

MAN MODEL – PATHWAY TO MEN’S HEALTH
And “KIDSAFE ON THE FARM”
Presented by Bernard Denner
In association with
Glenn Rowbotham and Dr Greg Stewart

The Men’s Awareness Network is an organization dedicated to developing a pathway to Health and Wellbeing awareness in men through GP’s and Community Health Services.

The men’s health message has taken the Men’s Awareness Network on a journey that has touched and influenced hundreds of men to change ingrained attitudes towards their own health – men taking responsibility for their own health through ‘Just for Men’ health nights, extended health programs and ‘Man Being a Father’ parenting courses. The Men’s Awareness Network has also influenced GP’s and Health Providers to “deal with blokes”, to understand and meet the needs of men – their physical and mental (wellbeing) health. The significant success of this approach to men’s health (as well as developing a program for farm safety) has developed through a partnership approach with GP’s, community health services, other health providers and communities offering a means to address issues that affect men.

There is not a great deal of data available on rural men’s health. The search term *men’s health* yields 53 studies mostly on AIDS and HIV plus a paper by Mcdermott et al (1995), a review of research papers in international journals, which reveals that only 0.7% of research papers in 1991 were studying men’s health compared with 12% on women’s health. (The Division of General Practice, Canberra targets less than 3% of its funding of men’s issues through local Divisions of General Practice.)

Men’s health needs to be addressed, not only for reasons based on our research and evaluations, but based on the hard facts (Ots 1993) as presented at the 1st National Men’s Health Conference in 1996.

HEALTH STATISTICS – THE FACTS

***MALE MORTALITY RATES – PERCENTAGE DIFFERENCE
IN MALE AND FEMALE MORTALITY RATES***

*Cause of Death
25 to 64 year age group*

<i>Cause of Death</i>	<i>% Difference</i>
Ischaemic heart disease	males 253 percent higher
Suicide	males 252 percent higher
Lung cancer	males 223 percent higher
Motor vehicle/traffic accidents	males 170 percent higher
Stomach cancer	males 130 percent higher
Stroke	males 34 percent higher

Source: Ots, 1993, Men’s Health, The Forgotten Issue, Adam to A.D.A.M.,
The Social Construction of Men’s Health, Ausmed Publications, Australia

