Use of a livestock-adapted ADKAR[®] change management model for reducing AMU

Nele Caekebeke

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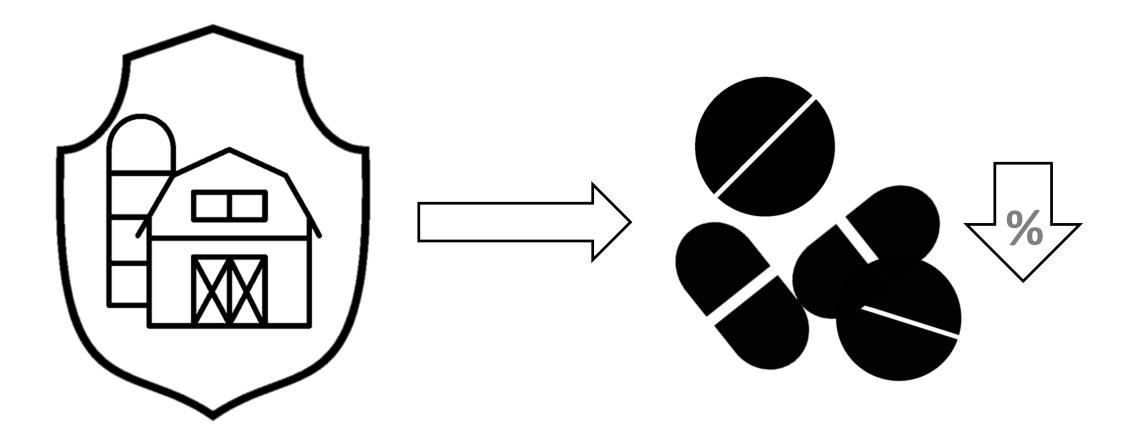


