



Men's health.
Live long, live well



Foundation 49 Submission Senate Select Committee on Men's Health

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Introduction

This document will particularly address issues relating to education and men's attitudes towards health. It will also make some suggestions with regard to long-term health assessments, particularly in the work place.

It draws on information from three major studies carried out by Foundation 49:

1. Men's Health Education and Resource Development: National Needs Analysis
2. Men's Health Survey
3. Decades of Life Workplace Pilot Studies

Foundation 49

Each hour in Australia, more than five men die from conditions that are potentially preventable. Foundation 49 is a direct response to this health crisis affecting 49% of the population -- and is dedicated to improving the health status of men across each decade of life.

Significant numbers of male-related health problems, such as high blood pressure, diabetes, heart disease, prostate cancer, testicular cancer, infertility and colon cancer, could be detected and treated more effectively if men's awareness of these problems was greater.

Through education of men, their partners, families, employers, communities and government, an opportunity exists to improve the health status and prevalence of the major disease states currently experienced by men.

Foundation 49 was established in the memory of Tony Hitchin , a journalist and former editor of the Herald and Weekly Times magazines who died from a rare form of cancer. During his illness he took every opportunity to raise awareness of men's health and the need for men to have more regular check-ups.

Foundation 49's vision is 'to reduce the number of men dying from preventable conditions by raising health awareness and encouraging regular check-ups'. To achieve this vision Foundation 49 will focus on being a health promotion organisation whose primary aim is prevention and early detection.

Foundation 49 is managed and administered in the framework of the Cabrini Health. All monies raised by the foundation goes back into the funding of Foundation 49 initiatives.

Background

At the current time there is no clear definition for Men's Health. The World Health Organisation (WHO) has no specific definition for men's health, despite having clear definition for women's health. We would propose to use the WHO's generic definition of health, as outlined in their constitution, as the cornerstone to improve the health of Australian men:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The definition was updated in the 1986 WHO "Ottawa Charter for Health Promotion" to say health is a "resource for everyday life, not the objective of living", and "health is a positive concept emphasizing social and personal resources, as well as physical capacities." The LaLonde report suggested that there are four general determinants of health including human biology, environment, lifestyle, and healthcare services. Thus, health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual.

There is a lack of consensus about what *men's health* constitutes in Australia. The absence of a widely accepted definition has been problematic for establishing state and national men's health policies. Scant attention has been paid to exploring lay perspectives of how men define and understand health, and in turn, how these relate to significant policy problems such as men's health service use.

'Men's health' is a term frequently used by the media, academics, health practitioners and the general public. However, there are subtle differences between how men's health can, or should, be defined. While there is a wide recognition that men's health extends beyond male-specific conditions of the reproductive organs, such as prostate problems, testicular concerns and erectile dysfunction, these concerns have remained a prominent feature of the international discourse relating to men's health. Epidemiological data has also been a central feature of men's health commentary, with comparisons between the status of men's and women's health predominating this discussion. These definitions have contributed to a broader conceptualisation which suggests that men's health is perceived as being akin to a disease or condition unique to men, more prevalent in men, more serious among men, for which risk factors are different for men or for which different interventions are required for men.

Public health commentators have argued that there is a need to move beyond traditional forms of scientific knowledge to guide development of both healthy public policy and local public health programs. In particular, previous commentary has shown that lay perspectives are particularly useful in understanding and addressing significant public health concerns. Moreover, qualitative studies exploring lay knowledge are considered to be more persuasive in influencing policy makers than expert knowledge. The position by the medical profession of 'men behaving badly' with regards to their health appears to be outdated and degrading. The inclusion of lay perspectives of men's health increases the capacity to move beyond this male-deficit model by providing an opportunity to understand men as real people, who live, work and play within multiple communities.

The Educational Needs Analysis

Methodology

A short and easy questionnaire was designed to gather information about any existing men's health education programs. The questionnaire was also designed to gather information about any resources that have been produced and are currently being utilised in the service. If possible the resources were to be collected as part of the needs assessment process. The questionnaire also collected information about other men's health education programs.

Questionnaire participation

Ninety-four organisations/individuals were contacted across all Australian states and territories. Information was collected for nine days of the twelve days (over ten weeks) allocated to this project. If programs were in operation then details about program design, content and any evaluation data was collected.

Data was collected from a range of national, statewide, regional and local services. A cross section of services participated from state and federal funded programs, private businesses and organisations from the not for profit sector. All organisations are based in Australia.

Key Findings

- It is evident there is significant gender inequities in access to men's health education across Australia.
- It is crucial a national policy be developed to seek and guide allocation of any funds, resource development and direction in men's health education. No state or territory in Australia has a current Men's Health Policy document.
- Key organisations and individuals with men's health expertise are frustrated at the lack of state and federal recognition on the importance of men's health.
- Australian approaches to men's health education are fragmented and remain at local (ie: community health) level. At times this education and support is being delivered by volunteers who are members of volunteer organisations and /or untrained professionals.
- The vast majority of education and resource development focuses on either relationships and parenting or prostate cancer.
- A significant number of education programs also focus on isolation, love, sexuality and personal development compared to biomedical aspects of health education.
- Biomedical aspects of men's health education focus mainly on sexual and reproductive health and cancer screening. (prostate, testicular, bowel).
- Delivery of education is most effective when delivered onsite to workplaces and male-orientated environments.
- Education programs need to be available outside normal working hours.
- Males need to be more involved in delivery of men's health education.
- It is reported and supported in the literature that men are more likely to attend a GP service if they have received some health education first that is relevant to them.
- Currently a *Men's Health in Society* Distance Education package is being written. First tertiary based postgraduate men's health education course in Australia.
- Only one university based undergraduate course is available on men's health. This is an elective short course called *Men's Health Issues*.

Most of the participants are nursing and medical students due to the non-existence of men's health in these undergraduate courses. This course is available at the University of SA and has also been delivered at Curtin University in Perth, WA.

- Most of the programs offering men's health education does not have an evaluation strategy in place.
- Very little literature on chronic disease, physical activity, heart health and healthy eating is specifically directed at men. Language is generic, impersonal and not 'man-friendly'.
- Only a few links or references to the Foundation 49 organisation or website were identified on other websites
- 81% of individuals/organisations did not know Foundation 49. (Seventy eight out of ninety six organisations)

Recommendations

1. Education should occur with the community and health professionals as both groups are identified as lacking in education.
2. Steering or reference groups for health professional and community-based education should be established to guide education and resource development.
3. Program design and delivery should involve men in the decision making process, utilising knowledge of male culture, language and environments.
4. Men's health should not continue to be viewed as sexual and reproductive health only but part of a broad picture of physical and mental health.
5. There needs to be a move away from assumption that all health problems in men are a result of "masculinity" and "men behaving badly".
6. A "social determinants of health" approach to men's health would help Australia and Australian medical practitioners move away from policies and practices that perpetuate negative views of men and ignore the complexity of their health problems. The result would be a more evidence-based approach to men's health policy, and the likelihood of improved health outcomes
7. Health professional education needs to remain evidenced based wherever possible utilising international research due to the lack of Australian research available on educational strategies and effectiveness.
8. If health professional education is developed, consider online accredited education as the best approach. This enables national access, assisting with the establishment of consistency of messages and allows access to evidence based resources.
9. Whilst not exclusively, men's health education should be delivered where possible, by men due to a mutual understanding of culture and language style.
10. Education is most effective if: offered out of hours, at workplaces, at male friendly environments (pubs, clubs, sporting facilities and factories).
11. Positive role models together with media campaigns and initiatives need to occur to change community perceptions of the stereotyped images of men as individuals unconcerned about their social, emotional and physical health.
12. There is a large body of resources on male cancers and sexual and reproductive health that do not need to be replicated. Consider male specific resources on chronic disease

and mental health issues.

13. Any health literature or resource development needs to involve consumer representatives due to the inappropriate nature of some current resources in regards to language style and content delivery, perhaps hindering uptake of key messages.

Public Education

Health is multifactorial. Consequently, it is important to address social, environmental and cultural factors as well as biological and medical factors that influence health and wellbeing. Key social determinants of health include socioeconomic status, race ethnicity, gender and geographic location.

There is evidence to indicate that on many outcome measures men appear to do significantly poorer than their female counterparts. These outcomes include lower life expectancy, increased cardiovascular mortality, increased rates of injury, poisoning and suicide. This disparity in outcomes cannot be explained solely on the basis of anatomical differences as "there has been a growing recognition that the biological difference between the sexes extends beyond the reproductive. Compounding this is a range of social and environmental factors that serve to further influence the patterns of both wellness and illness in our community.

Research has shown that men often have a functional view of their bodies, which means that they don't attend to their health needs until it starts to influence their function - be it in relation to work, sexual performance or social interaction. This often results in men taking their health for granted until such time as their functional status is compromised. It has been well documented that men are generally reluctant to access primary care services and may ignore or not recognise symptoms of ill health while women may acknowledge the same symptoms and take action sooner. This has obvious implications for the provision of screening programs and health promotion activities.

Other important influences on men's health include occupation. It is still uncommon for men to work in environments that freely allow them flexibility. Almost one third of full-time employees work more than 48 hours per week. 49% of men working more than 45 hours per week say they want to work fewer hours. Men also engage in risky behaviours like smoking, drinking and taking risks on the road, the sports field or the workplace. Men are more likely to perpetrate violent crime and be victims for all offences except sexual assault and kidnapping/abduction.

While there are adverse health outcomes that are shared by all men in society there are some specific groups in our community that have significantly disproportionate morbidity and mortality rates. These groups include indigenous men, men in rural and regional areas, gay and bisexual men, and Vietnam veterans.

Gender differences can influence both women and men's:

- patterns of service use
- perceptions of quality of care.

Health Professional Education

Education of health professionals is integral to develop the “push-pull” model of preventative health care. It is recognised there is more than one type of health professional which can perform a health check and provide relevant health information to a man. These groups include:

1. General practitioners
2. Nurse practitioners
3. Workplace health officers

General practitioners are well equipped to provide holistic, continuing and comprehensive care to men and their families. However, Bettering the Evaluation and Care of Health (BEACH) data indicates that men continue to access health services at significantly lower rates than women, have briefer consultations later in the course of illness, and tend to leave significant issues unaddressed. It is GPs that most men first turn to for comprehensive care. It is therefore important for GPs to be appropriately trained and skilled to provide comprehensive and coordinated care.

Education for GPs would focus on the following:

1. Principles and issues of men’s health.
2. Male specific preventative health strategies.
3. Standardised methods of health assessment.
4. Age-specific health assessments
5. Skills in communication with male patients
6. Creation of ‘male friendly’ environments

Because of time constraints currently on GPs, practice nurses could also be trained to carry out the health assessments, referring to the doctors in their practice when problems are detected. The same education program would be appropriate.

Many companies have workplace health officers. Men often work long hours which limits their ability to attend to their health care while rendering them more likely to require it. Almost one-third of Australian workers are working in excess of 48 hours per week with a body of evidence confirming increased health risks to those working longer hours. This also impacts on the health of children and families. Providing health care at the work place is a positive step.

It has been identified that men are more amenable to routine health checks if they are convenient. Incorporating them into their workplace allows them both geographical and temporal convenience. The workplace allows the possibility to develop sustained programs offering health information, male socialisation, regular check-ups, and strategies that enhance men's ability for active engagement in decision making about their own health and wellbeing. These workplace health officers are therefore ideally placed to deliver meaningful health care programs, and their education is required.

Men's Attitudes to Health – Foundation 49 Survey

In order to further understand men's health habits, attitudes and the key barriers to men undertaking regular health check-ups (they key means of prevention), and to get men thinking about their health, a survey was conducted in December 2009 for Australian Men.

The Survey was conducted by research company StrategyCo¹. It was specifically designed as an online survey with the aim of being short and sharp to encourage completion and on forwarding.

The survey was emailed to databases held by StrategyCo and Foundation 49 with specific requests for recipients (both male and female) to forward the survey on.

A colossal **2,046 men completed the survey**. This is considered to be an EXCELLENT response rate and provides a statistically valid sample. It also attests to the fact that a large proportion of men have an interest in their health. Anecdotally it is believed that the survey in itself has improved the profile of Foundation 49 and the importance of men managing their health.

In terms of the demographic of respondents:

- 100% were men
- 67% were aged 40 or older
- 85% were either married or had a partner
- 72% had children (amusingly 0.1% said they were unsure).

In terms of knowing about their **family history** (a critical factor to disease prevention and management), 42% said that they had a family history of disease or early death, with 5.4% saying that they did not know.

Encouragingly, 55% of respondents said that they have had a **health check** within the last 12 months. However of concern is the fact that 23% of respondents said that they have not had a health check within the last 4 years or have never had one.

The main reasons given for **not having a health check** were not getting around to it (45%); men thinking that are healthy and don't think they need to (37%); lack of time (32%); don't have a trusted GP (21%) and that they have never really thought of it (20%).

Results indicate that time is a key factor in men not having health checks and that their GP's play a vitally important role in encouraging men to do so.

The main reasons that respondents **DID have a health check** were that they like to look after their health (43%); they had symptoms that they were concerned about (43%), their age influenced them to (26%), they had a family history (15%), their wife or partner encouraged them to (15%); and they want to stay healthy for their children (14%).

Of those who did have a health check, overall they rated the **experience** to be good, with 74% rating it as Good or Really Good. Only 2.3% rated is as not good.

¹ StrategyCo subscribes to the Australian Market and Social Research Society Code of Conduct

The key things that respondents indicated would encourage them to have a regular health check were having a good doctor that they can trust (52%) and staying healthy for their wife/partner (35%) and children (29%).

A staggering 82% of respondents said they would have an annual health check if their **employer organised it**.

In relation to “**talking about mens’ health**”, 73% of respondents said that they do talk about it, mainly at social gatherings (60%); family functions (56%); and work (39%). Health was discussed by 5% of respondents at funerals.

In summary it can be said that while it appears that a good percentage of men are aware of mens’ health issues and the need for regular check-ups, there is still a significant proportion of the population who is neither aware nor vigilant in this area.

It appears that key barriers to men managing their own health are not having a GP and not having the support and encouragement of loved ones to do so. Time (or NOT making time) is the major factor in men “not getting around to it”.

In looking to the future, encouraging men to MAKE TIME, ensuring check-ups are time friendly and encouraging employers to take an active role in the health of their male employees is likely significantly increase the propensity of men to have a health check-up.

Raising the awareness of the importance of check-ups is seen as VERY important, given 20% of respondents said they

The Decades of Life Program: Work Place Health

The Decades of Life model recognises that men of different ages have different health concerns. For example, younger men face a high risk of injury from motor vehicle accidents, while for older men diseases such as prostate cancer are a greater concern. The program allows men to focus on the aspects of their health that are of greatest concern to them, including:

- What risks are the most significant for men of a particular age?
- What are the signs and symptoms of the illnesses they might suffer from?
- What tests should men have at a given age to ensure that they have a 'clean bill of health' or, that they catch any illnesses early when their chances of a full recovery are best?
- What else can they do for themselves that will reduce their risk of illness and improve their chances of full recovery?

The program is a comprehensive health assessment that involves:

1. Completion of a web-based questionnaire
2. Examination by a health professional to have height, weight, abdominal girth and blood pressure measured. A finger-prick blood test is also performed to measure blood sugar and cholesterol

The program identifies risks and early warning signs for cardiovascular disease, cancer, mental health and andrology (erectile dysfunction). These conditions are disease priorities for the Australian Institute of Health & Wellbeing, and identified as major contributors to burden of disease in Australia:

Cardiovascular Disease	22,521
• Ischaemic heart disease	16,442
• Cerebrovascular diseases (strokes etc)	4,826
• Diabetes mellitus	1,869
Cancer	21,831
• Lung Cancer	4,733
• Prostate Cancer	2,761
• Colon Cancer	1,432
• Melanoma	821
Suicide	1,661

It allows a rapid age-specific health assessment, and more detailed assessment should warning signs be identified. It also assesses risk of accident, both on the road and workplace, and risk of chronic lung disease, caused by smoking, two other significant causes of death in Australian male

Pilot Study One: Report on the Decades of Life Men's Health Assessment at Fosters (Conducted November 2006 – March 2007)

A pilot looking at the effectiveness and usability of the Decades of Life Health Assessment was undertaken in partnership with the Fosters Group. The pilot was delivered in two sites, Abbotsford and Altona, between November 2006 and March 2007. The pilot was run in collaboration with the Fosters Abbotsford Medical Centre.

Results

There was a surprisingly large amount of disease identified in a supposedly healthy population, particularly as 80% believed they looked after their health. Conditions detected included:

- high blood pressure (35%)
- high cholesterol (15%)
- overweight (55%) or obese (29%).
- current smokers (21%)
- medium to higher levels of psychological distress (36%)

Overall 58% of participants had two major risks for cardiovascular disease. 40% had at least three major risk factors. These results were not age dependent. These high proportions were seen in all age groups.

A number of other issues were raised in the appointment time, these include:

- Sleep disturbance (From shift work) was the most commonly raised concern
- Alcohol abuse was a significant issue for a number of men
- Gambling problems, either personal gambling, or coping with a family member or friend who gambles excessively was also raised on a number of occasions

The experience of the men who participated was overwhelmingly positive.

Pilot Study 2: Report on the Decades of Life Men's Health Assessment at Victorian Police Force (Conducted January 2008 – March 2008)

Police Force health officers assessed 68 men using the Decades of Life program. Ages of the men ranged from twenty to sixty. Once again there was a significant amount of previously undetected disease, including:

- Excessive weight 84%
- High blood pressure 35%
- Diabetes mellitus 20%
- Depression 35%
- Erectile dysfunction 33%
- Excessive alcohol intake 48%

In addition, risk of disease was assessed, including:

- Skin cancer 45%
- Colon cancer 50%
- Prostate cancer 75%
- Lung cancer 56%

Conclusions

It is evident there are significant gender inequities in access to men's health education across Australia. Australian approaches to men's health education are fragmented and remain at local (ie: community health) level. At times this education and support is being delivered by volunteers who are members of volunteer organisations and /or untrained professionals. Education is not holistic, tending to focus on prostate cancer and relationships/parenting. Key organisations and individuals with men's health expertise are frustrated at the lack of state and federal recognition on the importance of men's health.

To improve men's health education, the following needs to occur

- A national policy must be developed.
- Both the public and the medical profession must be educated.
- Steering or reference groups for health professional and community-based education should be established to guide education and resource development.
- Program design and delivery should involve men.
- Men's health should not continue to be viewed as sexual and reproductive health only but part of a broad picture of physical and mental health.
- There needs to be a move away from assumption that all health problems in men are a result of "masculinity" and "men behaving badly".
- Delivery of education is most effective when delivered onsite to workplaces and male-orientated environments.
- Education programs need to be available outside normal working hours.
- Males need to be more involved in delivery of men's health education.

