The History of the Men's Health Night in Australia: The Male Health Intervention

Does the 'Bloke's Night Out' create a behaviour change in men' health outcomes?

Men's health is a leading concern of governments across the world, as men die an average of five to seven years earlier than women. Men also suffer much higher rates of preventable chronic diseases and suicide. Governments, whether due to political reasons or because the majority of those in government are stoic males have not used government policies to deal with men's health issues, as they have with women's health provisions.

This essay will examine the history of male mortality in 1990s as the driver of the importance of men's health education. The essay traces how the MAN Model Men's Health Night (Bloke's Night Out) created a behaviour change in men's health outcomes. It will also explore the introduction this model in engaging men in the general community. When the model is applied to remote Indigenous communities as a means to reduce male health risks and the increase their life expectancy it also works.

The process of engaging men using the MAN model was developed in rural Victoria, and then adapted for communities across Australia in Indigenous and non indigenous communities and in British Columbia Canada in 2001.[1] The model was further extended to other communities and Health Practitioners through presentation of papers at international and national forums in Australia, Canada and United States.

[1] B. Denner, 'The MAN Model of Health Promotion: Canadian Experience, *European Journal of Men' Health & Gender*, December 2004, Community Profile.

The subject is of great interest to me as the founder and developer of the Centre for Advancement of Men's Health (CAMH), Men's Health Night back in 1994. Since the first men's health night was held at Castlemaine in 1995 it has developed into a widely accepted process in creating an interest in health and wellbeing that encourages through education and the promotion of men's health a behaviour change for males. I will argue that the Men's Health Night is a significant factor in encouraging males to attend for early intervention men's health check-ups and will also argue that the participation rate of men here in Australia and Canada attending the Men's Health Nights is in itself an argument for effective men's health education.

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 utilization."[2]

The CAMH journey started in 1994 when the then Federal Health Minister, Carmen Lawrence, acknowledged that men, throughout their lifespan, were more likely to experience ill health or death than women.[3] Little has occurred at the state or federal levels of government to formally address men's health needs. Despite government recognition that health policy needed to be updated to provide higher levels of equity

[2] P.Fanning & M.McKay, *Being a Man: A Guide to the New Masculinity*, New Harbinger Publications, Inc., Oakland, CA, 1993.
[3] P.Fray, "Lawrence tries to save the males," in *The Bulletin* (with *Newsweek*), 10 May 1994, p. 22.

in health in Australia, the Better Health Commission report (1986)[4] and the Health for All Australians report (1988),[5] nominated three major areas of health inequality. These were Aboriginality, socio-economic status and gender. While men were identified as a gender issue by their recognised higher rates of mortality and morbidity no suggestion was forthcoming that men's health needed a different set of guidelines for implementation. Yet at the same time recognising that men's health was a more serious issue when compared with women, the federal government developed a women's health policy and set up of a Longitude Study on Women's Health at Newcastle University.[6] It also instituted the position of a Women's Health advisor to the Prime Minister. Even with the clear evidence of increased mortality, men were not represented as a gender health issue by the Department Health & Ageing, the federal department responsible for the primary care of Australians.

In 1993, the revised goals in Australia's *Health in the Year 2000 and Beyond* report[7] included males in categories such as suicide, motor vehicle injury, skin cancer and heart disease. Furthermore in 1999, the *Healthy Horizons Framework for Improving the Health of Rural, Regional and Remote Australians* report similarly identified men's health issues in terms of suicide, depression and other mental health problems, as well as for injuries, homicide and lower GP consultation rates.[8] Both of these documents reaffirm earlier contentions that the differences in health status between

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[4] Better Health Commission, *Looking Forward to Better Health*, Vol. 1, Final Report, Canberra, AGPS, 1986, p.2.

[5] Health Targets and Implementation (Health for All) Committee to Australian Health Ministers, *Health for All Australians*, report to Australian Health Ministers Advisory Council and Australian Health Ministers Conference, Canberra, AGPS, 1988, p.2.

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[7] D.Nutbeam, M.Wise, A.Bauman, E.Harris and S.Leader, *Goals and Targets for Australia's Health in the Year 2000 and Beyond*, report to the Commonwealth Department of Health, Housing and Community Services, Canberra, AGPS, 1993.

