

**SUBMISSION TO**

**Senate Select Committee**  
**on Men's Health on**  
**behalf of**

**Bendigo Community Health Services**

**PO Box 1121**  
**Bendigo Central, Vic 3552**

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## BACKGROUND

### Senate Select Committee on Men's Health - information about the inquiry.

The Senate has established a Select Committee on Men's Health to inquire into general issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to:

1. Level of Commonwealth, State and other funding addressing men's health, particularly prostate cancer, testicular cancer and depression.
2. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community.
3. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general; and
4. The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

The committee is to report by **30 May 2009**.

Submissions are due by **27 February 2009** and may be emailed to [menshealth.sen@aph.gov.au](mailto:menshealth.sen@aph.gov.au).

For further information see [www.aph.gov.au/Senate/menshealth\\_cte/index.htm](http://www.aph.gov.au/Senate/menshealth_cte/index.htm) or

Phone (02) 6277 3559.

#### For further information, contact:

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### Submission to Senate Select Committee on Men's Health on behalf of Bendigo Community Health Services

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## INTRODUCTION

Bendigo Community Health Services (BCHS) have developed a successful model of practice that enables rural men to obtain and sustain a higher standard of health. The model has been developed over the past seven years and has grown from clinical evaluation, community consultation and consideration of other men's health models of practice. It is an exciting time at present as men's health gains notoriety and acceptance as an important entity in its own right. Our intention with this submission is to share our model of practice with others with an aim of promoting a sustainable men's health network for Australia. The following information will detail our model of practice, provide examples of resources used to promote men's health and provide evidence of best practice through evaluation of our existing services.

### **Men's Health – creating a positive environment for men**

Much is known about the medical aspects of men's health, and research for example into prostate cancer, erectile dysfunction, androgen deficiency and depression. However clinical developments and new treatments are ineffective if health systems fail to acknowledge the importance of men engaging with health professionals. Men need to be supported to participate in positive health practices and to access health services that operate in a male friendly manner.

The development and implementation of a community health based men's health program in the regional city of Bendigo in central Victoria provides a valuable insight into the needs of men, and supports gender specific priorities. The model was developed by Bendigo Community Health Services using a triangulated approach to bring together community health promotion and workplace health promotion initiatives tailored to the needs of men, and support the establishment and ongoing needs of a male friendly health clinic.

Service delivery has focused on preventative health practices in a rural setting that take account of engagement strategies that are sensitive to men's need for timeliness access to care, be it at the local sale yards, or on site at the Men's Health Clinic. The recent endorsement of a Men's Health Nurse Practitioner within the men's health program has greatly increased the reach and scope of health care for men within the community, particularly in the areas of work place health promotion and rural outreach.

The BCHS Men's Health program has received a great deal of positive feedback. The growing number of male participants who access services through the program evidences that many aspects of the model align with, and respond to the needs of the majority of men in this rural region. With the current heightened awareness about men's health throughout the nation there is an inherent need and demand for men's health workers, including nurses, who have an interest in this area.

## BACKGROUND TO THE INITIATIVE

### **Men's Health: "Good times, good tucker and some health promotion on the side" Establishing a Rural Men's Health Promotion Model"**

In 2000-2001, Bendigo Community Health Services developed a focus on men's health in response to morbidity and mortality statistics that identified the poor health status of rural and regional males. In early 2001, a Victorian Department of Human Services report highlighted that 'men, particularly men living in rural environments, have a poorer health status than women. In every age group from birth to old age, men's life expectancy is considerably less than women's and the trend is not improving (Department of Human Services, 2001)'. Partially, the nature of men in rural and regional communities is to avoid health care services, with the stoic nature of rural and regional men well documented. Men's health was identified as a key priority within Bendigo Community Health's strategic plan and it was clearly evident that to implement the plan successfully, engagement with men and the development of strong partnerships would be a major imperative.