AACTING 2019 Bern, Switzerland

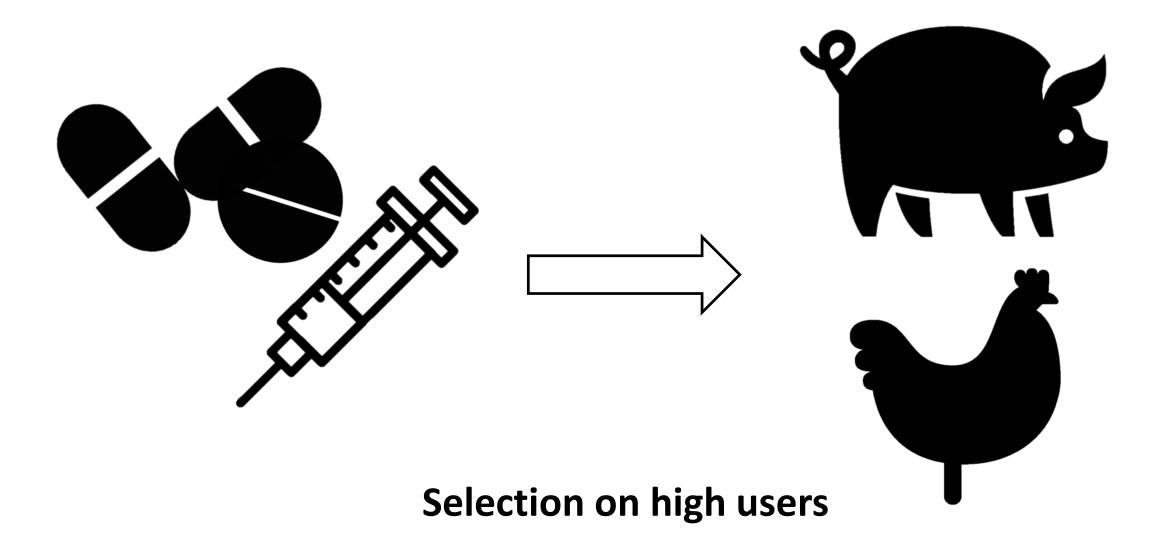




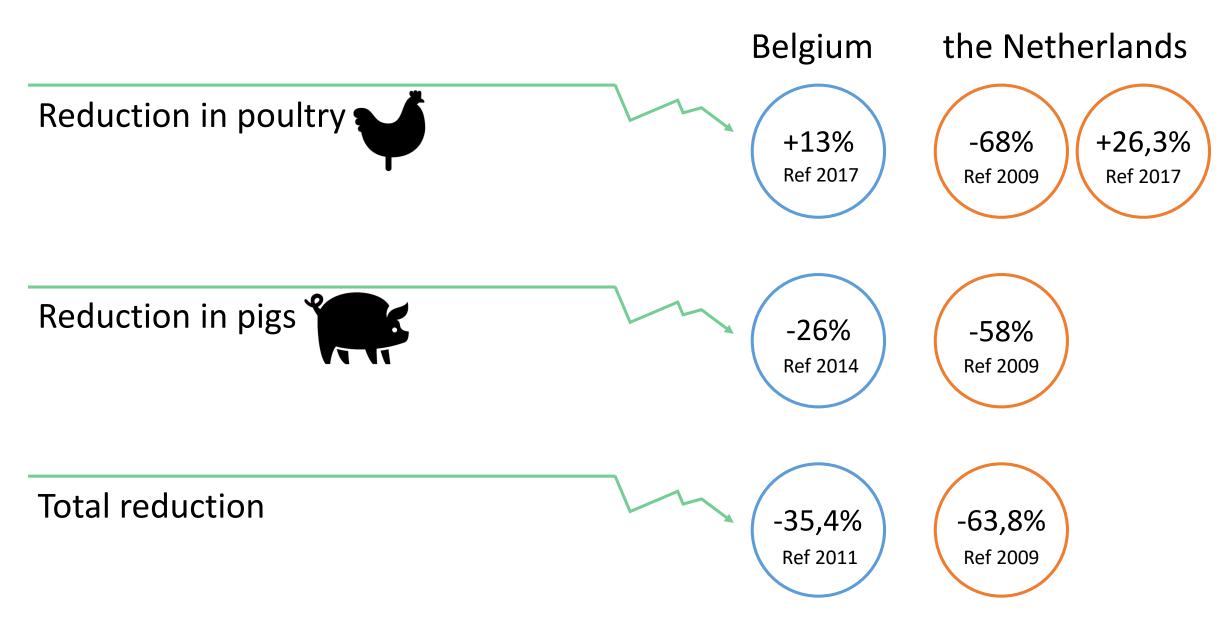
Improve farm health to reduce AMU

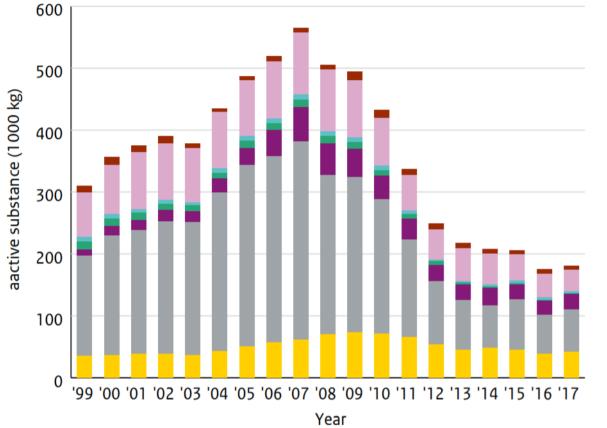


AMU on pig and broiler farms



Reduction in AMU 2018



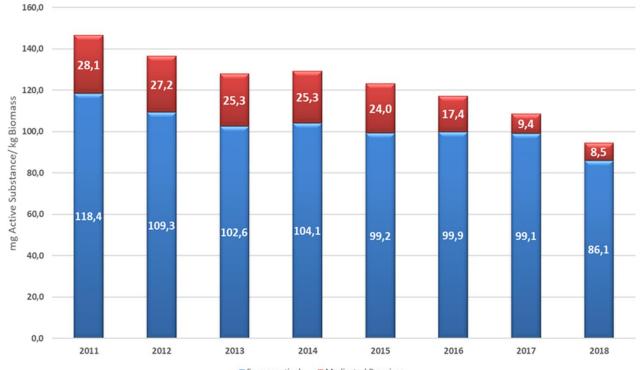


other

trimethoprim/sulfonamides

(fluoro)quinolones

aminoglycosides



Farmaceuticals Medicated Premixes

Sociological factors

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1

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Debunking the myth of the hard-to-reach farmer: Effective communication on udder health

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ABSTRACT

Worldwide, programs to control mastitis are implemented using different strategies to reach farmers. Even though education materials and best practices may be technically optimal, they need to be used to be successful. Thus, effective communication with farmers is essential in order to change their behavior and to improve their farm management. During a Dutch national mastitis control program, a substantial number of farmers seemed to be hard to reach with information on udder health. Consequently, this study was designed to provide insight into the attitude and motivation of such farmers. In the period of October 2007 to July 2008, 24 in-depth, semistructured interviews were conducted with farmers whose veterinarians considered to be difficult to approach with advice on udder health management (8 practices, 3 farmers from each practice). The interviews included questions about the farms and the farmers, their attitude and behavior regarding mastitis, and their information sources and social environment. information on udder health. Consequently, this study can contribute to the optimization of future programs designed to control and prevent diseases. **Key words:** mastitis, communication, education, extension

