

# Reducing early mortality of men living in rural and remote Australian communities

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## Abstract

In reducing early mortality of men, and to improve the health of men living in remote communities it was necessary to focus on the key health risks associated with heart disease, diabetes and wellbeing.

The aim of the project was to provide men (and adolescent boys) in rural/remote communities with knowledge and understanding of physical and mental health; to increase their awareness of available health and support services; to enhance their ability to access these services; and to promote acceptance of such services within the community.

Statistics show that men in remote and rural areas have a lower level of health and access to services across most parameters. Preventative measures and early intervention is a rare activity for these men. The Rural Men's Health Program targeted the male psyche and endeavoured to reverse the notion that strong men suffer in silence.

Men in rural remote communities need to be specifically targeted to attend health promotion sessions and participate in health screening. A specifically designed "blokes night out" appeals to men and introduces the importance of health screening and values improved health behaviour through medical and health education follow up.

## Introduction

The Rural Men's Health Project (RMHP) was a two year men's health program. The program was planned and delivered utilising the MAN Model of Health Promotion of the Centre for Advancement of Men's Health (CAMH) with funding from the Federal Department of Health and Ageing Rural Unit.

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Men's health is a leading concern of governments across the world. Statistics indicate men die an average of five to seven years earlier than women. Men also suffer higher rates of preventable chronic diseases and suicide than women.<sup>1</sup>

To understand men's health we need to understand the underlying theme that has modelled male behaviour for centuries. Fanning suggests that society recognises that women must be protected and 'tenderly cared for' as women are the incubator for the human race but "Men's bodies are expendable. They just aren't as important as women's bodies because men can't have babies. The undervaluing of male life and health is an historical fact that clearly seen in war, in economics, in actual tables and patterns of health care utilisation."<sup>2</sup>

Maybe this partly explains why rural men are so stoic and vulnerable to a range of health and wellbeing issues. Yet rural men support community services such as rural fire services and have no reluctance to sign up for national emergencies without any consideration to the dangers associated with such activities.

The exact answers to [such] questions of course are not known, but major contributing factors are: the health awareness level of men in general; a higher level of risk taking by men in many activities; males ignoring early warning signs or denying health problems and a reluctance in many cases to visit a doctor when they should; they often leave it too late.<sup>3</sup>

Men's health, particularly, in rural remote areas is of greater concern, especially for Indigenous men with a life expectancy some 20 years lower than the general population.<sup>4</sup> Since the mid-nineties CAMH has specialised in rural and remote health promotion with over 15,000 men attending CAMH Men's Health Nights and sessions across Australia and within rural British Columbia, Canada.<sup>5</sup>

To reduce early mortality of men and improve the health of men living in remote communities it was necessary to focus on the key health risks associated with heart disease and diabetes. Only through valid risk assessment screening could those at risk be identified and be encouraged to access health services, to treat the problem and instigate behavioural change which would support improved health. It also provided an opportunity to discuss other health concerns such as wellbeing and promote involvement in other community health promotion activities.

The biggest challenge was to form effective partnerships with local health workers to undertake a sustained systematic program. In those communities that had consistent senior health managers present and committed to the program the results were very satisfying. Management that valued the opportunity of the RMHP was a critical factor to the overall success in each individual community. Management's commitment to health promotion activity instead of a model that focused just on chronic patients or medical emergency provided a successful outcome across both staff and community.

The process of developing partnerships was formed initially in eight selected communities and then a two year ongoing partnership with four committed communities which involved both indigenous and non-indigenous men. The communities included:

- Miles and Mitchell in Queensland with populations under 5,000
- remote indigenous communities in partnership with Sunrise Aboriginal Health Service, Katherine in the Northern Territory
- Ngangganawili Aboriginal Medical Service, Wiluna in Central Western Australia
- the project was also introduced to Texas in Queensland, Tiwi Island and Daly River in Northern Territory and Port Lincoln in South Australia.

The RMHP concept was also extended to a further six communities who embraced the concept both here in Australia and in Canada. In Victoria the Harrow Bush Nursing Centre Harrow and a further four smaller rural communities in North West Victoria adopted the model. In Tasmania at St Helen's under the banner of Healthy Community a project which incorporated additional adolescent sessions and ongoing visits for both men's health and adolescents LifeSkills program in schools. A further partnership based on the work in Northern Territory was developed for communities under the General Practice Network NT at Utopia and from Tennant Creek to Darling Downs. These communities also included an extension and invitation to women as participants.

In 2007 a Paper was presented on CAMH work at the 19th World Conference on Health Education and Health Promotion Vancouver which resulted in an extension of the trip to continue follow up work in men's health promotion and early intervention processes in British Columbia for Northern Health BC and the BC Forest Safety Council. The invitation was based around the previous MAN Model work that was introduced to Canada in 2001 and the acceptance of the RMHP model and its Point of Care testing program as value adding to the previous work. Since 2007 the BC Forest Safety Council has conducted over 1,000 lipid tests on men using the Point of Care technology introduced by CAMH.<sup>5</sup>

The focus of the RMHP on males required an in-depth understanding of men; a method to engage men; and the opportunity to participate in screening for cholesterol and diabetes. Treatment options were provided and the male participants were challenged to make healthy lifestyle changes with ongoing local support and monitoring. Between three to four community site visits, at three month intervals, were undertaken which included community consultation, needs analysis, health education sessions, staff training, community screening and follow-up sessions. Continued support was provided by phone, email and the mannet website provided a devoted section with password applications for direct access to resources and program feedback for the RMHP communities along with ongoing support for new project sites.