### **Project Aims:**

The overall aims generated from the strategic planning process were to:

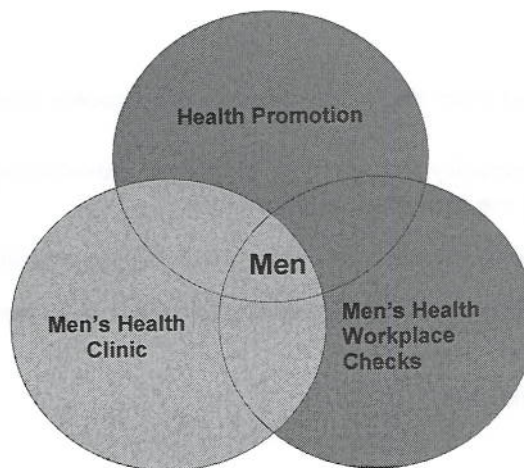
- ◆ Establish a strong community partnership aimed at developing a model that was sustainable and focused on supporting the health of regional men
- ◆ Raise awareness of men's health issues amongst a broad population group
- ◆ Establish a model to engage men in health promoting activities and improve access to men's health services
- ◆ Establish a men's health clinic.

## DEVELOPING A MEN'S HEALTH STRATEGY

In formulating an operational plan for the strategic direction of men's health, it was evident that there were few published studies to guide the development of a model. While the WHO provided some direction, Bendigo Community Health's development of the men's health strategy was driven by community action, engagement, trust, partnerships and access.

It was clearly evident that in order to engage men, more traditional approaches to service delivery, such as acute or general practice based initiatives, in isolation, would not be successful. The need to develop a grass roots approach to men's health, firmly based in the community, and driven by men, would be a key part of empowering men, engaging them and encouraging them to take ownership of any initiatives. Over the last seven years a dynamic collaboration has evolved that began with six men in a coffee shop, and a health promotion booth in a shopping mall. Underpinning the whole process has been the connection with men in the community in a manner that encouraged two-way communication and valued their input.

**Figure one: BCCHS Rural Men's Health Promotion model.**



## **The Development of Men's Health Week**

The early stages of the men's health initiative were established through community engagement, and this engagement remains a central focus. In the beginning, an initial mail out of letters to community based organisations seeking expressions of interest resulted in overwhelming support. A working group was formed and the program began and has grown into an annual week long community event that engages thousands of men [and their partners]. The Men's Health Week project has been supported by a strong working group, with assistance and support from Bendigo Community Health and community based organisations, particularly the local Rotary Clubs. Underpinning the development of the week has been the philosophy that many men won't attend health services but they will come out for socially entertaining functions, good food and high profile speakers who deliver health promoting messages.

From its inception, Men's Health Week has been a finely tuned balance of entertainment and health promotion. The underlying message has always been about improving men's health, with a "WHO CAN? MEN CAN!" branding designed to take the notion of partnership from rhetoric to reality. The week has developed and now includes men's breakfasts with male icons as keynote presenters, men's health nights, targeted theatrical performances, challenging hypothetical's and individual health assessments. Media partnerships have ensured that extensive promotion of activities has been achieved through radio, television and print. The broad membership of the working party enables a diverse network and participation that enhances promotion of men's health and engagement of men in a manner which supports them to access health services. Word of mouth between men has seen the initiative grow to be one of the most significant weeks on Bendigo's calendar.

## **Engaging Men with Nowhere to Go**

The early success of the Men's Health initiative created a major challenge for Bendigo Community Health. Men were engaged and interested in their health but accessible, supportive men's health services were not available to meet the demands. In 2002, a Men's Health Community Health Nurse was appointed, with a Men's Health and Wellbeing Clinic established soon after. Peter, the Men's Health Nurse was strongly supported by a community based General Practitioner who was equally committed to working with rural men around their health issues.

While the Men's Health and Wellbeing Clinic continued, the philosophy of true partnerships with men, and engaging with them in the community, saw the parallel development of community based health promotion including the introduction of a comprehensive health assessment program tailored specifically to rural men's needs. The program took a "settings approach" and extended into workplaces, sporting clubs and isolated towns/areas (large manufacturing/factory organisations, sale yards). Peter described the approach as wanting to reach the 'male dominated but disempowered work populations; not always the worried well'. It sought to engage with men and respond to their needs in their own environment be it the workplace or leisure in a manner that was congruent with their need for timely access.