INTRODUCTION

Mastitis is one of the main health issues in dairy production (Bradley, 2002; LeBlanc et al., 2006). As a result, mastitis control programs are implemented in various countries using different strategies to reach farmers. Most of these control programs focus on the development of education materials and recommendations for best practices. Although this information may be technically optimal for decreasing mastitis, to be implemented it has to be effectively and consistently communicated to farmers (Chase et al., 2006; LeBlanc et al., 2006). Mastitis control programs worldwide find that, despite all efforts, not all farmers are reached by mastitis information. A study of a national masFeature Series – Review Article

Challenging the myth of the irrational dairy farmer; understanding decision-making related to herd health

E Kristensen*§ and EB Jakobsen[†]

Abstract

Veterinarians working with dairy cows are suggested to refocus their efforts from being task-oriented providers of singlecow therapy and develop themselves into advice-oriented herd health management advisors. The practising cattle veterinarian's ability to translate knowledge into on-farm application requires a profound understanding of the dairy farm as an integrated system. Consequently, educating and motivating farmers are key issues. To achieve such insight the veterinarian needs to work with several scientific disciplines, especially epidemiology and (behavioural) economics. This trans-disciplinary approach offers new methodological possibilities and challenges to students of dairy herd health management.

Advisors working with dairy herd health management may sometimes experience that farmers do not follow their advice. Potentially, this could lead to the interpretation that such farmers are behaving irrationally. However, farmers who are confronted with advice suggesting a change of behaviour are placed in a state of cognitive dissonance. To solve such dissonance they may either comply with the advice or reduce the dissonance by convincing themselves that the suggested change in management is impossible to implement. Consequently, herd health on science and the authors' experience is presented. The aim is to guide practising cattle veterinarians into a personal learning process considered necessary for them to be recognised by farmers as trustworthy dairy herd health advisors.

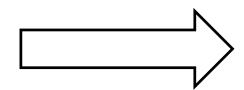
KEY WORDS: Herd health management, mixed-methods research, motivating farmers, educational framework, trans-disciplinary, evolving veterinary science

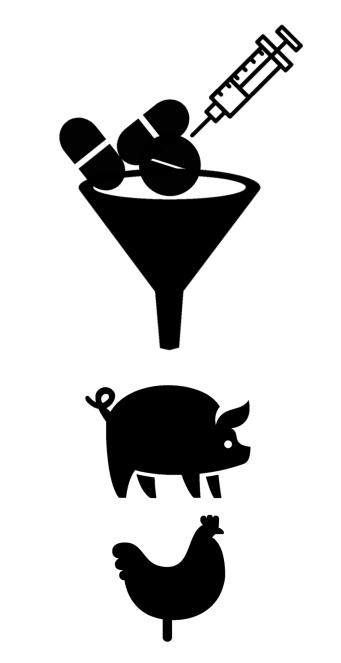
Introduction

In this review, we reflect on various cognitive processes involved in dairy farmers' voluntary decision-making related to herd health management programmes, and how these processes affect farmers' cooperation with veterinarians in advice-giving situations. Farmers' involuntary decisions, however, e.g. decisions following new legislation, are equally interesting from a decision-making perspective. Involuntary decisions are beyond the scope of this review, and interested readers are therefore recommended to study the work of, for example, Tenbrunsel and Messick (1999), Dernburg *et al.* (2007), and Heffernan *et al.* (2008).

The major points of progress and challenges in dairy herd health management were discussed, in an already classical paper, by

A D K A R





Livestock-adapted ADKAR[®]

