffic light or 'take action' red traffic light, documented on a "Work Order". Each participant is provided with a 'Work Order' which is used to record individual results from each health station. Individuals are assessed as "Pass" (Roadworthy Certificate) or "Take Action" (Canary Sticker), depending on the results of the screening at that station. The Pit Stop program can also incorporate additional stations such as skin cancer (Duco), exhaust (Smoking), flexibility (Torsion) and hearing (Sound System), depending on the target audience and available staffing and resources.

The aim of the Pit Stop Program is to offer men the opportunity to complete a free and confidential health check, with the following objectives:

- To encourage men to participate in a health screening process in a non-medical environment
- To provide participants with education and awareness of men's' health issues
- To provide men with performance measures of their own health based on seven health indicators
- To provide men with recommendations on how to improve their health (if indicated) as a result of the seven health indicators
- To encourage men (where indicated) to visit their GP or other relevant health professional for further health screening and advice
- To deliver the program using a collaborative and multi-organisational approach

Pit Stop adopts provides its male participants with a masculine, 'mechanically' focused, non-medical and humorous concept. This enables men to feel more comfortable with the screening process and the health information provided(Alston & Hall, 2001; Central West Gippsland Primary Care Partnership, 2010). By providing a more 'user-friendly screening process, Pit Stop has the potential to engage men who would not typically visit a medical service on a regular basis. This initiative has been shown to reduce the stigma amongst men regarding "admitting a problem" as participants pass through a series of health check stations, and can discuss any health issues or concerns they may have as they are identified through the test results(Alston & Hall, 2001).

A review of literature evaluating the Pit Stop Program indicates positive outcomes. Moffatt, Hossain and Boucher (2010) were commissioned to conduct an independent evaluation of Pit Stop at an industry field day in Toowoomba, Queensland. After conducting surveys and interviews of participants and staff eight weeks after the event, they concluded that the Pit Stop program was an extremely positive way in which to promote health prevention of chronic disease for men, and recommended that it be continued with some modifications. Of relevance to this report was their assessment of *Changes in knowledge and behaviour*, where they found that almost two-thirds of respondents to their follow up survey reported an increase in their knowledge of their own health and almost half had changed health behaviours(Moffatt, Hossain, & Boucher, 2012). Similar positive evaluations of the Pit Stop program were reported by Russell, Harding et al in 2006 of a Riverina, New South Wales field day, who conducted a follow-up survey of 60 participants four weeks after the PIT STOP program(Russell, Harding, Chamberlain, & Johnston, 2006); and Chambers (2005) who evaluated the Goldfields PIT STOP programs. In addition, a telephone survey was conducted with participants of the Tamworth/Bendemeer Pit Stops reporting favourable outcomes(Chambers, 2005).

Despite the Pit Stop program being conducted in rural locations within a number of Australian states, there are limited published evaluation reports, with only four available for examination at this time (Alston & Hall, 2001; Chambers, 2005; Moffatt et al., 2012; Russell et al., 2006). The sample size of only four papers provides limited data, which creates challenges in attributing effective outcomes to the Pit Stop program. Further, the research results can only be viewed individually as each one draws upon purposive samples i.e.: only surveying those individuals who participated in each specific program. As highlighted by Moffatt, Hossain and Boucher (2010) the outcomes of these reports are thus non-comparative, and cannot be generalised across the entire program(Moffatt et al., 2012).

This paper aims to add to the body of literature by providing an evaluation of the Pit Stop Program conducted at the 2012 Farm World event, held in Warragul, Victoria.

## Methods

The aim of this study was to investigate the medium-term impacts of the Pit Stop program on men's health behaviours.

### Study Design

Central West Gippsland Primary Care Partnership (CWGPCP) has undertaken a comprehensive evaluation of the Pit Stop program conducted at Farm World 2012. This evaluation aimed to determine the effectiveness of Pit Stop as a men's health initiative, with an emphasis around longer-term health behaviour modification. The study design involved collating baseline health data and interviewing Pit Stop participants at three and twelve months' post participation in the program.

### Ethics Approval

Ethics approval was received from Monash University Human Research Ethics Committee (MUHREC) for the collection and assessment of data. Approval number CF12/1091 – 2012000520.

### Inclusion & Exclusion

Inclusion for participation in the Pit Stop program was being male, and over the age of eighteen. Females were excluded.

### Setting

The program is aimed at men living in rural areas. Given that Farm World 2012 attracts over 50,000 visitors over a four day period, this event was chosen as an appropriate setting for reaching the target audience of men living in the Gippsland region(Lardner Park, 2017).