**LODDON MALLEE HEALTH REGION
HEALTH INDICATORS 1993/94**

Premature Death – Heart Disease

	1993	1994	
Males	125	122	+73 men
Females	41	49	

Death – All Cancers

Males	308	309	+79 men
Females	251	230	

Death from Suicide

Males	23	25	+18 men
Females	2	7	

**HUME HEALTH REGION
HEALTH INDICATORS 1993/94**

Premature Death – Ischaemic Heart Disease

	1993	1994	
Males	95	108	+74 men
Females	46	34	

Death – All Cancers

Males	254	318	+101 men
Females	192	217	

Death from Suicide

Males	17	18	+12 men
Females	7	6	

**GRAMPIANS HEALTH REGION
HEALTH INDICATORS 1994**

Premature Death – Heart Disease

Males		100	+60 men
Females		40	

Death - All Cancers

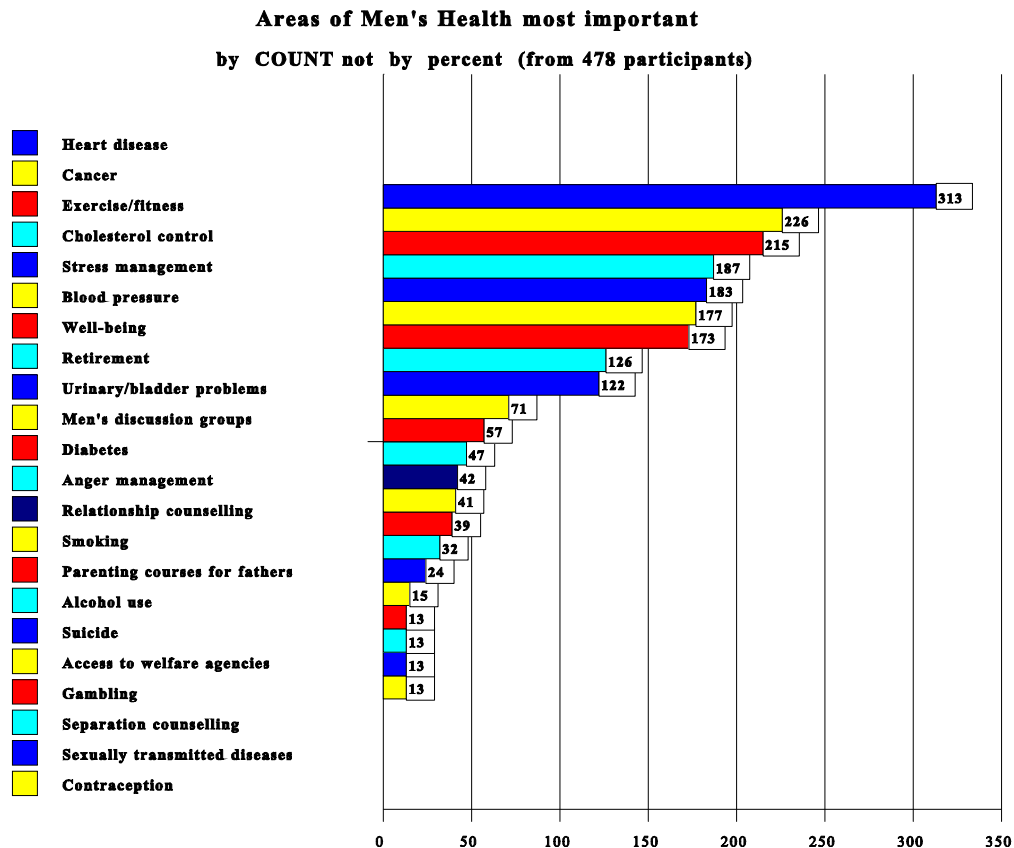
Males		219	+39 men
Females		180	

Death from Suicide

Males		19	+15 men
Women		4	

Source: Department of Human Services, Measures of Health Status and Health Services in Victoria, 1994

The MAN model creates a pathway for men to address these issues based on community needs through our Men's Health Nights by using a questionnaire developed in partnership with the Centre of Research on the Advancement of Rural Health (CRARH), LaTrobe University, Bendigo. These questionnaires are filled out within each community to give us a Best Practice approach to men's health – addressing community needs based on a local needs analysis and taking into account National and State mortality and morbidity rates.



Men are notoriously bad at attending to their own health and it is well known in Australia and the rest of the western world that men die, on average, seven years younger than women. Statistics indicate a 28% higher mortality rate for rural men. Rural men are over represented in country areas in deaths from circulatory system diseases, respiratory diseases, cancer and deaths from injuries, poisoning and suicides. There are many opinions as to the reasons for this but very few facts. Equally, little is known about why men are so poor at accessing health professionals. It has previously been thought that before men's health problems can be properly addressed by health providers, men need to demonstrate to the system that they are in fact interested in their own health. Rural men's health in particular suffers because of men's socialisation and the specific characteristics of rural life. (J. Humphreys, 1998). Some of these include long working hours that are physically demanding, involve the use of heavy machinery and dangerous chemicals; geographical isolation of health services; expectations that men don't or can't afford to get sick; lower frequency of services, resources and information; social isolation and fewer recreational opportunities.

Rural communities also suffer from a lower socioeconomic profile and higher rates of unemployment, which places increased stress on their families and community. This may also have an impact on the ability of men to access some professional health services.

The lack of recreational and work opportunities for young men often means that they are forced to relocate to larger provincial or city locations resulting in the increased difficulty of family farms to remain economically viable. This places increased pressure on older men both physically and emotionally as they seek to provide for their families.

The MAN model adopts a Best Practice and Evidence Based approach with projects that successfully stimulate community response by confronting men at culturally relevant health nights and identifying the health issues of major concern to any given rural population of men. Once issues were identified, practical follow up was organised in the form of health assessments carried out by general practitioners and community health staff who were better able to relate to the men. Over time large numbers of men became involved in these sessions and this has had a significant impact on the expectations for health care within the local community. This is demonstrated by the significant increase in male participation rates at local GP practices and Community Health Centres and provides some limited practical verification of Syme’s Individual vs Community Interventions in Public Health Practice: Some Thoughts About a New Approach (1997) observations.