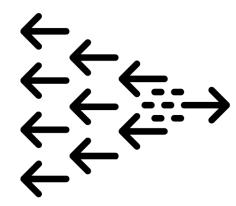
Hiatt, 2006

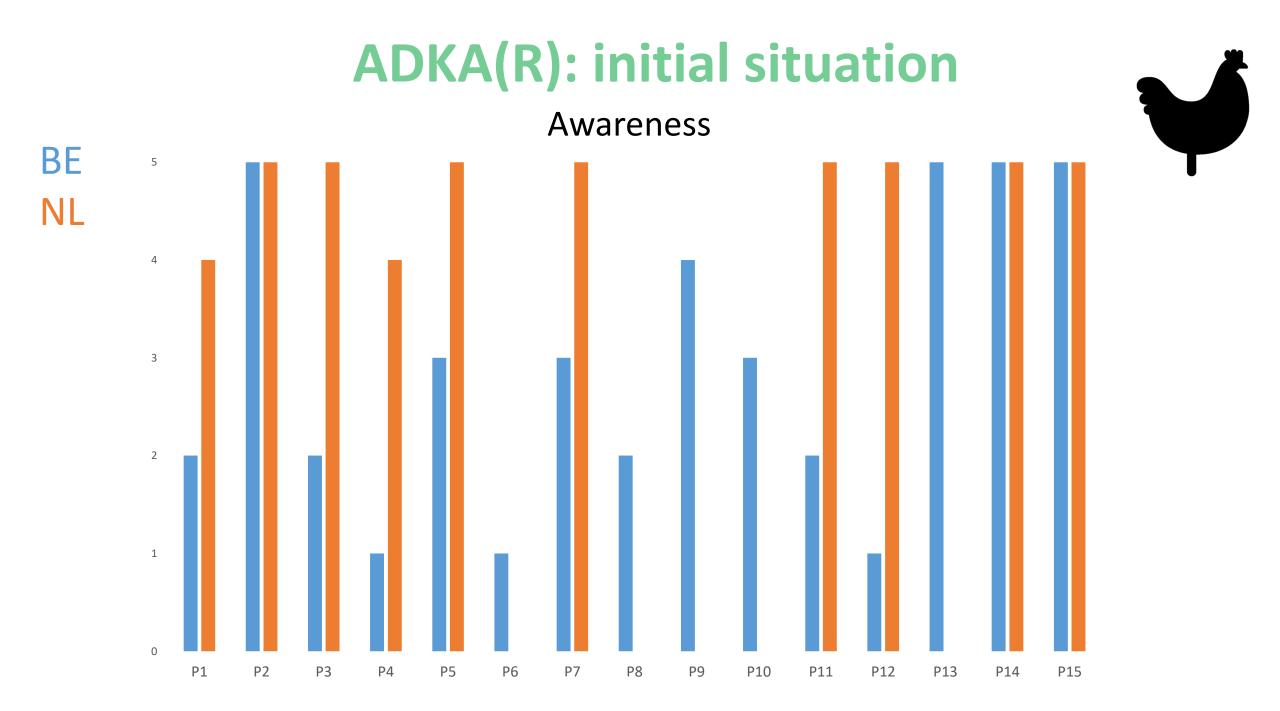
Livestock-adapted ADKAR®

ADKAR building	Description building block	Score	Explanation scores
block	DIOCK		
A (wareness)	Represents the	1	Farmer missed all information regarding AMU and AMR. Is not aware there are reduction goals, nor is aware AMU
	awareness that AMU in		is a risk for AMR.
	livestock production	2	Farmer is aware of the recommendation to reduce AMR, but is completely denying the problems related to AMR.
	should be reduced while this is a risk for	3	Farmer is aware that AMR should be reduced, but contests the role AMU in livestock. Mentions the role of AMU in human medicine and/or the role of AMU in dogs and cats.
	introduction of	4	Farmer is aware that AMU should be reduced, and accepts the reduction goals.
	antimicrobial resistant	5	Farmer is fully aware that AMU should be reduced, as he accepts the risks and opportunities for livestock
	bacteria in animals and		production. He takes responsibility for the AMU in the farm and embraces the reduction goals for the farm.
	men.		
D (esire)	Represents the	1	Farmer states: "This is not my problem. It does not concern me".
	personification of the	2	Farmer will reduce, but is not the first adaptor. Farmer states: "my "neighbour" should also reduce".
	awareness.	3	Farmer wants to reduce, but slowly. The goal is not to reach the lowest use possible, just enough is also OK.
	"Does the farmer	4	Farmers goal is to reach the lowest AMU possible, with equal costs.
	himself want to reduce	5	Farmers goal is to reach the lowest AMU possible, even if there are considerable costs related to the reduction.
	AMU in his farm?"		
K (nowledge)	Represents the	1	It is not clear what is causing the health problems in the farm. It is not possible to draw up an action plan. The
	knowledge and skills of		farmer and his network really do not know where to start.
	the farmer to	2	Low or inaccurate knowledge, experience or skills which are needed for the execution of the action plan are
	implement measures		available for the farmer. Or, the underlying cause of the problem is not yet identified.
	to improve health and	3	Information on health problem(s) is available for the farmer, action plan can be drawn up.
	to reduce the need for antimicrobial	4	Information is available, but some discussion about the implementation. Support for the farm and farmer is needed to implement change.
	treatment.	5	Information is available, Action plan is accepted and knowledge and skills are sufficiently available at level of