[8] National Rural Health Policy Forum, *Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians 1999-2003*, report by the National Rural Health Policy Forum and National Rural Health Alliance for the Australian Health Ministers Conference, 1999.

men and women largely reflect the prevalence of preventable factors. They do not, however, begin to address the issue of men's health policy, nor the fact that men still suffer higher mortality rates and morbidity rates for non-gender specific diseases such as cancer, cardiovascular disease and diabetes across all age groups.[9] The health goals identified as priority areas by the Australian Health Ministers Advisory Council, based on the first report on National Health Priority Areas, in 1997, were identified as malignant neoplasm, ischemic heart disease, cerebrovascular disease, diabetes mellitus, suicide and motor vehicle traffic accidents.

Based on these findings and the report of the Australian Bureau of Statistics (ABS) in 1992, men's health came to be a prominent health issue. In light of concerns for men's health based on the ABS findings, Carmen Lawrence, the then Federal Health Minister, released figures as a demonstration for the need of addressing the issues of men's health, but more importantly, to address the discrepancy of life expectancy of men in relation to women, lower by some six years.[10] As a consequence of the publicity and appalling results of early mortality of men to preventable disease such as heart disease, cancers and suicide, the First National Men's Health Conference was held in Melbourne to bring together health professionals and more importantly to highlight to governments the serious nature of the risks to the Australian male population.

This first conference galvanised a movement towards addressing the health issues as highlighted by the ABS. Carmen Lawrence announced at the conference the

[9] J.Anderson, 'Sustaining Our National Resources,' in *National Rural Health Forum, Rural Public Health in Australia*, 1997, pp.7-12.

[10] Australian Bureau of Statistics, *Regional Population Growth*, ABS Cat. No. 3218.0, Canberra: AGPS, 1992.

willingness of her government and certainly of her department to develop a National Health Policy for men, similar to the policy that was developed for women. This policy would seek to restructure government departments through a process that would implement guidelines to support men's health programs with comparable funding and programs as to the funding provided to support women and children's health. Carmen Lawrence was the first minister from either Federal or State governments to recognise the importance of a National Policy direction for men's health.

With the release of the ABS data of 1992 it was also highlighted that Indigenous Australian males were some twenty years worse off, with an average Australia wide life expectancy of 56 years. The Northern Territory, Western Australia and parts of South Australia, where remote communities of Indigenous people resided and where a lack of health services contributed to a range of other social and historic issues, accounted for this very low life expectancy rate. It was also noted in further examination of the ABS results that rural men also had a lower rate of life expectancy than urban men - up to five years lower. This also applied to remote non-indigenous women in remote Western Australia, Northern Territory and North Queensland, where the rate of life expectancy was up to ten years less than their urban counterparts.[11] Remote was then attributed to what was a lower life expectancy for both men and women.

These figures highlighted the dire straits of rural health, and the inability of the government in remote Australia to meet the health needs of rural Australians,

[11] Australian Institute Health & Welfare (AIHW), *Rural, Regional and Remote Health: A study on mortality*, AIHW Cat. No. PHE 45; Canberra: AIWH (Rural Health Series no. 2), 1996.

especially Indigenous Australians. Indigenous remote Australians who had fled the urbanization of their once coastal lands through government policies driving their communities further into Central Australia, away from access to original native food and water, had a huge impact on their health and wellbeing The tyranny of distance also contributed to the lack of services such as health and housing, and access to work. These factors became contributors to the serious health outcomes and life expectancy of Indigenous Australians. It would take another 12 years before the release of new indigenous health outcomes, for the federal government to have a major impact. One outcome was the 2007 intervention into the health of remote communities in the Northern Territory. The intervention process, based on *The Little Children are Sacred* report initiated by the former Howard Government, has been sustained by the Rudd Government with emphasis being placed on children, education, policy and the eradication of child and domestic abuse.[12]

By the mid 1990's there was enough evidence and argument that addressing the issues of men's health should be a priority. The former Federal Minister for Primary Industries and Energy in the previous Coalition Government, addressing a National Rural Public Health Forum in 1997, John Anderson suggested:

> 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.[13]

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[13] National Rural Health Policy Forum (1999) *Healthy Horizons*: *A Framework for Improving the Health of Rural Regional and Remote Australians 1999-2000*, Report by the National Rural Health Policy Forum and National Rural Health Alliance for the Australian Health Ministers Conference, ISBN07308-56844.