The messages promoted included:

- that most men's health and wellbeing issues are preventable
- with positive action and assistance of local health care providers men's health will improve
- there is a need for men to become more proactive in being aware of and managing their health
- men need to access health centre services
- women's sessions are constructive in developing the men's health message along with compliance support

The project provided resources to committed sites to integrate the program and the resources into existing local health service provision. An important component of the program was the supply of Cholesterol LDX systems, a small portable analyser and test cassette system. Health professionals were given resources and provided with advice regarding the early intervention health assessment test results and attended workshops on men's health and /or on the job training.

The LDX system was easy to use, and provided fast and reliable results for lipids, glucose, and blood pressure testing was also undertaken. An outcome goal was that the equipment would be used after the initial 2 year program so that screening in a community health setting for early detection and intervention could continue to be carried out. Nine of the sites that developed the program during the project period continue to use the technology and provide best practice screening sessions.<sup>6</sup>

The project delivery, across all sites, was carried out by CAMH which has 14 years experience in the delivery of men's health programs in Australia and Canada. The evaluation data was collected by CAMH along with the local health workers involved in the program. The final review and evaluation was conducted by Dr Lois Beckwith and Dr Peter Talbot—qualified respectively in Health Promotion and Public Health Medicine.

Community programs commenced with a Men's Health Night, this was a critical first step in raising awareness and motivating men to attend a more detailed health assessment. A women's program was

added in several communities to assess their role and support in encouraging men's health. In one aboriginal community in the Katherine area adolescent boys attended with their fathers.

It was necessary to attract men to an initial workshop to address attitudes and knowledge of health. 'Send Your Bloke Along' slogan was used to encourage women to entice men to attend workshops. An effective incentive was door prizes for both women and men relevant to each community. As a consequence of attending the night the men were motivated to participate in health checks over the next few days at the health service which included lipids, glucose and blood pressure testing.

The RMHP outreach program elicited a significant positive response from the 859 men who attended one of the 10 workshops. Following the workshops 710 men undertook a health check. Of the 304 indigenous participants 247 were screened. The education sessions helped motivate and prepare the men for the follow up community screening, which was conducted over the next 48 hours so as to take advantage of their enthusiasm and availability.<sup>7</sup>

Full screenings were conducted on 613 men, women, and staff, indigenous and non-indigenous, of which 37 were immediate referrals to a Doctor and 81 to health workers and community health centres. There was one hundred per cent compliance for the Doctor referral.<sup>7</sup>

Recalls for follow-ups occurred from one week to three months depending on the need. When a man was referred back to the community health nurse at the clinic the compliance rate was over fifty per cent in the time frame of the project. Follow-up of the other fifty per cent continues.

The percentage breakdown of health conditions requiring medical treatment was consistent across all communities. Fifteen per cent of medical referrals were for high cholesterol, mainly HDL and RATIO with a family history. Ten per cent had high blood sugar levels; three of the clients exceeded 18 levels. Five per cent had high blood pressure requiring medication.<sup>7</sup>

A number of survey tools were used to assess the degree of learning and attitude change of the health workers, men, adolescents and women involved in the program. These results were very pleasing and reassured CAMH that the program also had a positive impact on health services and staff.<sup>7</sup>

The outreach program supported the current goal of the government of having every indigenous adult have a complete health check called the 710. In the project period 247 indigenous men were screened out of a total population of 844 in the Katherine/Sunrise Health Service region, with continued screening attracting a further 105 men.

CAMH findings from work conducted in Northern Territory at Mataranka in the late nineties compared to the same region (including communities associated with Mataranka), in 2006 and 2007 clearly show a difference over the ten years.<sup>6</sup> There was a reduction of major risk factors and an improvement of general health due to factors such as new drinking rules and 'dry communities'. Aboriginal health services were also delivering better services and there was a greater awareness and acceptance of the importance of good health.<sup>8</sup>

In these small remote indigenous communities up to seventy men at a time attended the local Men's Health Night (MHN) to learn more about their health and the value of early intervention screening for identifying risk factors of heart disease, diabetes and to talk about depression. The participation rate at remote indigenous MHN was a significant first for remote health delivery and demonstrated the commitment and professionalism of the local aboriginal health service staff. Within the sessions men learnt about the value of maleness in their relationships and its importance in their role as a partner and father.<sup>7</sup>

This male intervention has had an impact on the health status of men in these communities demonstrated by the number of men's health checks conducted in days following the educational men's health session and by the general support of local women.<sup>7</sup>

The same results were also experienced in remote general communities. In Mitchell, Queensland, the results in response to the 'male intervention' of their MHN, were ongoing early intervention screening sessions, with over eighty men attending the first screening session, a partners/women's health night (110 women) which effectively produced notable behavioural change with a further one hundred and fifty men and women attending follow-up screening sessions.<sup>9</sup>

Again the success is in principle due to the commitment of the Mitchell Health Service and the staff. In response to these sessions, places like Mitchell and Miles in Queensland, St Helens' in Tasmania and Harrow in Victoria have seen an increase in walking and gym activity, better diet and other activities that have reduced the measurable risk factors based on cholesterol readings, weight, blood pressure and blood sugar levels.<sup>7</sup>

This has been established by ongoing record collection and follow up health screenings that have supported improved results. The new program under the General Practice Network NT in Utopia had a significant impact on their results with 5 health workers giving up smoking and a significant reduction or stabilised lipids results for both men and women on the follow up visit with further visits organised for 2009.

