

MAN MODEL PATHWAY TO MEN'S HEALTH

**Presented by Bernard Denner
Centre for Advancement of Men's Health
Collaboration of
Men's Awareness Network
and
Hepburn Health Service,
Daylesford, Victoria**

At the

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Presented by Bernard Denner
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Centre for Advancement of Men’s Health (a collaboration of Men’s Awareness Network and Hepburn Health Service) is an organization dedicated to developing a pathway to Health and Wellbeing awareness in men through GP’s and Community Health Practitioners.

Our aim is to offer communities, in partnership with locally based health providers, the opportunity to address the serious issues of men’s health and wellbeing.

The M.A.N. model has developed as a flexible and locally responsive service delivery that is based on extensive experience and data gained through delivering individually tailored men’s health programs to a variety of rural and urban communities over the last three years.

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, reveals that only 0.7% of research papers in 1991 were studying men’s health compared with 12% on women’s health. ¹ (The Division of General Practice, Canberra targets less than 3% of its funding to men’s issues through local Divisions of General Practice.)

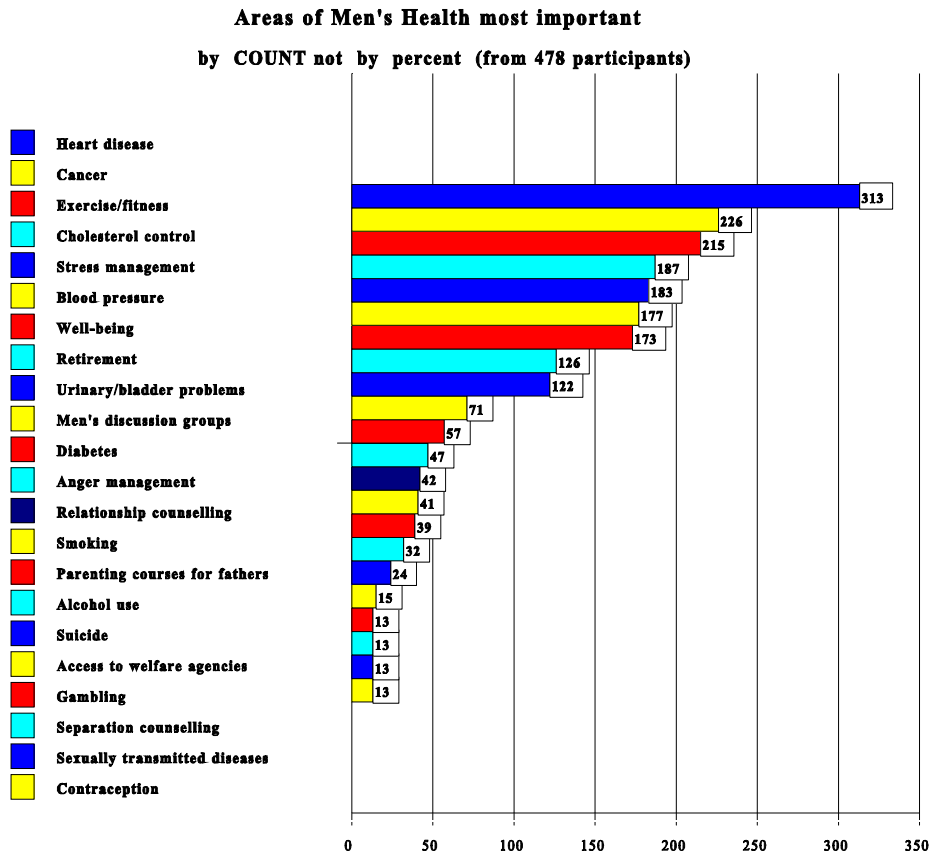
Men’s health needs to be addressed, not only for reasons based on our research and evaluations, but based on hard facts (Ots 1993)² as presented at the 1st National Men’s Health Conference in 1996.

