

# AROUND THE WORLD WITH MEN'S AND WOMEN'S HEALTH ORGANISATIONS

## Centre for Advancement of Men's Health: MAN Model of Health Promotion

Men's health is still at the stage of identifying how we best approach men, how to inspire their interest in preventative health care, attract their attention to public health programmes and generally raise their awareness of the health services and health professionals available for them [1].

In Australia, however, men's health programmes have already been developed with considerable success. During the past 9 years over 25,000 men across Australia have attended programmes inspired by the Centre for Advancement of Men's Health (CAMH), an affiliate of the Men's Awareness Network (MAN). The MAN Model of Health Promotion was developed by Bernard Denner. The model encourages men to address their issues of health by promoting the health message directly to them.

The international response to the CAMH Website, [www.mannet.com.au](http://www.mannet.com.au), indicates that the interest in men's health programmes is worldwide. Furthermore the MAN Model has been adopted by the North Okanagan Health Region (NOHR), Vernon in British Columbia, Canada and in 2004, with CAMH resources, across North America. Canada and rural Australia have a lot in common with similar farming and rural communities and similar mortality and hospitalization health statistics [2]. Cardiovascular disease is one of the leading causes of

death in Australia and in Canada. A paper presented the MAN Model at the first National Men's Health Conference in Arlington, Washington DC, in May 2004 attracting great interest in the USA, where the Men's Health Network is also keen to engage men not currently in the health system. The leading causes of death in the USA are the same as for Canada except that heart disease is more prevalent than cancer.

### Leading causes of death in descending order for men in Australia and Canada:

Australia [3]	Canada [4]
Heart disease	Cancer
Cancer	Heart disease
Accidents	Accidents
Suicide	Diabetes
Diabetes	Suicide

### Causes of death of men compared with women for the Grampians Region, Victoria, Australia [5] and North Okanagan Health Region, BC, Canada [4]:

Cause of Death	Grampians	NOHR
Heart disease	117%	162%
Suicide	475%	383%
All cancers	121%	122%

One reason for the high mortality rate for heart disease among men in rural regions of Victoria and British Columbia is emergency medical inter-

vention response times to calls for heart attack patients. The harsh reality for rural men is that a heart attack will kill them because the "tyranny of distance" means that their emergency services cannot offer the average 6-minute response of the urban paramedic and ambulance teams. Therefore it is particularly important that men in these areas have regular medical checks and seek help.

The MAN Model set out to develop a pathway for the education and empowerment of men to recognise their risks and then to deal with their health needs preventively rather than reactionary. The short-term goal is that men will recognise their risks, accept responsibility for their own health outcomes and then seek a means by which to reduce their risk.

The method that the MAN Model developed to achieve its results was the education of men through men's health nights, and ongoing health sessions, at pubs, clubs, in paddocks and workplaces. The follow-up health risk assessment screening sessions are a further process that provides evidence of risk factors. Identifying the risk was enough for some men to visit a doctor or health service centre to address the results of the health screening.

The model supports health practitioners, doctors and allied health workers as well as men themselves with an opportunity to engage with each other in better circumstances for better outcomes and provides a means by which health practitioners can gain access to a



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group of men not generally in the health system.

Likewise CAMH's LifeSkills Programme in schools for adolescents provides the younger participants with a greater understanding of risk factors and a means by which to minimise their risks associated with adolescence. At the same time it gives local health workers and doctors a greater understanding of the needs and risks of their local youth.

The model recommends conducting programmes for health practitioners to develop new skills in helping them engage with men and to better recognise signs of early risk factors. Accord-

- 75% reported a greater health awareness
- 53% visited a GP
- 66% had given up or reduced smoking
- The men's health night had also helped respondents give up or reduce fat intake (74%), stress levels (47%) and improved eating habits (75%).
- 81% of believed the night had had an impact on their general health.
- 54% believed the night had had an impact on their family.
- 96% reported that men's health night and follow-up sessions were worthwhile.

intervention risk assessment 'Point of Care' sessions are being conducted and participants tracked. The results will be published in 2005.