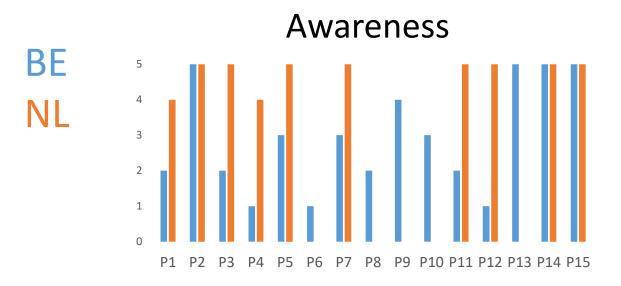


ADKAR

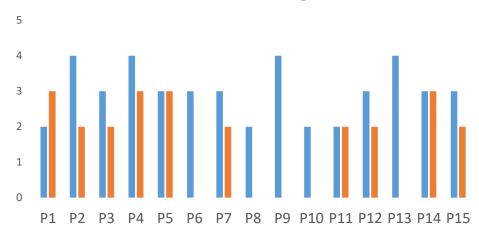


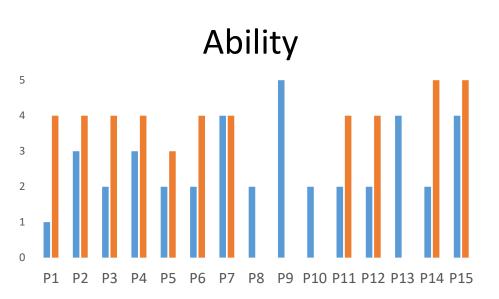


ADKA(R): initial situation



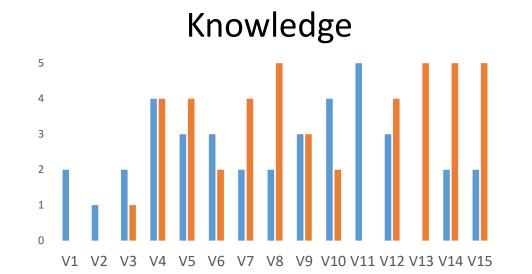
Knowledge





ADKA(R): initial situation Awareness Desire

1 V7 V8 V9 V10 V11 V12 V13 V14 V15 1 V1 V2 V3 V4 V5 V6 V7 V8 V9 V10 V11 V12 V13 V14 V15



0

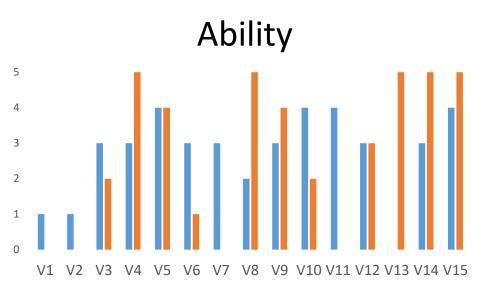