The question has been asked from a sociological perspective to better understand male psyche, maleness and masculinity to try and identify strategies to overcome men's traditional behaviour to their health.[14] It has been suggested that "the sex role/stereotype of maleness, involving stoicism, competitiveness, ambition and other features of type A behaviour has itself been associated with an increased risk of cardiovascular disease."[15] This contention fits with the identified contributing factors suggested by Anderson.[16]

In 1994 a group of doctors in Bendigo responded to the dire outcome for rural men by holding a Men's Health forum. A range of professionals interested in men's health to attend with the purpose of canvassing ideas to develop a community interest in men's health. In the early nineties, the Men's Awareness Network (MAN) was conducting parenting sessions for men called 'Man Being a Father'. These courses were very popular with men and as a result I was invited to the Bendigo GP Forum on Men's Health. It was from this forum that the Men's Health Nights was further developed. The MHN concept supported men (and women) to better understand men's health issues and provided a health promotion activity that attracted men's interest. The question then arose how governments would support the process that would improve men's access to health services.

In 1996 the newly developed partnership between Hepburn Health Service, Daylesford and the Men's Awareness Network (MAN) led to the setting up of the

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[14]P.G.Van Buynder & J.M. Smith, 'Mortality, Myth, or Mateship Gone Mad: The Crisis in Men's Health,' in *Health Promotion Journal of Australia*; 1995; vol.5, no.3; pp.9-11.

[15] R.Fletcher, *Australian Men and Boys: A picture of health*, Department of Health Studies, University of Newcastle, Newcastle, 1992, p.4.

[16] Anderson, J. Sustaining our National Resources, *National Rural Health Forum, Rural Public Health in Australia*, 1997 pp7-12.

Centre for Advancement of Men's Health (CAMH). The centre was set up in response to community reaction to a series of Men's Health Nights held across rural Victoria and urban Melbourne.[17] The first CAMH Men's Health Night was held at Castlemaine at the local golf club attracting 270 men. Further nights at Apollo Bay on the coast and Bentleigh in Melbourne attracted in excess of 200 men to each, unheard of numbers of men interested in the men's health message. By holding the nights at licensed premises with high-profile celebrity football speakers helped to encourage large audiences of men to hear not only the locker room gossip about football stars, but also how to look after their health. It was a very successful format. The success attracted funding from VicHealth, a Victorian Health organization, to continue the work until other funding became available.

In 1996 the documentary production house 'Beyond Productions' was producing a program for ABC television called *The Problem with Men*. The producers contacted CAMH as they wanted to include a Men's Health Night in the four part series. Daylesford became the popular choice for the next Men's Health Night and was developed in order that Beyond Productions could follow up some of the men and learn about their attitudes to male health, the reason for attending the Men's Health Night and what it all meant to them. The night was held at a local pub and attracted over 180 men from the small town. Due to the TV coverage of the Daylesford Men's Health Night, it became in Victoria a very popular vehicle by which men could learn

[17] L.M.Gibson & B.J.Denner *MAN Model of Men's Pathways to Men's Health, Men's Health Report 2000,* Centre for Advancement of Men's Health, Centre of Research for the Advancement of Rural Health (CRARH), LaTrobe University, Bendigo, 2000, p.2

more about their health risks. Since the mid-nineties over 12,000 men have attended Men's Health Nights across Australia and within Canada.[18]

The appeal of the Men's Health Night and its format attracted up to fifty percent of the male population of local rural towns. In towns like Ouyen, Bendigo, Murrayville and Warracknabeal, the numbers of men ranged from 150 to 330. The CAMH Men's Health Night was always a male affair where men could feel comfortable about a range of subjects that impacted on their health. The night addressed the main issues that impacted on men's general health and wellbeing. Subjects covered included chronic diseases such as heart disease, stroke, diabetes and cancers, including prostate cancer. Other issues discussed included sex, relationships, depression and suicide, parenting and how to access the health system. Men were encouraged to the benefits of engaging with a local doctor before showing fatal symptoms. The night also highlighted the disregard that men have for 'the impact of family history'. Family history of pre–existing conditions is certainly one of the major impacts on the health of men and women and disregarded by most as their lifestyle was perceived as combating history.