Together with communities and health providers CAMH has developed a model that clearly shows that men are interested in their health. It is also evident that health practitioners need to engage with men differently, in a way that encourages and supports them to reduce their risk factors.

If we are going to assist the cause of men's health, it is important that we consider a broader range of factors, socioeconomic and locational as well as genetic, hereditary and environmental. This might influence states of health, health risk and access to preventative, as well as curative or palliative, health services [8].

It is also imperative that national and local governments adopt policies that provide pathways for the health industry to support their endeavours to improve the health status of men.

### Acknowledgements

I thank North Okanagan Health Region, especially Dr David Bowering, The Rotary Club of Vernon – Silver Star, The Rotary Club of Vernon, The Rotary Club of Tri-Lakes Vernon, Kalamaka Lake Rotary Club (Vernon), Armstrong Rotary Club, British Columbia, Canada. In Australia local Rotary and Lions Clubs, Divisions of General Practice in

Selected common men's health issues from men's health nights feedback [6]		
No.	Issue/Australian Men	Issue/Canadian Men
1	Heart disease	Heart disease
2	Cancer	Cancer
3	Exercise/fitness	Exercise/fitness
4	Cholesterol	Blood pressure
5	Stress management	Cholesterol
6	Blood Pressure	Urinary/bladder
7	Wellbeing	Diabetes
8	Urinary/bladder	Wellbeing/depression
9	Retirement	Stress
10	Diabetes	Retirement/social activities

ingly CAMH has developed approved Royal Australian College of General Practitioners (RACGP) Continuing Professional Development (CPD) sessions for understanding and engaging males for better health outcomes. This programme was also conducted successfully with Canadian doctors.

The success of the methods used by the Man Model in encouraging men wherever they are to recognise health risks and be proactive in accepting responsibility to identify and reduce their risk was seen in the results of a follow-up questionnaire in 1999 [7]. The questionnaire was posted to health services and communities that had developed men's health nights/programmes in their regions in collaboration with CAMH. Of the men who answered the questionnaire:

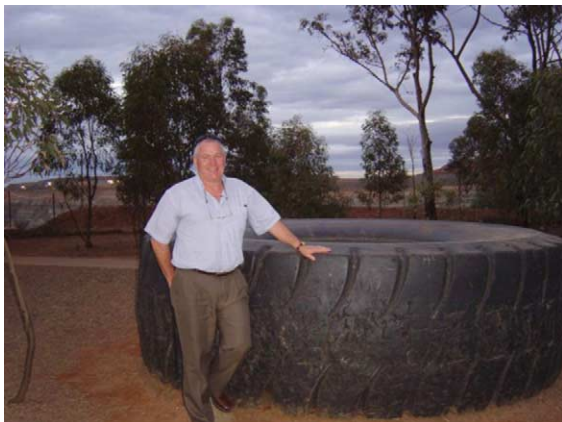
- 99% recommend that other communities have a men's health night in their area.

Currently CAMH is working in the Mallee Track Region of rural Victoria in a settings approach and in a range of workplaces across Australia where men's health programmes and early

- 62% noticed an improvement or felt better about their general health.

Bernard Denner in the outback Australia: Kalgoorlie a remote rural mining area of Western Australia.





Daylesford Victoria Men's Health Night filmed by ABC TV for a Documentary 'The problem with men'.

Rural Australia, Pfizer Australia and the mining companies and other workplaces from Blair Athol to Kalgoorlie that have invited CAMH to develop

sessions in their workplace and communities. Also the partnership over the last 10 years with the Hepburn Health Service Daylesford and the Mallee

Track Health & Community Service Ouyen with special thanks to Lindsay Lynch and those in my life for having the confidence in and supporting my work in men's health.

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