V1 V2

V3

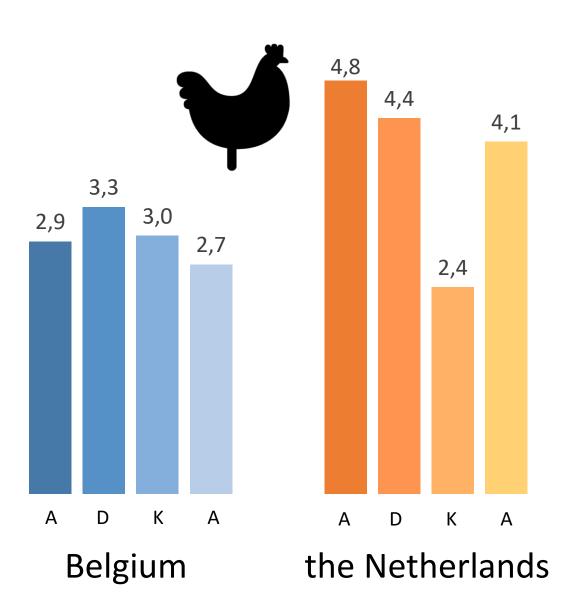
V4

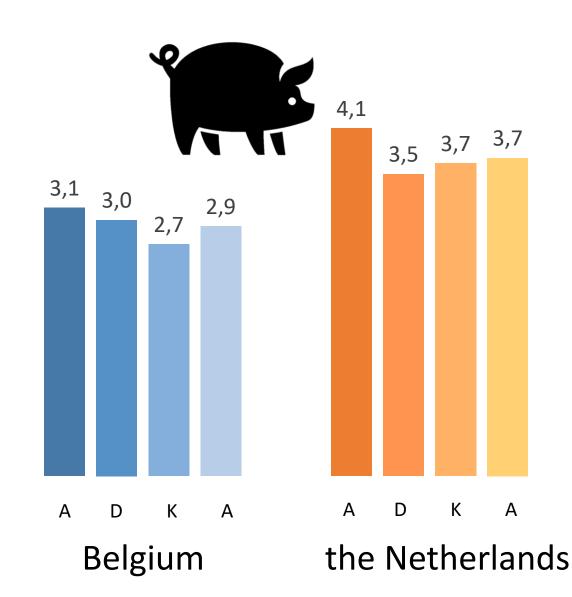
V5

V6



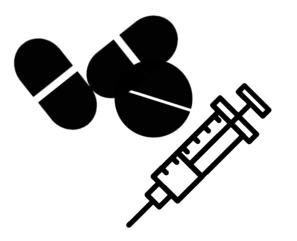
ADKAR initial situation: averages

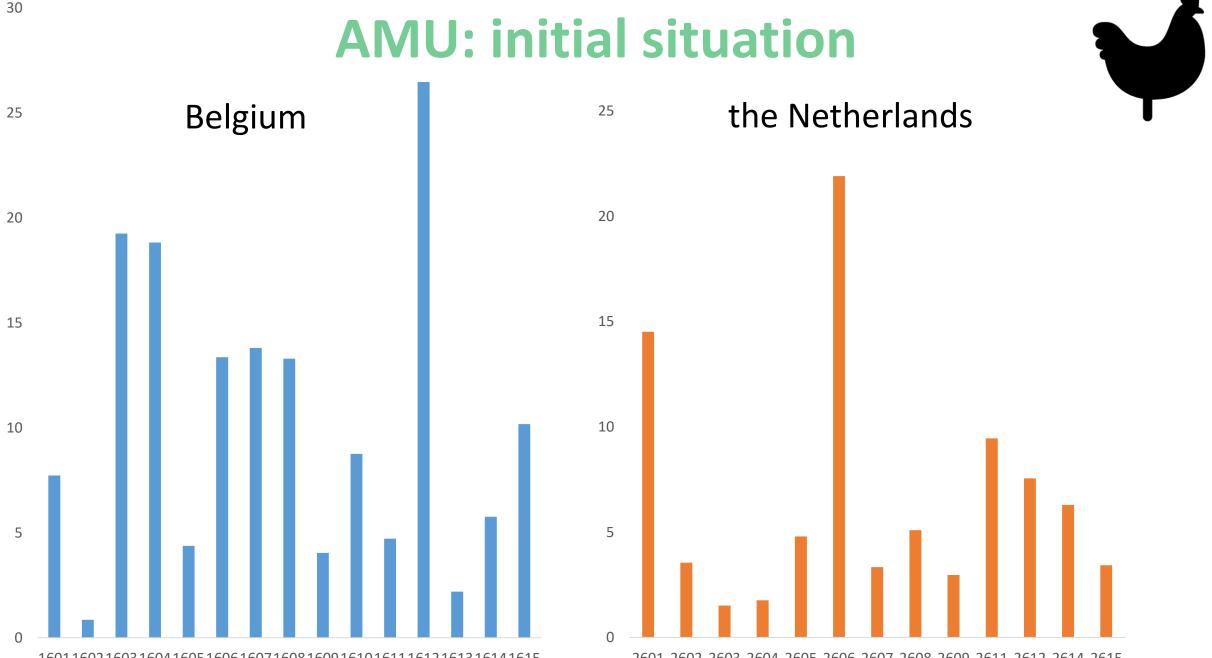






AMU





1601 1602 1603 1604 1605 1606 1607 1608 1609 1610 1611 1612 1613 1614 1615

2601 2602 2603 2604 2605 2606 2607 2608 2609 2611 2612 2614 2615