The belief that all men's health problems relate to their lack of care, their masculinity, and their ability to behave badly has been seriously questioned in our internet survey. The number that replied attests to the fact that a large proportion of men have an interest in their health. Encouragingly, 55% of respondents said that they have had a health check within the last 12 months. A staggering 82% of respondents said they would have an annual health check if their employer organised it. In relation to "talking about mens' health", 73% of respondents said that they do talk about it, mainly at social gatherings (60%); family functions (56%); and work (39%). Health was discussed by 5% of respondents at funerals.

It appears that key barriers to men managing their own health are not having a GP and not having the support and encouragement of loved ones to do so. Time (or NOT making time) is the major factor in men "not getting around to it". In looking to the future, encouraging men to MAKE TIME, ensuring check-ups are time friendly and encouraging employers to take an active role in the health of their male employees is likely significantly increase the propensity of men to have a health check-up. We strongly advise that a national program for work place health checks be initiated. This should be supported by a comprehensive education program, that preferably is easy to deliver across the internet and telephone for those who do not have internet access. One could envisage the development of a "Men's Health Line" with a website containing education modules for both the general population and the medical profession.

Appendix 1: Educational Needs Analysis

Report prepared for

Foundation 49

Men's Health Education and Resource Development

National Needs Assessment

May 2007

*Produced by
Sarah Hardy
Health Education Consultant*

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Executive Summary

Scope and Purpose of Project

Foundation 49 has identified a need, through working with its target group, to develop educational projects, programs and resources that deliver information and education relating to Australian men's health.

Foundation 49 is aware of several current strategies and approaches throughout Australia but needed key organisations/individuals and educational models identified so that a more strategic approach can be adopted.

The identified educational approaches may enable the development of successful partnerships and collaborations, build on existing strategies and allow for innovative ideas to evolve.

Current resources available for consumers and /or health professionals were also identified. This allowed the most popular topics for resource development to be highlighted as well as identify the educational gaps. The medium used to develop the information was noted, whether web based, paper based or innovative and 'useful' in it's current form.

This project was completed over a 10-week period with a total of 12 days allocated to the collection of data, completion of the literature review and writing of the final report.

It is important to note that the report does not claim to have contacted all key organisations/individuals involved in men's health education due to time constraints. However it was able to gain sufficient information from every state and territory to make informed statements to assist in the development of this report.

This needs assessment report has made recommendations based on its findings. The recommendations expressed reflect the feedback from the external organisations and individuals.

Foundation 49 did not participate in the data collection process and therefore the recommendations may not reflect or consider the mission and vision of Foundation 49.

Future approaches to men's health education and resource development are highlighted in the recommendations. Whether or not these recommendations are adopted remains entirely the decision of Foundation 49.

The recommendations may assist in forming the basis for the development a potential Foundation 49 Education Strategic Plan.

Background

It is clear from the published research, reports, evaluation outcomes and anecdotes 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.

It is well documented that men have poorer health status, higher mortality rates and lower access to health services compared to women. So why are men not targeted by State and Federal Governments and peak health organisations to address this indirect relationship between positive health outcomes and access to health education. Surely the social and economic benefits would be obvious, particularly in light of rising levels of chronic disease and obesity. Throughout this report both individuals and organisations have identified many theories that contribute to this lack of direction in men's health education.

Many academics suggest that this lack of recognition perhaps relates to the Australian view of males and the lack of understanding about the culture of masculinity. Strong negative male stereotypes exist in our community particularly regarding issues such as family violence, sex, sexual abuse, family breakdown and alcohol abuse. Other stereotypes exist around 'toughness', mateship and the need for resilience. It needs to be considered that these stereotypes, supported by the media, hinder the ability of men to voice their needs and concerns about their health in the current relatively hostile Australian environment.

As with women's health, there is a fundamental community divide in the way men's health education is and should be delivered. It exists between those who work within a medical model of care and those who work within a social model of care. The individual or organisation's perception of the meaning of health and wellbeing determines the type of education and services delivered. As much of our understanding about men is guided by their role in a family environment, positive and negative, this seems to have evolved into many states, territories and national organisations offering several counselling type services for men. These services usually offer education around relationships, family breakdown, separation, divorce, access to children and drug and alcohol abuse.

As a result of this divide, along with a lack of strategic direction by any peak or governing body, individual frustration levels are high, passionate people 'are pressing on', information dissemination is at times, occurring from a non-evidenced base, and untrained professionals are delivering education. There is much anger and resentment towards the health care system in general amongst people working in the area of men's health education. Consequently collaborations and partnerships have broken down, funding is being ceased at local levels and fragmentation is spreading like a ripple affect across the entire nation. This is the state of men's health education in Australia in 2007.

Key findings

- It is evident there is significant gender inequities in access to men's health education across Australia.
- It is crucial a national policy be developed to seek and guide allocation of any funds, resource development and direction in men's health education. No state or territory in Australia has a current Men's Health Policy document.
- Key organisations and individuals with men's health expertise are frustrated at the lack of state and federal recognition on the importance of men's health.
- Australian approaches to men's health education are fragmented and remain at local (ie: community health) level. At times this education and support is being delivered by volunteers who are members of volunteer organisations and /or untrained professionals.
- The vast majority of education and resource development focuses on either relationships and parenting or prostate cancer.
- A significant number of education programs also focus on isolation, love, sexuality and personal development compared to biomedical aspects of health education.
- Biomedical aspects of men's health education focus mainly on sexual and reproductive health and cancer screening. (prostate, testicular, bowel).
- Delivery of education is most effective when delivered onsite to workplaces and male-orientated environments.
- Education programs need to be available outside normal working hours.
- Males need to be more involved in delivery of men's health education.
- It is reported and supported in the literature that men are more likely to attend a GP service if they have received some health education first that is relevant to them.
- Currently a *Men's Health in Society* Distance Education package is being written. First tertiary based postgraduate men's health education course in Australia.
- Only one university based undergraduate course is available on men's health. This is an elective short course called *Men's Health Issues*.
Most of the participants are nursing and medical students due to the non-existence of men's health in these undergraduate courses. This course is available at the University of SA and has also been delivered at Curtin University in Perth, WA.
- Most of the programs offering men's health education does not have an evaluation strategy in place.
- Very little literature on chronic disease, physical activity, heart health and healthy eating is specifically directed at men. Language is generic, impersonal and not 'man-friendly'.
- Only a few links or references to the Foundation 49 organisation or website were identified on other websites
- 81% of individuals/organisations did not know Foundation 49. (Seventy eight out of ninety six organisations)

Recommendations

1. A national Men's Health Policy needs to be developed to guide the direction of education and training.
2. If organisational resources allow, education should occur with the community and health professionals as both groups are identified as lacking in education.
3. Steering or reference groups for health professional and community-based education should be established to guide education and resource development.
4. Program design and delivery should involve men in the decision making process. Utilising knowledge of male culture, language and environments.
5. Health professional education needs to remain evidenced based wherever possible utilising international research due to the lack of Australian research available on educational strategies and effectiveness.
6. If health professional education is developed, consider online accredited education as the best approach. This enables national access, assisting with the establishment of consistency of messages and allows access to evidence based resources.
7. Whilst not exclusively, men's health education should be delivered where possible, by men due to a mutual understanding of culture and language style. The Pitstop model is delivered by females due to the nature of the public health checks that require a relationship to be built quickly and easily.
8. Education is most effective if: offered out of hours, at workplaces, at male friendly environments (pubs, clubs, sporting facilities and factories).
9. Men who require health education are largely represented in 5 key areas of work; Mining, Logging, Manufacturing, Forestry and Fishing. This is due to the large number of injuries and deaths in these areas. Aim education at these target groups through unions, workplace employers and apprenticeships.
10. Positive role models together with media campaigns and initiatives need to occur to change community perceptions of the stereotyped images of men as individuals unconcerned about their social, emotional and physical health.
11. That men's health should not continue to be viewed as sexual and reproductive health only but part of a broad picture of physical and mental health.
12. There is a large body of resources on male cancers and sexual and reproductive health that do not need to be replicated. Consider male specific resources on chronic disease and mental health issues.
13. A peer education model of health education delivery is discussed due to the positive evaluation outcomes presented by The Department of Veterans' Affairs Men's Health Peer Education model.
14. Any health literature or resource development needs to involve consumer representatives due to the inappropriate nature of some current resources in regards to language style and content delivery, perhaps hindering uptake of key messages.

Introduction

Men's Health Education in Australia

Throughout the process of completing this needs assessment on Men's Health education it would be easy to conclude that men's health and men's Health education is at crisis point due to its lack of recognition and priority in the Australian health care system.

Having said this, many individuals and organisations have been working in this current environment for many years and have made a significant contribution to the area of men's health and health awareness. Contrary to popular belief, men are interested in their own health and if given the appropriate access, in the right environment and context, will become actively engaged in seeking health information and resources.

There are several unique and comprehensive models of education delivery that are being conducted particularly in rural and remote Australia. Some examples include the Department of Veterans' Affairs Men's Health Peer Education Program, the Pitstop program in WA, the Men's Education Rural Van (M.E.R.V) in NSW and the infrequent but highly successful (anecdotal) education that occurs in the workplace at pubs, clubs, mines, sporting venues and other workplace settings. These are mostly informal, delivered by men and are quick and brief in their key messages. Unfortunately formal evaluation in this area is lacking.

The published literature tells us blame is often placed on men for not using health services. There is a strong need to look at whether health services meet needs of men and whether health professionals are appropriately trained to address specific health needs of men. Social determinants of health especially access and equity to health must be addressed and not remain just disease-focussed in approach.

There is a view amongst several participants interviewed for this needs assessment that organisations who focus on specific health issues are much more likely to attract funds, for example Andrology Australia and Beyond Blue. Specific states of health, illness or disease are easier to report, providing measurable outcomes, than are social states of health.

Differing perspective's

Universities

Several senior academics were interviewed as part of the needs assessment process. The common discussion point was around the need to discuss and address the culture of men in Australian society. There were concerns about stereotyping, education of boys and finding positive role models for men. University representatives in Victoria, NSW and SA share the same view that issues of masculinity needed to be considered in the planning, developing and implementing of men's health programs with particular attention to marginalised and disadvantaged groups.

A "social-determinants of health" approach to men's health is needed ie attention to the cultural, economic and social context of people's lives.

The academic sector is driving the development of university based education with one university based elective in men's health, titled *Men's Health Issues* currently available (SA) and one distance education course being developed (NSW) in men's health titled *Men's Health in Society*, available in 2008.

General Practitioners

Whilst there are Position Statements from the Australian Medical Association (AMA) and the Royal College of General Practitioners (RACGP,) both developed and published in 2006, this needs assessment failed to gather any sense of momentum or can cite any examples where the Position Statement recommendations are currently in action.

Almost all Divisions of General Practice contacted did not have any men's health in-service education in the last year, did not have a men's health special interest group and did not know of any men's health services or 'GP friendly' clinics in their area. This was most evident throughout Tasmania. Whilst clearly there are numerous divisions and clinics not contacted for this report, the findings are of interest and consistent with other findings that men's health education is perhaps low priority throughout Divisions of General Practice. It is of particular interest to note that the RACGP offers online education in women's health but not men's health. This is inconsistent in its message with both Position Statements reporting alarming health statistics and then recommending GP's play a significant role in calling for funding and programs on men's health in General Practice.

Community Health

Community health services and local councils are the level at which men's health education is most prominent. Whether the service is part of a larger health network (Area Health Services in NSW, Country SA in SA) it still operates from the local centre. Health Promotion Officers and Nurses deliver most of the education. Almost all individuals contacted for the needs assessment incorporated men's health into their work by choice due to the strong need in their community and were fortunate to have the flexibility to do so. This had to be juggled with other health promotion activities and target groups and therefore was allocated differing levels of time and commitment. This education mainly focussed on health screening and health talks within their broader communities. Blood pressure, cholesterol, diabetes, heart disease and depression were the focus for some, other centres ran lifestyle groups, anger management courses and activities for men's health week. Programs run at this level included but are not exclusive to; the Pitstop program in WA and other states, M.E.R.V in rural NSW, health talks at mines in remote SA, health checks by a Men's Health Nurse Practitioner in rural Victoria and sexual health checks for indigenous men from the Aboriginal Health Service base in Darwin. Health professionals working in community health commented on the lack of health professional education available. Western Australia has 3 funded men's health specific services and two unfunded services. Two provide direct service, groups and health checks to men (one of these is the Pitstop program based in Carnarvon). Goldfields Men's Health Inc based in Kalgoorlie recently lost it's state funding and is struggling to meet the needs of men, primarily working in mining. The local Division of General Practice reports high rates of male suicide and family breakdown in this area.

Statewide services

These services included family planning services, cancer councils and advisory and support services. No statewide policies were documented across all states and territories.

There were no state government regional plans for men's health across the Department of Human Services regions in Victoria, Area Health Services in NSW or Country SA (recently renamed from Rural and Regional Services).

No family planning service in Australia delivers any men's health education programs. Some states and territories conduct the 5-five *GP Sexual and reproductive Course* accredited by

the RACGP. This course is national in approach and has 2 hours dedicated to men's health (prostate and testicular cancer) as part of the 5 day course. The ACT delivers this course over 6 days to include one-day dedicated to men's health sexual issues.

The cancer councils across Australia are very active in providing information on prostate, bowel and testicular cancer for men and health professionals. The Cancer Council Tasmania, Northern Territory, and South Australia utilise resources and programs produced by the cancer councils in Victoria and Queensland. The Queensland Cancer Fund is the most active in its education programs. They wrote the original GP training course on prostate cancer now utilised by Victoria and South Australia. This course is about to become available online for GP's nationally. Both the Victorian and Queensland branches produce numerous brochures, fact sheets on prostate, bowel and testicular cancers.

Other statewide services included the Queensland Men's Health information Line that could not be contacted via a STD number, as was only available to residents of Queensland. It is understood this is a counselling and referral service for men.

Western Australia has the only government funded statewide advisory service, the Men's Advisory Network (M.A.N.). The service employs two men who provide a referral and support service. They also produce men's health posters for services.

National Bodies

There is a very poor presence of peak bodies that cater for the general health education needs of men. Andrology Australia however, has a strong presence across Australia in providing information and education on men's sexual and reproductive health. The National Heart Foundation and Nutrition Australia both do not produce gender specific resources or provide gender specific programs. Both organisations stated that the information provided is the same for both men and women.

The Department of Veterans' Affairs have a comprehensive model of men's peer education delivered to its members. This model trains supports and resources men to deliver health education to other veterans around Australia.

The Australian Government website links directly to the HealthInsite website, which provides 20 links to other services. These services are primarily fact sheets and services that relates to reproductive health. No policy or strategic frameworks were identified.

The Australian Prostate Cancer Collaboration and The Prostate Cancer Foundation both provide valuable resources and information on prostate and prostate cancer for the community and health professionals.

Volunteer organisations and Men's Sheds

The main group of volunteers involved in men's health education is the Men's Health and Wellbeing Associations in the ACT, Tasmania and Queensland. The WA branch has been closed down. These associations are all volunteer based. The commitment appears to be driven from frustration and personal experience with the lack of access to men's health care and education. The national body is based at the Queensland branch. The association primarily offers referral to relevant services and advocacy groups. All individuals interviewed were in private businesses offering men's health and wellbeing programs, workshops and counselling services and had varying degrees of training. The associations in various states and territories cite differing roles but they have been involved in developing draft policies, position statements and providing advise on men's health issues at state government level.

Men's sheds around Australia are very active. The men's sheds website is hosted by the Lane Cove Men's Shed in NSW and the e-mail database operated from Orbost Regional Health Service, Victoria. Volunteers generally run men's sheds although recently the concept has attracted state funds in Victoria to increase the number of sheds available with paid

coordinators. The shed concept attracts mainly male retirees. The literature published on men's sheds supports the theory that these gathering are important learning spaces and lessen social isolation. Each 'shed' coordinates it's own activities which may or may not include 'health talks'. There are currently men's sheds for multicultural groups, acquired brain injury sufferers, and for men with disabilities, conducted at Manningham Community Health Centre in Victoria.

Private Businesses

There are several men in private business delivering men's health education that participated in this needs assessment.

Greg Millan in NSW is by far the most published and cited individual in this area. With a background in social work, Greg primarily delivers programs and courses that adopt a social model of health. Greg also delivers health professional education on the same theme.

Tony Bowring (TAS), Phil Gouldson (ACT) and Chris Johnston (QLD) are all part of the Men's Health and Wellbeing Association but also in private business. All three men deliver program and /or counselling that address social issues and men.

The Centre for Advancement in Men's Health (Bernard Denner) is a private men's health education business based in Mildura, Victoria. This business delivers men's health information nights across Australia. Funds from the Commonwealth Department of Health and Ageing have been provided to design and deliver education information nights across Northern Australia throughout 2006-2007. This business does not work in partnership with other organisations.

Indigenous Men

This needs assessment process did not conduct a thorough examination of health education for indigenous men. However two aboriginal health services did participate in answering the questionnaire in the Northern Territory.

Daniladilba Aboriginal Health Service (Darwin) has a dedicated men's health worker due to the culture of men's health needing to be delivered by men. This worker focuses on 18-25 year old men with the main areas of education being alcohol, smoking and sexual health and sexual abuse. Chronic diseases are not identified as important by this target group and therefore are not addressed. The Central Australia Aboriginal Congress Inc (Alice Springs) has a men's health program which is run by men and provide health checks for Diabetes, blood pressure and heart disease.

The Cancer Council Victoria has recently trained Koori health workers in the area of prostate cancer and has developed a koori men's brochure on prostate cancer. This training is most likely to continue to incorporate training on other men's cancers.

Men's Health Resources

The most valuable resource dedicated to men's health is the Men's Health Information and Resource Centre website hosted by the University of Sydney in NSW. The website provide links to many reports, documents, studies, research and services in regard to men's health across Australia.

The men's health resources collected throughout this needs assessment overwhelming showed that prostate cancer was the most popular topic of resource development. Andrology Australia produces a multitude of resources on sexual and reproductive health

issues for men. Very few issues specific resources exist beyond this other than the fact sheets available on Better Health Channel, a Victorian State government funded health website.

Resources are often produced for men's health week as 'one off' resources due to funding availability at this time. There is a single fact sheet produced by VicFit on physical activity and Nutrition Australia produce one fact sheet and a cookbook for men. Both Nutrition Australia and The National Heart Foundation stated they don't produce gender-specific resources.