PERCENTAGE DIFFERENCE IN
MALE AND FEMALE MORTALITY RATES²

<i>Cause of Death</i>	<i>Cause of Death</i> 15 to 24 year age group	<i>% Difference</i>
Suicide		males 325 percent higher
Motor vehicle traffic accidents		males 214 percent higher
Other Injuries		males 266 percent higher
Drug dependence		males 83 percent higher
Cancers		males 60 percent higher
 <i>Cause of Death</i> 25 to 64 year age group		
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

AREAS OF MEN'S HEALTH MOST IMPORTANT³

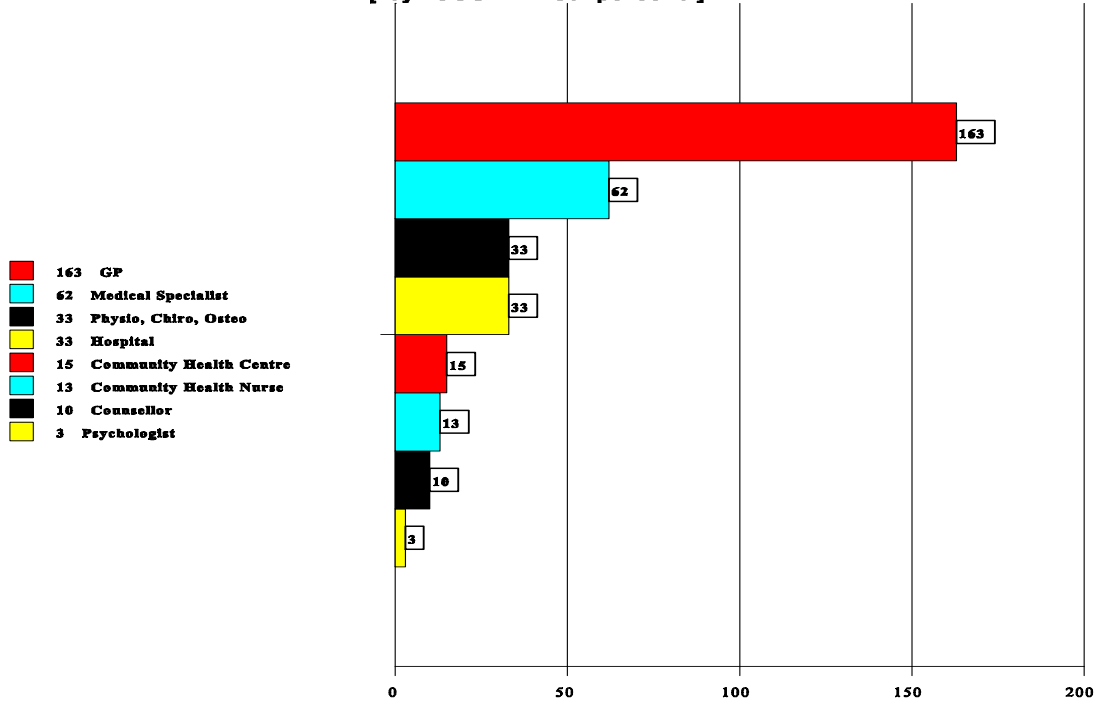


The MAN model creates a pathway for men to address these issues, based on community needs through our Men's Health Nights and by using a questionnaire developed in partnership with the Centre of Research on the Advancement of Rural Health (CRARH), LaTrobe University, Bendigo. The questionnaires are filled 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 was previously 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. 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.⁴

WHICH HEALTH PROFESSIONALS/SERVICES DO YOU THINK ARE THE MOST IMPORTANT FOR MEN'S HEALTH?⁴

**Q.9 Health professionals/services most important?
[by COUNT not percent]**



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 identify the health issues of major concern to any given rural and urban population of men. Once issues are identified, practical follow up is organised in the form of health assessments carried out by general practitioners that are better able to relate with their male clients. It has been shown that, over time, large numbers of men become involved in these sessions and this has 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 (1997)⁵ 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 and develop a best practice approach based on a community identified need (evidence based).