The CAMH Men's Health Nights also became popular interstate and in Central Queensland. It was not uncommon to attract, over three nights, some 750 men from remote neighbouring towns. Mining companies began to access the services of CAMH for workplace programs for men that over time were extended to their partners to support a greater knowledge of the issues of males. The partners were also supported in understanding of the skills couples needed to survive in remote areas in a

[18] Research and Findings in website www.mannet.com.au of Centre for Advancement of Men's Health, accessed 13th September 2008.

male-dominated workplace. The program, in places, was extended to include Women's Health Nights in order for remote women to understand the value of early intervention health screenings for a range of women's health issues. Due to the impact of the Men's Health Nights and its popularity, the new Coalition Government, through National Party member, John Forrest, the Member for Mallee in Victoria, conducted a Parliamentary Committee on Men's Health. For the first time this included Aboriginal men who were leaders in their communities, and who were instrumental in supporting men's health in aboriginal communities.[19]

The Men's Health Nights continued to gather momentum in the late 90's, especially across rural Victoria. In 2000, the World Primary Health Care Conference in Melbourne provided an ideal vehicle by which to promote the importance of men's health education and the benefits to communities of the popular Men's Health Night. The conference accepted a paper from CAMH[20] and organised with the Centre to develop a day session for international and national participants who wanted to further their knowledge of the men's health program. One of the participants was a visiting medical officer, Dr David Bowering, from the North Okanagan Health Service, British Columbia, Canada. His interest in men's health, the outcomes as demonstrated by the community men's health night, and the way the model worked with partnerships within the target community and with local health providers, led to a month long visit and the development of the MAN model in British Columbia in 2001, and again in 2007.[21]

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[19] *Men's Health*, House of Representatives Standing Committee on Family and Community Affairs, Hansard, Canberra, 1997.
[20] B. Denner, *MAN Model - Health Promotion*, 2nd International Primary Health Care Conference, Melbourne April 2000, Abstract.
[21] B. Denner, 'The MAN Model of Health Promotion: Canadian Experience, *European Journal of Men's Health & Gender*, December 2004, Community Profile.

The MAN Model of Health promotion went international, and with the partnerships of the North Okanagan Health Service and local district Rotary Clubs developed a series of men's health nights, workplace programs and *LifeSkills* sessions for several secondary colleges, across four major centres in the province. This Canadian experience went a long way towards proving the worth of providing men in the community with an opportunity to learn more about their health and the value of early intervention for a range of male issues with doctors and other health professionals. During the visit over twelve hundred men, women and adolescents attended sessions developed by CAMH for a Canadian audience based on the male mortality and morbidity status of local men and the issues of adolescents at school.

Back in Australia, support from the federal government was acknowledged with a two year grant to develop health promotion activities based around heart disease and diabetes that targeted men in rural areas across Victoria from Bacchus Marsh to Nhill in the far north west of Victoria. By 2002, Service Clubs, rural organizations and government funded agencies providing male friendly services in rural areas began to conduct versions of the men's health nights. Further government funding and support had allowed CAMH to use the MAN Model formula to conduct programs interstate. South Australia adopted the formula and resources were developed so that the South Australian Government, at the time, could be seen to have a resource that was South Australian. Laura Hospital in Mid-North South Australia took the lead role and developed programs not only around men's health but also adapted the CAMH

developed 'KidSafe on the Farm.'[22] The program developed farm safety messages for primary school aged children to support farm safety through education for them and through to older male family members.

With such interest in men's health demonstrated by communities, the federal government started to take notice. The first Parliamentary House of Representatives Standing Committee on Family and Community Affairs in 1997 put men's health on government agenda by inviting a range of practitioners from the new and growing men's health organizations and specialist practitioners to share their ideas. CAMH was part of the process and began to involve local Parliamentarian in the politic of men's health. The Second National Men's Health Conference in Western Australia in 1997 included an Aboriginal component and invited leaders in aboriginal men's health to participate. The next National Men's Health Conference took place in Alice Springs in response to the Fremantle experience. CAMH presented their first paper on work conducted in Mataranka, Northern Territory, for Indigenous males. The paper further highlighted the gap and issues of remote aboriginal men.[23]