AMU initial situation: averages

Belgium

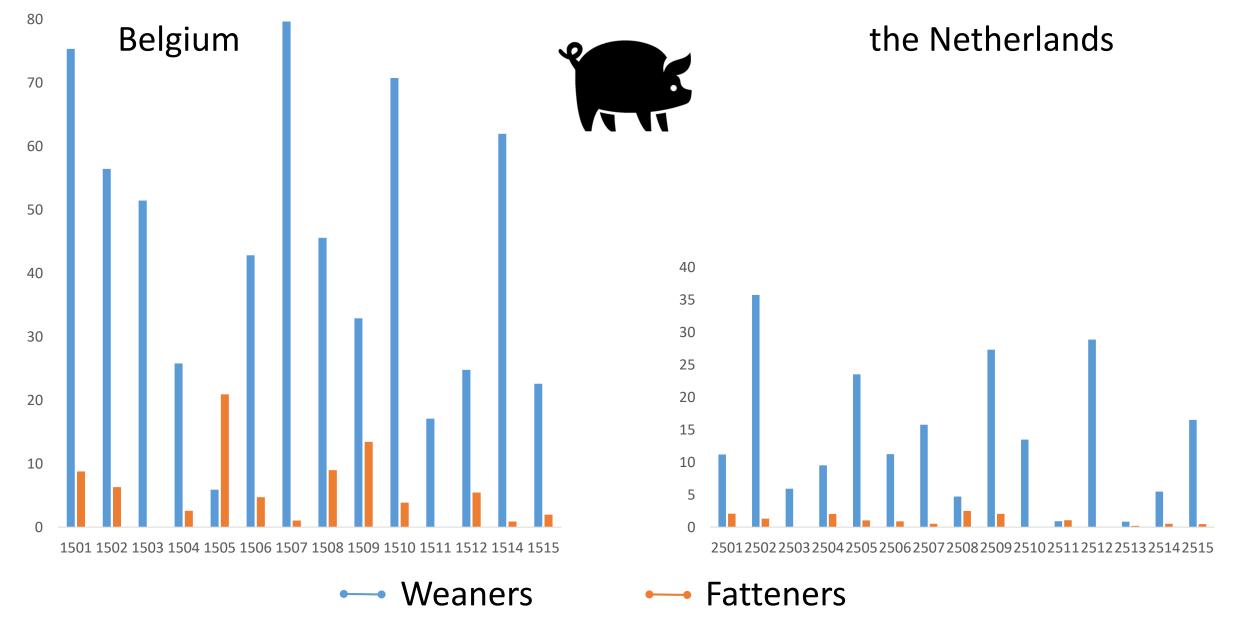
the Netherlands

TI =10,24



TI = 6,63

AMU: initial situation



90



Belgium

the Netherlands

TI = 43,78



TI = 14,07

$$TI = 6,57$$

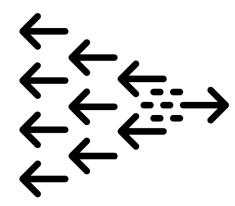


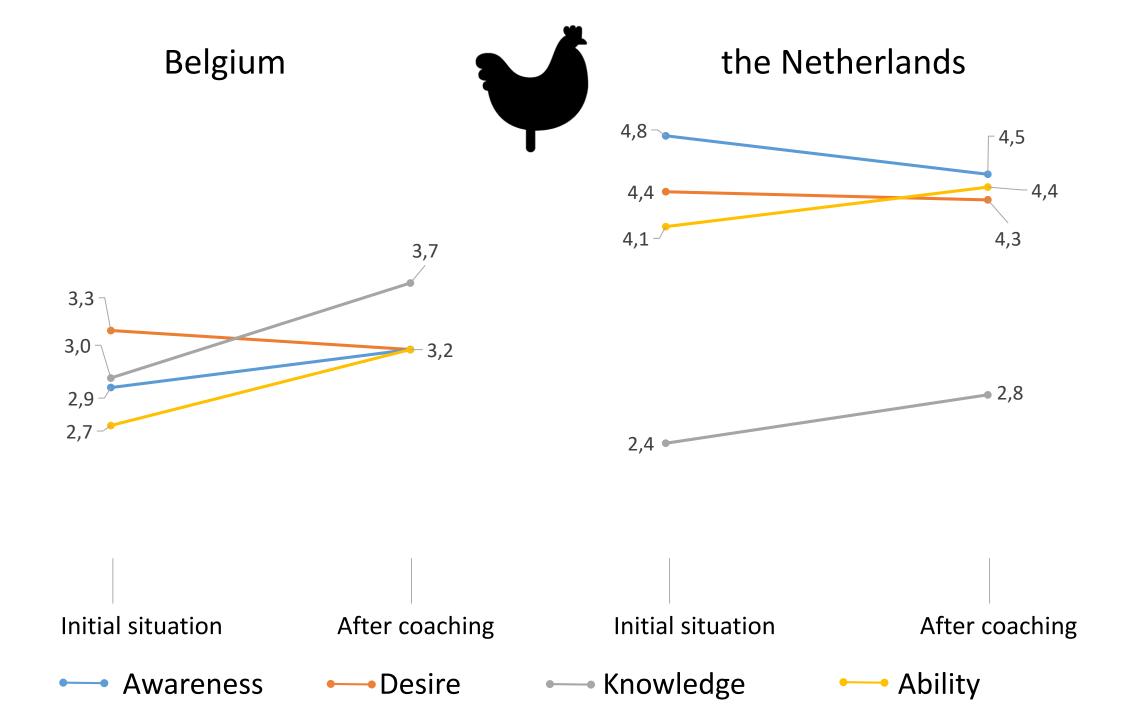
TI = 1,22

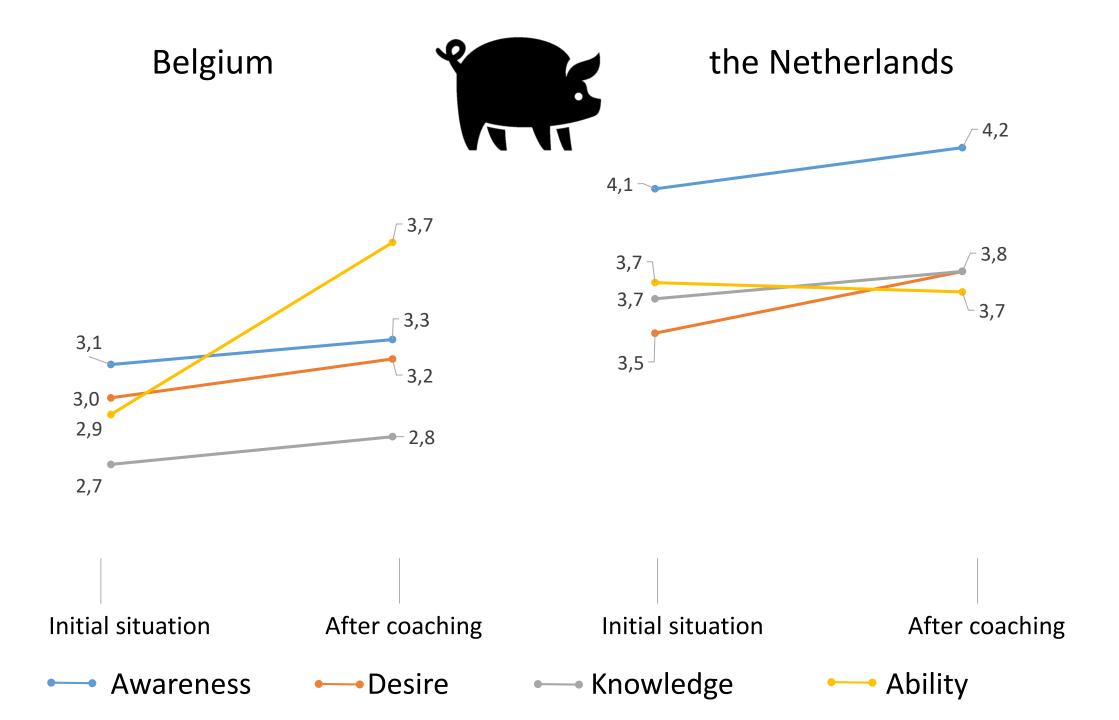


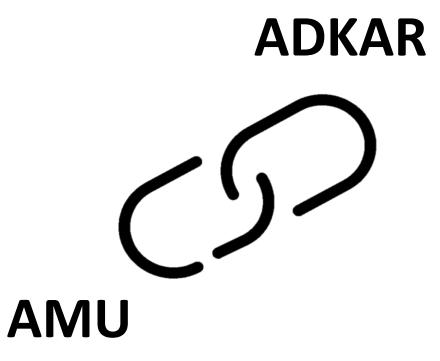