PATHWAYS TO MEN'S HEALTH

Example:

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

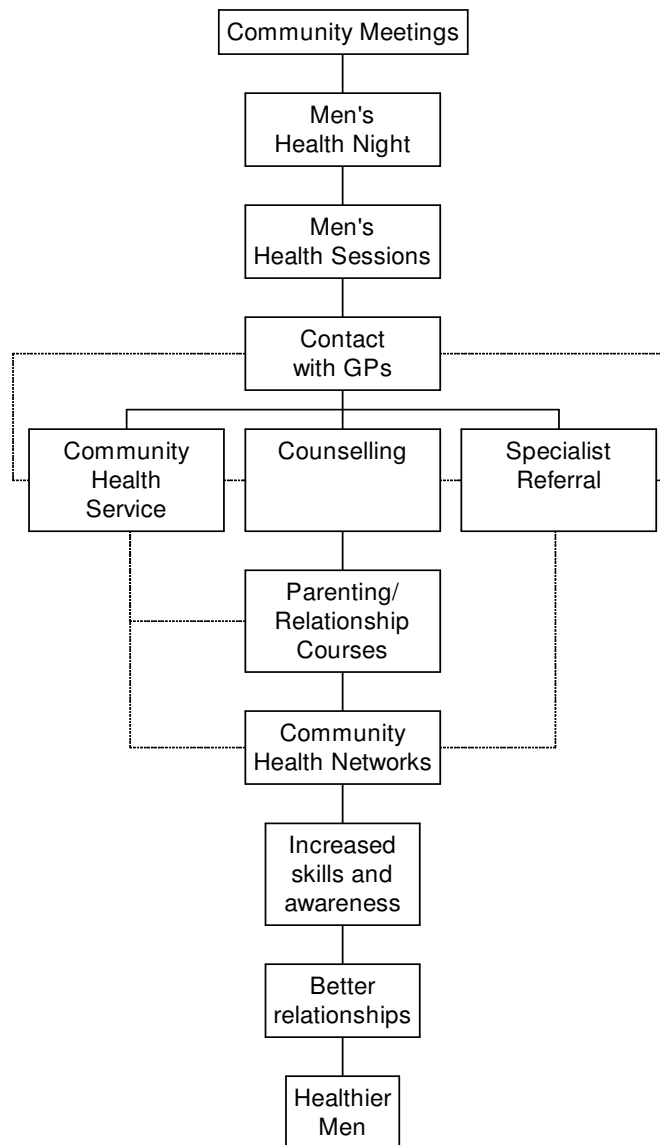
At Manningham (Doncaster, Melbourne) due to population figures, those numbers were doubled, and more recently at Ouyen, a Remote/Rural area, attracted 330 men to their Men's Health Night. Castlemaine, Daylesford, Mordialloc and City of Knox have also developed programs based on their men's health nights.

In another interstate project, CAMH, in partnership with Laura and Districts Hospital in South Australia, used the MAN Model, attracting 250 men to their first Men’s Health Night. From the results of the night, based on our well-researched and developed questionnaire, they will develop a community men’s health program. They also held the “Kidsafe on the Farm” farm safety program with 75 primary school aged children attending.