A further insight into other issues that surrounded men's health was the involvement of the Attorney General's Office in developing a national forum for men and family relationships in Canberra. Again, the government was looking to those involved in the new men's health industry for answers to the high male suicide rate, which has been attributed to divorce, separation and the actions of both the Family Law Court and

[22] B. Denner & G. Stewart , Resource KidSafe On the Farm, Centre for Rural & Regional Education, partnership of Centre for Advancement of Men's Health and Hepburn Health Service, 2002, P6
[23] B. Denner, *Why We Need a National Men's Health Policy*, 3rd National Men's Health Conference, Alice Springs , October 1999, Abstract.

Child Support Agency. Decisions in favour of women and the consequences to men of these judgements, research indicated, had contributed to the high male suicide rate.[24]

The MAN Model continued to provide community men's health nights and a range of sessions and presentations to doctors through Clinical Skills in Men's Health in Newcastle and again at the General Practitioners Conference in Sydney, 2002. By early 2003, CAMH was invited to present papers in Canada and USA[25] about the popularity of, and the participation rates of men at Men's Health Night sessions. Men embraced the opportunity to discuss and learn about their health. The media began to portray men as the disadvantaged gender against stronger life expectancy rates for women, and the increased rates of heart disease, cancer and suicide of men when compared to women. In the case of suicide, men were up to seven times more at risk than women, depending on where they lived and their socio-economic status. Young Aboriginal men had rates of suicide that were increasing at an alarming speed.[26]

A behavioural change needed to take place in men, and male health needed to be supported as was women's and children's health. Since 1994 one behavioural change had been taking place where over 11,500 men[27] had attended CAMH Men's Health Nights across Australia and Canada. The participation rate demonstrated a change in the way men were accessing preventative information on male mortality. The movement for a greater government emphasis on tackling Indigenous men's health

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[24] B. Denner, *Marketing Fatherhood*, National Forum – Men and Family Relationships, Canberra June 1998, p.3.
[25] B. Denner, *Understanding & Engaging Men to Reduce Early Mortality through the MAN Model of Health Promotion*, National Men's Health Conference, Arlington, Washington DC, USA, May 2004, Abstract.
[26] Health and Welfare, Australia's Health 2002, Canberra: AIHW, Canberra, 2002, p.212
[27] B.J. Denner, *Understanding & Engaging Men*, Australian Institute of Professional Counselling Magazine, Feb 2004.

gained momentum through greater awareness of the statistical evidence of the status of indigenous health after the release of the 2001-2002 Indigenous Report on Mortality and Morbidity.[28] The support of the National Men's Health Conferences and the National Rural Health Alliance (the representative organization of rural health workers across Australia) supported a greater awareness of the problems of addressing the issues of drinking, diabetes, heart diseases and rurality as major impediments to health outcomes.

CAMH findings from work conducted in Northern Territory at Mataranka in the late ninetie compared to the same region (including communities associated with Mataranka), in 2006 and 2007 clearly show a difference over the ten years. 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.[29] In these small remote indigenous communities up to seventy men at a time attended the local Men's Health Night to learn more about their health and the value of early intervention screening for identifying risk factors of heart disease, diabetes and depression. The participation rate at remote indigenous Men's Health Nights was a significant first for remote health delivery. Within the session they learnt about the value of maleness in their relationships, and its importance in their role as a partner and father.[30] This male intervention has had an impact on the health status of men in these communities demonstrated by the number

[28] Indigenous Health Status, Health and Welfare, Australia's Health 2002, Canberra
[29] L.M.Gibson & B.J.Denner *MAN Model of Men's Pathways to Men's Health, Men's Health Report 2000,* Centre for Advancement of Men's Health, Centre of Research for the Advancement of Rural Health (CRARH), LaTrobe University, Bendigo, 2000, p.44.
[30] L.Beckwith, P.Talbot & B.J.Denner, *Project Evaluation, Rural Men's Health Project*, for Department Health & Ageing Canberra 2008.

of men's health checks conducted in days following the educational men's health session and by the general support of local women.[31]

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 which effectively produced notable behavioural change with a further one hundred and fifty men and women attending follow-up sessions.[32] In response to these sessions, place like Mitchell 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.[33] The MAN Model has continued to provide evidence to the Federal Government that where opportunities are provided for men, (especially for stoic rural men) to learn and participate in responsible outcomes for their health, there will be a behaviour change which will benefit their general health, life expectancy status, as well as having a positive impact on the family.