“Information and educational interventions, either individual or community-based have thus far not proven to be effective. Most people do not change high-risk behaviours and those who do, seem to do so for reasons unrelated to our special efforts. The reasons for our limited success may include:

1. *We have not always insured the relevant of our programs to those being targeted.*
2. *The intervention methods we use often are not appropriate to those involved in our projects.*
3. *We tend to focus on communities without regard to the fact that sub-groups within communities differ from one another in important ways.*
4. *We tend not to carefully consider the social context in which people live and work.”*

The MAN model’s intention is to avoid these pitfalls by developing a best practice approach based on a community identified need (evidence based).

Example of a Men’s Health Night creating a Pathway to address issues at other nights:

Warracknabeal Men’s Health Project – Warracknabeal Neighborhood House

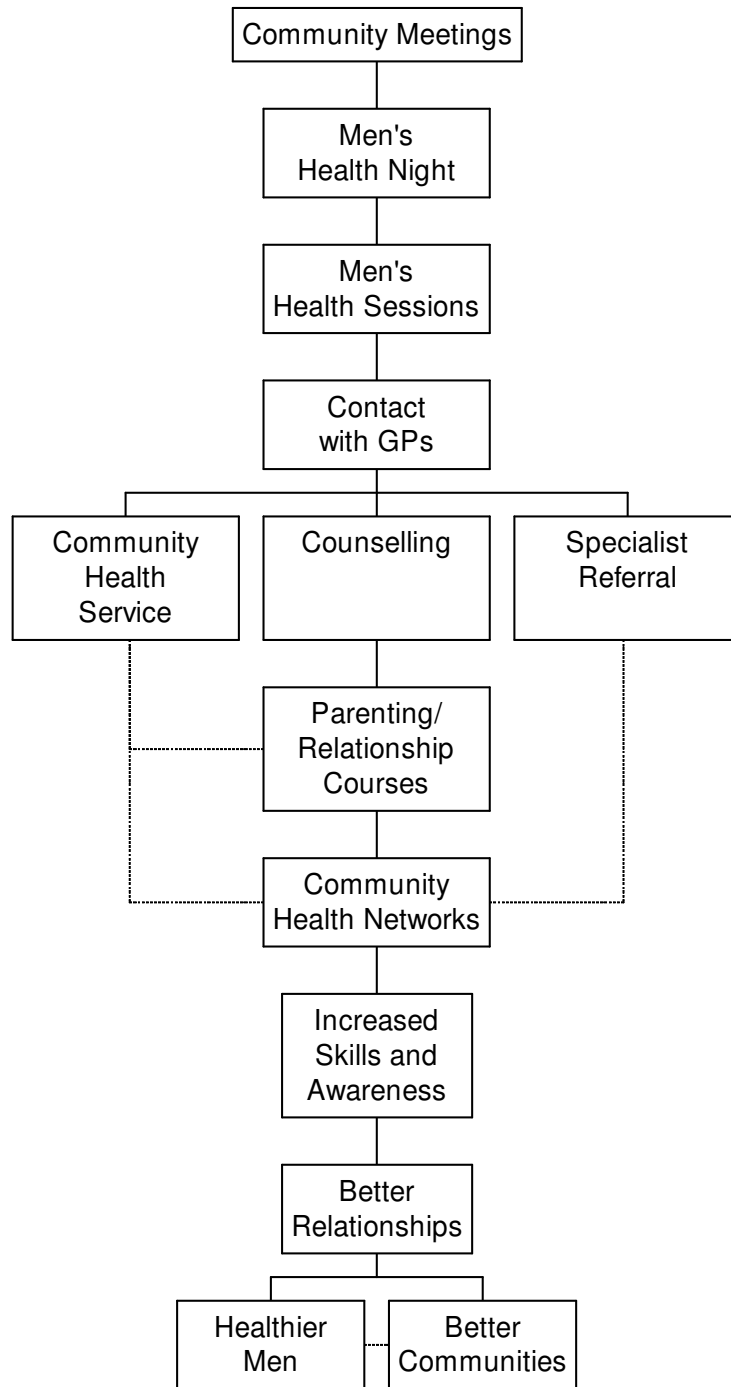
November 1997	Men’s Health Night	280 men
March 1998	Men’s Health Session	98 men
April 1998	Men’s Health Session	88 men
May 1998	Men’s Health Screenings	110 men
June 1998	Men’s Health Session	85 men

Ouyen (Mallee Track Health Service) – 330 men attended their first Men’s Health Night, with sessions planned.