Overall in the RMHP there was 100% compliance with all 118 identified at risk men undertaking the Doctor or health service nurse referral process to commence medication and undertake life style behaviour change.<sup>7</sup> Recalls for follow ups occurred from one week to three months depending on need. These sessions continue to be conducted in nine communities.

The men who had an identified risk have shown an improvement in their risk factors over a three to six month period. Health conditions requiring medical treatment were consistent across all communities. **15% had high cholesterol, 10% high blood sugar and 5% high blood pressure.** The program showed that men can improve their ability to control potentially life threatening health problems. Participation levels in other locally delivered risk reduction programs also increased as a result of this intervention.

## Conclusion

The life expectancy of the Australian male, based on 2007 Australian Bureau of Statistics figures, has risen nationally to 79 years, an increase of four years since the early 1990s. The life expectancy of Indigenous males has also risen to 59 years as a national average, which also shows a rise of 4 to 5 years, and in urban Australia, the indigenous man can now live to the age of 75+. The role of men's health education and the opportunities provided for men to become more proactive about their health has contributed to improving the life expectancy of Australian males. It can also be argued, as is by governments, that the improvement is contributable to advances in Emergency Medical Intervention, new medical technologies such as the Stent for heart attack victims which has certainly helped both men and women to 'cheat death' from further heart attacks. Yet the conclusive evidence is there, that more men now present at the GP for health checks based on a greater awareness. Fourteen years on from the introduction of the MHN, men still 'turn out' in large numbers to learn about their health as has been the case for women for years. Men need a reason why and also need to feel that they have some practical knowledge before presenting at a Doctor—the Men's Health Night and the community lipids screening process supported by local Health Services and GPs provided them with evidence and knowledge for better health outcomes, increased life expectancy.

Men's health education and the promotion of the health message to men (and women) is a significant step in reducing premature death from chronic disease for both men and women. The evidence supports an improvement in lowering the early mortality of men across the major chronic disease risk factors and also in the area of male suicide. The fact that men now routinely attend men's health programs in continued large numbers indicates a greater commitment by men to being healthier if not a willingness to better health and wellbeing. In recent times anecdotal evidence of the Northern Territory Intervention shows a jump of fifty per cent of adults attending adult health checks. In some of the Sunrise Aboriginal Health Service communities up to 95% of the male population have now received a full adult health check (Item No 710).<sup>10</sup>

The community intervention as provided by the RMHP to support diagnosis of risk factors to chronic disease as is available in the general urban population will reduce the early mortality of remote/rural indigenous and non indigenous communities. The increase in life expectancy can be contributed to a growing attendance of indigenous men to health talks, health checks and greater access to early intervention and the new role of indigenous health workers across remote areas of the Northern Territory, Queensland, South Australia and Western Australia.

With the growing awareness in the community about men's health, there is an increase in the popularity of men's health events run at community level. Andrology Australia, the federally funded, Centre for Excellence of Men's Health, became a supporter of the value of the MHN and used the concept to deliver its message around Erectile Issues. Men's Health Nights, which have become known as the 'Bloke's Night Out,' are reportedly very successful at attracting men in the local community to learn about their health.<sup>8</sup>

The RMHP has demonstrated that rural/remote men are interested in their health outcomes. The evidence of the RMHP is one indicator that supports the priority of the federal government to develop a National Men's Health Policy that will support the current work and work into the future in reducing the early mortality of all Australian males.

Developing policy across all departments that supports the provision of male friendly services will improve male access to services. This is especially important for those Indigenous and non Indigenous men (and women) most disadvantaged by remoteness. Rural/remote services must provide not only provision for chronic care but a greater degree of general primary care that can be delivered by not only doctors but a range of health workers supported by training and technology. Policy that supports such application will reduce the life expectancy gap between main stream and all remote/rural Australians.<sup>11</sup>

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## Presenter

**Bernard Denner** is a health educator and founder of the Centre for Advancement of Men's Health (CAMH). Bernard is renowned for his 'Man Model of Health Promotion' that has attracted thousands of men to participate in learning about their health. His work has taken him to Canada, America and recently remote rural areas of Australia, with programs that support health services to engage Indigenous and non-Indigenous males for better health outcomes. Mannet.com.au, the website of CAMH, provides a range of evidence, the sessions "Bloke's Night Out" and "Check-Mate" taking men on a journey to recognise the value of early intervention, especially in rural areas.