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 Excellent of Men's Health, became a support 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

[31] L.Beckwith, P.Talbot & B.J.Denner, *Project Evaluation, Rural Men's Health Project*, for Department Health & Ageing Canberra 2008.
[32] J.Neill, & B.J.Denner, *CAMH Report, Mitchell*, April 2008, p.32.
[33] Beckwith, Talbot, & Denner, 2008.

Night Out,' are reportedly very successful at attracting men in the local community to learn about their health.[34] With the rapidly expanding demand for information, it is important to ensure that consistent health messages are provided and that men have access to quality and evidence-based health information. To achieve this, a coordinated approach to health information delivery has been imperative. Effective health promotion needs to ensure consistent messages about health, disease prevention and treatment to avoid confusion.[35] The high level of engagement of organisations in regional and remote areas is a positive sign for men's health promotion, given the poorer health status of people in regional and remote regions.[36] Future health promotion campaigns for men's health need to foster this engagement with regional/remote organisations and men in these communities. As part of the regional program, those factors that act as drivers and barriers to men's help-seeking behaviours and health service use could be targeted to ensure that men from these areas receive overall health care. [37]

An emerging area of health promotion is the workplace.[38] Organisations are starting to incorporate health promotion into their occupational health and safety programs. In the absence of specifically targeted workplaces to run events, a high level of requests for resources from the workplace (approximately one quarter of all events) were

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[34] L.M.Gibson & B.J.Denner *MAN Model of Men's Pathways to Men's Health, Men's Health Report 2000,* Centre for Advancement of Men's Health, Centre of Research for the Advancement of Rural Health (CRARH), LaTrobe University, Bendigo, 2000, p.5.

[35] M.Cock & Carol A. Holden, 'Facilitating community action during an awareness week to raise the profile of men's health issues', in *Andrology Australia*, Monash Institute of Medical Research, Monash University, Victoria, 2008, Abstract, European Journal of Men's Health.

[36] Australian Institute Health & Welfare (AIHW), *Rural, Regional and Remote Health: Mortality trends 1992-2003*, AIHW Cat. No. PHE 71; Canberra: AIWH (Rural Health Series no. 7), 2006.

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[38] J.Daly, M.Licata, K.Gillham & J.Wiggers, 'Increasing the health promotion practices of workplaces in Australia with a proactive telephone-based intervention,' *Am J Health Promotion*, 2005; vol. 19, pp.163-6.

received.[39] Promoting men's health in the workplace has a number of advantages. These include the fact that men can be easily targeted and are a captive audience who can attend during work hours. It can provide an opportunity to address help-seeking barriers by increasing men's knowledge about their bodies and can provide positive messages about help-seeking behaviours. It can also break down the stigmas that surround sensitive issues while normalising health conditions. Targeting the workplace has been shown to be effective for health promotion[40] and may provide a promising means of delivering focused men's health promotion in the future.

There has been growing attention to the state of men's health in Australia over recent years with recognition of men's shorter life expectancy and higher risk of more serious health problems, such as cardiovascular disease, compared to their female counterparts.[41] The community interest in men's health has been further fuelled by greater media attention to gender specific health issues, such as prostate cancer, androgen deficiency, hormone replacement and erectile dysfunction. As community interest in men's health has increased, a growing need for support services has been recognized. Education and health promotion, which focuses on men's health and encourages positive help-seeking behaviours, are important factors in helping improve health outcomes.[42] The Men's Health Night and Workplace Health Sessions have been proven as a means of teaching men how to understand their health and provide

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[39]M.Cock & Carol A. Holden, 'Facilitating community action during an awareness week to raise the profile of men's health issues', in *Andrology Australia*, Monash Institute of Medical Research, Monash University, Victoria, 2008, Abstract, European Journal of Men's Health.

[40] K.R.Pelletier, 'A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: update VI 2000-2004,' *J Occup Environ Med*, 2005; vol.47, pp.1051-8.