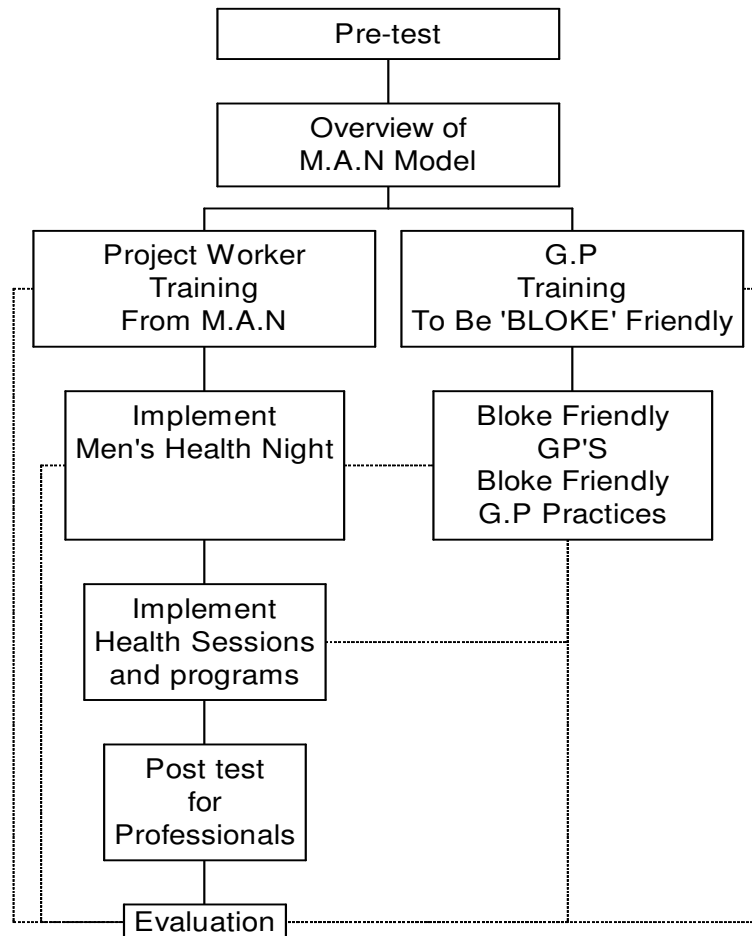
Recent successes have been held in Albury/Corowa, using the MAN Model, with a total of 600+ men attending the men’s health nights conducted by the Division of General Practice.

Many more rural and urban areas have experienced similar results and have gone on to model the program to suit their community needs.

**MAN Model
Pathways for Access of Men to the Health Care System**



**MAN Model
Pathways for Training of Health Practitioners**



It is important to note that Primary Health Care facilities are available in most areas, and in one form or another in rural areas, 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 for the prevention of men’s health disease and premature death of men.

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

Our latest figures show that over 4,000 men have attended men’s health programs in the last 2 years that developed using the MAN model.

Since the initial health sessions MAN has provided ongoing advice and support to many of rural communities to develop other initiatives and sessions to address the identified health issues for men in their communities. We have been able to provide this assistance because we are a rurally based enterprise that is highly skilled at enabling key partnerships between health providers in rural communities to develop and be effective. In fact, it is only because this type of partnership is modelled on the MAN, Hepburn Health Service, local General Practitioners, and Latrobe University partnership, that we have the relevant experience and skills to facilitate this process in other rural communities. In addition, this experience has meant significant amounts of travel are undertaken in order to effectively service other isolated rural communities. As a result MAN has the commitment, resources and team structure to effectively expedite the existing network to develop and support programs within other communities.

As a result of the success of MAN in providing ongoing support and advice to develop men's health in these communities, we have recently been funded by the Federal Department of Health and Family Services to undertake a Rural Health Support, Education and Training (RHSET) project. This project has developed the MAN model in Albury/Wodonga, Laura in South Australia and at Shepparton, using the model to address Koori Men's Health, a partnership between the Rumbalara Football and Netball Club and the Goulbourn Valley Community Health Service with support from Goulbourn Valley Division of General Practice and Rumbalara Community Health Service. A key aspect of these projects is to not only facilitate men's health in a selected rural community, taking into account the local culture, but to also train workers in that community so that they in turn may develop and support initiatives in other rural communities within their state.

MAN together with the Hepburn Health Service has developed flexibility in their ability to support communities. A variety of strategies have been developed that include workplace-based health forums; initiatives with schools to access boys; upskilling and training of GPs and other health practitioners, and the establishment of men's parenting courses. These initiatives are effective and again highlight the flexibility and success of the MAN model to offer appropriate technical and specialist advice to produce outcomes for specific communities.

- **Men's Health Nights and Men's Health Programs**
- **Farm Safety** being addressed through Primary School children that impacts by example on adults much as the impact children have on our behaviour associated with seat belts, environment, smoking to name a few.
- **Boys health and wellbeing in secondary school** – self esteem and life skills. Very exciting opportunity for 15-16 year old boys to talk about their issues, to talk about being a bloke and what it means.
- **Parenting course for men – MAN Being a Father.** The research and implementation of this program (6 weeks) highlights the lack of skills men have in parenting, but shows the Desire and Need men have to be parents and how in a relationship breakdown our information may shed new light on why men commit domestic violence and become so vulnerable during this time
- **Development of our Workplace Health Program** to identify issues for men in their environment at the City of Ballarat.