There are a few multicultural resources accessible through the NSW Multicultural Health Communication Service. Again these resources focus on sexual health and prostate health.

Andrology Australia had translated its brochure *Ä user's guide. What every man needs to know* into 12 languages. NSWHealth has translated brochures on prostate cancer, condoms, impotence and marriage breakdown into several different languages.

The Cancer Council Victoria also has fact sheets on prostate care and cancer in other languages.

Methodology

A short, quick and easy questionnaire (Appendix 1) was designed to gather information about any existing men's health education programs. The questionnaire was also designed to gather information about any resources that have been produced and are currently being utilised in the service. If possible the resources were to be collected as part of the needs assessment process.

The questionnaire also collected information about other men's health education programs.

Questionnaire participation

Ninety-four organisations/individuals were contacted across all Australian states and territories. (See figure one)

Information was collected for nine days of the twelve days (over ten weeks) allocated to this project. If programs were in operation then details about program design, content and any evaluation data was collected.

Data was collected from a range of national, statewide, regional and local services. A cross section of services participated from state and federal funded programs, private businesses and organisations from the not for profit sector. All organisations are based in Australia. (See figure two)

Limitations

Whilst all states and territories were able to participate in the needs assessment process, time allocated to this project did not allow for all contacts mentioned in the questionnaires to be contacted. Therefore this report does not claim to have spoken or collected data from all significant individuals/organisations that may be working in men's health across Australia and thus may not reflect their views and work practices.

The questionnaire design created difficulty in collecting information from individuals/organisations that did not offer education programs per say but had published research or worked in academic institutions and therefore were able to make a valuable contribution to the report.

Figure One: Distribution of contacts across Australia

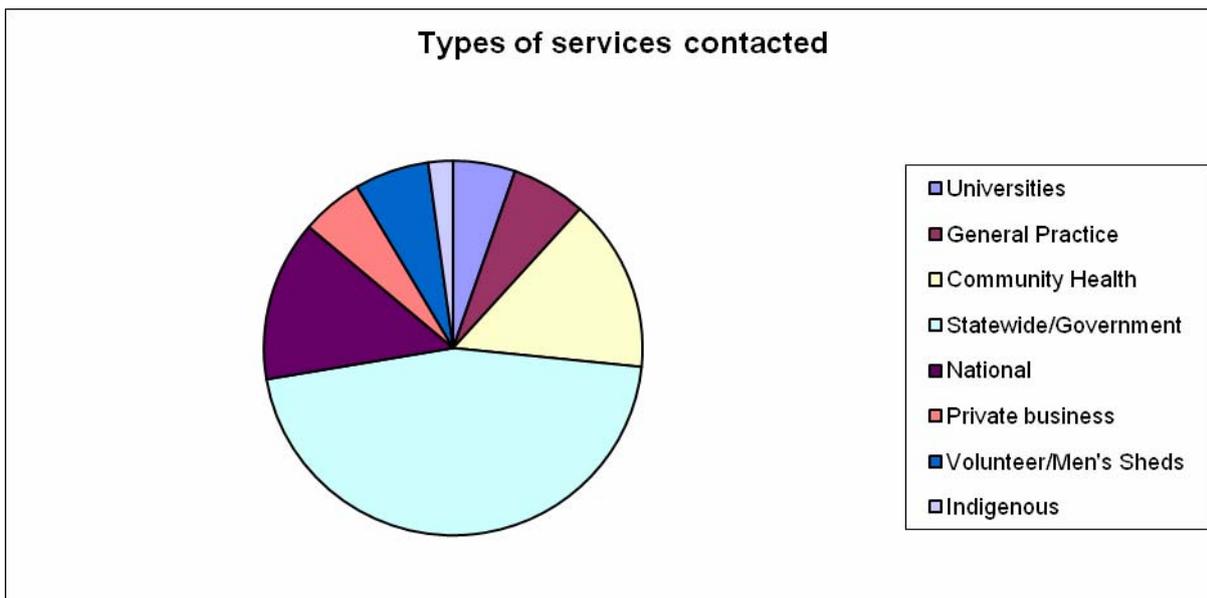
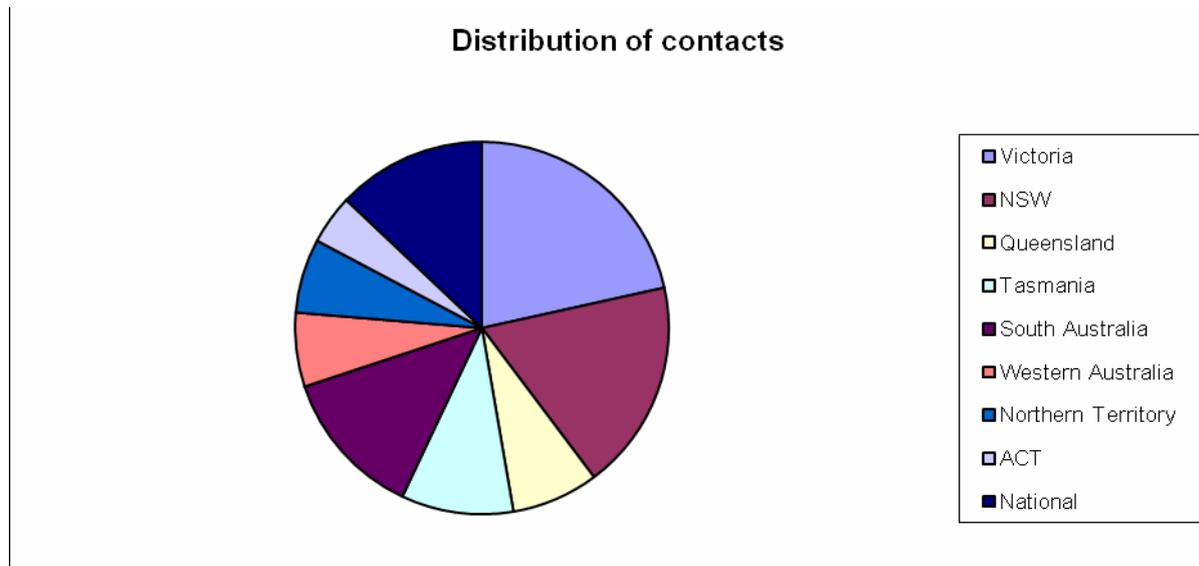


Figure Two: Distribution of types of services contacted across Australia

State and Territories - Summary Results

Victoria

Eighteen organisations were contacted across the state of Victoria. These included the Department of Human Services, local councils, statewide health services, universities, local community health and men's sheds.

Victoria has no statewide policy documents, strategic frameworks or forward planning documents in place as reported by these organisations.

1. There are nine women's health statewide services funded by the State Government, there are no funded men's health services.
2. Most contacts stated there is no government money committed to men's health education.
3. The Department of Humans Services does not allocated any resources (workers) to gender-specific programs but prefers to view their future objectives as gender non-specific. Men as a target group were not mentioned in the Departmental Plan 2006-07.
4. Most education programs occur at community health level and within Men's Sheds.
5. Most services identified the local education focus is on violence/anger management/relationships and parenting.
6. City of Casey (Berwick) is the only city council in Australia wide to employ a dedicated Men's Programs Officer. Programs focus on parenting, fatherhood, and depression.
7. Men's Sheds are active in Victoria. Gippsland Men's Health (Gary Green) is establishing an Australian Men's Shed Association to assist putting men on political agenda.
8. Bendigo Community Health Centre has a Men's Health Nurse Practitioner (Peter Strange). Bendigo region has a number of resources, programs and awareness raising campaigns throughout the region. Health checks are also offered. These services to men are not available outside the DHS Grampians region. As the position has a clinical focus information delivery focused on physical health although not exclusively.
9. Manningham Community Health Centre conducts the longest running men's sheds in Victoria including an Italian men's shed, Acquired Brain Injury men's shed, and men's shed for men with disabilities. The centre has accessed Health and Community Care funds to conduct men's sheds.
10. Drought was cited as the reason for the collapse of the Men's Community Reference group in Albury Wodonga. This group ran a forum in the region in 2006, but not active this year.
11. Family Planning Victoria does not produce any resources or conduct any men's health specific programs. The *GP Sexual and Reproductive Course* offers two hours education on men's health (prostate and testicular cancer) over the five-day course.
12. The Cancer Council Victoria has several active men's health programs for community and health professionals. All courses and information sessions focus on prostate, bowel and testicular cancer. Have developed an indigenous brochure on prostate cancer and conducted education sessions with Aboriginal health workers in March 2007.
13. Two academics in Victoria were consulted (Rick Hayes and Barry Golding). Both academics do not work directly in the area of men's health but commented on the lack of gender equity in Australia. Barry has published papers on the benefits of men's sheds commented on earlier in this report.

NSW

Seventeen organisations were contacted across the state of NSW. These services ranged

from State Government Area Health Services, University of Western Sydney, resources centres, statewide services, local community health and private business.

NSW has no current statewide policy documents, strategic frameworks or forward planning documents in place as reported by these organisations.

NSWHealth produced a strategic directions document in 1999 called *Moving forward in Men's Health*. Whilst regarded as a useful document, it is now outdated and in need of review. This document does not contain policy and therefore no action in the area of men's health is mandated across NSW.

This has therefore allowed fragmentation and inconsistencies in approaches to occur.

1. NSW has eight Area Health Services (AHS), only three have a health promotion worker who is able to conduct men's health although it is not a dedicated role and is often infrequent throughout the year. Under restructuring, one AHS lost a dedicated men's health worker in 2006. Each Area Health Service has a Women's Health Worker.
2. Hunter/New England AHS has recently appointed a "men's health representative". The role is to coordinate forums and deliver talks in the region. The intention is to write a workplan for the region.
3. Mudgee Community Health Service operates a travelling caravan (Men's Education Rural Van – M.E.R.V) that provides 15 minute health checks in the Greater Western AHS, the largest AHS in NSW. Previously funded by NSWHealth it is now funded by a local mine. Approximately 11,000 checks are done a year which include blood pressure, cholesterol, glucose and a risk taking behaviour discussion.
4. The Men's Health Information and Resource Centre provides a face to face and web-based information service in Sydney. It is well known and respected throughout other states. The University of Western Sydney under the direction of Micheal Woods and John Macdonald support this service. The resource centre primarily provides access to information and publications based on the social model of health and men in Australian society. The University and the resource centre strongly support education that examines employment, culture of men, creating positive role models for young men and relationship education.
5. Greg Millan is a private consultant working in the area of men's health education. He is also an active member of the Australasian Men's Health Forum and the Men's Health Network in NSW. He produces a free online newsletter.
6. The Cancer Council NSW is currently conducting a Men's Health Study to obtain information about general men's health and attitudes to and experiences with medical tests. The study commenced in January 2007. Completion date unknown.
7. Family Planning NSW does not produce any resources or conduct any men's health specific programs. The *GP Sexual and Reproductive Course* offers two hours education on men's health (prostate and testicular cancer) over the five-day course.
8. The Men's Shed in Lane Cove hosts the Men's Shed website and is hosting the 2nd National Men's Shed Conference in September 2007.

Queensland

It was extremely difficult in Queensland (QLD) to find any men's health education at state or regional level.

Six organisations were contacted across the state of QLD. These services were a range of volunteer and community based programs. All organisations could not identify any men's health programs outside there own organisation.

QLD has no current statewide policy documents, strategic frameworks or forward planning documents in place as reported by these organisations.

The QLD Cancer Fund is the most active in providing men's health education and resources.

1. The Men's Health and Wellbeing Association national body is based in Queensland. This organisation has a base of volunteers. Chris Johnson is the Vice President and is the Convenor of the 2007 National Men's Health Conference. Chris facilitates privately runs programs for men (one 8-week program and 2 weekend programs). These programs focus on love, relationships, sex and lifeskills.
2. The QLD Cancer Fund is very active in men's health education. Their focus is colorectal, prostate, testicular and skin cancer. They produce a number of resources that are used by other cancer councils. They wrote the national GP training course on prostate cancer. This programs is about to be available online and is accredited with the RACGP as an Active Learning Module. They are examining the possibility of developing other online education. They have a community speaker's program and are involved in the Men's Health Study mentioned in the NSW findings.
3. Family Planning NSW does not produce any resources or conduct any men's health specific programs. The *GP Sexual and Reproductive Course* offers two hours education on men's health (prostate and testicular cancer) over the five-day course.
4. Other services in QLD provide counselling and support services mainly focussing on alcohol, drugs and violence.

South Australia

Thirteen organisations/individuals were contacted across SA. All state government rural and regional areas have recently been amalgamated in to one called Country SA. University representatives, rural services, state government departments, Royal Adelaide Hospital, statewide services and individuals were contacted for the needs assessment process.

South Australia has several important key individuals working in the area of men's health, particularly at state government level. The state government developed a Men's Health Taskforce in 2005 with the aim of developing a men's health strategic plan and framework for service delivery, this is still in draft form. South Australia has no men's health policy.

1. James Smith at the Department of Health and also the University of Adelaide is a key academic in the area of men's health research. James has published several peer reviewed journal articles on men's health issues and is currently completing his PhD on *Men's health and health seeking behaviours*, for completion late 2008. James is being funded by Freemasons to go to Ireland in June 2007 to examine men's health policy with the aim of contributing to policy development in Australia. James feels professional development is the most important area of men's health education. He states there is also no research into gender health literacy.
2. John Ashfield at The Department of Health works in the area of *Mental Health- Statewide Drought*. John works primarily with men in rural and remote SA. Mental health issues are enormous due to drought and there are no specific services for men on this issue. John writes regularly for the rural media on men's health issues.
3. The Department of Health, Men's Health Taskforce will soon complete the third draft of the strategic framework ready for public comment. The relationship between the Taskforce and other key men's health contacts is poor. The community and university negative perceptions are due to slow progress and lack of 'passion' about men's health from within the Taskforce.
4. SA Rural Men's Health Alliance (SARMHA) is an NGO providing occasional conferences, advocacy to government and a two day professional development program for health professionals working with men called *Understanding and working effectively with men*. This course examines the psychology of men including physical health issues with the aim of providing a theoretical framework. All information is evidenced-based. SARMHA was invited to submit to government for funds, which was done but have had no response over a long period of time. John Ashfield and Jim Herbert coordinate the Alliance.

5. The University of SA, Dr Murray Drummond wrote and delivers the only undergraduate elective short course in men's health called *Men's Health Issues*. This five-day course examines health and illness models, masculinity, sexuality, decision making, male culture and beliefs. It does not support the medical model of care. The course is most popular with undergraduate medical and nursing students as no men's health is offered in the undergraduate medicine or nursing courses
6. The Men's Health Information Service was closed down by the Taskforce mid 2006 due to poor financial management as cited by the individuals contacted. Rodney Stanton (ex CEO) was employed after the financial difficulties were discovered but the service was still closed. Currently Rodney is writing submissions to statewide welfare agencies to seek funds for current staff at community health centres to deliver men's health education 2-3 hours /week. The Department of Health won't fund this model, but the universities, as stated by Rodney, support the idea. Rodney states that education should target relationship issues, anger management and self esteem in men.
7. The Royal Adelaide Hospital Health Promotion Unit conducts a program called Health In Men (H.I.M). This program receives funds from the hospital and the SA Government. The programs delivers lunchtime seminars, individual workplace talks throughout the hospital (eg: the engineering department) and does 'toolbox' health checks three times per year for men in the community. All events are available to hospital staff and the community. Topics include burns, prostate, healthy eating and building resilience. A men's reference group guides the work of H.I.M.
8. The Cancer Council SA provides information on prostate and testicular cancer to the community. The GP course on prostate cancer is also conducted utilising local Urologists.
9. Adelaide Central Community Health Service has a current worker who is responsible for coordinating the *Man Alive* Festival once a year. This festival has been running for four years and they are about to seek corporate funding for the first time in 2008. Very successful festival and well attended. Designed as a family day with displays, rides and activities focusing on men.
10. The Northern and Far Western regional Health service (now Country SA) employs a Regional Men's Health Manager (Jim Herbert) who provides talks and professional development to workers in the area. This covers very remote areas of SA. Most education is delivered to men at mine sites in the form of short informal talks. Main issues in need of education are mental health issues, depression, anxiety, and substance abuse. Drought is having a major impact on men's health in remote SA. Professional development programs for community workers are greatly needed. Nursing staff at BHP's Roxby Downs mine are requesting education on men's health.

Tasmania

Nine organisations were contacted in Tasmania. There were no men's health specific service identified. Very few organisations were able to offer information about services that offer men's health education. All Divisions of General Practice were contacted as well as The Department of Health and other statewide services. All organisations could not identify any men's health programs outside there own organisation.

Tasmania has no current statewide policy documents, strategic frameworks or forward planning documents in place as reported by these organisations.

1. The Department of Health employed a Men's Health Officer until early 2007. The position is not being replaced at this stage. The position worked with The Tasmanian Men's Health and Wellbeing Association to conduct a number of consultations across Tasmania from 2000-2002 to develop a framework to work with men's health. A final document was supposed to contribute to policy but is still in draft form with no one

managing the process. The draft document discusses the need for set up of an advisory committee to provide direction, need for men's health and wellbeing clinical education and the creation of positive role models for boys.

2. All Divisions of General Practice have not offered any men's health education recently, have no special interest groups and do not have any education programs developed for the near future. Two of the contacts spoken with stated 'We have absolutely nothing happening but would love something!'
3. Family Planning Tasmania offers no men's health programs. The GP training course in Sexual and Reproductive Health is not offered in Tasmania.
4. The Cancer Council Tasmania utilises the resources from other cancer councils on prostate and testicular cancer, particularly Victorian resources. Does not offer any health professional education. Conducts one off talks as requested which is infrequent.
5. The Men's Health and Wellbeing Association (TASMEN) is a statewide volunteer organisation. This association offers advocacy, support and is a referral service for men. TASMEN offer a mentorship program working with boys in secondary schools.
6. Tony Bowring Counselling (TASMEN member) is a private counselling and therapy service for men and offers a program called Men Acting Positively (M.A.P). Service focuses on men's attitudes, behaviours and relationships.

Western Australia

Six organisations were contacted in Western Australia (WA) as part of the needs assessment process. WA has the only statewide government funded advisory service (Men's Advisory Network). The state government also funds other regional men's health services around the state. WA is also responsible for the development of the Pitstop program, which has been adopted in a variety of forms across Australia.

These government funded men's health services (and two where funding has ceased) were the only organisations consulted in WA.

