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Tasmania

MTS No.: 45544 - CHO - PoH

19 MAR 2009

Mr Chris Reid
Secretary
Senate Select Committee on Men's Health
Email: menshealth.sen@aph.gov.au

Dear Mr Reid

Thank you for your letter of 2 December 2008, regarding the Senate Select Committee on Men's Health and your invitation to provide a submission to the inquiry.

Accordingly, please find attached a submission from the Tasmanian Government, jointly prepared by Department of Health and Human Services and Department of Premier and Cabinet.

Thank you once again for the opportunity to comment.

Yours sincerely

Lara Giddings, MP
Deputy Premier
Minister for Health

Enc. Submission

Submission to the Senate Select Committee on Men's Health

Tasmanian Government

Tasmania
Explore the possibilities

EXECUTIVE SUMMARY

Tasmania's health system has to date addressed men's health primarily through generic services available to all population groups. In May 2007 the Tasmanian Government released Tasmania's Health Plan which includes over 100 projects to be implemented over the next 2-5 years. With the increase in the ageing population and in chronic disease, this plan is essential to Tasmania meeting the demands to be placed on our health system in years to come. Tasmania currently experiences the lowest population growth rate, the lowest household disposable income per capita, the highest crude death rate, and the lowest proportion of people living in a capital city in Australia.[1]

Tasmania has the overall second highest incidence of cancer in Australia; the commonest cancers (excluding non-melanoma skin cancer) diagnosed in males in Tasmania in 2005 were prostate cancer (485 cases), colorectal cancer (198 cases) and lung cancer (158 cases). The most common causes of cancer related deaths in males in 2005 were lung cancer (151 deaths), colorectal cancer (85 deaths) and prostate cancer (62 deaths).[2]

Tasmania has a strong focus on population health through the Department of Health and Human Services, and has begun to work specifically to address the needs of men through the establishment of full time Men's Health Policy and Program officer position from June 2008. The social inclusion agenda has also been taken up strongly through the Department of Premier and Cabinet Social Inclusion Unit (SIU), and the department is working closely with the SIU across many issues. The Tasmanian Government is also addressing the issues associated with the ageing population through the Positive Ageing Plan.

Men's health issues have not always been seen as a high priority by all levels of government, or by much of the community in Australia. There is a corresponding paucity of research and evidence to support adequate understandings of men's health (Macdonald 2006).

While men's health is gaining attention in the media and society, and the process of developing a National Men's Health Policy has started, there remains a lot of work to do to improve the health status of Australian men, and to bring the coordinated strategic approach needed to achieve this.

Most current funding is centred on clinical issues, in particular urological problems, such as prostate health and erectile dysfunction.

There is scope to extend the range of settings in which men are offered advice and information in regard to their health. For example, one key factor in improving outcomes for men with cancer is to improve the way in which such services interact with health professionals. (Additional information on Cancer Screening and Control Services in Tasmania is provided at Attachment A.) Greater emphasis needs to be placed on educating health professionals in the manner in which they communicate with men. This will enhance men's access to prevention, early detection, best practice treatment and follow-up care and also access to clinical trials.

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[1] Tasmania's Demographics, Socio-Economic & Health Status, university of Tasmania 2006 http://www.ruralhealth.utas.edu.au/rhts/epidemeolog-profile.php

[2] Cancer in Tasmania. Incidence and Mortality 2005. Menzies Research Institute, 2008.

Women more readily answer the call to action in regard to seeking help and information about health symptoms and problems. More consideration needs to be given nationally as to why men do not have the same motivation as women and how we can improve communication with men in regard to health management, participation in prevention and early detection. In particular a focus is needed on the reasons that men with symptoms postpone seeking medical assistance and are reticent to communicate any concerns to health care professionals and providers.

Level of Commonwealth, state and other funding addressing men's health.

As part of the reforms to Commonwealth State financial relations agreed by Council of Australian Governments (COAG) meeting in November 2008, a national Healthcare agreement and a national Partnership on Preventative Health were signed. These provide a new emphasis on preventative health and addressing chronic disease and present opportunities to address the health needs of men as a high risk group.