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The outreach service has been developed into a Workplace Health Promotion Program consisting of group presentations to provide general health information and confidential, forty minute, one on one consultation with the Men's Health Nurse Practitioner enabling discussion, opportunistic screening, detection and prevention, lifestyle intervention and education. In follow up sessions, information and copies of results are provided to clients who are encouraged to visit their own GPs if required. Organisations have embraced the concept and reported enhanced workplace performance, less absenteeism and greater productivity.

### **The Establishment of the Nurse Practitioner Role**

In 2004, Bendigo Community Health applied and was successful in gaining funding under the Department of Human Services Victoria Nurse Practitioner pilot initiatives. A Nurse Practitioner reference group was established with Bendigo Community Health Services, La Trobe University, Community Pharmacy and General Practitioner representation. Practice guidelines have been developed and processes refined, reflecting the evaluation of the services by men.

In 2007 Peter, our Men's Health CHN gained endorsement as Australia's first Men's Health Nurse Practitioner. The Men's Health Clinic led by our Men's Health Nurse Practitioner in conjunction with our resident male GP operates weekly in the evening to ensure it is easily accessed by working men. The consultations comprise a 45 minute appointment, with a comprehensive health check and subsequent follow up. The sessions focus on risk factor identification with the aim of reducing risk factors through lifestyle modification. Evaluation findings indicate that the greater percentage of men who have attended the clinic disclosed they have not accessed services for over five to ten years.

### **What has happened?**

While the range of initiatives are now lead by a Men's Health Nurse Practitioner the men's health strategy has not been dependent on this achievement. In 2002 the Men's Health Working party was formed with 21 initial members who have been ongoing to this date – in itself a great indicator of the strength and success of this community partnership. They have been the drivers of the annual Men's Health Week program which started with one small stall to a program that now attracts attendance of over 2000 men to a range of events and health focused activities, and is acknowledged nationally as "outstanding" and "unique." The Men's Health Clinic has proven to be extremely successful with the number of men attending increasing significantly, with the challenge now being managing the demand. It is also a challenge to fund this clinic, given Nurse Practitioners continue to be unfunded, and unable to attract a Medicare rebate for their services. Men's Workplace Health assessments are in high demand with an increasing number of requests from a range of industries and workplace settings. Our evaluations consistently demonstrate a high level of satisfaction, and findings suggest a significantly high uptake of life style modification programs, and ultimately better health outcomes for men within our communities.