An interagency working group was established, comprising representatives from a number of health and human service organisations across Gippsland. This working group collaborated to deliver the program from 2008 to 2012, including annually at Farm World (the largest agricultural field days in the southern hemisphere) from 2010(Lardner Park, 2017).

The focus of this evaluation is the Pit Stop Program conducted over 2 days at the 2012 Farm World, in Warragul, Victoria in which 124 men participated.

The 'stations' set up for this Pit Stop event consisted of:

- chassis check (diabetes risk),
- lube service (circulatory system – cholesterol),
- oil pressure (blood pressure),
- fuel additives (alcohol consumption),
- spark plugs (testicular health -under 44 years),
- fuel injectors (prostate check –over 45 years), and
- shock absorbers (coping skills).

At each station a health professional or trained volunteer spoke with the participant about the related health issues. This involved either a questionnaire to assess risk factors (e.g. 'fuel additives'), screening for risk factors (e.g. 'oil pressure') or provision of health advice.

## Data collection

Information collected from each participant's Pit Stop original assessment ('Work Order') provided baseline data on overall health status. All data was coded and de-identified prior to analysis to ensure participant confidentiality.

Written consent for further follow up was provided by 103 participants. Post-intervention data was obtained through telephone interviews. Participants were followed up at 3 and 12 months post- intervention. A maximum of three attempts were made to contact each participant, using the telephone contact details provided at the time of intervention. The telephone interview consisted of a short series of questions regarding participants' experience of Pit Stop and any behaviour change which may have occurred as a result of participating in the program.

This longitudinal data has been used to determine the effectiveness and medium term impact of the 2012 Farm World Pit Stop program to encourage men to take action regarding their health through behaviour change. Mixed methods of data collection are described below.

## Analysis

Initial (baseline) data was collected from the "Work Orders" issued to the 124 participants (see table 1).

The data collected from both the 3 and 12 month follow up telephone interviews was analysed using SurveyMonkey® and Microsoft Windows Excel. Simple descriptive statistics provided an overview of the collated results and enabled review of individual participant's results along with quantifiable measures in order to help describe what the data represented. Qualitative responses, collected in SurveyMonkey®, were also used to strengthen the data and provide further insight as to participants' views of the program. Qualitative questions asked at both the 3 and 12 month interviews included the following:

- What consumers remembered about their Pit Stop experience?
- Do you remember if you passed Pit Stop overall (got a Roadworthy Sticker?)
- Can you remember which colour traffic light you received for each test?
- Have you taken any action on issues highlighted at Pit Stop?
- Before you went to Pit Stop, when was the last time you took action for your health?
- If you took action for your health before you went to Pit Stop, what was it for?
- If you took action before you went to Pit Stop, who did you see?
- Please provide any comments you would like to make about Pit Stop.

In determining whether or not Pit Stop Program is a successful men's health screening tool, the degree of medium term changes in men's health behaviours should be used as the benchmark.

For the purposes of this paper, *long term* is defined as more than a 12 month period of time, and *changes* is defined as the cessation of unhealthy behaviours to adopt healthy practices such as consuming a healthy diet; undertaking regular physical exercise; adopting mental health strategies; reduction of alcohol consumption; reducing or quitting smoking, and seeking medical attention if unwell (Services, 2015).

## Results

The cost of conducting Pit Stop at Farm World over a 2 day period was \$9,350. This amount only refers to the figures associated with running costs over the 2 days. These figures include the staffing cost of medical practitioners (Registered Nurses and General Practitioners) at the event however do not take into account the costs associated with other staff at the event (approximately 6 people per day).

### Baseline Data Demographics

Of the 124 men who participated in the Farm World 2012 Pit Stop Health Checks, 56% were from the Gippsland region, 16% were from Melbourne and surrounding areas, 1% from NSW and WA and the remaining 26% of participants' location is unknown.

The age demographic of participants' indicated that 45.2% were 61-75 years old, 28.2% were 46-60 years old, 21% were 31-45 years old, 4.8% were aged 76 and over, 0.8% were 18-30 years old.

### Health screening results

The health screening results indicated a number of participants had clinical results which may increase the risk of preventable diseases, as illustrated in Table 1 below.

Overall, 39% of participants were recommended to visit a GP for follow up and medical advice.