The National Partnership Agreement on Preventive Health particularly addresses the rising prevalence of lifestyle led chronic diseases across the Australian community. As part of a 6 year program, the Commonwealth will fund a social marketing campaign and a national preventive health agency to oversee the campaign. Additional funding will be made available for workplace programs. At this stage it is unknown as to whether specific funds will be made available for men's health.

We note that while there are a number of programs in existence which partially address some of the health needs of men, there is scope to develop an overall framework and expand on existing programs to provide a more integrated approach to men's health.

Some specific Tasmanian men's health initiatives are outlined below.

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) fund the Rural Alive and Well suicide intervention program running in the Southern Midlands and Central Highlands local government areas (LGAs).

FaHCSIA also funds other rural support workers in drought affected areas of Tasmania through Relationships Australia and the Salvation Army. The current term of most of this funding is due to end in June 09.

In 2006 Andrology Australia, the male reproductive health centre, was awarded $4M over 4 years for its ongoing work, and at that time, they received the largest amount of Federal funding for men's health related activities (Malcher 2006). Resources produced by them are being utilised in men's health information evenings, and evenings currently being planned in the Clarence LGA, will make use of this information.

The Tasmanian Government has committed $3.3 million over the next four years to develop workplace health and wellbeing programs within each of the Tasmanian public sector agencies. A survey of staff health risk factors is about to be undertaken. Men's health will be included in considerations of targeted approaches.

In Tasmania, the position of Men's Health Policy Officer has been created. The Officer has a coordinating role across Non Government Organisations (NGO) that work with men. The role also involves assessing training needs and assisting the

organisation of training where needed; and assisting organisations with the adaptation of existing programs and services to become more male appropriate. To this end $40,000 has been assigned for a project officer to support the delivery of the Get Active Program - a physical activity program originally designed for women - to physically inactive men in Tasmania.

The Men's Health Peer Education Program (MHPE) was developed in conjunction with the Veteran community. The program began as a pilot in Tasmania and now has been rolled out across Australia. The program trains volunteers to provide health information to their veteran peers to assist them in making informed lifestyle choices around their health. Some of the educators trained have been husband and wife teams who work with both men and women in their communities. This has been found to be a successful way to work with men in this community. Currently there are 13 peer educators across the State.

Centacare is actively involved in offering personal and family counseling programs for men and offers the *Changing Abusive Behaviours* program in the north and south of the state. Centacare also has a contract for supporting refugees during their initial period of settlement in Tasmania so has considerable contact with non-English speaking background new residents. The Centacare office in the northwest has been particularly involved in contributing to the establishment of the Men's Services Network in their area, and working with young dads and men under 30 years. Centacare has funding from the Australian Government under the Family Relationships Education and Skills Training program (FREST). Their funding provides for both a skills development and community development component to their work.

Men's Services Network Tasmania was formed during 2006 by workers from several non-government organisations. Initially meetings occurred only regionally. In 2008 the network began meeting quarterly as a state-wide group, supported by the Men's Health Policy Officer from the Tasmanian Department of Health and Human Services. At this point this organisation has no funding, although $2000 was provided to Centacare as a participating organisation, to set up a web based directory of men's services. Mensline Australia, a national telephone service for men, also assisted with the establishment of this web site. This network is in a good position to advise on the delivery of services and in information dissemination to the community in the future.

Relationships Australia (RA) provides a range of services to men and women including relationship counselling, family mediation and relationships skills courses. RA offer a service called *Tassie Male* which provides support to men in relation to personal, family and work issues. The provide telephone counseling, education groups and other resources. Relationships Australia operates across the State and provides outreach services to rural areas such as the Huon valley and the east coast. Relationships Australia has had a particular focus on working with refugee men and their families.

Anglicare Tasmania: the *Tools for Men Program* is for men who have experienced relationship or parenting difficulties. It provides a chance to talk and offers information and workshops about personal and family issues. The program is only offered in Hobart at the present time and is funded by the Department of Families, Community Services and Indigenous Affairs. Anglicare offers several other services

whose clients may reflect the diversity of the population and so are available to men inline with issues such as homelessness and mental health residential services.