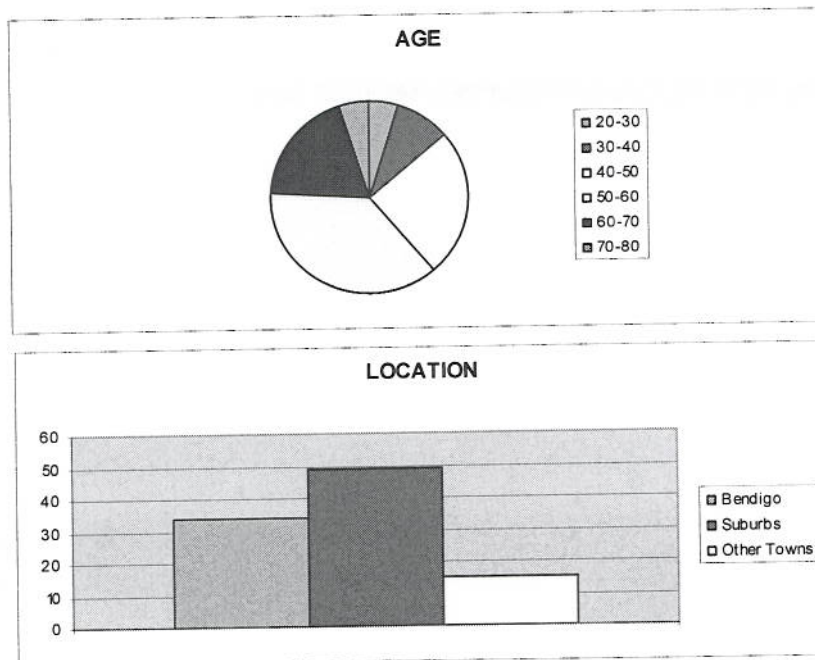
## MEN'S HEALTH WEEK REPORT 2008

<http://www.bchs.com.au/ServicesOffered/NewsLinks/Local/index.aspx>

# MEN'S HEALTH CLINIC EVALUATION

## RURAL MEN'S HEALTH NURSE PRACTITIONER

This report details a retrospective case study of 100 clients who attended the Men's Health Clinic at Bendigo Community Health Services 2005-2006. The analysis was designed to evaluate the effectiveness of the Men's Health Clinic Model, the process of follow-up with clients and eventual outcomes.



The Initial Reason For Consultation  
(As Total Number)

Annual check up	59
Review check up	23
STI check up	8
Arthritis	6
Skin Cancer check	6
Erectile Dysfunction	5
Depression	3
Chest pain	4
Alcohol related	2
Other	7
<b>Total</b>	<b>123</b>

Each client was asked when they had their last “complete” health check up. Complete was defined as assessment of the majority of risk factors identified in the Men’s Health Assessment Form.

LAST REPORTED FULL CHECK UP

1 Year	21%
2 Years	18%
3 Years	8%
5 Years	5%
8 Years	4%
Greater than 10 years (including never)	44%

50% of the 100 case studies were audited by the Men’s Health General Practitioner to determine if the appropriate process had been followed.

This included retrospective analysis of:

- ◆ Diagnostics ordered
- ◆ Appropriate recommendation of medicines, including dose, allergies, patient instruction, etc and follow-up
- ◆ Recommendation for referral (see flow chart).

In consultation with the Nurse Practitioner candidate and in accordance with the Rural Men’s Health Nurse Practitioner Clinical Practice Guideline 2005 the results showed that the Nurse Practitioner candidate followed all protocols and made the appropriate decision 100% of the time.

OUR PROCESS FOR THE MEN'S HEALTH CLINIC

1. NURSE PRACTITIONER → SINGLE CONSULTATION  
NO FURTHER ACTION

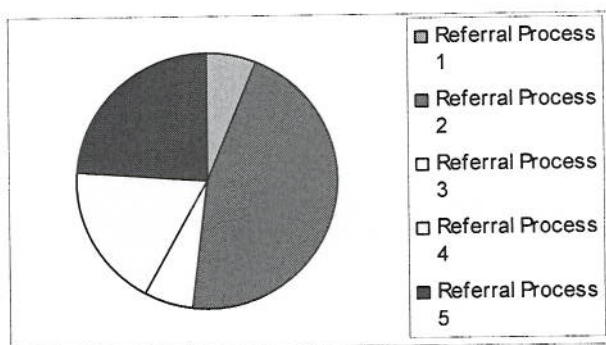
2. NURSE PRACTITIONER → REVIEW BY NURSE PRACTITIONER → CONSULTATION  
PROCESS COMPLETE

