Introduction
Health Check Pit Stop study was performed in the Barossa Valley, Victor Harbor, and Murray Bridge, by Flinders University medical students during their Regional Community Week (RCW). It was a community-engaged research project with an aim to provide basic physical, mental health, and health behaviour screening and referral information to community members. The Part A arm of the study screened the community for basic physical health parameters. The complementary Part B study focused on mental health and quality of life.

Aims
This study had several aims:
- To provide Murray Bridge community members with free physical health checks
- To gather basic physical health screening data in the regional community setting
- To provide health referral information to Murray Bridge community members
- To describe physical health data in preparation for its combination with mental health and health behaviour data collected in Health Check Pit Stop Part B. These two studies will subsequently contribute to research involving Murray Bridge, Victor Harbor, and Barossa Valley.

Methods
Advertisements were placed in the local newspaper and the project was promoted on the local radio prior to RCW. Members of the public over 18 years old in Murray Bridge, Victor Harbor, and Barossa Valley were recruited to participate over two days during working hours, on the 30/09/2014 and 1/10/2014. To provide Murray Bridge community members with free physical health checks and health behaviour data collected in Health Check Pit Stop Part B. These two studies will substantially contribute to research involving Murray Bridge, Victor Harbor, and Barossa Valley.

Basic physical health screening involved the collection of the following measurements:
- Demographics
- Smoking status
- Weight
- Waist circumference
- Random blood glucose
- Blood pressure
- Peak expiratory flow

Participants were provided with a summary of their results and referral information on completion.

Results
Overall, 65 participants were recruited, with 52 of them from Murray Bridge Marketplace and Library and 13 of them from Murray Mallee Community Health Service. There were 24 males (40%) and 36 females (60%) and the average age of participants was 50.9 years (range 18-84 years).

Regarding employment status, 18 out of 60 (30%) worked full-time, 13 (22%) worked part-time, while 13 (20%) were unemployed, and 17 (28%) were retired or other. Marital status survey show that 16 out of 60 (27%) were single, 4 (7%) were partnered with different residence, 40 (67%) were partnered with same residence. Out of 60 participants, 33 (55%) had never smoked, 17 (28%) were ex-smokers, and 10 (17%) were current smokers.

Waist circumference measurements demonstrated 11 out of 24 (45%) male participants and 32 out of 45 (71%) female participants with high risk (>120cm) waist circumferences. Random blood glucose measurements showed 30 out of 64 (47%) of participants with levels between 3.5-5.5mmol/L, 20 (31%) with levels between 5.6-7.0mmol/L, 10 (16%) with levels between 7.1-10.9mmol/L and 4 (6%) with levels above 11mmol/L. Peak expiratory flow measurements found females with the range of 175-590ml/min, and males with the range of 260-739ml/min. Regarding systolic blood pressure (sysBP), 21% of females and 24% of males had a sysBP of lower than 120mmHg, 56% of females and 29% of males had a systBP between 121-140mmHg, and 24% of females and 47% of males had systBP above 140mmHg.

Discussion
Our findings are mostly encouraging, as only 17% of participants were current smokers, lower than the national average in 2012 (1), 78% of participants were normal or are unlikely to have diabetes (2), and 75% of participants had normal blood pressure readings (3). However, 45% of men and 71% of women had high risk waist circumferences. It is difficult to draw any conclusions from the peak expiratory flow data at this stage (4).

There are several limitations in our study. Firstly, regarding waist circumference, the recommended measurements have not been determined for all ethnic groups (they may be lower for Asian men). Secondly, for blood pressure and random blood glucose measurements, situational and environmental factors (e.g. shopping mall, time constraints) may have elevated results, and we are unable to account for medications, medical conditions, and ethnicity. Thirdly, being a cross-sectional study, data was only taken across two days, within working hours, and at selected locations; therefore, we expect a selection bias in our results.

We recommend that future studies take more information regarding ethnicity, medical conditions, and medication histories. Furthermore, the timing and location of the study should be more diverse in an effort to reduce selection bias.

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References