Tasmanian Men's Health and Wellbeing Association (TASMEN) is a non-profit association whose aims include providing a contact, information and referral point for men, lobbying for the establishment of men's health services and supporting men's groups. The group has hosted annual men's gatherings, held information stalls at events like the Hobart Show, offered a communication skills program for men and actively supports programs like the Anglicare 'Tools for Men' program. The Association has also delivered mentoring programs for boys in some southern Tasmanian schools, and delivered a men's leadership training weekend. The Association has also contributed significantly to men's health consultations in Tasmania, and is currently working to develop other services, specifically for men. This organization is well placed to deliver support services to men in the future.

Family Planning Tasmania offers information and clinic services to men through sexual health checks, advice and support on sexuality issues, contraception. They offer services, with a male doctor in the south available one day per week, and a male educator based in Launceston who travels the state as needed.

A number of private counselors cross the State work closely with men to address a range of personal issues. These counselors are well placed to promote men's physical activity and other health related programs to their clients.

Across the State a range of allied health practitioners are working with men in relation to health and wellbeing issues. These include Community Health Social Workers, Physiotherapist, Occupational Therapists, Community Health Nurses, Health Promotion Officers.

A number of key Tasmanian workplaces have taken a positive approach to health promotion and in particular to the health of men by offering free workplace health checks for staff. Large companies like Tamar Valley Power Station and Zinnifex in Rosebery have instigated wellness programs using high profile sportsmen to launch the program followed by free workplace health assessments and follow up assessments offered at no cost.

In particular the OzHelp Foundation operates a workplace based early intervention suicide prevention and social capacity building program in the building and construction industry. The program aims to enhance the resilience of apprentices and workers in the Industry, while at the same time strengthening the leadership and support roles of industry leaders. In Tasmania this project has received strong support from local businesses, and has been extended to other industrial sectors.

Adequacy of existing education and awareness campaigns regarding men's health.

There are limited programs available to educate and increase awareness of men's health for men and the community. A 2007 Foundation 49 report stated that research clearly showed *"that at all levels of health service delivery in Australia there is an*

extreme inequity in the availability and delivery of health education to Australian men versus Australian women" (Hardy 2007). Specifically there is need for education in the area of men's/boy's sexual health and relationships beginning in childhood (Winckle 2008).

There have been a number of men's health forums and events held in Tasmania during the last few years such as the Prostate Cancer Foundation Forum in Hobart in March 2007, and local events instigated by passionate people within local communities such as Huon Valley Men's Health night hosted by the local council in 2006. While such events have happened around the state, there has been no coordinated approach or strategy and the longer term impacts of many of these events are unknown.

One program that has been run in various areas of Tasmania over the past few years is the Pit Stop men's health check programs, usually hosted by a community health service. Pit Stop brings an element of humour into men's health. This appeals to men and removes it from a clinical setting. Pit Stop can be delivered at any location where men gather – workplaces, football clubs and agricultural shows or events. Pit Stop programs typically consist of health checks such as measuring Body/Mass Index (BMI), and the provision of information about the importance of exercise and diet and preventive health programs. Men are encouraged to consult their GP or tap into available programs. These programs are much more about raising awareness than offering an ongoing opportunity for participation. Community Health staff are often involved in Pit Stop programs (e.g. Community Health Nurses, Social Workers, Health Promotion Coordinators). The program is not designed to be a medical intervention but a screening tool to encourage men to take better care of themselves for a healthier lifestyle and improved wellbeing. Pit stop has received positive feedback from both staff and participants. However there has been no coordinated approach to implementing Pit Stop, or to assessing its longer term success in changing attitudes of men to their health, or improving their health outcomes. While the impact of this program has been evaluated in Western Australia and is understood to be effective there, it has not been formally evaluated in Tasmania.

Living Longer, Living Stronger is a program designed by the Council On The Ageing (COTA), and aims to increase the range and quality of strength training opportunities for older people. the program is provided through partnerships with gyms and health and fitness centres, and operates in Hobart, Launceston and some regional towns.

Diabetes Tasmania delivers education and information and support to those at risk of, or people suffering from Diabetes. The diabetes rates in Tasmania are shared equally across the genders, and so current programs are not gender specific. Programs include:

- Reshape: a healthy lifestyle program to prevent diabetes. Reshape is specifically designed for people between the ages of 40–49 years who are at risk of developing type 2 diabetes.
- Diabetes Assist COACH program – a telephone-based health coaching service for people with diabetes or pre-diabetes which will provide information and support on diabetes management, nutrition and suitable food choices and physical activity. This service – funded by the Department of

Health & Human Services - is free and will be conducted state-wide by Diabetes Tasmania dietitians and educators.