3. NURSE PRACTITIONER → REFERRAL AFTER TRIAGE

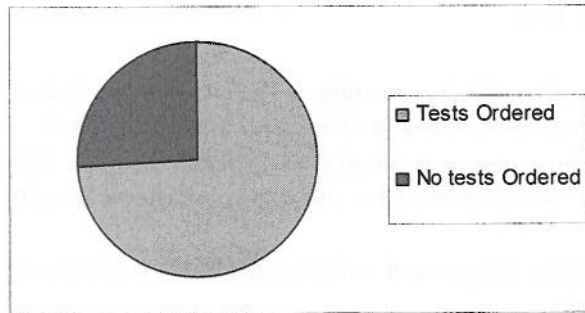
4. NURSE PRACTITIONER → REVIEW BY NURSE PRACTITIONER → REFERRAL

5. NURSE PRACTITIONER → SHARED CARE REVIEW BY NURSE PRACTITIONER → CONSULTATION PROCESS COMPLETE  
REFERRAL

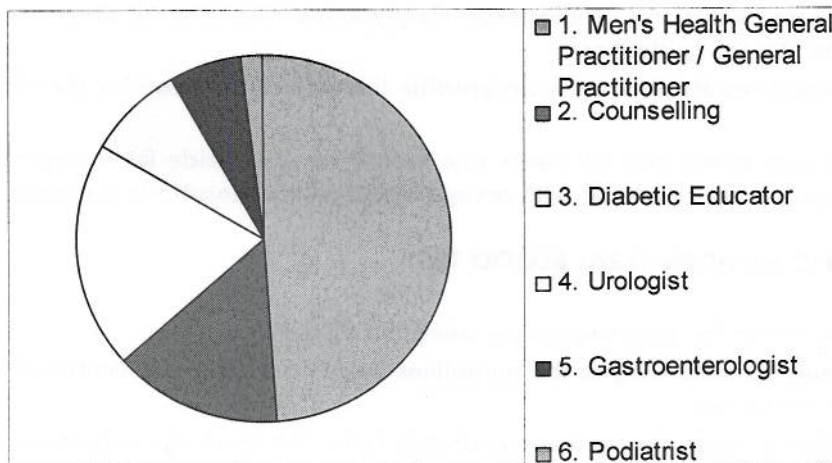
REFERRAL FOR PARTIAL CARE TO GP / CONSULTANT



Total number of diagnostics ordered by Nurse Practitioner candidate:  
74% clients were ordered one or more diagnostic tests.



Referral Distribution Data: Referral by the Nurse Practitioner to:



## OUTCOMES

### DIAGNOSTICS

#### FASTING GLUCOSE BLOOD TEST

- ◆ 67% of clients were tested for Diabetes using a fasting glucose blood test. Only those clients that had one or more recognised risk factors for Diabetes were screened.
- ◆ 12 clients recorded readings above 5.5mmol (Pre-diabetic range). Using the Secondary Oral glucose tolerance test as recommended for this group of clients specific categories for diabetes were determined.
- ◆ 14.9% of clients tested were diagnosed with pre diabetes or diabetes. All were referred to a GP and Diabetic Educator.

#### FASTING LIPID PROFILE & BLOOD TEST

- ◆ 69 Clients were tested for Total cholesterol - Triglycerids HDL/LDL. All clients were selected according to the clinical guidelines.
- ◆ 39 clients recorded results above the acceptable limits as determined by the National Heart Foundation.
- ◆ The guidelines recommend that all clients who record results outside the acceptable limits be given dietary and exercise advice with review blood tests repeated in 3 months.

#### PROSTATE SPECIFIC ANTIGEN (PSA) BLOOD TEST

- ◆ 48 clients were tested for prostate cancer using the PSA blood test.
- ◆ Clients were selected according to the guidelines and informed of the limitation of the test before they consented to the test.
- ◆ 4 clients recorded a result above the acceptable limits. >4 (and age adjusted). All were referred to a Urologist and are all being treated using "watchful waiting" at this stage.
- ◆ 1 client who was in the 40-50 age bracket with a positive family history was considered to be close to the cut off limit and was also referred.
- ◆ 10.4% of clients tested were referred for specialist care.

#### **LIVER FUNCTION TEST**

- ◆ 9 clients had a liver function test based on the AUDIT scale of evaluation. 5 clients recorded an abnormal liver function and were referred to a specialist and or alcohol counsellor.

#### **FULL BLOOD EXAMINATION**

- ◆ 9 Clients were tested using full blood examination as a determination for alcohol misuse. No abnormalities were detected.

#### **TESTOSTERONE ANALYSIS**

- ◆ 2 Clients had Testosterone levels tested according to the guidelines association with erectile dysfunction.
- ◆ 2 Clients recorded low testosterone levels and were referred to the Men's Health GP.