1. The Men's Advisory Network (M.A.N.), funded by the WA State Government, provides information to men on resources and services in WA on a broad range of men's issues. M.A.N also conducts a conference each year, produces a website and a newsletter. M.A.N consider themselves to be the only state funded peak body Australia wide.
2. Goldfields Men's Health Inc has recently had their state government funding stopped as told that there is no money left. This region had 32,000 men between 18-30 years, mainly working in the mining industry. The Goldfields Esperance GP Network manages the organisation. There are major problems with suicide, anxiety and family breakdown. Organisation is at crisis point and is trying to manage at least two calls / day regarding vasectomy and relationship breakdown. Unsuccessful seeking funds through other government departments. Very distressing for the organisation.
3. Men's Resources Centre, Albany is state government funded and provides advocacy and support for men in SouthWest WA. It is not involved in direct service delivery. Requests for information mostly focus on prostate and depression information.
4. WA Country Health Service, Carnarvon is responsible for the Pitstop program. This program is currently under review and due for release in late June 2007. The Pitstop program for men was originally designed in 1999. Chris Johnson and colleagues designed a *pitstops* manual with eight *pitstops* and CDROM to provide checks on men's health issues based on the car-racing theme of pitstops. Language style is likened to that of parts of a car. The Pitstop program is purchased and pitstops are set up at workplaces, saleyards, field days, factories etc.
The pitstops are 1. *Chasse check* (abdominal fat, waist measurement), 2. *Traction* (flexibility), 3. *Exhaust* (smoking), 4. *Fuel Additives* (alcohol), 5. *Oil Pressure* (BP), 6. *Spark plugs* (testicular and prostate care), 7. *Duco check* (skin cancer/changes), 8.

Shock absorbers (coping skills, communication with partner).

All measurements and guidelines are evidenced-based using RACGP and NH and MRC guidelines. All pitstops are 'manned' by a professional person, mainly females, as men appear to be able to approach a female more easily according to Chris Johnson.

The health service is considering the possibility of developing an indigenous pitstop program.

5. Wheatbelt Men's Health Inc provides programs based on the social model of care and is not supportive of medical model. Program based on a warrior theme. Service provides a program called *Working with Warriors* focussing on suicide, safety, happiness and succession planning for boys to take over the farm. The organisation offers the pitstop program but only pitstops one to three. Drought is having major impact on mental health and suicide is the main concern. Not supportive of Andrology Australia or Beyond Blue models.
6. Midwest Men's Health Inc does not have a men's health worker. Service inactive at time of report.

Northern Territory

Six organisations were contacted in the Northern Territory (NT). These included the state government, statewide services, metropolitan Divisions of General Practice and indigenous health services. The services contacted generally found difficulty in identifying organisations that worked in men's health education.

Northern Territory has no current statewide policy documents, strategic frameworks or forward planning documents in place as reported by these organisations.

1. The Department of Health and Community Services had a Men's Health Policy Unit until 2005. The worker was not supported and hasn't been replaced. No other men's health programs/services in place.
2. Family Planning Welfare has no current programs on men's health. Had an impotence clinic but when Viagra introduced clinic cancelled!
3. Cancer Council NT has no programs or resources available for men. Use other cancer council resources if required.
4. Top End Division of General Practice offers no men's health education programs to its members. In the last year they had had no requests for men's health education.
5. Daniladilba Aboriginal Health Service employees a men's health worker. For cultural reasons, men can only deliver men's health education. This position focuses on delivering sexual health information to men under the age of 25 years. Education sessions are delivered covering sexually transmitted diseases, HIV, hygiene and sexual abuse. The organisation uses football celebrities to promote the importance of health education and screening. Chronic disease prevention is not a priority for these men as stated by the worker. A men's health camp is run once a year for indigenous and non-indigenous men. The camp aims to develop hunter-gatherer instincts in men plus a full health check is done whilst they are away on camp. The camp is very popular and free.
6. Central Australia Aboriginal Congress Inc in Alice Springs offers a men's health program and health screening checks for diabetes and cardiovascular disease.

Australian Capital Territory

Four organisations were consulted in the Australian Capital Territory (ACT). Organisations working in men's health were difficult to source, as all four organisations did not know of any men's health education occurring across the ACT unless it was within their own organisations.

The ACT has no current statewide policy documents, strategic frameworks or forward planning documents in place as reported by these organisations.

1. The Sexual Health and Family Planning Clinic conduct the *Sexual and Reproductive course for GP's* including a one-day on men's sexual health session called *Men's Sexual Health across the Lifespan*.
This includes, physiology, sexual health, prostate, testicular and scrotum disorders.
2. The Canberra Men's Centre is a support service for men offering counselling, referral and advocacy. No health information is offered.
3. The Men's Health and Wellbeing Association offer strategic advice to government although not well utilised or supported. This association is run by volunteers.
4. Hummingbird Consultancy is a private business in Canberra offering courses and counselling for men. A four-day workshop is offered focusing on lifeskills and physical health.

National

Thirteen national organisations were consulted for this needs assessment process. None of the organisations identified themselves as a peak body representing men's health in Australia. Most organisations work with a specific target group or work with a specific health topic or issue.

1. The Commonwealth Department of Health and Ageing has no national strategic document on men's health. When searching 'men's health' two main areas are referenced; the National Health and Medical Research Council (NH and MRC) and HealthInsite. The NH and MRC provides clinical guidelines on specific men's health issues such as prostate cancer screening and incontinence management. It also provides access to the document *Men and Mental Health* conducted in 2005 which contributes to the Commonwealth Department of Health and Ageing – Mental Health Strategy 2005-2008. This is a lengthy document but the Executive Summary does not make any recommendation in regard to men's health education.
The report notes that there does not appear to be much difference in the overall prevalence of mental disorders but the pattern differs between males and females. The report goes on to state that '*.... There are also marked gender differences in receipt of mental health services. In Childhood, boys are more likely to receive services than girls, but in adulthood women are more likely to receive services. The factors behind these gender differences are not yet understood.*'. The report continues, '*...Women receive more services for mental disorders in primary care settings.....*'. This comment is well supported through the findings of this needs assessment.
HealthInsite offers links to other services, most of these services are non- –gender specific.
2. The Commonwealth Department of Veterans' Affairs (DVA) has designed a national Men's Health Peer Education program that has been delivered since 1999. The program was developed based on the findings of the Mortality Study of Vietnam Veterans in 1999. This study found that obesity, cardiovascular disease and alcohol were having a major

impact on health. A peer education model was piloted in Tasmania in 1999 and rolled out following this program. The training of facilitators (mostly Vietnam Veterans) is conducted yearly with updates throughout the year. A training manual, CDROM and newsletter to the DVA community educators supports the program. Topics include nutrition and lifestyle issues, talking to your doctor, chronic illness and pain, loss and grief, dental health and healthy driving. Most sessions are conducted informally at clubs/expos and men's sheds.

An evaluation has recently been conducted. A self-reporting questionnaire showed that veterans had greater health awareness and were visiting their doctor more frequently. Each state has a coordinator of the program.

3. The Centre for Advancement of Men's Health is a private business run by Bernard Denner. Bernard has the view that he is the only person conducting men's health education at the early intervention level. Bernard facilitates men's information nights across Australia. The Department of Health and Ageing funds this business to deliver information sessions to rural and remote communities through QLD, NT and Tiwi islands. Bernard is an ex Vietnam Veteran with no formal qualifications.
4. Andrology Australia is by far the most widely known organisation working in men's health education. This organisation is funded by the Commonwealth Department of Health and Ageing and focuses on the sexual and reproductive health of men. Six key areas underpin the organisation's work; *the male body, male infertility, prostate problems, erectile dysfunction, testicular cancer and testosterone in men*. Philanthropic funds are sought for additional projects only. The organisation has a dedicated Education Liaison Officer to coordinate the development of community and health professional education. Numerous resources, booklets, posters, fact sheets are produced on the key areas including some multicultural resources. Andrology Australia has developed online education for GP's with Monash University and GP Online services. Pod casts are also available. They are producing a CDROM with Mensline to give to health professionals on how to deliver a men's health information night, to be completed later this year. They are already considering the need for mental health resources. All material/programs are evidenced-based and work within a medical model. A forum is being conducted in May 2007 as a verbal needs assessment process to establish what other areas Andrology Australia needs to be working in
5. Better Health Channel, the Victorian State Government health information website is well utilised across Australia. 23 fact sheets are available on men's health that focuses on reproduction, sexual health, and cancer. Two fact sheets are about mental health. It is interesting to note that there are nine health services for men linked to the site and 59 links are provided for women's health services.
6. Nutrition Australia produces one fact sheet and a cookbook for men. No programs are offered.
7. The National Heart Foundation does not produce any gender specific resources at all. The Heartline states that the information on heart health needs to provide the same message for both genders.
8. GP's 4 Men is a group of GP's Australia wide that has an interest in men's health. Communication occurs via e-mail with Greg Malcher, the National Convenor. They do not have any meetings, they are not incorporated, and provide no professional development opportunities. The group is relatively inactive at the time of this report. There is a level of frustration expressed at not being involved in the development of the RACGP position statement. Greg cites lack of funding, coordination and support for GP education from RACGP, AMA, state and federal governments as contributing to the lack of work being done in men's health education.
9. The Australasian Men's Health Forum (AMHF) is a national body of volunteers who aim to promote, support and advocate for men and boy's health and wellbeing. This forum is responsible for organising the national men's health conferences and its committee consists of key professionals involved in men's health. The first newsletter was produced in April 2006. One of the aims of AMHF is to develop a National Men's Health Policy.

10. The Australian Prostate Cancer Collaboration, has a website funded by the Lions International Club of Australia providing education, information, support and resources on prostate cancer. This includes *Ask Andy*, an online question and answer service. Collaboration includes national representatives from specialist and medical fields who work in the area of prostate research. Andrology Australia is soon to become the national secretariat.
11. MensLine is a telephone support and counselling service funded by the Commonwealth Department of Families and Community Services Indigenous Affairs (FaCSIA). Whilst focussing on men with family and relationship concerns, they are involved in a number of joint initiatives with other organisations. Currently developing a CDROM with Andrology Australia on how to conduct a men's health information night. MensLine is very keen to develop a relationship with Foundation 49.
12. The Prostate Cancer Foundation of Australia (PCFA) provides information, support and resources on prostate cancer. Its core business is to raise funds for prostate research, conduct information forums nationally and support its 84 support groups around Australia. They receive no Commonwealth funding. Currently funded by Australian Pensioners Insurance Agency but that is finishing at the end of the year.

Literature Review

The criteria for identifying published written material on men's health Education programs/outcomes included the following:

- ❖ Identifying relevant journals and publications that contain articles published on Australian Men's Health Education programs/outcomes.
- ❖ Giving preference to peer reviewed journals during the process.
- ❖ Published articles only sourced from 2000 onwards
- ❖ Reporting on the identified findings and;
- ❖ Providing abstracts and where possible, the full text, on cited published literature relevant to the Needs Assessment.

Methodology

Identifying relevant journals.

PubMed was accessed (one of the largest text-based search and retrieval systems) and "men's health education programs Australia" were the key words searched. This resulted in 234 men's health entries- none of which originated from Australia (same search on women's health found 1,100 articles). Similarly when Cochrane's library was accessed to look at existence of systematic reviews in the area of men's health education- results were, again, scarce.

This raises the question as to whether men's health is a concept program planners/researchers are familiar with. Entering specific disease-states associated with males would have brought up a more fruitful search. If this is the case, this lack of clarity could contribute to the fragmented nature of men's health education in Australia.

Secondly relevant peer reviewed journals were identified. Criteria for a search included only Australian men's health programs from 2000 onwards. When published articles were identified the references cited in articles were also reviewed.

The following journals published relevant articles:

- Australian Family Physician
- Health Promotion Journal of Australia
- Medical Journal of Australia
- Australian Journal of Primary Health
- Australian Journal of Rural Health
- Nursing Standard
- Current Therapeutics
- Bulletin. Australian Institute of Health and Welfare

There were a number of relevant published book reviews but these were not included in the review due to difficulty with access.

Findings

Once articles were sourced they were thematically grouped. Key messages from the readings have been identified along with the associated journal articles.

Access to men's health in primary care setting

Community Health Settings

- Blame is often placed on men for not using health services- need to also look at whether health services meet needs of men and whether health professionals are appropriately trained to address specific health needs of men.
 - Need to address social determinants of health- access, equity not just disease-focussed
 - There is a definite lack of evaluation in existing men's health programs. Additional research into men's current help-seeking behaviours and health professionals' attitudes is necessary for the future development of men's health programs.
-
- *Parish C. Blunt messages and straight talk transform men's health Nursing Standard May 25, vol 19 no 37, 2005*
 - *Macdonald J, Millan G, Adams M. Men's health: Indigenous and non-indigenous men getting together. Medical Journal of Australia Volume 185 Number 8 16 October 2006 416-417*
 - *Smith J, Braunack-Mayer A, Wittert G. What do we know about men's help-seeking and health service use? Medical Journal of Australia 2006 184 (8): 81-83*
 - *Bentley M. A Primary Health Care Approach to Men's Health in Community Health Settings: It's just Better Practice. Australian Journal of Primary Health. Vol 12. No. 1 2006 21-26*

General Practitioner (GP) Setting

- GP's can play an effective role in addressing the major health problems that men face.
 - GP's believe a clinical demand for men's health needed to be generated before they took an active interest in men's health professional development.
 - Community educational events on men's health could encourage men to access their GP
 - GP's need to be involved in development of educational programs both for other GPs and community
 - GP education should include incorporating a systematic preventive approach, accessing new medicare no. for 45-49 yr, "man-friendly appointments"
-
- *Henning D. Providing Health Care to Men in General Practice. Current Therapeutics, May 2001*
 - *Hall R. Promoting Men's Health. Australian Family Physician Vol. 32, No. 6, June 2003 401-407*
 - *Harris M, McKenzie S. Men's Health: what's a GP to do? Medical Journal of Australia Volume 185 Number 8 16 October 2006: 440-444*
 - *Poljiski C, Tasker C, Andrews C, Wijesinah S, Piterman L, de Kretser D. GP attitudes to male reproductive and sexual health education and promotion. Australian Family Physician. Vol. 32, No. 6, June 2003: 462-465*

Theories/Philosophies

- National Men's Health Policy required
- Need to account for multiple masculinities in planning, developing and implementing of men's health programs with particular attention to marginalised and disadvantaged groups- One size does not fit all.
- Men's health programs must be more than just giving information and should be supported by policy/strategic framework.

- A “social-determinants of health” approach to men’s health is needed ie attention to the cultural, economic and social context of people’s lives.
- *Phillips W. What boys need: a sense of “belonging”. Medical Journal of Australia Volume 185 Number 8 16 October 2006 470*
- *White A, Fawkner H, Holmes M. Is there a case for differential treatment of young men and women? Medical Journal of Australia Volume 185 Number 8 16 October 2006 454-455*
- *Macdonald J. Shifting paradigms: a social-determinants approach to solving problems in men’s health policy and practice. Medical Journal of Australia Volume 185 Number 8 16 October 2006 456-458*
- *Hayes R. Primary Health and the Problem with Men. Australian Journal of Primary Health – Vol 8, No. 1, 2002 83-85*
- *Malcher. “What is it with men’s health?” Men, their health and the system: a personal perspective. Medical Journal of Australia Volume 185 Number 8 16 October 2006 459-460*
- *Smith J. Beyond masculine stereotypes: Moving men’s health promotion forward in Australia Health Promotion Journal of Australia 2007; 18:20-5*

Specific Case Studies

- When planning men’s health programs it is important to look at strategies out of the traditional health care setting ie workplace, sporting organisations etc
- Having GPs involved in these different settings will help address barriers
- GP’s are often reluctant to initiate discussion with men on sexual health.
- Need for further community education strategies that raise awareness of male reproductive disorders is necessary.
- Screening instruments used in general practice such as a mental health prompt list may be a useful tool in addressing barriers for both men and GP’s especially mental health/reproductive health.
- *Russell N., Harding C., Chamberlain C, Johnston L. Implementing a ‘Men’s Health Pitstop’ in the Riverina, SouthWest New South Wales. Australian Journal of Rural Health (2006) 14, 129-131*
- *Holden C, Poljiski C, Andrews C, Cock M, Wolfe R, de Kretser D. The Dynamics of Community Education in Male Reproductive Health: Findings from an Australian Study Australian Journal of Primary Health – Vol 12, No. 1, 2006 418-422*
- *Fletcher R, Matthey S, Marley C, Addressing depression and anxiety among new fathers. Medical Journal of Australia Volume 185 Number 8 16 October 2006 461-462*
- *Brownhill S, Wilhelm K, Eliovson G, Waterhouse M. ‘For Men Only’ A mental health prompt list in primary care. Australian Family Physician Vol. 32, No. 6, June 2003 443-450*
- *Holden C, Jolley D, McLachlan R, Pitts M, Cumming R, Wittert G, Handelesman D, de Kretser D. Me in Australia Telephone Survey (MATeS): predictors of men’s help-seeking behaviour for reproductive health disorders. Medical Journal of Australia Volume 185 Number 8 16 October 2006*

Status of Men’s Health

- Compared to women, men have shorter lifespan, higher incidence of CVD, accidental death, suicide, alcoholism, obesity and smoking related diseases.
- Men’s health needs a much broader focus than genital and reproductive health.

- Illness and death have been shown to occur at higher rates among socioeconomically disadvantaged communities.
 - Over last few decades to general health of manual workers versus non-manual workers has worsened.
- *Pattison A. Men and their Health. The M Factor. Current Therapeutics, August 2001*
- *Australian Institute of Health and Welfare. Australian Health Inequalities. Bulletin. Canberra. Issue 25. March 2005 1-19*

The future of men's health education at Foundation 49

There are several ideas and concepts to be discussed that will guide the decisions to be made about the development of an education framework at Foundation 49.

The following issues are suggested discussion points.

1. Core health education themes/topics at Foundation 49 need to be developed to assist with establishing its name in the Australian community as an education provider. A *point of difference* between Foundation 49 and Andrology Australia needs to be developed as currently unclear in the current environment as both are national organisations.
2. Does Foundation 49 have the resources available to develop professional development education *and* community based education programs as the ideal model for sustainable education delivery.
3. If development of health professional education is to be considered then online education will have the greater reach and impact.
4. Ensure Foundation 49 is an Accredited Provider with the Royal Australian College of General Practitioners (RACGP), Royal College of Nursing (RCNA) and Australian College of Rural and Remote Medicine (ACRRM).
5. Offer Foundation 49 expertise and specialist involvement in university based undergraduate and postgraduate courses.
6. Consider partnerships with TAFE colleges offering to write and deliver a men's health component within apprenticeship programs.
7. Develop and maintain national steering committees for health professional and community education.
8. Collaborations and partnerships with key organisations need to be established to position Foundation 49 as a significant organisation in Men's health in Australia.
9. Partnerships need to be formed to:
 - Develop innovative education models
 - Submit proposals for funding to support education models
 - Develop advisory committees
 - Involve consumers
 - Keep up to date with evidenced based approaches to education
 - Assist in policy development should this occur in the near future.
10. Given the significant lack of awareness about the existence of Foundation 49 and its purpose, significant time and resources need to be committed to raising the profile. This includes measures such as establishing website links and a regular e-mail update with all organisations approved by Foundation 49.
11. Consider the appointment of a celebrity figurehead or patron to assist in profile raising and promotion of education events.

