

Comparing the Health of Rural Men in Australia and Canada

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ABSTRACT

In May 2001 Bernard Denner the developer of the Man Model of Health Promotion was invited to British Columbia, Canada by Dr David Bowering of the North Okanagan Health Region to develop the Model in their rural Region.

The MAN model is a model of disease prevention and health promotion that seeks to improve and create pathways for men and adolescents to better access the Health Care System.¹

The Model is based on the premise that if men at present do not come to the health services, then men's health programs may need to journey to where men are gathered.

The MAN Model was developed to specifically address this problem of reaching men and getting them to discuss their health concerns in a culturally relevant way. Apart from social and sporting venues, the workplace also represents another significant culturally relevant site for men's health discussions.

This paper discusses the outcomes of the methodology and results of that visit comparing the North Okanagan Health Region and Central Region of Victoria Australia and also compares the similar status of men's health in United States of America

KEYWORDS

rural men, Canada , Australia, men's health, male mortality

BACKGROUND

The MAN Model of Health Promotion developed by Bernard Denner of the Centre for Advancement of Men's Health (CAMH) affiliate of the Men's Awareness Network (MAN), has had a significant impact on the way Health Services deal with the issues of male health in their community. It also creates a behavior change in the way that men address the issue of their health.

The Model encourages men to address their issues of health. This is achieved through marketing health promotion to them where it has the biggest impact, their environment whether it is the pub, the club, the workplace or the paddock.

Such has been the success of the CAMH programs over the last 9 years that over 25,000 men have attended CAMH inspired programs across Australia. Based on this success Bernard was invited to British Columbia, Canada by Dr David Bowering of the North Okanagan Health Region (NOHR), Vernon to develop the MAN Model in their Region. In May 2001 Programs, based around rural Men's Health, Adolescents, Workplace and Doctor Professional Development attracted over 1,070 participants.

Canada has much in common with rural Australia with alike rural economies, similar farming and rural community issues and a very common link with the issues of rural men and their health status. They have similar mortality and hospitalization health statistics, an aboriginal population with markedly deficient health status, and a socialized system of health care that has the same gender inequities in mortality and use of services as does Canada.¹

Cardiovascular disease is the leading cause of death in Australia and in Canada and is responsible (anecdotal evidence for Canada) for the escalating hospitalisation rates and costs in the upper age groups. In 1997 (Australia) 41% of all deaths or 52,461 deaths were

from cardiovascular disease. About 2.8 million Australians or 16% of the population had cardiovascular conditions in 1995². Zimmet and Welborn (2000) study, published in the Herald Sun, reported that Australia faces an epidemic of diabetes, obesity and heart disease. In rural areas heart disease is up to 15-20% higher than for urban men.

Table 1 *Leading Causes of Death in Males (Australian/Canada/USA Comparison)*

Australia³	Canada⁴	USA^{4a}
Heart Disease	Cancer	Heart Disease
Cancer	Heart Disease	Cancer
Accidents	Accidents	Accidents
Suicide	Diabetes	Diabetes
Diabetes	Suicide	Suicide

Table 2 *Mortality difference for men compared to women*

*Comparison Grampians Region (Victoria)⁵ and
North Okanagan Health Region (BC, Canada)⁶*

Cause of Death	Grampians	NOHR
Heart Disease	117%↑	162%↑
Suicide	475%↑	383%↑
All Cancers	121%↑	122%↑

One reason for the higher mortality rate for heart disease, especially in rural men, is not that they have heart disease at a higher rate than their urban counterparts, but the response time to a heart attack.

Emergency Medical Intervention response times to the heart attack victim is not the average 6 minutes as it is in urban areas. More men are saved in urban areas and go on to develop a better lifestyle in order to maintain life. This is a harsh and risky pathway to a

behavioural change for a better health attitude, but it is a reality for men. The harsh reality for rural men is that a heart attack will kill them because the “tyranny of distance” cannot, and will not, guarantee a 6minute response time from a paramedic team or ambulance in most cases. This is the case for rural Victoria and British Columbia regions.

This is also applied to single men of all ages no matter where they be rural or suburban as access to emergency service is reduced by their ‘aloneness’. The health statistics of the three countries in question are an example of the likely outcomes for most Western Cultures.

“If you have a massive MI in North Vancouver you stand a good chance of being seen and appropriately treated by a First Responder Backed up by quick transport to a CCU. The same MI on your farm which is 40 minutes away from town will likely kill you.”¹

METHODOLOGY

The MAN Model set out to develop a pathway for the education and empowerment of males to recognise their risks and then to deal with their health needs preventively rather than reactionary. The model was not designed to reduce the morbidity or mortality rates associated with men's health overnight. The short- term goal is that men will recognise their risks, accept responsibility for their own health outcomes and then seek a means by which to reduce their risk.