#### **FAECAL OCCULT BLOOD TEST (FOBT)**

- ◆ 9 Clients were tested for FOB, 2 clients were found to be positive on one or more tests.
- ◆ Colonoscopies were performed for both clients and no abnormalities were detected.
- ◆ Please note FOB testing was introduced later in this sampling group. As a result only 9 were tested, this data therefore does not reflect an accurate analysis of the 100 man case study.

#### **SEXUALLY TRANSMISSIBLE INFECTIONS (STI's)**

- ◆ 7 Clients were tested for STI's using the appropriate tests according to assessed risk factors.
- ◆ 2 Clients recorded positive results and were treated for their infection.

## Men's Health Resources

Who can?

# Men can!

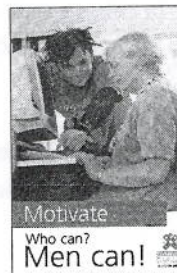
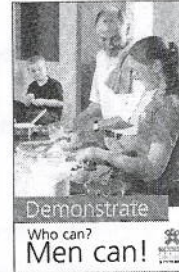
## Men's Health Posters

This 6 poster set is designed to promote men's health by showing positive and diverse images of men's behaviour.



**COMMUNITY  
HEALTH**  
Partnership. Healthy. Communities.

Ideal for health services, workplaces and community organisations. Purchase a set now by completing the order form, calling (03) 54 300 500 or email [bchs@bchs.com.au](mailto:bchs@bchs.com.au)



### Who can? Men can! Men's Health Posters

Set of six  
posters only  
Poster size:  
630mm x 400mm

**\$39.00**  
(+GST)

(Price includes postage and handling)

#### ORDER FORM/TAX INVOICE

I wish to purchase  sets of the poster series "Who can? Men can!".

Enclosed is my cheque/money order in the sum of:

\$

at \$42.90 (being \$39.00 + \$3.90 GST).

Please forward the posters to:

Name:

Organisation:

Address:

State:  Postcode:

To: **Bendigo Community Health Services Inc.**  
PO Box 169, Eaglehawk Vic 3556  
ABN 76 026 154 988



July 2007

## Who Can?

### Mens' Health Resource Guide



Printing proudly sponsored by  
Loddon Mallee Housing Services Ltd.  
Design by Bendigo Community Health Services Inc.



**Men can!**

#### Mens' Health Information & Referral

Aboriginal Health Liaison Worker (BHCG)	5454 7131
Alcohol & Drugs (Direct line) 24 hr	1800 888 286
Bendigo & District Aboriginal Co-op	5442 2847
Centacare - Loddon Mallee Regional Parenting Service	5443 9577
Department of Human Services	5434 5565 or 5430 2333
Legal Aid	5441 1156
Lifeline Suicide Helpline	1300 651 251
Lifeline	131 114
Loddon Mallee Housing Services (LMHS)	5442 4288
Loddon Mallee Women's Health	5443 0233
Male Assistance Network	5444 0110 or 5447 9331
Men's Referral Service	9428 2889 & 1800 065 973
Mensline	1300 789 878
Parents Counselling Line	132 280
Telephone Interpreter Service	131 450
Workcover Conciliation Service	1800 635 960
WorkSafe Victoria (Bendigo)	5443 8866

Community Services

#### General Health Services/Health Information

<b>Bendigo Community Health Services (BCHS)</b>	
Bendigo Site (Hargreaves Street)	5448 1600
Eaglehawk Site (Men's Health)	5434 4300
Eaglehawk Site (Medical Practice)	5434 4300
Kangaroo Flat (A&D Services)	5430 0500
<b>Bendigo Health Care Group (BHCG)</b>	
Anne Coulle Centre	5454 6000
Bendigo Hospital	5454 6000
Alexander Bayne Centre	5454 7646
Beyond Blue	9810 6100
Carer's Information Line (Care Line)	1800 242 636
Community Palliative Care Services	5454 8077
Division of Psychiatry	1300 363 786 or 5440 6500 (B4)
Eating Disorders Foundation of Victoria	9865 0318
Post Acute Care Program	5454 9099
St John of God Hospital	5434 3434
The Cancer Council - Victoria Help Line	131 120