- The Primary Health Chronic Disease Demonstration Project, funded by Department of Health & Human Services and conducted by General Practice North, will be providing one-to-one and group sessions covering diabetes education, nutrition and physical activity for people with stable Type 2 diabetes. This service is expected to commence in early March 2009 – initially in Launceston and then to rural areas. There will be a one-off administrative cost of $50.00 which covers all individual and group sessions.

Heart disease and associated issues is the cause of one of the highest rates of early mortality for men, and so the Heart Foundation has an important role to play in Men's Health. In Tasmania their work focuses on delivering gender based information on heart healthy nutrition and physical activity. The Heart Foundation contribute to the Pit Stop health checks, and make contributions to the debate on policy and heart healthy related issues pertaining to specific population groups including indigenous men, and the Gay, Lesbian, Bi-sexual, Transgender and Intersex (GLBTI) community.

The Northern Health Promotion Coordinators in the Department of Health and Human Services have begun planning for a regional forum in relation to men's health in the north. The forum will bring together interested Primary Health stakeholders to map the responses to men's health in the area and plan future interventions in a coordinated approach to men's health and wellbeing. The Health Promotion Coordinators will work closely with the Northern Senior Social Worker and the State-wide Men's Health Policy Officer who will provide strategic direction to the forum. A further aim of the forum will be to identify internal and external stakeholders for future collaboration. A reappraisal of Pit Stop will also be happening as part of this discussion.

International Men's Health Week (IMHW) occurs in June. In Tasmania IMHW has been celebrated through local events run by passionate individuals or hosted by Non-government organisations. There has been no strategy or themed approach to these events, and rarely has a specific health priority been promoted. Through the Men's Health Policy Officer, many of these events are now gaining some coordination, but more funding is needed for organising and promoting them, as well as evaluating their impact. In 2009 sexual health has been chosen as a key theme in activities to happen across the state.

Men's Sheds offer a key opportunity for health promotion to older men in particular. Sheds are gaining in popularity and increasing in numbers. In Tasmania, individual sheds receive some funding through small grants and donations for items such as machinery or tools. Men's Sheds in Tasmania are currently forming an association, though to date Tasmanian Sheds have not received targeted support from any level of government. Aged care facilities tend to be focused on delivering services to women who outnumber men due to the early mortality of men relative to women. Sheds are therefore one of the only widespread opportunities for men moving into later life stages, and are suitable for targeted funding and health promotion activities. Coordination of the sheds has been occurring for two years at a national level through the Australian Men's Sheds Association. The state-wide Sheds association is being set up with assistance from the Men's Health Policy Officer.

In Tasmania there are a number of services and programs that provide mental and general health counseling and support to men as individuals and in groups.

In the area of training, there has been some training provided to men's health workers, with a more strategic approach to training now developing under the Tasmanian Men's health Policy Officer.

Research into men's health and wellbeing is scant with a ratio of articles on women's health to men's health being about 45:1(Gregory Anne T 2006).

The lack of policy to date, along with the lack of research and evidence has meant there is minimal coordination or strategic effort to educate men and to promote health information and opportunities to men.

In moving forward with the development of Men's Health policies and programs, it is vitally important that a 'social determinants of health' understanding and approach is taken to men's health and wellbeing.

"*The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics*"(WHO 2007).

The roles that men play as workers, fathers, partners, community members, and volunteers, all have an impact on their health and wellbeing, and need to be considered.

It should also be noted that education and awareness campaigns in themselves are not shown to be effective in achieving behaviour change, but must be coupled with policy, environmental and social changes that make healthy choices easy choices. For example, reductions in smoking rates have been achieved though a combination of smoke-free area legislation, fiscal measures that make tobacco products more expensive, changing social norms so that smoking is less acceptable, rather than solely through education and awareness.

Prevailing attitudes of men towards their own health.

Men are considered to be a contributing factor to early mortality rates in men. Feedback from Tasmanian Council on the Ageing (TasCOTA) is that health is often not a top priority for men; they do not like formal programs and do not like to feel pushed or pressured to participate. While there is some momentum being gained through the Positive Ageing strategies under development by many local government bodies this tends to involve those men who are already committed to more active health management.