With similar results in Castlemaine, Daylesford, Apollo Bay, Shepparton, and in Melbourne at Mordialloc, Manningham and Knox, each attracting hundreds of men and soon, nights in New South Wales and South Australia.

We should note that Primary Health Care facilities are available in most rural areas (urban), in one form or another, and new services and resources **do not have** to be instituted to meet men’s needs. The MAN model has the flexibility to enable men and health providers to effectively use these existing services in culturally relevant ways to address men’s health issues and in time reduce the premature death rate of men.

This is the Pathway that the MAN model creates – a pathway to existing services.



The latest figures show that over 3,100 men have attended men's health programs in the last 2 years that have been developed using the MAN model. This has been possible with initial funding support from the Ballarat and District Division of General Practice, VicHealth, Workcover Authority, Department of Human Services – Grampians Division and the support of local Community Service Clubs and Associations. Also with great support from the GP's of Daylesford, especially Drs Fred Eggleston, Greg Malcher and Greg Stewart, and the Hepburn Health Service.

As a result of the success of MAN in providing ongoing support and advice to develop men's health in other communities, we have been funded by the Federal Government to undertake a Rural Health Support, Education and Training (RHSET) project. This project is developing men's health programs in Albury/Wodonga, Laura in South Australia and at Shepparton, targeting the MAN model to address Koori Men's Health. A key aspect of this project is to not only facilitate men's health in a selected rural community taking into account the local culture, but also to upskill workers in those communities so that they in turn may develop and support initiatives in other rural communities within their district.

MAN together with the Hepburn Health Service has also developed flexibility in their ability to support communities. A variety of strategies have been developed that include workplace-based health forums; initiatives within schools to access boys; upskilling and training of GPs and other health practitioners, and the establishment of men's parenting courses.

“The Men's Health activities initiated by the MAN project team have stimulated Hepburn Health Service, allied health, community health and management personnel's interest and awareness of men's health issues.

Men's health project upskilling sessions have promoted local health personnel with regular forums in which they can obtain new men's health information and discuss strategies to break down barriers to men's health.

One initiative aimed at breaking down barriers to men's health, which has been embraced by the Hepburn Health Service team, is the men's parenting course. The availability of men's parenting training has enabled maternal and child health, welfare, counselling and community health nursing personnel to focus on the particular issues that confront men in their parenting role.

Overall, the men's Health Project has provided the Hepburn Health Service team with excellent opportunities to learn more about men's health issues and to develop the skills necessary to make rurally based health care more accessible to men.”

Glenn Rowbotham, Manager
Daylesford Community Health Service, Hepburn Health Service

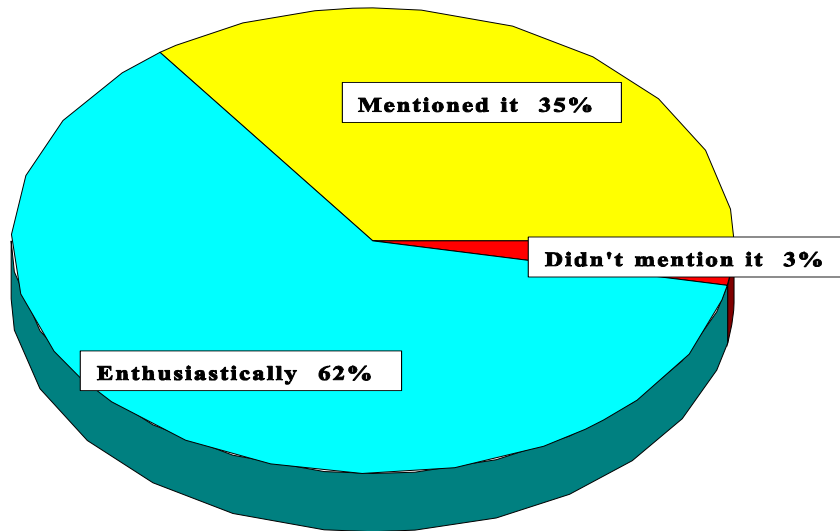
Another initiative has been the project “Kidsafe on the Farm”. “Kidsafe on the Farm” is a farm safety program targeting primary school aged children with an interactive farm safety walk, which developed out of our Men's Health experience in partnership with Kidsafe Victoria. Initial funding for the project came from Ballarat and District Division of General Practice and further funding from Victorian Workcover Authority.