**Table 1.** Health Screening results

Health screen	Clinical indicator of risk	% of participants	Traffic Lights Awarded		
			% Red	% Amber	% Green
Chassis check – (Diabetes risk)	(waist measurement of 102cm or higher)	55	4	60.5	34
Lube Service (Cholesterol)	Greater than 5.5 mmol/L	9.7	4	33	53
Oil Pressure (Blood Pressure)	180/110+	2.4	33	21	40
	140-179/90-109	46			
Fuel Additives (alcohol consumption)	seven or more standard drinks per week	12	31	18	74
Spark Plugs (Testicular Health)	*	*	0	18	76
Fuel Injectors (prostate health)	*	*	1	25	69
Shock Absorbers (Coping Skills)	*	*	2	14	78

\* Not recorded

## Roadworthy Certificate or Canary Sticker

Receiving a combination of red and/or multiple amber lights determined whether a Roadworthy Certificate or 'Canary' Sticker was issued to each participant.

The overall results, as determined on presentation of the completed Work Order, found that 23% of participants (n = 29) received a 'Canary' sticker.

Of the 29 participants:

- 11 did not receive a red light at any of the stations,
- 14 received one red light, and
- 4 received two or more red lights.

Roadworthy Certificates were given to 72% of participants while 5% of the results were not stated.

## Post intervention data

103 participants (83%) provided written consent for follow up contact. Of these, 66 participants (53%) were able to be contacted and were willing to participate at 3 months' post intervention, and 41 participants (33%) were able to be contacted and were willing to participate at 12 months' post intervention as outlined in Table 2.

A comparison of the results of survey questions at both 3 and 12 months follow up is presented below.

**Table 2.** Number of Participants in Pit Stop Program Evaluation

Contact Event	Farmworld 2012	3 month follow up	12 month follow up
Number of people	124	66 (53%)	41 (33%)

## Participant recall of Pit Stop Results

Participants were asked if they could recall their overall result for Pit Stop.

At 3 months, 53 (84.13%) of participants contacted were able to recall if they had passed Pit Stop, whereas at 12 months this had reduced to 31 (75.6%), as outlined in Table 3 below.

**Table 3.** Number of participants able to remember their Pit Stop results

Follow up time frame	No. participants contacted	No. of participants who recalled their results	No. of participants who recalled their results correctly	No participants who incorrectly recalled receiving a "Roadworthy"
3 months	66	53	*	*
12 months	41	31	26	5

\* Not recorded

Of the 31 men able to recall their Pit Stop results at 12 months, 26 (84%) correctly recalled their result, with the remaining 5 men recalling their results incorrectly.

These 5 men all recalled receiving a 'Roadworthy Pass Certificate' when in fact they had received a 'Canary (Take Action) Sticker'.



Of the 10 men who were unable to recall their results, 6 had received a 'Roadworthy Pass Certificate, and 4 a 'Canary (Take Action) Sticker'.

### Action taken as a result of Pit Stop participation

Participants were asked if they had taken any action on making changes to their health behaviour after participating in the Pit Stop program, and if so, whether these changes had been maintained.

At the 3 month follow up, 29 men (44% of participants contacted) had taken action on health issues highlighted to them at Pit Stop. The 12 month follow up indicated that only 12 men (41% (of the 44%)) had been able to maintain these changes, as outlined in Table 4.

**Table 4.** Number of participants who took action

Post intervention time frame	No. participants who had taken action
3 months	29
12 months	12

Themes from the narrative responses include:

- A cohort of consumers already aware of health concerns and actively managing their health prior to the Pit Stop visit, therefore believing that no further changes are required
- Consumers who received a "good" report believing there was no need for them to change
- A number of consumers advising they have made changes to their diet as a result of their Pit Stop visit
- A small number of consumers reported following up concerns with their General Practitioner or Allied Health practitioner (e.g. Diabetes Educator).

At the 3 month follow-up, participants were also asked how often they take action for their health. Sixty two people answered this question, with 51 people reporting they had taken action for their health in the past, and the remaining 11 people indicating they had not taken action for their health. Fifty-three percent (27) stating that they had taken action for their health in the past 12 months.

Comments from participants included:

- *"made changes but lost momentum, like to revisit Pit Stop and talk about life style changes"*
- *"no changes made, think about giving up smoking for my kids, as get older think about this more"*
- *"tried to make changes but didn't last very long"*

Examples of health behaviour changes that were adopted after attending Pit Stop included drinking more water, eating more healthily, losing weight, drinking less alcohol and exercising more.

## Recollection of Pit Stop experience

Participants were asked what they remembered about Pit Stop.

A sample of comments is included, highlighting the key themes identified.