Recent studies however, show that men are interested and engaged in their health, but that many men experience barriers in their help-seeking. Many working men are unable to access services during working hours and services being closed outside of working hours, and a lack of male service providers are some of the barriers than many men experience to their maintaining their health (Smith, Braunack-Mayer et al. 2006).

Professor John McDonald argues that it is preferable to look at the provision of services to men, as well as making concerted efforts to support men as to how they should maintain their health (Macdonald 2006).

Information from Bernard Denner who delivers Men's Health information evenings shows that on just one evening in rural Tasmania, of the 70 men who attended the session, 82% had attended a GP in the last 12 months (Denner 2006). This suggests that Tasmanian men are interested in their health, and they do take action. Denner runs men's health nights in most Australian States, including some in Tasmania (Smithton, Huonville and the Break of Day LGA's). He has found the men's health night model to be the most useful approach to engaging men in a discussion about their health. The Men's Awareness Network (MAN) model has been particularly embraced in rural Australia and many of the Australian Government funded Regional Health Services are using his services. Bernard has worked to develop an approach that will be attractive to men. The approach usually involves:

- an event (e.g. seminar, forum, night with a guest speaker –some have attracted several hundred men)
- use of a male setting (e.g. pubs/hotels, sporting clubs, workplaces)
- testing (e.g. blood lipids, blood sugar levels, blood pressure etc)
- getting the men to identify the main issues for them and to set goals (e.g. to lose weight, to consult with GP etc)
- community projects (e.g. walking groups)
- industry/worksite screening and education (e.g. at Huonville all the Council staff also had a health check, in the North East Cornwall Coal are doing health checks on site).

Long term impacts of these nights are also unknown. To gain the complete picture research into the take up of recommendations, to visit doctors or specialists, and to change habits as a result of these evenings needs to be conducted.

Attention needs to be focused on changing men's ideas about their health and to encourage them to engage early with health services. Changes in attitudes and social norms are required to encourage men to stay healthy and take responsibility for their health. One example of this is that men are often perceived to be risk takers in their alcohol consumption or with regards to injury. These perceptions are accepted social norms, and as such require efforts to change them into healthier approaches to health and wellbeing. These perceptions are the sort of social or environmental determinants that can significantly affect the health of the population including men.

> *Much of the "causes" of health and illness in Tasmania – as elsewhere - lie outside of the health care system and are embedded in the social, political, economic and environmental contexts in which people find themselves.* (Taylor 2008)

The adequacy of funding in metropolitan, rural and remote areas.

A social determinants approach to men's health, as recommended by health experts in Australia and abroad, acknowledges that health outcomes are significantly affected by many social factors, some of which include employment status, social inclusion

and support, addiction, food, and transport (Macdonald 2006). As mentioned above there is limited specific support available for men in the community.

A consultation conducted by Foundation 49 (Hardy 2007) in 2006 found that there were no specific services operating in Tasmania that were directed specifically at men. While this has begun to change in recent times, the lack of coordination and the ad hoc nature of activities addressing men's health have limited the positive outcomes from these activities.

The Royal Hobart Hospital is Tasmania's major tertiary institution offering services for acute conditions related to men's health. Although there is no men's health unit at the hospital, a Clinical Nurse Consultant in Urology Specialist Clinics provides counselling and education in relation to continence and prostate care two days per week. There is also a male nurse working in the Erectile Dysfunction Clinic one day per week, and a male nurse working in the Psychiatric ward.

A large majority of all health promotion, illness prevention, and harm reduction activities and programs are open to the whole community (inclusive of men). A number of Neighbourhood Houses have male coordinators and are actively engaged with health promotion coordinators to encourage participation in mainstream community activities and where necessary establish male only programs, though these institutions tend to be seen as primarily the domain of women, and men's programs experience limited success to date.

Other specific activities happening in rural areas of Tasmania include Primary Health partnerships with Neighbourhood Houses and community groups in activities such as Men's Sheds (Brighton, Oatlands and Kingborough); Sustainable Farming Families being developed for Southern Midlands and Central Highlands; Kids 'n' Dads programs providing access to services and activities which enhance the role of fathers (Glenorchy) Men's Health forums previously mentioned.