Appendices

Appendix one Questionnaire

National Needs assessment

Men's health education programs and resources

2007

Interview questionnaire

State

Name of organisation

Contact person

Contact details

Do you have any men's health education programs that are currently running?

Title of program/s?

Is the program for community/health professionals/both?

Why?

Details of program (aim/target group/ topics/length/facilitator)

Was any evaluation conducted? (Formal/informal)

Why is this program important to your community?

Do you produce any resources?

Copies to be sent?

What other areas of men's health education do you think are important?

Do you know of any other men's health education programs?

Appendix two: Agencies contacted

Victoria

1. Upper Hume Primary Care Partnership
 2. Department of Human Services Central Office
 3. DHS South West Region
 4. DHS Grampians Region
 5. DHS Hume Region
 6. DHS Eastern Metropolitan Region
 7. DHS Southern Metropolitan region
 8. DHS Gippsland Region
 9. DHS North and West Metropolitan Regions
 10. DHS Loddon Mallee Region
 11. City of Casey (Rob Koch)
 12. Orbost Regional Health (Gary Green)
 13. Bendigo CHC (Peter Strange)
 14. La Trobe University (Rick Hayes)
 15. University of Ballarat (Barry Golding)
 16. The Cancer Council Victoria (Racheal Andersen)
 17. Family Planning Victoria
 18. Manningham CHC
-

NSW

1. University of Western Sydney (Micheal Woods and John Macdonald)
 2. Men's Information and Resource Centre (Anthony Brown)
 3. NSW Health Department
 4. Greater Southern Area Health Service
 5. North Sydney Central Coast Area Health Service
 6. Hunter/New England Area Health Service (Graham Fazio)
 7. Greater Western Area Health Service
 8. North Coast Area Health Service (David Hughes)
 9. South Eastern Sydney/Illawarra Area Health Service
 10. Cancer Council NSW
 11. Family Planning NSW
 12. Lane Cove Men's Shed (Ruth Van Herk)
 13. Aboriginal Health and Medical Research Council
 14. Greg Millan
 15. Men's Health Network
 16. Bernside Supporting Care
 17. Mudgee CHS
-

Queensland

1. Men's Health and Wellbeing Association
2. Family Planning QLD
3. Salvation Army Townsville

4. Queensland Cancer Fund (Suzanne Steginga)
 5. Men's Information and Support Association
 6. Queensland Men's Health Information line
 7. Chris Johnson
-

Tasmania

1. Department of Health and Human Services
 2. Tasmanian Men's Health and Wellbeing Association
 3. Family Planning Tasmania
 4. Cancer Council Tasmania
 5. General Practice Tasmania
 6. Tony Bowring Counselling Services
 7. General Practice North
 8. General Practice South
 9. General Practice North West
-

South Australia

1. Men's Information and Support Centre
 2. Northern and Far Western Regional Health Service
 3. Country SA (Jim Herbert)
 4. Central Northern Adelaide Health Service/University of Adelaide (James Smith)
 5. Department of Health (John Ashfield)
 6. Department of Health Men's Taskforce (Peter Lumb)
 7. SA Rural Men's health Alliance
 8. Greg Anderson (Man Alive)
 9. Rodney Stanton (Ex Men's Health Information Service)
 10. Royal Adelaide Hospital- Health In Men program (Jane Barnett)
 11. The Cancer Council SA
 12. Family Planning
 13. University of SA (Murray Drummond)
-

Western Australia

1. M.A.N Network (Gary Bryant)
 2. WA Country Health Service, Carnarvon (Chris Hall)
 3. Men's Resource Centre, Albany
 4. Goldfields Esperance GP Network
 5. Midwest Men's Health Inc
 6. Wheatbelt Men's Health Inc (Julian Kreig)
-

Northern Territory

1. Department of Health and Community Services

2. Top End Division of GP
 3. Family Planning Welfare
 4. Daniladilba Aboriginal Health Service (Daryl Thomas)
 5. Central Australia Aboriginal Congress Inc
 6. Cancer Council
-

Australian Capital Territory

1. Men's Health and Wellbeing Association (Phil Goulson)
 2. Hummingbird Consultancy
 3. Sexual Health and Family Planning Clinic
 4. Canberra Men's Centre
-

National

1. Andrology Australia (Carol Holden)
2. Prostate Cancer Foundation of Australia (Jo Fairbairn)
3. Department of Veteran Affairs (Christine Reed)
4. Mensline (Jeremy Hearne)
5. Better Health Channel
6. Australian Government Department of Health and Ageing
7. Australian Men's Health and Wellbeing Association
8. Australian Prostate Cancer Collaboration (Carol Pinnock)
9. Nutrition Australia
10. National Heart Foundation
11. GP's 4 Men (Greg Malcher)
12. Australasian Men's Health Forum
13. Centre for the Advancement of Men's Health (Bernard Denner)

Appendix three: Men's Health Resources

Organisation contacted	Resource
Andrology Australia	Brochures and fact sheets, posters on a range of men's reproductive health issues. Produces a men's reproductive health booklet in multiple languages.
Men's Health and Resource Centre, NSW	List of health promotion resources Australia wide. Men's health checklist Posters Postcards Resources kits for men's health week Strength cards
Family Planning Queensland, QLD	One fact sheet <i>Men, Sex and Reproductive Health</i>
Queensland University of Technology, QLD	Men's health section on website. 12 information sheets. Focus on Prostate.
menshealth.org.au	Men's Health DVD (<i>ordered</i>)
NSWHealth	Men's Health Checks (M.E.R.V van) webcast
Northern Sydney Central Coast Health, NSW (Men's Health unit)	Men's Health Check Brochure
City of Casey, Victoria	Services for Men directory (local)
Greg Millan, NSW	Health Tips for Men Information sheet Emale newsletter
Bendigo Community Health Services	Men's Health week information pack
International Men's Health week 2006 (AMHF, UWS)	Resource kit with fact sheets and Information kit
Nutrition Australia	One booklet on Food and Fitness for men. A cookbook called 'Top Blokes Food Manual'.
Cancer Council SA	Prostate Cancer and testicular problems brochure.
Royal Adelaide Hospital	Brochure "Men's Health Services in Metro Adelaide".
Cancer Council Victoria	Brochures on prostate cancer, bowel cancer, Indigenous booklet on Prostate, fact sheets including one multicultural.
NSW Multicultural Health and Communication Service	Fact sheets in other languages including prostate, sexual health and marriage breakdown

Decades of Life - Positively Changing Your Workplace

SunSmart Victoria APCC	Produce 11 fact relevant to men in other languages Have resource list online that promotes Mr PHIP and cancer council resources.
Wheatbelt Men's Health Inc	Posters, workplace kit, brochures for farmers
Men's Advisory Network WA	Produce Service brochure, Pitstop checklist and flyer, fridge magnet
Mr PHIP series	Series of 7 fact sheets on prostate. Produced by Repatriation General Hosp, Daw Park, SA
Better Health Channel	23 men's specific fact sheets available online
VicFit	Produce one fact sheet on men and physical activity

Appendix 2: Men's Health Survey



Mens' Health Survey

Conducted December 2008

Prepared by



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Appendix 1 –Online survey

Appendix 2 –Comments made (available upon request)

Executive Summary

Foundation 49 is a not for profit organisation whose key aim is to reduce the number of men dying from preventable conditions through raising health awareness and encouraging regular check-ups¹ – staggeringly, in Australia 5 men die every hour from a preventable disease.

In order to further understand mens' health habits, attitudes and the key barriers to men undertaking regular health check-ups (they key means of prevention), and to get men thinking about their health, a survey was conducted in December 2009 for Australian Men.

The Survey was conducted by research company StrategyCo². It was specifically designed as an online survey with the aim of being short and sharp to encourage completion and on forwarding.

The survey was emailed to databases held by StrategyCo and Foundation 49 with specific requests for recipients (both male and female) to forward the survey on.

A colossal **2,046 men completed the survey**. This is considered to be an EXCELLENT response rate and provides a statistically valid sample. It also attests to the fact that a large proportion of men have an interest in their health. Anecdotally it is believed that the survey in itself has improved the profile of Foundation 49 and the importance of men managing their health.

In terms of the demographic of respondents:

- 100% were men
- 67% were aged 40 or older
- 85% were either married or had a partner
- 72% had children (amusingly 0.1% said they were unsure).

In terms of knowing about their **family history** (a critical factor to disease prevention and management), 42% said that they had a family history of disease or early death, with 5.4% saying that they did not know.

Encouragingly, 55% of respondents said that they have had a **health check** within the last 12 months. However of concern is the fact that 23% of respondents said that they have not had a health check within the last 4 years or have never had one.

The main reasons given for **not having a health check** were not getting around to it (45%); men thinking that are healthy and don't think they need to (37%); lack of time (32%); don't have a trusted GP (21%) and that they have never really thought of it (20%).

Results indicate that time is a key factor in men not having health checks and that their GP's play a vitally important role in encouraging men to do so.

² StrategyCo subscribes to the Australian Market and Social Research Society Code of Conduct

The main reasons that respondents **DID have a health check** were that they like to look after their health (43%); they had symptoms that they were concerned about (43%), their age influenced them to (26%), they had a family history (15%), their wife or partner encouraged them to (15%); and they want to stay healthy for their children (14%).

Of those who did have a health check, overall they rated the **experience** to be good, with 74% rating it as Good or Really Good. Only 2.3% rated it as not good.

The key things that respondents indicated would encourage them to have a regular health check were having a good doctor that they can trust (52%) and staying healthy for their wife/partner (35%) and children (29%).

A staggering 82% of respondents said they would have an annual health check if their **employer organised it**.

In relation to **“talking about mens’ health”**, 73% of respondents said that they do talk about it, mainly at social gatherings (60%); family functions (56%); and work (39%). Health was discussed by 5% of respondents at funerals.

In summary it can be said that while it appears that a good percentage of men are aware of mens’ health issues and the need for regular check-ups, there is still a significant proportion of the population who is neither aware nor vigilant in this area.

It appears that key barriers to men managing their own health are not having a GP and not having the support and encouragement of loved ones to do so. Time (or NOT making time) is the major factor in men “not getting around to it”.

In looking to the future, encouraging men to MAKE TIME, ensuring check-ups are time friendly and encouraging employers to take an active role in the health of their male employees is likely significantly increase the propensity of men to have a health check-up.

Raising the awareness of the importance of check-ups is seen as VERY important, given 20% of respondents said they had “never really thought of it”.

Terminology Used

Questions were answered using the following rating scales:

Rating	Performance	Likelihood
1	Awful	Would not attend
2	Pretty bad	Unlikely
3	Average	Unsure
4	Good	Likely
5	Very Good	Very Likely

Please note that a Mean Score has been calculated for all questions that use the rating scale found in this table.

Mean Score Calculations

The Mean Score is the average score of all responses received for a particular question.

For *performance* questions asked (which are rated out of a maximum of 5) a mean score of:

- 4 – 5 generally indicates very good performance in the area.
- 3 – 4 generally indicates a level of ambivalence and/or mixed ratings among respondents.
- 0 – 3 generally indicates improvement is needed in the area.

For *likelihood* questions asked, (which are rated out of a maximum of 4)

- 4 – 5 generally indicates a high likelihood among most respondents.
- 3 – 4 generally indicates that some respondents are likely while other are unlikely.
- 0 – 3 generally indicates a low level of likelihood among respondents.

Respondent Comments

Each survey respondent has been given a unique ID number, which appears before each 'comment' made.

Respondents' **comments** from the online survey are reproduced 'verbatim'.

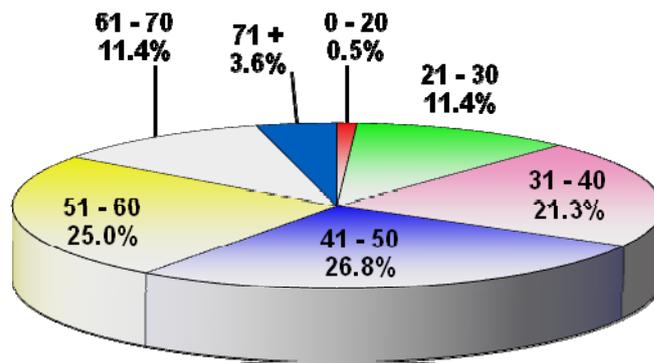
Method & Response Rate

- An online survey was developed by StrategyCo in consultation with Foundation 49 to explore a range of men's health issues and their attitudes.
- Databases of existing contacts were developed by StrategyCo and Foundation 49 (in order to avoid the cost of purchasing a database).
- The survey emailed to 457 contacts (both men and women), with a covering email outlining the purpose of the survey and encouraging men to complete it.
- The covering email encouraged both men and women (women could not complete the survey) to forward the survey on to men who could complete the survey.
- 2,046 men completed the survey. This is a **457%** response rate.
- This is considered to be **EXCELLENT** response rate and sample size, and very likely to be representative of the population.
- The key flaw with the low cost method used to gather the results is that the survey results may be skewed to white collar men and those who use a computer. An important segment of the population (trades people, blue collar workers, those without access to a PC) may not have had an opportunity to complete the survey.

Sample Profile

Age group

100% of respondents applicable to answer
99.9% of respondents answering

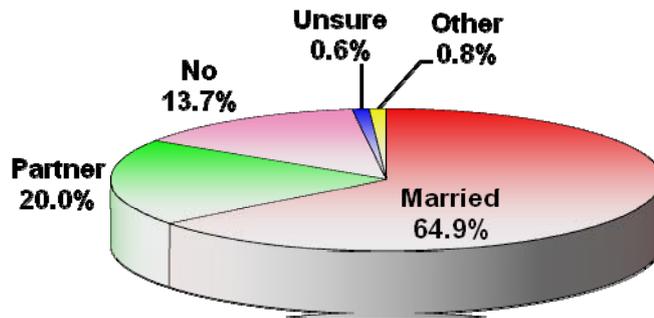


Age	%
0-20	0.5%
21-30	11.4%
31-40	21.3%
41-50	26.8%
51-60	25.0%
61-70	11.4%
71+	3.6%

In a relationship

100% of respondents applicable to answer

99.9% of respondents answering

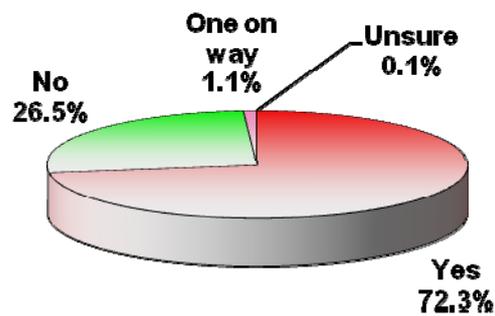


Response	%
Married	64.9%
Partner	20.0%
No	13.7%
Unsure	0.6%
Other	0.8%

Have children

100% of respondents applicable to answer

99.9% of respondents answering

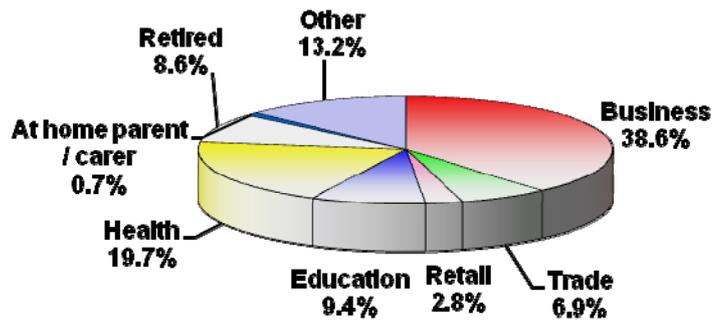


Response	%
Yes	72.3%
One on way	1.1%
No	26.5%
Unsure	0.12%

Key area of employment

100% of respondents applicable to answer

99.6% of respondents answering



Area	%
Business	38.6%
Trade	6.9%
Retail	2.8%
Education	9.4%
Health	19.7%
Home/carer	0.7%
Retired	8.6%
Other	13.2%

Where do you shop?

100% of respondents applicable to answer

Choice	%
Supermarket	92.3%
Retail shops	71.0%
Hardware stores	65.2%
Sports stores	40.5%
Electrical shops	37.0%
Other	8.1%
Don't shop	3.0%

Where do you shop? – HARDWARE STORES SPECIFIED

65.2% of respondents applicable to answer (Q14 selected 'hardware stores'

32.3% of respondents answering

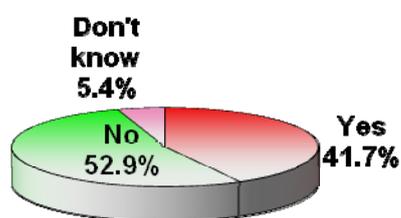
Hardware Store	%
Bunnings	41%
Mitre 10	12%
Home Hardware	3%
Local / Independent	1%
Other	8%

Results

Q) Do you have a family history of disease / early death?

100% of respondents applicable to answer

99.9% of respondents answering



Response	%
Yes	41.7%
No	52.9%
Don't know	5.4%

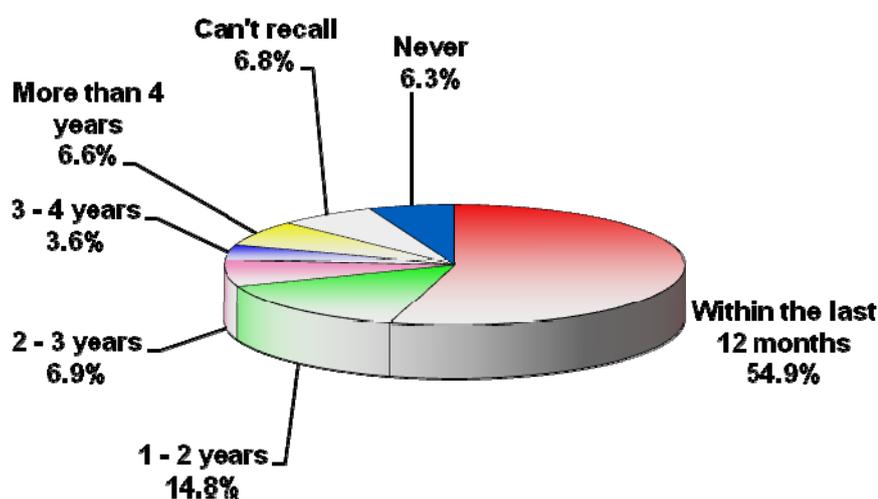
(OTHER - specified)

Overview of comments – please refer to appendix for all comments made

- Cancer
- Heart related illness i.e. stroke
- Cholesterol
- Diabetes
- Depression

Q) When was the last time you had a health check / annual check up?