### *Recall of individual assessment:*

- *“Needed improvement”*
- *“Good, ticks everywhere, not much to worry about”*
- *“Little bit of question over one of them possibly blood pressure, but can't really remember”*

### *Improved Access*

- *“Good service. If someone has a problem don't feel embarrassed as long as you tell them the hard truth”*
- *“It's a worthwhile program. Gives you an opportunity to see how you are going without being pressured. Really quick and gives you an idea on what you need to work on”*
- *“Hope you continue it. Lots of guys don't get check-ups. It's convenient to do this at Farm World as people are already attending. Many men are busy and don't take the time out of their day to get a health check”*

### *Positive support for program*

- *“Keep up the good work; everyone should be conscious of it anyway. Lots of farmers say “I'm right”, they should think about talking to someone. Farmers spend lots of time on the farm and sharing your problems can help”*
- *“Went to GP recently and everything was fine. Thought it was good thing to have. You know what blokes are like they don't like to get things done”*
- *“Thought it was a good idea, glad I did it, it was reassurance that everything was all okay and I was doing things right”*

Whilst general comments were supportive of the program, there are a number of issues for consideration, as discussed below.

## Conclusions

Results suggest that the Pit Stop program was beneficial in promoting health awareness at the time of program delivery. Given that only 33% of original participants were able to be followed up at 12 months, some caution in interpreting results is required, in particular the extent of medium-term impact of the Pit Stop program on health behaviour change. The majority of men who chose to participate in Pit Stop were already engaged with a health professional. It would appear that the Pit Stop program has had little impact on those men who are less aware /motivated to review their health behaviours.

It is of particular concern to note the results of the 12 month follow up in relation to recollection of information provided at the Pit Stop program. Of the 41 men surveyed, 31 received a 'Roadworthy Pass Certificate' and 10 received a 'Canary (Take Action) Sticker'. Of the 10 receiving the 'Canary (Take Action) Sticker', only one participant was able to correctly recall this at 12 months. Four of those receiving the 'Canary (Take Action) Sticker' were unable to remember this, and the remaining 5 recalled (incorrectly) that they had received a 'Roadworthy Pass Certificate'. These results are worrying as they indicate that only 10% of the men who were at greatest risk of health complications could recall this. The remaining 90% either could not recall their results or believed they had received a 'Roadworthy Pass Certificate'.

These results suggest that apart from raising initial awareness of health issues, the Pit Stop program has had minimal, if any medium-term impact on those participants who are at most risk of adverse health behaviours. The lack of accurate recall may be due to a variety of reasons, but highlights the limited longer term impact of Pit Stop. Despite participating in the program on the day, it would appear that the information received is either not retained and/or acted upon in any sustainable manner.

The results show that although 44% of participants had made changes to health behaviour at 3 months, less than 3% had made any further changes at 12 months. If an individual was planning to make a health behaviour change as a result of participating in the Pit Stop program, they would have done so by 3 months, or not at all.

### Recording of participant outcomes

The results of the Pit Stop health checks have shown inconsistencies in the recording of screening outcomes, with incongruences between clinical results and "traffic lights" recorded on the Work Orders. However, it should be noted that the health checks are guidelines only, therefore results can be interpreted differently depending on the individual's circumstances.

Practitioners discuss personal health matters with each participant and not all details are recorded on the Work Order. This may explain the inconsistency between the number of roadworthy results issued and the number recommended for GP follow up. A previous evaluation report has also indicated inconsistencies in reporting information on the Work Order forms (Moffatt et al., 2012). Inconsistencies may also be attributable to the level of training of the practitioner determining the outcome of the Work Order. To reduce these inconsistencies, further investigation is required to determine appropriate processes to improve reporting of participant's health screening information, and ensuring appropriately qualified staff are determining the Work Order status.

## Financial considerations

Estimates of costs associated with conducting the Pit Stop program at Farmworld 2012 are difficult to provide in detail. Implementation of the Pit Stop program requires the employment and coordination of a range of skilled health staff, training in the Pit Stop program delivery process, provision of adequate and appropriate equipment and resources, along with commitment and capacity to set-up and deliver all program components in a coordinated, systematic and orderly fashion. There are also further costs associated with staff time required to plan, prepare resources and set up for program delivery. As well as the staff time required for follow-up of evaluation processes, and preparation of final reports.

The costs reported do not take into account staff time in planning and preparation for the event or the costs associated with conducting an evaluation and producing final reports at the conclusion of the event. For these reasons the cost of conducting Pit Stop is estimated to be significantly higher than the running costs stated above.