Dr David Bowering and NOHR recognised those similar health outcomes for Canadians could be addressed with the MAN Model.

In May 2004 CAMH presented a Paper at the first National Men’s Health Conference for USA in Arlington Washington DC. It is also true to say that Americans are also very interested in developing ways to attract men to recognise their health status.

The method that the MAN Model developed to achieve its results was the education of men through Men's Health Nights, and ongoing Health Sessions, at pubs, clubs, in paddocks and workplaces. The follow up Health Screening Session was a further process that provided evidence of risk factors. Identifying the risk was enough for some men to attend at a GP or Health Service to address the results of the health screening. This demonstration of risk through a best practice risk assessment screening is a valid and good reason to seek medical advice for early intervention. For some who engaged with a Doctor, this was a first with a GP for some time. This engagement could also provide the opportunity for other male issues to be discussed and addressed.

The Model also provided a means by which Health Practitioners had access to a group of men not generally in the health system. It also supported Health Practitioners, Men, General Practitioners (GPs/Doctors) and Allied Health Workers with an opportunity to **Engage** with each other in better circumstances - for better outcomes.

The Model recommends conducting programs for Health Practitioners, which develops new skills in helping them to engage with males better to recognise signs of Early Risk factors. CAMH has developed an approved Royal Australian College of General Practitioners (RACGP) Continuing Professional Development (CPD) sessions for Understanding & Engaging Men for Better Health Outcomes. This program was also conducted successfully with Canadian Doctors.

It is also highly recommended that the workplace, being a significant component of any community, especially rural communities, provides another means by which to address issues of men's health. Workplace safety, workplace stress and the role of relationships in the workplace and access to a wider range of age groups and "status" are provided within a workplace program.

In addition to the general workplace we recognise that local schools also provide an ideal setting in which to address Health issues, especially those of young adolescent males. Our Lifeskills Program for Adolescents provides not only the participants with a greater understanding of risk factors and a means by which to minimise their risks associated with adolescence but to also provide local health workers and GP's with a greater understanding of the needs and risks of their local youth. It identifies and allows them an opportunity to discuss their issues.

RESULTS

The methodology of the Man Model of Health Promotion clearly demonstrates a result that encourages males wherever they are to recognise male health risk and be proactive in accepting responsibility to identify and reduce their risk.

MEN'S HEALTH NIGHTS

Table 3 *Feedback from Men's Health Nights*⁸

Selected Common Men's Health Issues – Australian/Canadian Men

No.	Issue / Australian Men	Issue / Canadian Men
1	Heart Disease	Heart Disease
2	Cancer	Cancer
3	Exercise / Fitness	Exercise / Fitness
4	Cholesterol	Blood Pressure
5	Stress Management	Cholesterol
6	Blood Pressure	Urinary / Bladder

7	Wellbeing	Diabetes
8	Urinary / Bladder	Wellbeing/Depression
9	Retirement	Stress
10	Diabetes	Retirement/Social Activities