100% of respondents answered



When	%
Within last 12 months	54.9%
1-2 years	14.8%
2-3 years	6.9%
3-4 years	3.6%
More than 4 years	6.6%
Never	6.3%
Can't recall	6.8%

Q) What are the main reasons that you do NOT have a regular health check

Applicable to answer: 30.2% of respondents

Reason	%
Just never get around to it	44.7%
I am healthy - don't think I need to	37.2%
Lack of time	32.0%
Don't have a GP	20.8%
Never really thought of it	20.4%
At my age not necessary	18.3%
Laziness	16.2%
Cost	13.9%

Reason	%
Don't want to hear bad news	9.4%
Don't want to have any invasive checks	9.2%
Don't like doctors	7.9%
Other	6.5%
Concerned about the results	6.0%
It's not important to me	5.3%
Can't get to a doctor	3.9%

(OTHER - specified)

Overview of comments – please refer to appendix for all comments made

- Time is very important to respondents:
 - Lack of time.
 - Difficult to get an appointment with a doctor.
 - GP is very busy
 - Don't like waiting past appointment time at GP.
- GP's play an important role in respondents having a health check:
 - Turnaround is more important to GP's than treating patients.
 - Don't trust (their) GP's.
 - Never been asked by doctor to undertake a check.
 - Doctor said that 'I didn't need one'.
 - Believe that it is not so important an issue to have to waste a doctors time with.
- Are a doctor themselves.
- Don't care / not afraid to die.

Q) What are the main reasons you had a health check? (select ALL that apply)

Applicable to answer: 69.7% of respondents

Choice	%
Like to look after my health	43.4%
Had symptoms I was concerned about	43.1%
My age	26.4%
Family history	15.2%
Wife / partner encouraged me to	15.0%
Want to stay healthy for my children	14.0%
Other	10.1%
GP encouraged me to	9.6%
Employer organised health checks	5.7%
A friend got sick - so encouraged me to go	2.4%
Life insurance requirement	1.8%
Employer encouraged me to	0.8%

(OTHER - specified)

Overview of comments- please refer to appendix for all comments made

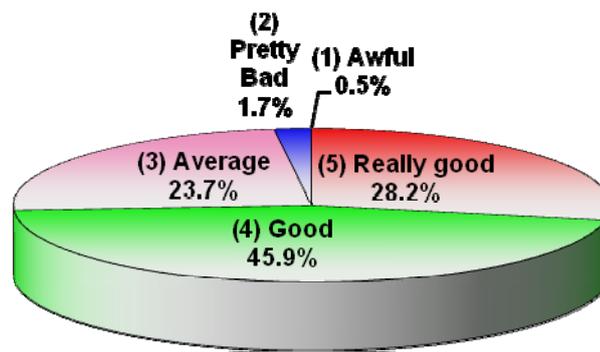
- Need to for work purposes

- Due to an existing or previous illness (i.e. diabetes, cholesterol, chronic disease...)
- Follow up after surgery or illness
- Wanting to go overseas
- Prescription requirement
- Ongoing treatment/illness
- Immigration requirement
- Part of their regular checkup

Q) In terms of the experience overall (not the results), how would you rate having a health check?

Applicable to answer: 69.7% of respondents
(Q1: 'Within the last 12 months' or '1 – 2 years')

Mean Score: 4.0/5.0



Rating	%
(5) Really Good	28.2%
(4) Good	45.9%
(3) Average	23.7%
(2) Pretty Bad	1.7%
(1) Awful	0.5%
Mean score	4.0/5.0

Q) What would encourage you to have an annual health check? (select ALL that apply)

100% of respondents applicable to answer

Choice	%
Having a good doctor that I can trust	51.6%
Staying healthy for my wife / partner	35.4%
I already have an annual health check	32.3%
Staying healthy for my children	29.0%
Being able to go on weekends / after hours	26.7%
If someone emails me a reminder	17.7%
Having it in my diary so I remember	16.8%
If someone books it for me	14.3%
If someone mails me a reminder	12.4%
If someone SMSs me a reminder	10.7%
Other	7.0%
Reminders on the radio / TV / newspaper	6.3%
Nothing, I won't have one	2.0%

(OTHER - specified)

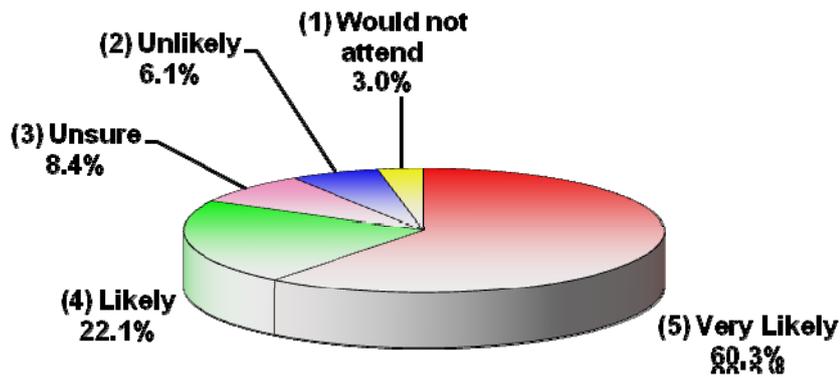
Overview of comments- please refer to appendix for all comments made

- Need to for work purposes
- Due to an existing or previous illness (i.e. diabetes, cholesterol, chronic disease...)
- Follow up after surgery or illness
- Wanting to go overseas
- Prescription requirement
- Ongoing treatment/illness
- Immigration requirement
- Part of their regular checkup

Q) If your employer organised and ran regular health checks, how likely would you be to participate?

100% of respondents applicable to answer
 99.8% of respondents answering

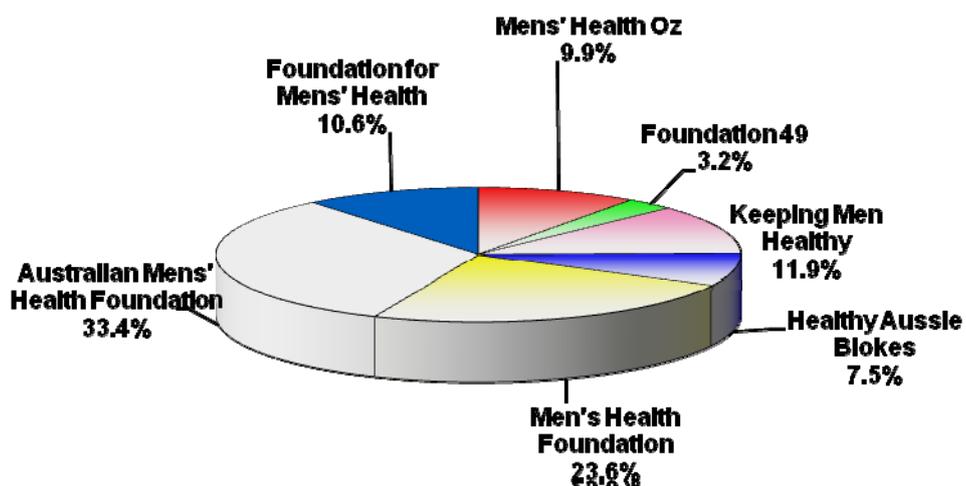
Mean Score: 4.3 /5.0



Likelihood	%
(5) Very Likely	60.3%
(4) Likely	22.1%
(3) Unsure	8.4%
(2) Unlikely	6.1%
(1) Would not attend	3.0%
Mean score	4.3/5.0

Q) Foundation 49 is considering changing its name so that people understand more about the organisation from its name. From the following list of names, please select YOUR PREFERRED name

100% of respondents applicable to answer
 99.9% of respondents answering

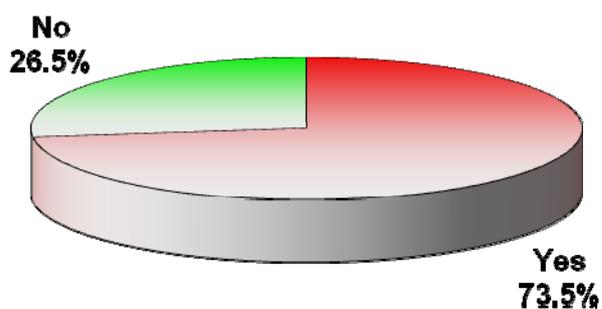


Decades of Life - Positively Changing Your Workplace

Name	%
Australian Mens' Health Foundation	33.4%
Men's Health Foundation	23.6%
Keeping Men Healthy	11.9%
Foundation for Mens' Health	10.6%
Mens' Health Oz	9.9%
Healthy Aussie Blokes	7.5%
Foundation n49	3.2%

8. Do you talk about your health with friends and family?

100% of respondents applicable to answer
 100% of respondents answering



**Q) Where do you talk about health with family and friends?
 (select ALL that apply)**

100% of respondents applicable to answer

Place	%
Social gatherings	60.4%
Family functions	55.5%
Work	39.1%
Other	19.9%
Pub	12.9%
Sports club	11.0%
Funerals	4.9%

(OTHER - specified)

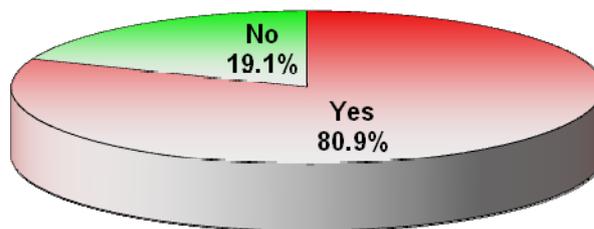
Overview of comments- please refer to appendix for all comments made

- Anywhere / when opportunity arises.
- At home (i.e. with partner, with family, over dinner, over breakfast)
- On a one to one basis (partner, friend, through email)
- Over coffee.
- During sports.
- Only with partner.
- Over the phone, internet, email.
- In private.
- Part of work.
- With groups (i.e. Men's Health, Men's Shed, other social groups.)

Q) Are you happy to participate in surveys of this nature in future to assist Foundation 49?

100% of respondents applicable to answer

99.8% of respondents answering



Appendix 3: Decades of Life Health Checks

The Third Decade (“The Twenties”)

So what should young men worry about specifically? Sexually transmitted diseases, obesity, alcohol and drug abuse, suicide, motor vehicle and other accidents, sports injuries, and violence. Suicide and motor vehicle accidents are the biggest cause of death in young adult males.

Major Health Issues

- ♂ Sexually transmitted diseases
- ♂ Obesity
- ♂ Alcohol and drug abuse
- ♂ Cigarette addiction
- ♂ Depression and suicide
- ♂ Motor vehicle accidents
- ♂ Violence

So what is a young bloke to do to maintain his health. He needs to make the right choices in life from a start. He needs to have a good diet, exercise regularly, not smoke or take illicit drugs, and drink alcohol in moderation. He shouldn't take uncalculated risks. He should work out how to be happy, and if he can't, then seek help. Most importantly, he needs to be informed about his health and take responsibility for it. This means having regular health checks, which have the ability to identify risk for development of disease at a later age, and also to identify illness at an earlier stage when it is easier to treat.

Health Check For Men in the Third Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon and prostate cancers
Sexual Health History	Premature ejaculation, sexually transmitted diseases
Height, weight and abdominal girth	BMI, obesity
Blood pressure	Hypertension, risk of stroke and heart disease
Testicular Examination	Testicular cancer
Skin screening	Skin cancers
Blood Sugar	Diabetes mellitus
Dental Assessment	Dental disease
Vision Assessment	Colour, near and distant vision testing
Dietary Assessment	Obesity, alcohol intake
Exercise Assessment	Activity levels, sports injuries
Michigan Alcoholism Screen Test (MAST)	Alcohol abuse
Vanderbilt Addiction Center Drug Abuse Screening Test (DAST)	Drug Abuse
Mental Health Assessment (Kessler 10 scale or similar assessment)	Depression, risk of suicide
Hadden Matrix	Risk of motor vehicle accident

The Fourth Decade (“The Thirties”)

So what should men in their 30’s worry about specifically? Sexually transmitted diseases, obesity, alcohol and drug abuse, suicide, motor vehicle and other accidents, sports injuries, and testicular cancer. Suicide and motor vehicle accidents are the biggest cause of death in young adult males.

Major Health Issues

- ♂ Sexually transmitted diseases
- ♂ Obesity
- ♂ Alcohol and drug abuse
- ♂ Depression and suicide
- ♂ Motor vehicle accidents
- ♂ Sports Injuries
- ♂ Testicular cancer

So how do you maintain your health when you have hit your 30’s One of the most important things is to start thinking about the cardiovascular disease risk factors, and ensure you minimize your subsequent risk of heart disease and stroke. Maintaining recommended weight is important, and it is harder to get off the older you are. Staying fit is also important, but in doing so, start to recognize your limitations and don’t get injured. Don’t abuse alcohol and stay away from recreational drugs. Think about screening for melanoma and testicular cancer – both are entirely curable if treated appropriately. This means having regular health checks.

Health Check For Men in the Fourth Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon, and prostate cancers
Sexual Health History	Premature ejaculation, sexually transmitted diseases
Height, weight and abdominal girth	BMI, obesity
Blood pressure	Hypertension, risk of stroke and heart disease
Testicular Examination	Testicular cancer
Skin screening	Skin cancers
Cholesterol Screening (High-Risk individuals only)	Cholesterol is a major risk factor for atherosclerosis (hardening of the arteries) and heart disease
Blood Sugar	Diabetes mellitus
Dental Assessment	Dental disease
Vision Assessment	Colour, near and distant vision testing
Dietary Assessment	Obesity, alcohol intake
Exercise Assessment	Activity levels, sports injuries
Michigan Alcoholism Screen Test (MAST)	Alcohol abuse
Vanderbilt Addiction Center Drug Abuse Screening Test (DAST)	Drug Abuse
Mental Health Assessment (Kessler 10 scale or similar assessment)	Depression, risk of suicide
Hadden Matrix	Risk of motor vehicle accident

The Fifth Decade (“The Forties”)

So you have made it through your 20’s and 30’s. It’s time to get real. Time to take responsibility for learning and planning, to review goals and life achievements, and apply existing skills and interests to new challenges. Changes in family relationships are prevalent, review of changes in relationship with partner, or changes in partner and creation of second or blended families. It is a time of many responsibilities, a time when a man can neglect his health, ignore early warning signs of disease, and let himself go.

Major Health Issues

- ♂ Cardiovascular disease – Smoking
- ♂ Cardiovascular disease – High Blood Pressure
- ♂ Obesity
- ♂ Work-life Balance
- ♂ Infertility
- ♂ Relationship Breakdown
- ♂ Sleep Apnoea

The role of men in society has gone from simple and one-dimensional to complicated and multidimensional. The equation for “success” as a man has become much more complicated. Much more is expected from men in all areas of their lives. It is no longer sufficient for them to be singularly focused – they need to “juggle” career, finances, relationships, fathering, health and recreation, domestic responsibilities, and social networks. And it is not only the number of roles men are now expected to undertake, but the quality with which they do them. These social developments have placed more & more pressure on men’s mental health.

Health Check For Men in the Fifth Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon and prostate cancers
Smoking History and Cessation	Heart disease, stroke, peripheral vascular disease, many cancers
Sexual Health History	Infertility, erectile dysfunction
Height, weight and abdominal girth	BMI, obesity
Blood pressure	Hypertension, risk of stroke and heart disease
Testicular Examination	Testicular cancer
Skin screening	Skin cancers
Cholesterol Screening	Cholesterol is a major risk factor for atherosclerosis (hardening of the arteries) and heart disease
Blood Sugar	Diabetes mellitus
Iron Studies	Haemochromatosis
Cancer Screening	Individuals with a strong family history of colon cancer or prostate cancer
Urinalysis	Screening test for detecting diseases of the kidneys, diabetes, bladder infections, and some cancers
Vision Assessment	Colour, near and distant vision testing
Dietary Assessment	Obesity, alcohol intake
Exercise Assessment	Activity levels, sports injuries
Michigan Alcoholism Screen Test (MAST) High-risk individuals	Alcohol abuse

Mental Health Assessment	Depression, anxiety, work-life balance
Erectile function Assessment (International ED Scale)	Erectile dysfunction, cardiovascular disease, diabetes mellitus

The Sixth Decade (“The Fifties”)

Many say the fifties are their best years. Their professional credentials fully established, they gain highly paid positions and full respect. Relationships find new life as children fly the nest, and there is the economic freedom to indulge those things sacrificed for the family cause. By the time the 50s come along the children have flown the nest, enabling men to enjoy quality time with their partner in and out of bed. Studies have shown a very strong correlation between men getting older and reduced sexual functioning, but not between age and sexual satisfaction. There is also the time to develop spiritual interests. Providing there is material security and good health, the fifties are fine.

Major Health Issues

- ♂ Cardiovascular disease - Hypercholesterolaemia
- ♂ Colorectal cancer
- ♂ Prostate disease
- ♂ Diabetes mellitus
- ♂ Erectile dysfunction
- ♂ Androgen deficiency
- ♂ Visual problems
- ♂ “Mid-life Crisis”

Health Check For Men in the Sixth Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon and prostate cancers
Smoking History and Cessation	Heart disease, stroke, peripheral vascular disease, many cancers
Sexual Health History	Infertility, erectile dysfunction
Height, weight and abdominal girth	BMI, obesity
Blood pressure	Hypertension, risk of stroke and heart disease
Testicular Examination	Testicular cancer
Skin screening	Skin cancers
Cholesterol Screening	Cholesterol is a major risk factor for atherosclerosis (hardening of the arteries) and heart disease
Blood Sugar	Diabetes mellitus
Iron Studies	Haemochromatosis
Cancer Screening	Individuals with a strong family history of colon cancer or prostate cancer
Urinalysis	Screening test for detecting diseases of the kidneys, diabetes, bladder infections, and some cancers
Vision Assessment	Colour, near and distant vision testing
Dietary Assessment	Obesity, alcohol intake
Exercise Assessment	Activity levels, sports injuries
Michigan Alcoholism Screen Test (MAST) High-risk individuals	Alcohol abuse
Mental Health Assessment	Depression, anxiety, work-life balance

Erectile function Assessment (International ED Scale)	Erectile dysfunction, cardiovascular disease, diabetes mellitus
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The Seventh Decade (“The Sixties”)

Most men in their sixties retain their intellectual ability - learning and memory. There is, however, some gradual decline in stamina for physically demanding work, slower reaction times, and greater awareness of impaired vision and hearing. Without doubt, ageing does bring a reduction of some of the things often regarded as typically male, such as physical strength, and libido (sex drive). Appearance also changes. Weight gain (middle-aged spread), hair loss and skin changes are all part of normal ageing. In middle life most men have to come to terms with the fact that they will not achieve all the ambitions of their youth. These might relate to success in their careers. They may miss out on an expected promotion and see a younger person overtake them. Dreams of financial success might be vanishing and sporting abilities declining.