## Limitations

There was a lack of standardised techniques in surveying Pit Stop consumers and staff after the event. The Pit Stop program does not provide templates for surveying consumers after the event which again individualizes the results of research regarding gains in knowledge and healthy changes in behaviours in participants. Evaluations were also conducted at different times after the Pit Stop events, occurring between four and twelve weeks afterwards.

Most notably, there are no other medium term studies completed of participant's knowledge or behaviours after completion of the program. No existing studies conducted evaluations after a three month period of time, questioning the higher degree of enhanced knowledge and positive changes in health behaviours reported by participants.

Finally it must be asked where the Pit Stop program fits in the world of health promotion? Pit Stop has been delivered many times across Australia as a health promotion initiative (Moffatt et al., 2012) and is referred to as a health promotion initiative in the literature (Misan & Oosterbroek, 2014). However this study would argue that based on the results this is not in fact a health promotion initiative and would be better placed as a health screening activity where medical follow up and continuity of care could be offered by a qualified health professional.

## Concluding statement

Our findings are contrary to that of previous studies (Alston & Hall, 2001; Chambers, 2005; Moffatt et al., 2012; Russell et al., 2006). This may be due to a number of factors including the evaluation method and the more longitudinal nature of this evaluation. Given the costs associated with implementing the Pit Stop program, it may be beneficial to explore alternate options for cost effective strategies that address men's health issues in rural communities.

Future studies should look to conduct economic evaluation on the Pit Stop program, comparing the costs associated with conducting the program to the health benefits received by men who participate in the program. This would provide a clearer picture of the overall effectiveness of Pit Stop program. Once this information has been determined, comparative analysis can then be undertaken with economic evaluations of similar health interventions. This will provide a basis to select health interventions that provide the greatest return on investment, and the most sustainable benefit for men in rural communities.

## References

- Alston, E., & Hall, C. (2001). *Pit Stop: Gentlemen Check your Engines*. Paper presented at the 6th National Rural Health Conference, Canberra, Australian Capital Territory
- Bourke, L., Sheridan, C., Russell, U., Jones, G., DeWitt, D., & Liaw, S. T. (2004). Developing a conceptual understanding of rural health practice. *Aust J Rural Health, 12*(5), 181-186. doi:10.1111/j.1440-1854.2004.00601.x
- Central West Gippsland Primary Care Partnership. (2010). *Pit Stop Health Check Evaluation*. Retrieved from Victoria, Australia: <http://www.centralwestgippslandpcp.com/wp-content/uploads/2011/09/Mens-Health.pdf>
- Chambers, D. (2005). *Pit Stop Evaluation 'Apart from taking it down to the pub here, its about as masculine as you can get'*. Retrieved from Perth:
- Dixon, J., & Welch, N. (2000). Researching the rural-metropolitan health differential using the 'social determinants of health'. *Aust J Rural Health, 8*(5), 254-260.
- Lardner Park. (2017). Farm World. Retrieved from <http://lardnerpark.com.au/farm-world/>
- Misan, G., & Oosterbroek, C. (2014). *Practioners' Guide to Effective Men's Health Messaging, Men's Health Resource Kit 2*. Retrieved from Penrith:
- Moffatt, J., Hossain, D., & Boucher, D. (2012). *Evaluation: is pit stop effective? Final report*. Retrieved from GP Connections , Toowoomba, Australia:
- O'Brien, B., & Forrest, D. (2008). PITSTOP–Men's Health Social Marketing Program. *Social Marketing Quarterly, 14*(1), 31-36. doi:doi:10.1080/15245000701849146
- Russell, N., Harding, C., Chamberlain, C., & Johnston, L. (2006). Implementing a 'Men's Health Pitstop' in the Riverina, South-west New South Wales. *Aust J Rural Health, 14*(3), 129-131. doi:10.1111/j.1440-1584.2006.00783.x
- Services, V. D. o. H. a. H. (2015). *Victorian public health and wellbeing plan 2015–2019*. Victoria: State Government of Victoria Retrieved from [www.health.vic.gov.au/prevention](http://www.health.vic.gov.au/prevention).
- Smith, J. A., Braunack-Mayer, A., & Wittert, G. (2006). What do we know about men's help-seeking and health service use? *Medical Journal of Australia, 184*(2), 81.
- Victorian Department of Health. (2008). *Victorian Population Health Survey Report 2008*. Retrieved from Victoria, Australia: [www.health.vic.gov.au/healthstatus/vphs.htm](http://www.health.vic.gov.au/healthstatus/vphs.htm)