The project was again evaluated through CRARH at LaTrobe University, Bendigo and details released with further evaluation by Kidsafe Victoria in January and March 1998.

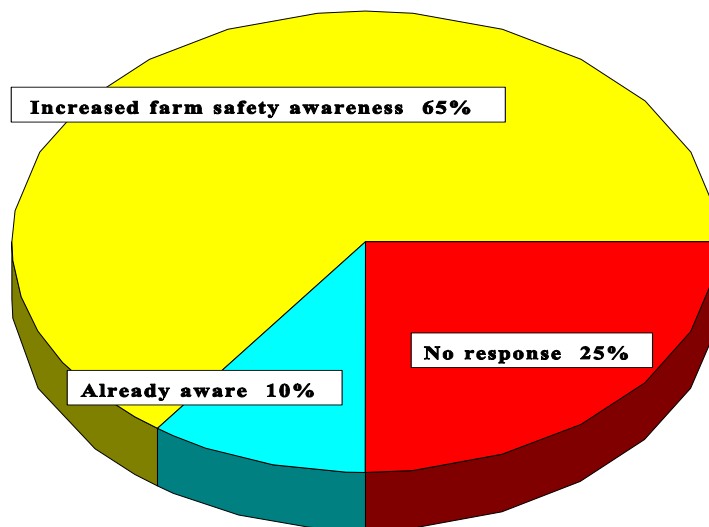
Kidsafe on the Farm – LaTrobe University Report

They talked about it

(The Farm Safety Walk)

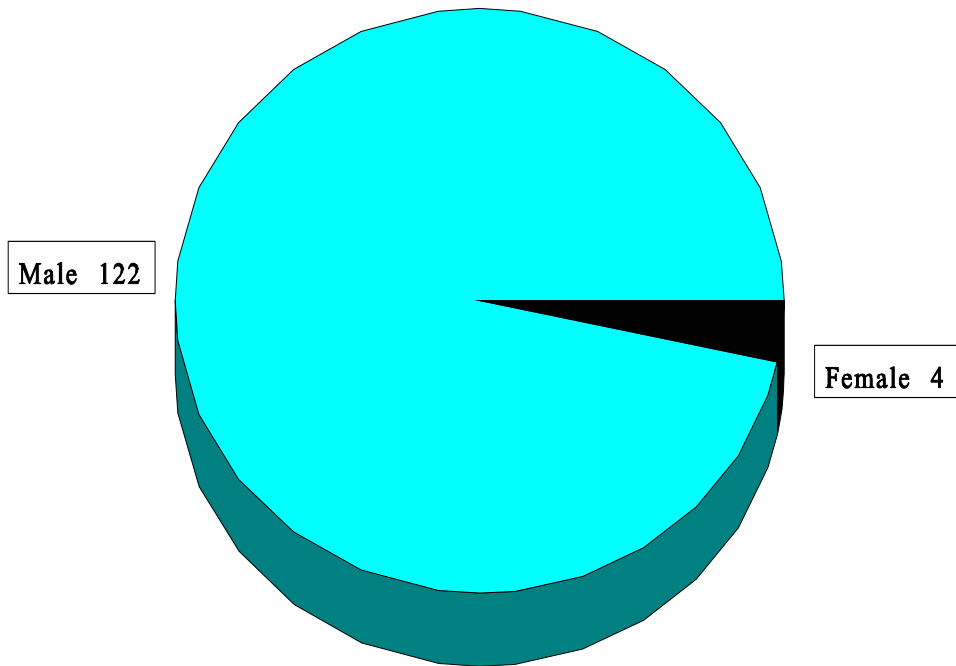


Children's Response to Farm Safety Walk



Increased Awareness of Safety on the Farm

Victoria Workcover Authority - Statistics



VWA Investigated Farm Fatalities by Sex January 1985 – July 1997

(Source: Fatalities investigated by the VWA and fall within its health and safety jurisdiction.)

Age	Fatalities
Under 10	15
10-19	5
20-29	14
30-39	15

VWA Investigated Farm Fatalities by Age January 1985 – July 1997

(Source: Fatalities investigated by the VWA and fall within its health and safety jurisdiction.)

“My work as a rural general practitioner and my involvement as a GP in several serious accidents, awakened me to the scale of the problem throughout Australia. Serious accidents and fatalities leave terrible social repercussions for those involvement and their families and most of these are totally preventable.