In February 1998 we conducted our “Good Medicine for Men” launch. Health practitioners from all corners of Victoria attended and it is with great pride that the MAN model has been effectively used to develop men’s health nights and an ongoing men’s health programs here in Victoria, but we now have increasing interest from interstate

Examples of results for communities using just the Resource:

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
Albury/Wodonga area	600+

Our work has also been instrumental in creating a catalyst for the Department of Human Services (Victoria) Health Enhancement Unit to launch a Men’s Health Community Initiative with 9 communities receiving funds to develop a variety of projects to meet the needs of men’s health in rural Victoria.

Our success in community men’s health has encouraged us to develop the MAN Model along the same lines for adolescent boys in the secondary school environment. We are expanding our “Lifeskills Program” for boys based on our initial work to the Ballarat Region of Secondary Colleges, Whitehills in Bendigo and hopefully Shepparton and other areas in 1999.

***What Subjects would you like to discuss the most?
Top 10 Responses(Schools Combined)***

1. Sex
2. How to talk to girls easier
3. Career Opportunities
4. Self Esteem
5. How to talk to parents easier
6. Intimacy/Sexuality
7. Me
8. Life Skills
9. How to make it in the world
10. Boys to Men

This is a very exciting project allowing boys to discuss their Real Needs based around their life and the future of manhood. The MAN model allowed boys to tell us what needs they wished to address and discuss. Best practice approach to evidence based needs. The program involves three visits per year to the same group of boys talking about their issues – boys talking to men.

The partnership of the Men's Awareness Network and Hepburn Health Service has created a new identity – the Centre for Advancement of Men's Health (CAMH). We offer communities a professional and dedicated approach to developing programs and projects to meet the needs of men in their communities. Whether that be through Men's Health Nights and ongoing programs, boys in schools, farm safety or workplace programs, having an impact on health practitioners and the community.

Our future is to develop our skills, our information and research base, and maintain a Best Practice Approach by utilising the services of the Centre of Research for the Advancement of Rural Health (CRARH) at LaTrobe University, Bendigo, in collaboration with other Universities. By doing so, we will maintain programs that best meet community needs for men and boy's health by providing cost effective community programs and training resources.

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

We realise that we need to promote men's health and wellbeing programs in communities 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.

Centre for Advancement of Men's Health (CAMH)
collorabation of Men's Awareness Network and Hepburn Health Services Daylesford
in partnership with CRARH, Latrobe University Bendigo

Team

Projects Manager	Bernard Denner
Project Assistant	Joanne Neill
Project Consultant	Rob Grant

PO Box 465
DAYLESFORD, VIC. 3460

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

E-mail: man@mannet.com.au

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

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2. Ots, 1993, Men's Health, The Forgotten Issue, Adam to A.D.A.M., *The Social Construction of Men's Health*, Ausmed Publications, Australia
3. 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
4. Dr J Humphries, Professor of Rural Health, Head of School of Health and Human Sciences, LaTrobe University, Bendigo
5. Individual vs Community Interventions in Public Health Practice: Some Thoughts about a New Approach, Loenard Syme, PhD, Professor Epidemiology (Emeritus), School of Public Health, University of California at Berkeley

Presentations

House of Representatives Standing Committee on Family and Community Affairs (1997) Canberra – *Men's Health*.

National Rural Public Health Forum (1997) Adelaide – *Men's Health on the Agenda; Kidsafe "On the Farm" Farm Safety Project*

2nd National Men's Conference (1997) Western Australia – *Preliminary Data from Men's Health Nights and Sessions; Improving and Enhancing Rural Men's Health through General Practitioners and Allied Health Professionals*.

National Forum, Men and Family Relationships – 10-11 June 1998, Canberra – *Marketing Fatherhood*