Table 5 *Feedback from Men's Health Nights⁹*

% who will attend a Doctor as a result of the Men's Health Night

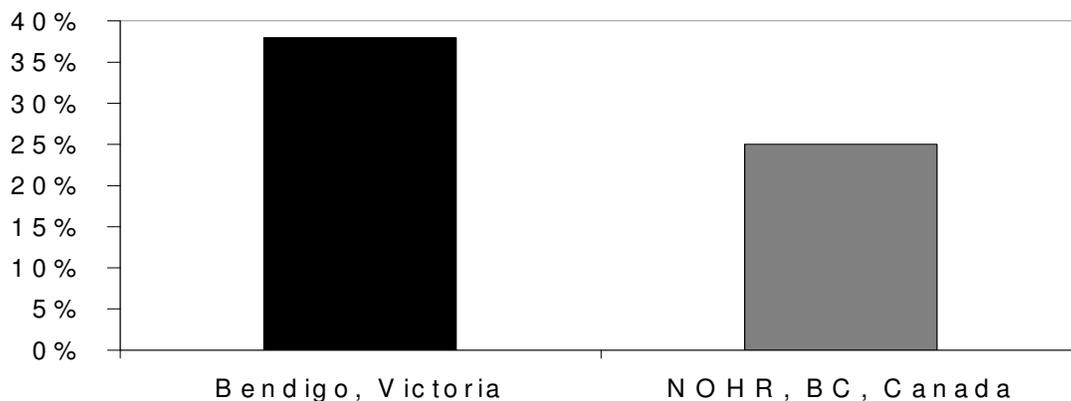
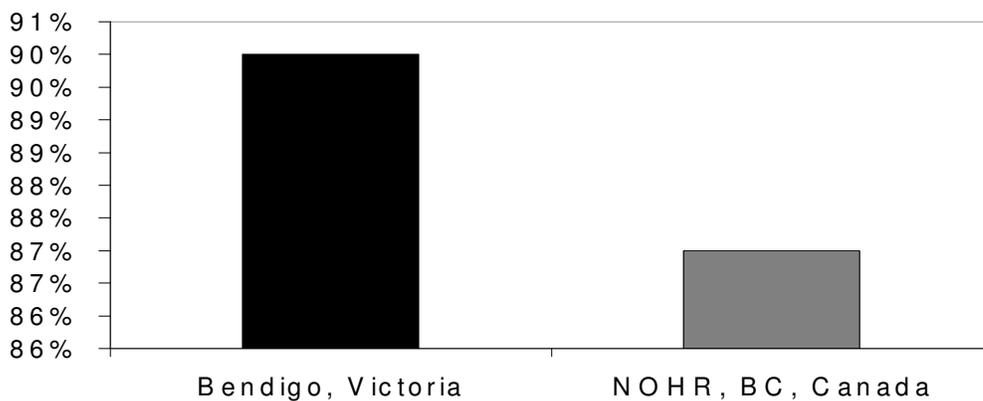


Table 9 *% that felt that the session was valuable in giving them*

a greater understanding of male health⁹ – GP/Doctor Professional Development Program



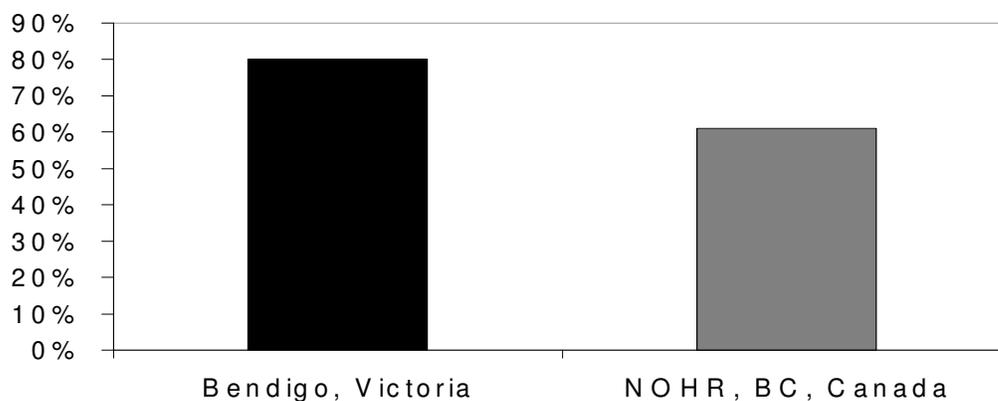
Men's Health Night POST TEST – AUSTRALIA⁷

In 1999, a Follow-Up Questionnaire was formulated and posted to Health Services and communities that had developed Men's Health Nights/Programs in their regions in collaboration with CAMH. These are some of the results:

- 62% noticed an improvement or felt better about their general health.
- 75% reported a greater health awareness
- 53% visited a GP
- 66% had given up or reduced smoking
- The Men's Health Night had also helped respondents give up or reduce fat intake (74%), stress levels (47%) and improved eating habits (75%).
- 81% of believed the night had had an impact on their general health.
- 54% believed the night had had an impact on their family.
- 96% reported that Men's Health Night and Follow-Up Sessions were worthwhile.
- 99% recommend that other communities have a Men's Health Night in their area.

Response HEALTH PROFESSIONALS

Table 8 % who felt that their dealings with men and adolescents will be different due to this session⁹ – GP/Doctor Professional Development Program



DISCUSSION

The MAN Model system of health promotion was instigated in order to create an awareness and knowledge of male health and general wellbeing issues to the wider community and a better understanding of male health for health practitioners. This new knowledge and awareness created for men a better understanding of the pathways through GP's and Health Workers to address their issues.