ADKAR











P= 0,001 ρ= -0,440



P= 0,021 ρ= -0,319





AMU weaner



P= 0,005 *ρ*= -0,373

AMU fattener

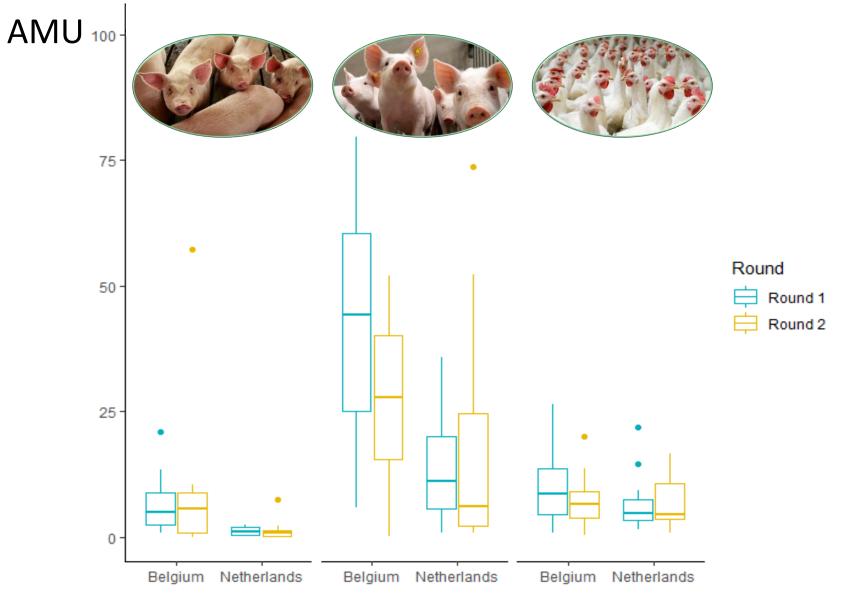


P= 0,004 ρ= -0,432



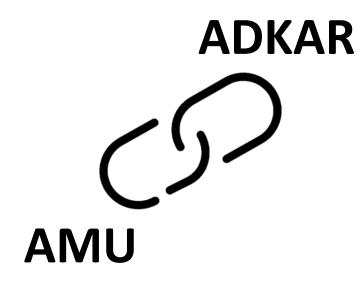


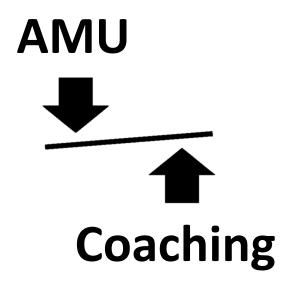
Effect of coaching on AMU





Effect coaching on ADKA(R)





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