Major Health Issues

- ♂ Cardiovascular Disease – High Blood Pressure
- ♂ Prostate Cancer
- ♂ Colorectal Cancer
- ♂ Osteoporosis
- ♂ Androgen depletion
- ♂ Erectile dysfunction
- ♂ Visual disturbance
- ♂ Hearing loss

Health Check For Men in the Seventh Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon and prostate cancers
Smoking History and Cessation	Heart disease, stroke, peripheral vascular disease, many cancers
Sexual Health History	Infertility, erectile dysfunction
Height, weight and abdominal girth	BMI, obesity
Testosterone levels/Screening Questions	Androgen deficiency
Blood pressure	Hypertension, risk of stroke and heart disease
Skin screening	Skin cancers
Cholesterol Screening	Cholesterol is a major risk factor for atherosclerosis (hardening of the arteries) and heart disease
Blood Sugar	Diabetes mellitus
Cancer Screening	Individuals with a strong family history of colon cancer or prostate cancer
Urinalysis	Screening test for detecting diseases of the kidneys, diabetes, bladder infections, and some cancers
Vision Assessment	Colour, near and distant vision testing
Hearing Assessment	Hearing loss
Dietary Assessment	Obesity, alcohol intake
Bone densitometry	Osteoporosis
Exercise Assessment	Activity levels, sports injuries

Michigan Alcoholism Screen Test (MAST) High-risk individuals	Alcohol abuse
Mental Health Assessment	Depression, anxiety, work-life balance
Erectile function Assessment (International ED Scale)	Erectile dysfunction, cardiovascular disease, diabetes mellitus

The Eighth Decade (“The Seventies”)

In your seventies, there is a general decline of intellectual ability - learning and memory - as a result of normal ageing. While learning is sometimes slower, it is often more effective because older people are task-oriented, have a work ethic and have accumulated a lot of useful knowledge and experience. There may be less interest in sexual activity.

Major Health Issues

- ♂ Dementia
- ♂ Risk of falling
- ♂ Incontinence
- ♂ Poor Nutrition
- ♂ Depression
- ♂ Social Isolation
- ♂ Hearing Problems
- ♂ Erectile Dysfunction
- ♂ Sexuality

Health Check For Men in Eighth Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon and prostate cancers
Smoking History and Cessation	Heart disease, stroke, peripheral vascular disease, many cancers
Sexual Health History	Infertility, erectile dysfunction
Height, weight and abdominal girth	BMI, obesity
Testosterone levels/Screening Questions	Androgen deficiency
Blood pressure	Hypertension, risk of stroke and heart disease
Skin screening	Skin cancers
Cholesterol Screening	Cholesterol is a major risk factor for atherosclerosis (hardening of the arteries) and heart disease
Blood Sugar	Diabetes mellitus
Urinalysis	Screening test for detecting diseases of the kidneys, diabetes, bladder infections, and some cancers
Vision Assessment	Colour, near and distant vision testing
Hearing Assessment	Hearing loss
Dietary Assessment	Poor nutrition
Bone densitometry	Osteoporosis
Exercise Assessment	Activity levels, sports injuries
Get Up & Go Test; Falls Risk Assessment Scoring System	Risk of Falling
Urinary Incontinence Assessment	Urinary Incontinence
Michigan Alcoholism Screen Test (MAST) High-risk individuals	Alcohol abuse
Mental Health Assessment	Depression, anxiety, work-life balance

Erectile function Assessment (International ED Scale)	Erectile dysfunction, cardiovascular disease, diabetes mellitus
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The Ninth Decade (“The Eighties”)

If you have made it to your eighties, you have managed to miss the major illnesses affecting men, namely cancer and cardiovascular disease. You will be faced with general decline in all bodily function, including intellectual and physical ability. You are likely to be less mobile because of arthritis, less sexually active, and possibly have one or more chronic illnesses.

Major Health Issues

- ♂ Dementia
- ♂ Risk of falling
- ♂ Incontinence
- ♂ Poor Nutrition
- ♂ Depression
- ♂ Social Isolation
- ♂ Hearing Problems
- ♂ Erectile Dysfunction
- ♂ Sexuality

Health Check For Men in Eighth Decade

Procedure	Disease
Family History	Important for heart disease, diabetes, and colon and prostate cancers
Smoking History and Cessation	Heart disease, stroke, peripheral vascular disease, many cancers
Sexual Health History	Infertility, erectile dysfunction
Height, weight and abdominal girth	BMI, obesity
Testosterone levels/Screening Questions	Androgen deficiency
Blood pressure	Hypertension, risk of stroke and heart disease
Skin screening	Skin cancers
Cholesterol Screening	Cholesterol is a major risk factor for atherosclerosis (hardening of the arteries) and heart disease
Blood Sugar	Diabetes mellitus
Urinalysis	Screening test for detecting diseases of the kidneys, diabetes, bladder infections, and some cancers
Vision Assessment	Colour, near and distant vision testing
Hearing Assessment	Hearing loss
Dietary Assessment	Poor nutrition
Bone densitometry	Osteoporosis
Exercise Assessment	Activity levels, sports injuries
Get Up & Go Test; Falls Risk Assessment Scoring System	Risk of Falling
Urinary Incontinence Assessment	Urinary Incontinence
Michigan Alcoholism Screen Test (MAST) High-risk individuals	Alcohol abuse
Mental Health Assessment	Depression, anxiety, work-life balance
Erectile function Assessment (International ED Scale)	Erectile dysfunction, cardiovascular disease, diabetes mellitus

Appendix 4: Decades of Life Pilot Studies

Report on the Decades of Life Men's Health Assessment at Fosters

Conducted November 2006 – March 2007

The Pilot

Foundation 49 is a not-for-profit men's health organisation that is part of Cabrini Health in Melbourne. The vision of Foundation 49 is to reduce the number of men dying from preventable conditions by raising awareness of health issues specific to men, and encouraging men to have regular health checks.

One way Foundation 49 seeks to achieve this vision is through the development of a men's health assessment. This assessment is completed in two parts, a questionnaire and a face-to-face appointment with a health professional. All information is loaded into a computer program from which an individualised report is generated on the health of each man. The Assessment is called *Decades of Life* (DOL) as it assesses men's health decade by decade, knowing that men are at risk of different health issues depending on their age and which decades of their life they are currently in. Foundation 49 and DOL are supported by a Medical Advisory Committee made up of medical experts in each area of health that is addressed in the assessment.

The privacy of men who participate is completely protected as all information is de-identified and password protected. At the end of the pilot, a report is generated for the employer on the global health of the men who have undertaken a health assessment. The purpose of the global report is to inform future health and wellbeing initiatives at the workplace.

The results of this pilot have been used to develop DOL into an online program.

What was done

A pilot looking at the effectiveness and usability of the Decades of Life Health Assessment was undertaken in partnership with the Fosters Group. The pilot was delivered in two sites, Abbotsford and Altona, between November 2006 and March 2007. The pilot was run in collaboration with the Fosters Abbotsford Medical Centre. The DOL health assessments were provided free of charge to Fosters and its employees as a pilot project, and Foundation 49 covered the costs of staff, blood testing and resources.

How it was done

Jo Spencer was the contact at Fosters, and she coordinated the pilot from Fosters perspective. She organised space and equipment to complete the assessments, and arranged appointments for men to complete the assessments. Foundation 49 printed posters to advertise the health assessments, and Jo placed these around the workplace.

A Foundation 49 nurse completed health assessments with almost 200 men on site at Fosters. Questionnaires were completed by each participating man in the following areas, cardiovascular health, mental health, cancer (lung, prostate, skin and bowel) male hormone

levels and erectile function. The assessments took place in a private room and all information discussed remained confidential.

What each man took away with him

Each man who completed a health assessment received the following in a plain, sealed A4 envelope to further protect his privacy:

- A personalised health report
- A letter to his GP to follow up any issue raised in the health assessment
- Information sheets about health issues raised in the assessment

Following the assessment, each man completed a feedback form about his experience of the assessment and his knowledge of health issues.

The results of the pilot

Participation – There was a very positive response to the DOL assessments. Every appointment available was filled at Abbotsford. Initially there was some scepticism in participating, but as the assessments were completed and word got around about how easy and helpful the assessments were, men were keen to take up the opportunity.

Health data from the pilot at Fosters

Risk Factors

- **35%** of participants had Systolic BP >140 or Diastolic BP >90
- **14.5%** had total cholesterol \geq 5.5mol/L
- **84.3%** were over weight or obese (BMI \geq 25). 28.8% were obese (BMI \geq 30). These results were not age dependent. These high proportions were seen in all age groups. (This compares with only 66% of the Australian adult male population being overweight or obese)
- **21%** were current smokers
- **36%** of men had medium or higher levels of psychological distress

Analysis - Physical Health

- Overall, **57.60%** of participant had at least 2 of these risk factors.
- **39.80% had at least 3 of these risk factors for cardiovascular disease.**

As shown by a recent corporate health study³ this directly affects productivity, employees retention and the business bottom line. According to this report, proactive organisations, which implement health screening and health promotion strategies, can reduce employee health risks by up to 56 per cent at a rate of 10per cent per year. For an employee on \$50,000 per year, reducing their health risk factors by 2.9 is potentially worth up \$3,480 per year per employee in productivity gains. In an organisation of 1000 employees, with the average salary of \$50,000 per year, these gains could be as high as \$3.48 million per year.

³ Wesley Corporate Health Study, The [Future@Work](#) Health Report: Employees and their Workplace, November 2006.

Analysis - Mental Health

The Clinical Research Unit for Anxiety and Depression (CRUFAD) at the University of New South Wales found that 20% of the population has a medium level of psychological distress. We found that in our sample, **36%** of participants had these levels – which indicates the need to encourage the use of self help information and other techniques and resources.

Depression accounts for more than 12 million days of reduced productivity per year in Australia, with serious implications for work safety⁴.

Other issues raised

A number of other issues were raised in the appointment time, these include:

- Sleep disturbance (From shift work) was the most commonly raised concern
- Alcohol abuse was a significant issue for a number of men
- Gambling problems, either personal gambling, or coping with a family member or friend who gambles excessively was also raised on a number of occasions

Feedback

The experience of the men who participated was overwhelmingly positive. Please see the table below.

FOSTERS GROUP	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
For me, the health check was.....	0%	6%	20%	31%	43%
I would tell my friends the health check was.....	0%	4%	19%	37%	40%
The chance that I would do this check each year is.....	2%	8%	17%	26%	47%
What I know about prevention and early detection of disease is.....	0%	14%	34%	38%	14%
I think the way I look after my health is.....	6%	16%	48%	20%	10%
My knowledge about government and community health education services is.....	43%	32%	15%	8%	2%

⁴ Andrews G, Hall W, Teeson M, and Henderson S The Mental Health of Australians. Mental Health Branch, Com Dpt Health and Aged Care, 1999.

Appendix 5: Decades of Life at Victorian Police

Foundation **49** 



V I C T O R I A P O L I C E

Global Health Report

Congratulations to your workplace for investing in the health of your male employe

Contents

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9.....	Mental Health Risk
10.....	Alcohol & Drug Risk
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Executive Summary- Program

Foundation 49

Foundation 49 is a men's health organisation committed to improving the health and wellbeing of 49% of the population of Australia – Men! Foundation 49 is an initiative of Cabrini Health.

Consider

Healthy employees are nearly **3 times** more productive than employees with poor health and unhealthy employees take up to **9 times** more sick leave than their healthy colleagues. Poor employee health and absenteeism are costing Australian business **\$7 billion annually**.

*Medibank Private, 2005

Benefits

By participating in this program, your male employees will have received information about their current state of health and what actions they can take to increase the likelihood of good health and wellbeing into the future. It also provides them with relevant resources so that positive action can be taken to maximise the health impact.

You, the employer, receive this report, which contains information on the global health of the employees who participated in the program. This will highlight the areas of greatest health risk for your male staff, identifying potential target areas for workplace health programs. There is information about where you can find information and resources for accredited workplace programs addressing the different health issues so that your organisation can maximise the effect on your employees health.

Report

The following report summarises the results of the workplace health assessment that was delivered to The Victorian Police Force between November 2007 and March 2008. The information in this report maintains the privacy of all individuals who participated, but also as previously stated, gives a global report on the health of the employees who participated. Health areas summarised include, cardiovascular risk, cancer risk, mental health risk and alcohol/ drug risk. On the final page of this report you will find a list of important websites for men's health that may be useful in finding more health information and resources.

Results

Within the Victoria Police Force, **75** male staff were identified as candidates who would benefit through participation in the *Decades of Life* program. Of this number, **68** completed the assessment representing a **90%** participation rate.

The information in the report is a general health guide and does not take the place of regular medical advice and treatment from a GP. The report does not constitute

personal medical advice, which should take into account an individuals particular circumstances. F49 recommends all men consult a doctor or health professional for a thorough personal examination.

Executive Summary - Findings

Age distribution in 10-year age groups

Age decade	Count	Percent
20	4	5.9
30	21	30.9
40	32	47.1
50	8	11.8
60	2	2.9
Missing information	1	1.5
Total	68	100.0

Overall summary of male employees risk profiles

Measure	Healthy	Unhealthy/At risk
BMI (Body Mass Index)	16%	84%
Blood Pressure	65%	35%
Random Blood Glucose	80%	20%
Diabetic Risk	32%	68%
Cardiovascular Risk	90%	10%
Depression	65%	35%
Erectile Dysfunction Risk	67%	33%
Skin Cancer	55%	45%
Bowel Cancer	50%	50%
Prostate Cancer	25%	75%
Lung Cancer	44%	56%
Alcohol Use Risk	52%	48%

Drug Use Risk	100%	0%
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Cardiovascular Risk

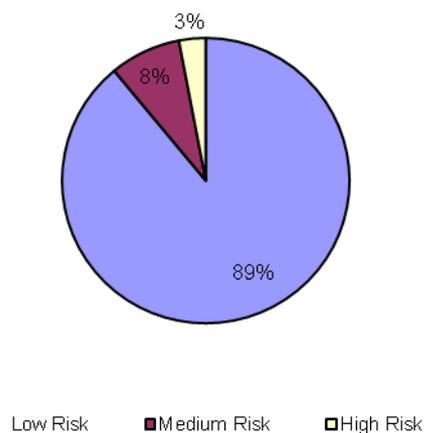
Cardiovascular disease (CVD) is the term used for heart, stroke and blood vessel diseases. Atherosclerosis, a process where fat, cholesterol and other substances are deposited in the arteries, is the greatest contributor to CVD. It is the leading cause of death in Australia, accounting for 34% of all deaths in 2006. Cardiovascular disease kills one Australian nearly every 10 minutes.¹

Of the nine risk factors for cardiovascular disease, six are influenced by workplace environmental factors namely; *physical inactivity, obesity, high blood pressure, high blood cholesterol, diabetes, smoking.*

Having more than one risk factor can magnify the risk of disease and multiple risk factors can accelerate disease progression.

Your Workplace

Cardiovascular Risk



Percentage of Victoria Police employees who were identified as having an increased risk of cardiovascular disease due to combined results of blood pressure, blood cholesterol levels and smoking status.

Points to ponder:

- While the majority of participants were at low cardiac risk, just over 10% were at medium to high risk of heart disease. **(10%)**
- More than four out of five were overweight or obese as determined by BMI measures. **(75%)**
- Just over one third had blood pressure scores on the high-risk range. **(35%)**

Decades of Life - Positively Changing Your Workplace

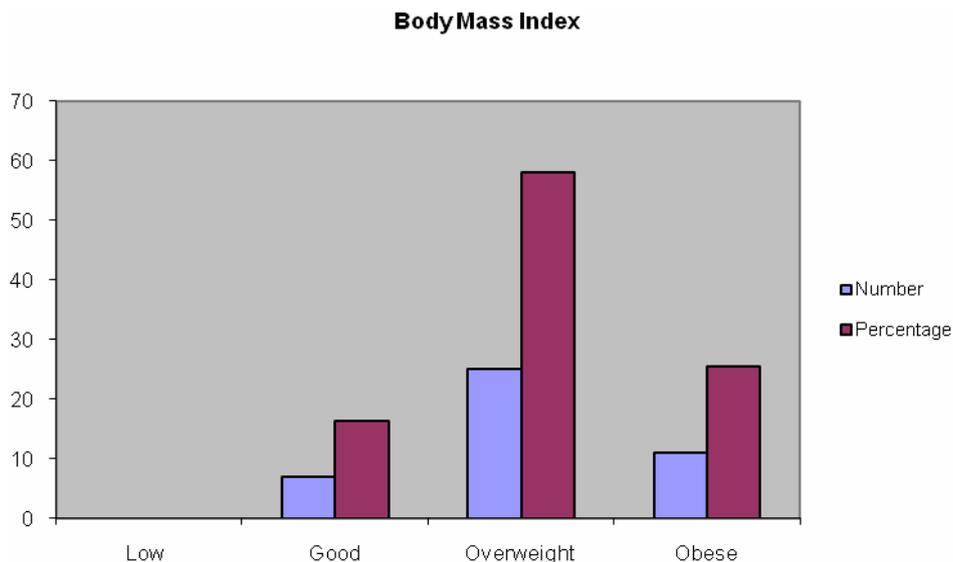
1. Australian Institute of Health and Welfare (2002). Australia's Health 2002. AIHW Cat No AUS25 Canberra: AIHW

Body mass index (BMI)

BMI is calculated using weight and height measurements and has been determined for participants who had height and weight recorded at the clinical assessment. The BMI is the relationship between a person's height and weight, and can indicate if a person is the appropriate weight for their height.

A raised BMI can indicate an increased risk of developing diabetes, cardiovascular disease and some cancers.