Comments from workers in remote areas are that it is difficult to get government funding and guest speakers for the mental health aspects of their men's health nights. As funding is limited, organisations have developed partnerships to increase the number and frequency of programs available in the region

In the north of the state other activities organised through such partnerships include Men's bus trips incorporating physical activity and discussion of health and well being issues; Dad's groups for new fathers; and programs recently proposed or seeking support are a separated Dad's group, and a promotional bus to operate along the lines of the breast screening bus.

Some GP's around the state express interest in men's health and support activities going on in their areas as they can.

Men's health and wellbeing in Tasmania is gaining increased attention and awareness is steadily growing of the importance of men's health and wellbeing for the community. The development of the national Men's Health Policy by the Department of Health and Ageing is providing an exciting opportunity for ideas and input from the community and all levels of government and health services. It is essential that this policy be followed up with strategic direction and funding to help focus and build on the great work already being done.

References

Andresen, G. (2008). "Domestic violence: the other half of the story." Retrieved 5 February, 2009, from http://www.menshealthaustralia.net/index.php?option=com_content&task=blogcategory&id=21&Itemid=79.

Denner, B. (2006) "Men's Health Night Executive Summary." **Volume**, DOI:

Gregory Anne T, M. P. L. a. N. A. Z. (2006). "Men's health and wellbeing: taking up the challenge in Australia." Medical Journal Australia **185**(8).

Hardy, S. (2007). Men's Health Education and Resource Development: A Needs Assessment, Foundation 49**:** 1-36.

Macdonald, J. (2006). "Shifting paradigms: a social determinants approach to solving problems in men's health policy and practise." Medical Journal Australia **185**(8): 456 - 458.

Malcher, G. (2006). ""What is it with men's health?" Men, their health and the system: a personal perspective." Medical Journal Australia **185**(8): 459-460.

Smith, J. A., A. Braunack-Mayer, et al. (2006). "What do we know about men's help-seeking and health service use?" Medical Journal Australia **184**(2): 81-83.

Taylor, R. (2008). State of Public Health Report. Tasmania, Population Health, Department of Health & Human Services.

WHO. (2007). "Commission on Social Determinants of Health: Key Concepts." Retrieved 5 February, 2009, from http://www.who.int/social_determinants/final_report/key_concepts/en/index.html

Winckle (2008). Sexual Health Issues in Adolescents: An Examination of the Discourses of Sexuality within Health Education. Hobart, University of Tasmania. **PHD:** 202.

ATTACHMENT A

Information from Cancer Screening & Control Services

Australia has achieved a status as a global leader in reduced cancer mortality rates, however this success poses a new challenge: as cancer incidence rises sharply in step with population ageing, so too does cancer prevalence as patients also survive for longer periods. With the ongoing improvements in cancer treatments, procedures and screening technologies, secondary prevention and prompt presentation to health services are increasingly playing a key role in reducing mortality from the disease.[3]

Cancer is a major burden on our community - 1 in 3 men in Australia will be directly affected by cancer in the first 75 years of life.

It is estimated that in 2006 there were 106,000 new cases of cancer diagnosed in Australia (60,600 males and 45,400 females).[4]

Cancer kills more Tasmanians than any other single cause. Moreover, it is predominantly a disease of older people, therefore presenting an enormous challenge to health resources as Tasmania's population continues to age.

- Tasmania has the overall second highest incidence of cancer in Australia;
- The commonest cancers (excluding non-melanoma skin cancer) diagnosed in males in Tasmania in 2005 were prostate cancer (485 cases), colorectal cancer (198 cases) and lung cancer (158 cases).
- The most common causes of cancer related deaths in males in 2005 were lung cancer (151 deaths), colorectal cancer (85 deaths) and prostate cancer (62 deaths).[5]

The key stages of cancer management are prevention, screening, early detection, treatment and ongoing care (including monitoring, rehabilitation, long term follow-up and palliative care). Prevention and early detection of cancer using education and awareness programs and screening programs has been proved at this time to be the most appropriate public health method to attempt to reduce mortality from cancer.

Prevention of cancer, especially when integrated with the prevention of chronic diseases and other related issues, offers the greatest public health benefit and the most cost-effective long-term method of 'cancer control'. We now have sufficient knowledge to prevent around 40% of all cancers (e.g. cervical cancer, lung cancer).