[41]*AIHW*, *Mortality trends 1992-2003*, 2006,

[42] Cock, M., and Holden, Carol A., 'Facilitating community action during an awareness week to raise the profile of men's health issues,' in *Andrology Australia*, Monash Institute of Medical Research, Monash University, Victoria, 2008, Abstract, European Journal of Men's Health.

male-friendly opportunities to talk about their wellbeing. A range of organisations have now adopted and adapted the Men's Health Night concept as the means by which they can 'get their message out' on issues such as erectile dysfunction, prostate cancer, heart disease and general issues associated with relationships and depression.

Since the Men's Health Night was first introduced fourteen years ago, it is estimated that over 80,500 men have participated in Indigenous and non-indigenous Men's Health Nights. In 2007 alone over 3,500 men attended CAMH organized sessions throughout Victoria, New South Wales, South Australia, Queensland, Western Australia, Northern Territory and Canada. Men have attended in extraordinary numbers to these information sessions that started back in 1995, indicating that they are interested in their own health and that they want the opportunity to discuss their concerns in culturally relevant ways. Men need to be specifically targeted to attend health-promotion sessions and to participate in men's health checks and community health screenings. A specifically designed 'Blokes Night Out' appeals to men as a way to introduce the value of early intervention screening and improved health and wellbeing behaviour through medical and health education follow-ups.

In conclusion, over the last fourteen years the MAN Model of Health and the Men's Health Night have provided men, in communities across Australia and in Canada, an opportunity to learn about their health. It has provided a pathway to engage with the health system, and, more importantly, with doctors. The process also encourages women to learn about men's health and their partner's issues, along with supporting better relationships for both women and children. The participation rate of men at the Men's Health Night as a behaviour change is now uncontested, with thousands having

attended over the years. The evidence also shows a greater participation at GPs, up from fifty percent to closer to eighty percent.[43] Further behaviour change is associated with organizations such as Andrology Australia, Cancer Council, Beyond Blue, Freemasons Australia and Rotary Clubs Australia, all of whom have adopted and adapted the Men's Health Nights to use as a vehicle to attract men and women to their sessions. This is contrary to their earlier critical stance of value of Men's Health Nights in the 1990s and early 2000s.

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 is also shows a rise of 4 to 5 years, and in urban Australia, the indigenous man now lives 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 heart attack. 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 provided them with evidence and knowledge.

[43] Mildura Rural City Council, *Community Health Report* based on Mallee Division of General Practice, 'Divisions of General Practice Report,' Royal Australian College of General Practitioners, GPs visits data, 2008, published in Sunraysia Daily, P. 1, September 2008.

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 percent of adults attending adult health checks.[44] This very intervention to support diagnosis of risk factors to chronic disease as is available in the general population will reduce the early mortality of indigenous communities. The increase can be contributed to a growing attendance of indigenous men to health talks, greater access to early intervention and the new role of indigenous health workers across remote areas of the Northern Territory.

The results achieved in reducing the early mortality of women, as for Breast and Cervical Cancers based on women's health policy, education and awareness is lauded by governments but yet to be accepted as an important intervention for men. In 2009 this may change with the introduction of a National Men's Health Policy based on the work by many in the field with the support of academic research and findings in men's health over the last fifteen years.

Men's health nights have demonstrated that men are interested in their health outcomes. The evidence of the MHN is one contributor that supports the priority of the federal government to develop a National Men's Health Policy that will support the work across Australia in reducing the early mortality of all Australian males.

[44] Naru Pal, Sunrise Health Service, *BI-ANNUAL REPORT: January to June*, 2008

BIBLIOGRAPHY

REPORTS

Australian Bureau of Statistics, 'Australian Social Trends,' Ref: 4102.0, 1995.

Australian Aboriginal History Handbook, School of Historical & European Studies, LaTrobe University, Faculty of Humanities and Social Sciences, 2007, Document 41.

Australian Institute Health & Welfare, *Rural, Regional and Remote Health: A study on mortality*, AIHW Cat. No. PHE 45; Canberra: AIWH (Rural Health Series no. 2),

Australian Institute Health & Welfare, *Rural, Regional and Remote Health - Mortality trends 1992-2003*, AIHW Cat. No. PHE 71. Canberra: AIWH (Rural Health Series no. 7) 2006.