We developed “Kidsafe on the Farm”, as a readily transportable program, ideal to be taken up by community health centres, GP’s, local hospitals, etc. In this way we could see a change of culture with regard to farm safety in much the same way as we have seen with seatbelts and skin protection”

Dr Greg Stewart, MD, BS, Dip RACOG
General Practitioner, Daylesford

In our opinion “Kidsafe on the Farm” would be of great value as an interactive program that supports the Ripper Program developed by the Victorian Farmers Federation.

In February 1998 we conducted our “Good Medicine for Men” Resource launch where health practitioners from all corners of Victoria attended. It is with great pride that the MAN model has been effectively used to develop men’s health nights and farm safety programs as a direct result of that day.

Examples of Men’s Health Projects:

Stawell	240 men
Ouyen	330 men + 6 months project
Shepparton	200 men + 6 months project (which also includes a Koori Men’s Health Program based on the MAN model)
Knox Community Health Service	300 men + developing a program

We believe that our work has been instrumental in creating a catalyst for the Department of Human Services, Health Enhancement Unit, to launch the Men’s Health Community Initiative with 9 communities developing a variety of projects to meet the needs of men’s health here in rural Victoria.

This partnership of the Men’s Awareness Network and Hepburn Health Service has created a new identify – the Centre for Advancement of Men’s Health (CAMH).

CAMH has developed a series of Resources that gives communities an opportunity to develop their own programs, improve their own marketing and promotion skills, identify local issues and create partnerships to address issues not only in Victoria, but also in rural NSW and South Australia.

But we must acknowledge our partnership with the communities that have enabled us to expand our information base and allowed us to develop our skills and broaden our horizons.

We have learnt a lot. We have embraced new ideas and worked in partnership with each community to develop a program that meets the needs of their community to improve not only men’s health but the implications of men’s physical and mental (emotional) health on families, the workplace and the wider community.

Our future is to develop our skills, our information and research base so that we maintain a Best Practice Approach. To provide cost effective community programs and training resources to enable community health services to provide programs that will continue to work effectively and in partnership in the best interests of their community.

Our research clearly indicates that we can meet the challenge – we just need to offer the opportunity, to men, in an environment that is bloke friendly and takes into account the circumstances of men.

We as health practitioners, organisations and community workers, need to promote men’s health and wellbeing programs in the community that will appeal to men and achieve outcomes. Programs with this appeal and community outcome will be, and should be, supported by Governments and other funding organisations. It is better to be proactive instead of reactive.

The Men’s Awareness Network’s general philosophy is that Men’s Health is Men’s Responsibility – and that health and family structure is the cornerstone of our community.

List of References

Men’s Health Report, *Men’s Health Nights and Men’s Health Sessions (1996-1997)*, Castlemaine, Daylesford, Apollo Bay, Mordialloc, Manningham and Warracknabeal. Commissioned by Bernard Denner. Author: Dr Adrian Verrinder, April 1998

Men’s Health Kit Community Resource, “*Good Medicine for Men*”, Denner, B., February 1998

Men’s Health Report, Denner, B., & Verrinder, A. (Dr.), 25th June 1997

Professor John Humphries, Men’s Health Kit Community Resource, “*Good Medicine for Men*”, Denner, B., February 1998

Individual vs Community Interventions in Public Health Practice: Some Thoughts About a New Approach, Leonard Syme, PhD, Professor Epidemiology (Emeritus), School of Public Health, University of California at Berkeley

Kidsafe on the Farm – Final Project Report, Kidsafe Victoria, McQueen, A. (Dr.), & Power, C., Kidsafe Victoria

Kidsafe on the Farm – Farm Safety Report, Commissioned by Bernard Denner. Authors: Collett, P., & Verrinder, A. (Dr.), January 1998

Victorian Workcover Authority, *Fatalities investigated by VWCA*

Centre for Advancement of Men’s Health and “Kidsafe on the Farm” Team

Project Manager	Bernard Denner
Project Assistant	Joanne Neill
Project Consultant	Andrew Dowling
Admin Assistant	Lee Bird
Project GP’s	Dr Fred Eggleston, Dr Greg Malcher and Dr Greg Stewart

PO Box 465
DAYLESFORD, VIC. 3460

(03) 5348 2371 (BH) (03) 5348 1998 (Fax) Mobile 0419 566 750

E-mail: man@mannot.com.au

website: <http://www.mannot.com.au>