Your Workplace



Points to ponder:

- More than four out of five (83.7%) of those who attended the clinical assessment were overweight or obese as calculated using BMI.
- No one had low BMI.
- Obese employees are 17% more likely to be absent from work.¹

1a. 2005-Obesity and workplace absenteeism among older Australians. Canberra: AIHW

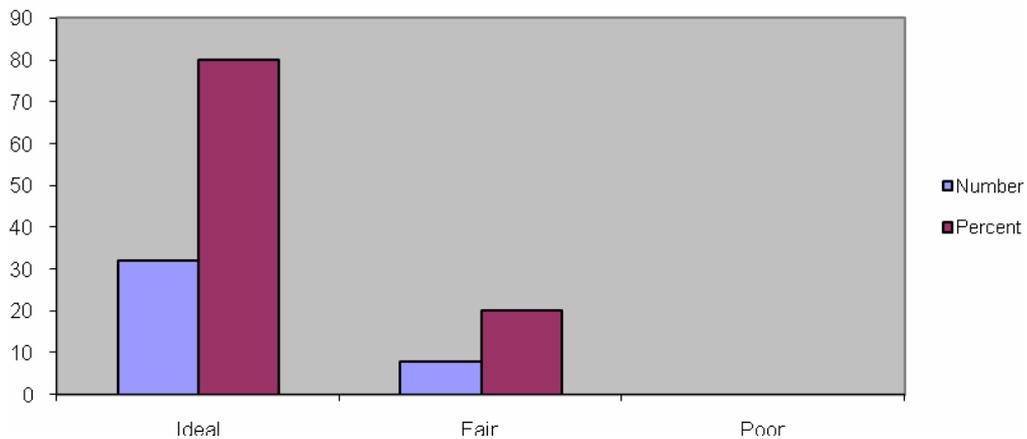
Random Blood Glucose Levels

Random blood glucose levels were determined for men attending the clinical examination.

As a person gets older, high blood sugar levels can develop into diabetes. Diabetes can lead to loss of vision, poor circulation and reduced sexual performance, as well as reduced work productivity. About 75% of diabetics die from cardiovascular disease.

Your Workplace

Random Blood Glucose



Points to ponder:

- Most participants had ideal random blood glucose levels but one in five had levels that may indicate the presence of diabetes or other disorders.

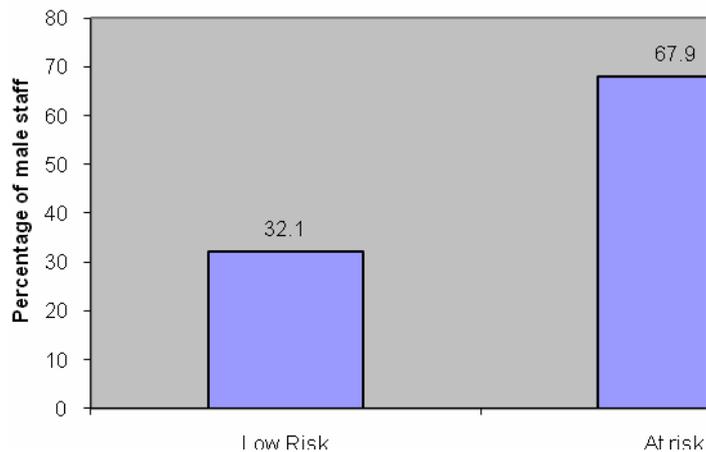
Diabetes Risk

Diabetes scores are determined from risk factors identified by Diabetes Australia, they include age, family history, diet, exercise levels and waist measurement.

On the basis of information supplied about diabetes risk factors, over two-thirds of the participants were at risk of developing diabetes in the future.

Your Workplace

Diabetes Risk



Points to ponder:

- According to the AusDiab study the number of men with Type 2 diabetes has trebled since 1981.
- Diabetes is the worlds fastest growing disease².
- Simple initiatives that can address this health issue for your male employers weight control, healthy eating, physical activity (and screening).

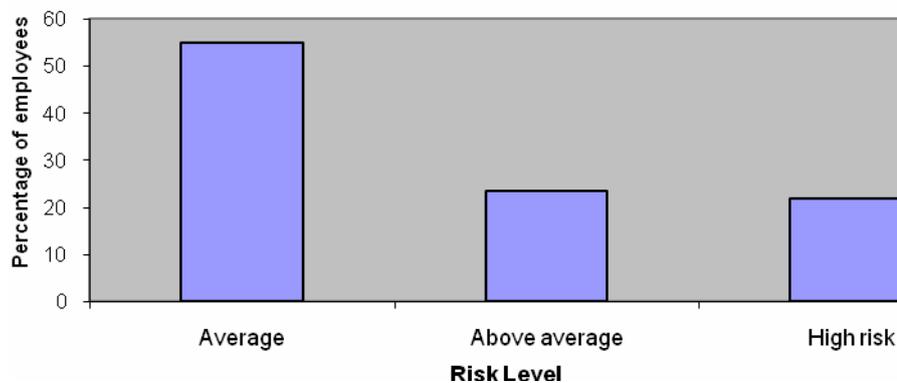
2. Australian Institute of Health and Welfare (2006). Australia's Health 2006. AIHW Cat No AUS73 Canberra: AIHW

Cancer Risk

There are many different cancers affecting males. The causes of most are not entirely known, however it is recognised that both genetic and life style factors play a role. Some of these lifestyle factors include sun exposure, nutrition, weight, exercise, smoking, alcohol intake and exposure to cancer causing agents, accounting for more than 13,000 deaths per year. As an example 1 in 3 males are at risk of developing prostate cancer, 1 in 17 bowel cancer.³

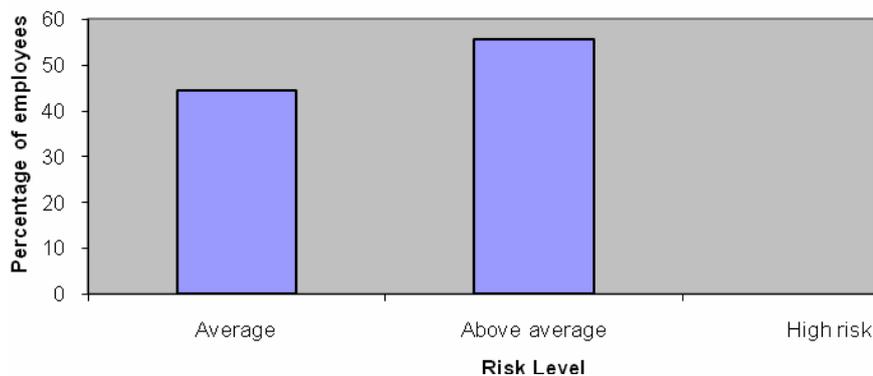
Your Workplace

Skin Cancer Risk



A skin cancer risk score was calculated for all participants based on their responses to questions about screening, complexion and colouring, sun exposure and family and personal history.

Lung Cancer Risk

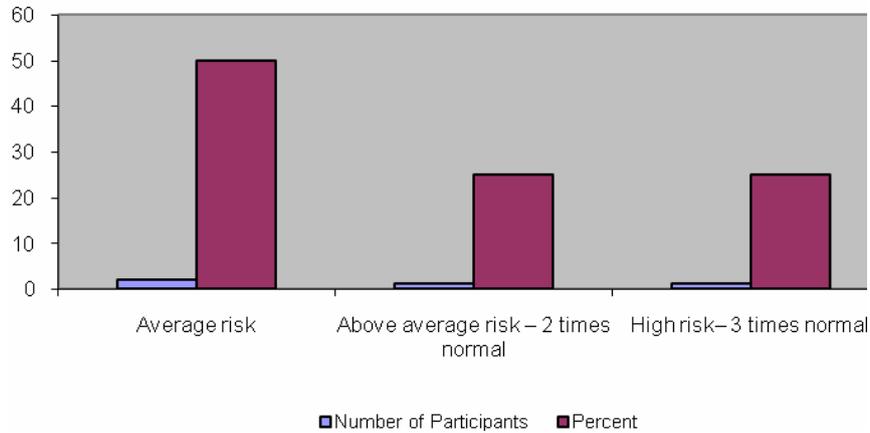


Lung cancer questions were restricted to the 10 participants aged 50 or over and a lung cancer score was calculated for participants aged 50 or over based on age and responses to questions about smoking, chemical exposures, family history and diet.

3. Australian Institute of Health and Welfare and Australasian Association of Cancer Registries, (2003). Cancer in Australia 2000 Canberra: AIHW

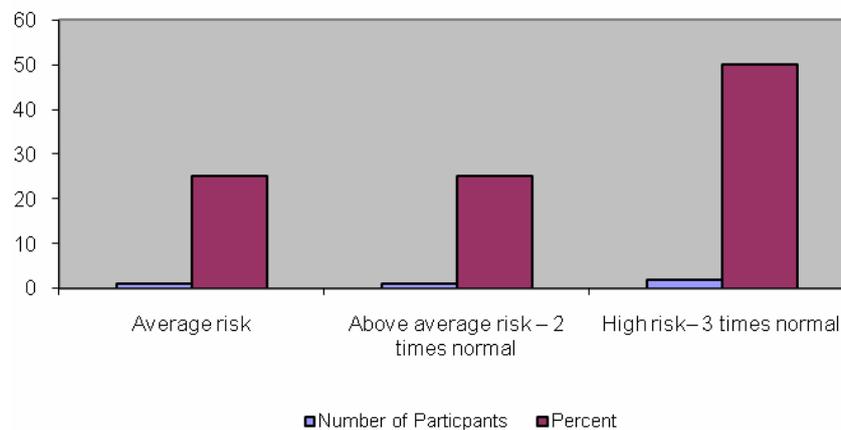
Your Workplace

Bowel Cancer Risk



A bowel cancer risk score was calculated for participants aged 50 or over. The score for bowel cancer risk is derived from their age and responses to questions about screening, physical activity, alcohol consumption, diet, smoking and family history.

Prostate Cancer Risk



A prostate cancer risk score was calculated for participants aged 50 or over based on their age, screening history, physical activity, diet and family history.

Points to ponder:

- 45% of participants had above average or greater risk of skin cancer.
- More than 50% of participants had never smoked and 8.8% were current smokers.
- Two of the four participants with a bowel cancer score were at high risk of bowel cancer.
- Males have a 1 in 25 risk of melanoma, a 1 in 17 risk of bowel cancer and a 1 in 11 risk of suffering prostate cancer.³

3. Australian Institute of Health and Welfare and Australasian Association of Cancer Registries, (2003). Cancer in Australia 2000 Canberra: AIHW

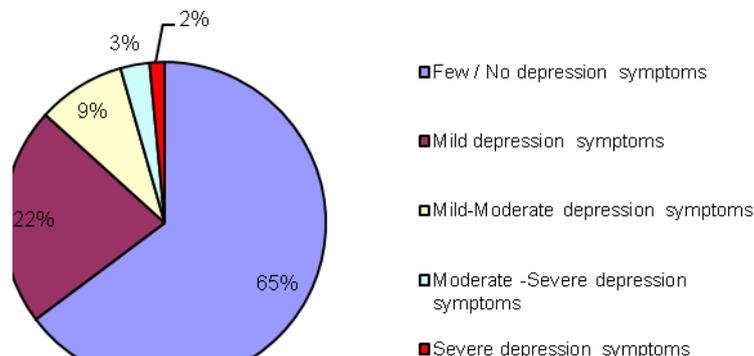
Mental Health Risk

In Australia 5-8% of employees have depression each year and 6 million working days are lost each year due to absenteeism from depression with the economic impact of lost productivity estimated to be approximately \$1.2 billion. Data suggests that full time employees with depression have at least a 40% reduction in performance. Beyondblue estimate that each employee with depression will take three to four days off work per month and cost their employer \$10,000 per year.⁴

The findings of a 2006 Work/Life Balance Study demonstrated that the majority of respondents reported their organisation's positive work life balance strategies had a positive impact on productivity, enabled them to attract and recruit talent and, 51% had reduced turn over.⁵

Your Workplace

Depression Score



Total number of male employees who showed signs of depressive symptoms, mild moderate and severe

Points to ponder:

- Over one third of participants showed some signs of depressive symptoms with almost 5% showing symptoms of moderate to severe or greater depression.
- A recent Australian study reported that improving workers mental health can lead to:⁵

Decades of Life - Positively Changing Your Workplace

- declines of 33% in sick leave
- 65% in work related accidents
- 30% in workers compensation claims
- 40% in lost time
- 50% in grievances
- 74% in time spent on supervisor reprimands

4. Helen, M (2002) Depression in the workplace: Statistics and costs. Retrieved November 10, 2008 from <http://www.wore.qcmhr.uq.edu.au/info/dpression.htm>

5.The work foundation (2004) Employers and work-life balance. Retrieved November 10, 2008 from <http://www.employersforwork-lifebalance.org.uk/work/definition.htm>

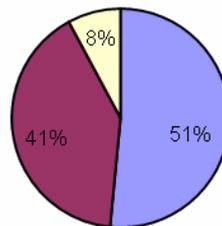
Alcohol & Drug Risk

Substance abuse (drug and alcohol) affects virtually every organ system in the human body and, in high doses, can cause coma and death. Alcoholism in particular, is common, serious, and expensive. Male's account for 70% of alcohol related deaths.⁶

Physicians confront patients who have suffered damage to various body organs such as liver, heart and pancreas or gastrointestinal bleeding due to alcoholism on a daily basis. In addition, suicide and homicide are significant consequences of substance abuse.

Your Workplace

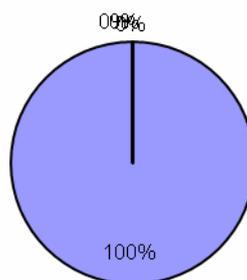
Alcohol Use



Low risk ■ Hazardous drinking ■ Harmful drinking/probable alcohol dependence

Percentage of employees who risk ill health due to excessive alcohol intake

Drug use risk levels



Low level ■ Moderate level ■ Substantial level ■ Severe level

Percentage of employees who risk ill health due to drug use

Points to ponder:

- Almost half the participants indicated drinking at hazardous or harmful levels.
- All participants fell into the low-level risk category for drug use.

6. Chikritzhs, T. (2000) National Health Indicators Project Technical Reports No1. Alcohol caused deaths and hospitalisation in Australia 1990-1997. National Drug Research Institute, Curtin University of Technology, Perth WA, Turning Point Alcohol and Drug Centre Inc Melbourne Vic, June 2002 pg 22

Recommendations

With the results contained in this report you are able to make some positive changes in your workplace and address the health issues facing your male employees.

Below are listed various initiatives that your workplace may consider implementing in relation to some of the identifiable risk factors highlighted in the Decades of Life program. It is by no means an exhaustive list and participation in such programs should not take the place of regular check ups with a general practitioner.

Whilst some of these recommendations are applicable to men only, if adopted into the workplace all staff are likely to benefit.

Physical

- Promote physical activity in every day work duties
- Encourage physical activity during work breaks
- Appoint a health coach
- Onsite exercise classes eg morning aerobics classes, 10 minutes stretching before start of shift
- Pedometer programs
- Allowing longer lunch breaks for recreational/physical activity
- Offering free fruit in canteen, healthy food vending machines
- Providing a relaxed break room with light reading material, couches, relaxing music and indoor plants
- Employee assistance programs, access to psychologists

Education

- Intranet links to resources promoting health programs
- Cooking demonstrations
- Brochures on healthy food options
- Quit smoking seminars etc
- Interactive Health and Lifestyle expos
- All men should be educated to examine their testicles once a month
- Screening information – test for bowel, prostate and skin cancer. Cancer council recommends bowel and prostate every 2 years after 50 years of age and skin checks every year for men with no family history. If family history of cancer then speak to GP regarding frequency of checks

Environment

- Good indoor air quality
- Minimal noise stress

- A degree of occupant control for lighting, airflow and temperature



Feedback Survey – No Name Please!

Congratulations on having a health check, and thank you for filling in this survey.

Your organisation – Victoria Police

Please circle your answer for the following questions.

Number of feedback forms 23
Form a pool of 76 health checks

Do you think it is important to have health checks available at work?

Yes **22** No **1**

How did you find out about this health check?

Posters **11**

Email **18**

Posters and email **3**

A friend / work mate

Have you ever had a Men's Health Check when you were not sick?

Yes **16 (provided at work)** No **7**

Why did you choose to have a health assessment today?

- Offered at work x 2
- Information about health important
- To check my health
- Interested in own health
- Getting older
- Monitor my health
- Convenience
- Make sure my health on track
- Conscious of not having one
- Interested to see how I am travelling
- Curious
- Offered at work and available
- Prompted by email
- To be proactive
- To lose weight
- Understand my current health situation
- Check up
- It's time
- To keep my health in check
- Convenience
- Age – General check up
- I feel it is important to have regular health checks independent of my doctor

Do you intend to follow up this health assessment with a visit to your GP?

Yes 4

No 16

No answer 3

Please mark the following questions with a ✓

	Poor	Fair	Good	Very good	Excellent
For me, the health check was	0	0	3	13	7
I would tell my friends the health check was	0	0	4	12	7
The chance that I would do this check each year is	0	1	8	7	7
What I know about prevention and early detection of disease is....	0	2	10	8	2
I think the way I look after my health is....	2	3	10	7	1
My knowledge about government provided health education services is....	4	11	7	2	0
My knowledge about community health education services is....	4	12	5	2	0

Other comments

- I would prefer complete cholesterol, not just combined
- Thanks, I received vital information regarding cholesterol
- Sorry I was late!
- Everyone should be doing these type of health checks
- Very good
- Excellent friendly and conveys a lot of knowledge

Resources

Workplace Programs

www.beyondblue.org.au

Beyond Blue, national workplace program. See online for more information

www.quit.org.au

QUIT, workplaces, quitting programs for staff. See online for more information

www.49.com.au

Foundation 49, workplace health assessments and useful health information

www.fruitatwork.com.au

Delivering quality fruit to over 2,800 workplaces a week throughout Sydney, Melbourne, Brisbane, Canberra, Adelaide and Perth

www.cancer.org.au

Some cancer councils have workplace programs, check the cancer council in your state phone; 131120

Health Information

www.healthengine.com.au

Search for a doctor in your area.

www.cancervic.org.au

The Cancer Council Victoria, where you can find information on all types of cancer and cancer support services.

www.diabetesaustralia.com.au

Diabetes Australia, where you can find information on diabetes.

www.andrologyaustralia.org

Andrology Australia, where you can find information on male sexual and reproductive health.

www.goforyourlife.vic.gov.au

Go For Your Life, where you can find information on physical activity.

www.heartfoundation.com.au

The Heart Foundation, where you can find information on heart health.

www.prostate.org.au

The Prostate Cancer Foundation of Australia, where you can find information on prostate problems and prostate health.

www.adf.org.au

The Australian Drug Foundation, where you can find information on the prevention of drug use.

www.menslineaus.org.au

Find help for relationship problems and a 24-hour help line to speak to a counsellor

Appendix 6: References

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