Beckwith, L., Talbot, P., & Denner, B.J., *Project* Evaluation, Rural Men's Health Project, 2008.

NSW Government, Department of Health, Health Calender 2008.

Sunrise Health Service, *BI-ANNUAL REPORT: January to June*, 2008

BOOKS AND ARTICLES

Armstrong, J.S. & Overton, T.S., 'Eliminating nonresponse bias in mail surveys,' in *Journal of Marketing Research* 1977; 14:396-402.

Chu, N.V. & Edelman, S.V., 'Erectile dysfunction and diabetes,' in *Curr Diab Rep* 2002; 2:60-6.

Cock, M., and Holden, Carol A., 'Facilitating community action during an awareness week to raise the profile of men's health issues,' in *Andrology Australia*, Monash Institute of Medical Research, Monash University, Victoria, 2008.

Cook, R.F., Billings, D.W., Hersch, R.K., Back, A.S. & Hendrickson, A., 'A field test of a web-based workplace health promotion program to improve dietary practices, reduce stress, and increase physical activity: randomized controlled trial,' in *J Med Internet Res* 2007; 9:e17.

Daly, J., Licata, M., Gillham, K. & Wiggers, J., 'Increasing the health promotion practices of workplaces in Australia with a proactive telephone-based intervention,' in *Am J Health Promotion* 2005; 19:163-6.

Denner, B.J., 'The MAN Model of Health Promotion: Canadian Experience,' in *European Journal of Men's Health & Gender*, December 2004.

Denner, B.J., MAN Model of Health, 3rd National Men's Health Conference, Alice Springs, October 1999.

Esposito, K., Giugliano, F., Di Palo, C., Giugliano, G., Marfella, R., D'Andrea, F., D'Armiento, M. & Giugliano, D., 'Effect of lifestyle changes on erectile dysfunction in obese men: a randomized controlled trial,' in *Jama* 2004; 291:2978-84.

Fanning P. & McKay M., *Being a Man: A guide to the new masculinity,* New Harbinger Publications, Inc., Oakland, CA, 1993.

Fray, P., 'Lawrence tries to save the males,' in *The Bulletin* (with *Newsweek*), 10 May 1994.

Gibson, L.M., & Denner, B.J., *MAN Model of Men's Pathways to Men's Health, Men's Health Report 2000*, Centre for Advancement of Men's Health, Centre of Research for the Advancement of Rural Health (CRARH), LaTrobe University, Bendigo, 2000.

Holden, C.A., McLachlan, R.I., Pitts, M., Cumming, R., Wittert, G., Agius, P.A., Handelsman, D.J. & de Kretser, D.M., 'Men in Australia Telephone Survey (MATeS): A national survey of the reproductive health and concerns of middle-aged and older Australian men,' in *Lancet* 2005; vol.366:218-24.

Mills, P.R., Kessler, R.C., Cooper, J. & Sullivan, S., 'Impact of a health promotion program on employee health risks and work productivity,' in *Am J Health Promotion* 2007; 22:45-53.

Neill, J. & Denner, B.J., *CAMH Report*, Mitchell Client Satisfaction Surveys, April 2008.

Pelletier, K.R., 'A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite:update VI 2000-2004,' in *J Occup Environ Med* 2005; 47:1051-8.

Rosen, R.C., Shabsigh, R., Kuritzky, L., Wang, W.C. & Sides, G.D., 'The efficacy of tadalafil in improving sexual satisfaction and overall satisfaction in men with mild, moderate, and severe erectile dysfunction: a retrospective pooled analysis of data from randomized, placebo-controlled clinical trials,' in *Curr Med Res Opin* 2005; 21:1701-9.

Thomas, L. & Williams, M., 'Promoting physical activity in the workplace: using pedometers to increase daily activity levels,' in *Health Promotion Journal Australia* 2006; 17:97-102.

Verrinder, A. & Denner, B.J., 'The success of men's health nights and health sessions,' in *Aust J Rural Health* 2000; vol.8:81-6.

WEBSITES

http://www.menshealthweek.org/imhw/imhw.htm International Men's Health Week, cited September, 2008.

http://www.health.nsw.gov.au/events/calendar cited September, 2008.

http://www.mannet.com.au cited September 2008