Early detection detects (or diagnoses) the disease at an early stage, when it has the highest potential for cure

There are two strategies for early detection:

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[3] Evans, R, Brotherstone, H., Miles, A. & Wardle, J. (2005) Gender differences in early detection of cancer. *Journal of Men's Health and Gender*, Vol 2, No. 2

[4] Cancer in Australia: an overview, 2006 *[Australian Institute of Health and Welfare (AIHW)]*

[5] Cancer in Tasmania. Incidence and Mortality 2005. Menzies Research Institute, 2008.

- *early diagnosis*, often involving the patient's awareness of early signs and symptoms, leading to a consultation with a health care provider – who then will refer the patient for tests for confirmation of diagnosis and treatment.
- *screening* of asymptomatic individuals to detect pre-cancerous lesions or an early stage of cancer (e.g. breast or bowel cancer).

Women more readily seek early medical advice about symptoms of, for example, breast cancer. Often men are too uncertain or embarrassed to consult their doctor about bowel or prostate symptoms, even though there are good results if bowel or prostate cancer are detected early. More needs to be done to promote a more positive and holistic image of men's health. It is also essential that men are supported to better manage their health and wellbeing needs. There is a very positive move from a medical treatment model of cancer towards a preventative approach, focussing on health and well being, however in order to provide support for men there needs to be research on:

- Why men delay in presenting with cancer symptoms
- How the participation of men in cancer screening programs (at present the NBCSP) can be optimised
- Development of gender specific information to encourage men to be more pro-active in relation to cancer prevention and early diagnosis
- Exploration of ways to open to conversations amongst men in relation to cancer

There are many causes of cancer which may differ from person to person. Genetic, environmental and lifestyle factors interact in many cases. Social inequities such as poverty and unemployment are also linked to cancer. For many common forms of cancer, cessation of smoking, healthy eating and regular physical activity are important lifestyle choices that can have a positive impact on cancer risk. However men need to be educated about the positive steps that they can take to reduce their cancer risk. It is essential that they know how to recognise the early signs and symptoms that may indicate cancer and know where and when to look for advice.

Bowel Cancer

At present the only cancer screening program open to males is the National Bowel Cancer Screening program. The Program commenced in Tasmania in April, 2007. An objective of the NBCSP is to reduce the incidence of bowel cancer in Australia. Positive FOBTs and subsequent colonoscopies identify and treat polyps and adenomas which might develop into cancer.[6]

Overall participation by Tasmanians in the NBCSP is presently 43.4%, the highest in the country. However, only 45% of the total number of Tasmanians participating in the NBCSP are men, compared to women representing 55% of participants. Of the

[6] Australian Insitutue of Health and Welfare & Australian Government Department of Health and Ageing 2008. National Bowel Cancer Screening Program Monitoring Report 2008. Cancer Series 44. Cat No. 40. Canberra: AIHW.

6,723 Tasmanian men who have participated, 10% have returned a positive FOBT result.[7]

Prostate Cancer

Eighteen thousand Australian men were diagnosed with prostate cancer in 2006. Prostate cancer is a significant problem for Tasmanian men.

Population based screening of asymptomatic men for prostate cancer is at present not supported until further information is available about the natural progression of the disease and there is direct evidence showing a net benefit of screening. Early detection of prostate cancer is the most effective means of reducing mortality from the disease. Many men are ignorant of the nature and progression of the disease and GPs remain a vital link to providing information about the benefits and limitations of the various tests currently available for prostate cancer.

Summary

To engage men in the health system and taking preventative action, consideration needs to be given nationally as to how we can improve communication with men in regard to cancer prevention and participation in screening and early detection.

Tasmania has experienced considerable progress in the fight against cancer, and this is particularly evident in the last decade. Although these are important accomplishments, further challenges must be overcome, particularly in relation to improving outcomes for men, if we are to continue to make progress in cancer control. Advances are needed in the full range of cancer control activities, including prevention and early detection in order to maximize further reductions in cancer incidence and mortality.

[7] Dept Health & Ageing, National Bowel Cancer Screening Program, Participation rate as at 30th November 2008, Phase 1 & 2.