The pathway that men's health education provides cannot be underestimated. The development of significant Women's Health Promotion and recognition of the value of early intervention screening, for example Breast Cancer, has had a significant impact in the reduction of breast cancer deaths and morbidity. This has only been possible with women HAVING the information and the direction to be proactive in looking after their health. There is also a parallel in the way women have taken charge of pregnancy and the education that has provided them with the ability to decide when and with whom they want to have children. Men need the same information that allows them to make decisions about their health especially when their genetic history leaves them at risk of such 'killers' as Heart Disease Cancers, Prostate Cancer and Mental Health. Like women men need the information so that that can make an informed decision or in most cases just make a decision that will reduce their risk of early mortality. We need to give both men and women the option for them to make a decision about their health and that is only possible if they have the facts.

In the case of males the challenge is , how is the best way to get the message to them. The Men's Health Information Night or Breakfast has provide a valuable tool in the quest to achieving a result for the education of men to the risk factors that impact on the early mortality of males.

Health Professionals have responded well in Australia and Canada to the value of men's health education and promotion and the movement is now very strong in America though the Men's Health Network. Early engagement of men, not currently in the health system, is a positive step towards early intervention, that's what we need to achieve and the MAN Model programs have proved over 10years that this is one way.

At present men's health is still at the stage of identifying how we best approach men. How to inspire their interest in preventative health care, attract their attention to public health programs and generally raise their awareness of the health services and health professionals available for their use.¹¹ Difficulties arise when attracting asymptomatic clients to behaviour change programs. This is especially so in males.¹²

If we are going to assist the cause of Men's Health, it is imperative that we consider 'a broader range of factors, socioeconomic and locational as well as genetic, hereditary and environmental. This might influence states of health, health risk and access to preventative, as well as curative or palliative, health services'.¹³

It is also imperative that all Governments both federal and states adopt policies that provide pathways for the health industry to support their endeavours to improve the health status of males.

CONCLUSION

Male Health is a very important issue. The result of male “unwellness” both physically and mentally affects families, relationships, communities and the workplace, besides the impact on the man himself.

It is important to recognise that men are different and that their needs are different. Recognising that men are different provides Health Practitioners with a greater ability to achieve results for the wider community of men in their endeavours to move forward from those risk factors that at the time impact on their health and wellbeing.

CAMH with communities and health providers has developed a Model that clearly demonstrates that men are interested in their health. It is also clear that Health Practitioners need to engage with men differently, in a way that encourages and supports them to reduce their risk factors.

Australian Men’s Health Programs are well regarded overseas and the adoption of the MAN Model by NOHR, and the International response to the CAMH Website, www.mannet.com.au, is a recognition of how far advanced Men’s Health Programs are in Australia.

Australian Men’s Health has come a long way since the 1st National Men’s Health Conference in Melbourne in 1994, which is a tribute to the men and women who continue to work in developing opportunities for men to address their health with minimum support from governments. The USA Conference in May 2004 will also provide the catalyst for a greater involvement from Government and the health industry to deal with the health issues of men that so impact on the health and wellbeing of all communities around the world.

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REFERENCES

1. Dr David Bowering, (2001) Draft paper, *International Health Promotion Project for Men*
2. Australian Institute of Health and Welfare and Heart Foundation of Australia. (1999). *Heart, stroke and vascular diseases. Australian facts.* Australian Institute of Health and Welfare and National Heart Foundation: Canberra
3. Australian Bureau of Statistics (1999) Causes of Death
4. British Columbia Vital Statistics Agency, Ministry of Health, (1998) *Vital Statistic Annual Report*
4a The Top 5 Male USA Health Risks were part of a Paper presented by CAMH at the National Men's Health Conference Arlington May 2004
5. Department of Human Services (1994) *Measures of Health Status and Health Services in Victoria*
6. British Columbia Vital Statistics Agency, Ministry of Health, originated by Cathy Hull
7. Denner, B & CSM Marketing, (2000), *Men's Health Program, Follow up to Men's Health Nights and Sessions*
8. Denner, B and Neill, J (2001) *Australian Men's Health Program Journey to Canada Poster Presentation, 4th National Men and Boys Health Conference – Sydney*
9. CAMH Findings based on Program Response – Central Victoria and Canada (2000 – 2001).
10. Denner, B & CSM Marketing, (2000), *Lifeskills Program for Adolescents, Adolescents Report*

11. Gibson, M and Denner, B (2000), *Men's Health Report, 2000*
12. Denner, B and Kennedy, C (2000), *Final Report, Heart of the Grampians, Cardiovascular Disease Prevention Program*
13. Geddes E, Bott R and Burgan B (1993) *The Impact of Socio-Economic and Locational Disadvantage on Health Outcomes and Cost*, Report 10, Social Justice Research Program into Locational Disadvantage, Department of Health, Housing, Local Government and Community Services, Commonwealth Government Printer, Canberra.