Community Services

#### Immediate Telephone Counselling

Alcohol & Drugs (Direct line) 24 hr	1800 888 230
Centre Against Sexual Assault - CASA	
<i>(Male Counsellor/Advocate available on request)</i>	
Bendigo 9.00am - 5.00pm	5441 0430
After Hours 5.30pm - 9.00am	1800 806 292
Cancer Information & Support Service (Mon-Fri)	131 120
Care Ring (Crisis Line)	136 169
Crime Victims Assistance Program (BVCS)	1800 820 542
Gamblers Helpline 24 hr	1800 156 789
Griff Line (12 noon - 12.00pm)	9566 7799
Hearing Impaired (TTY)	133 677
Lifeline - 24 hr service	131 114
Mental Illness Fellowship of Victoria Mon-Fri 9a-5.30p	9482 4189

Community Services

#### Counselling Services

Centacare	5443 9577
Child & Adolescent Mental Health Service	5440 6506
Direct Line (Drug & Alcohol)	1800 888 236
Personal, A & D & Problem Gambling (BVCS)	5430 0500
Reconnection (Anxiety & Tranquiliser Dependency)	9866 0265
St Lukes Family Counselling	5440 1100
Veterans & Vet. Family Counselling Service (VVCSS)	1800 011 046

Community Services

#### Sexual Health & Referral

Aidline	9347 6099 & 1800 133 392
Country AIDS Network	5443 8198
Family Planning (BVCS)	5434 4300
Gay & Lesbian Switchboard	1800 184 527
Masculine Sexual Health	9347 0244
VicAIDS & Gay Men's Health Care	9865 6700

Community Services

#### Accommodation & Housing

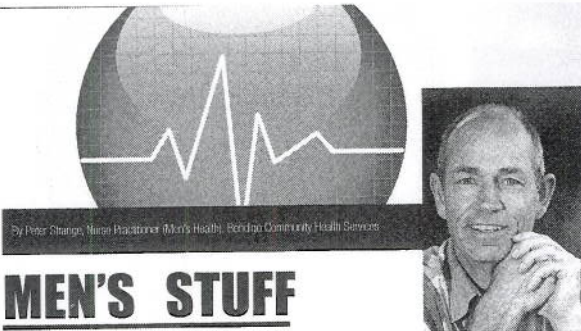
Consumer & Tenancy Advisory Service	5440 1100 or 1300 626 617
Department of Human Services (Office of Housing)	5434 5555
Loddon Mallee Housing Services (LMHS)	5442 4288
Mitchell Community Housing Services	5444 4486
Public Tenants Advice and Referral Service	5444 4364
St Lukes - Youth Accommodation Service	5440 1100

Community Services

#### Family Support/Parenting

Al Anon Family Group Helpline	9642 3330
Centacare - Loddon Mallee Regional Parenting Service	5443 9577
Conciliation/Parent Plans	5440 9577
Child & Adolescent Mental Health Service	5440 6506
Child Protection Services	1800 675 598
Child Protection Services	1800 675 598
Community Parenting Program (BHCG)	5454 7285

Community Services



By Peter Strange, Nurse Practitioner (Men's Health), Bendigo Community Health Services

# MEN'S STUFF

Working towards better health for men



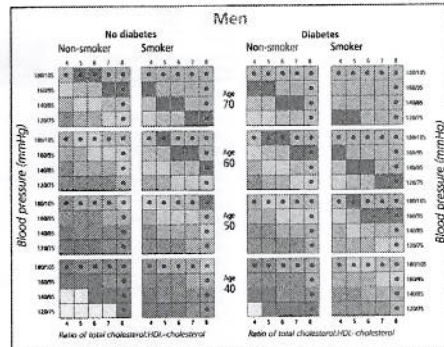
Diabetes risks are Australia's main cause of cardiovascular disease and it's one of Australia's major health problems. (Australian Heart Foundation). There's enough statistics to depress you.

There has been a lot of publicity about the risk factors for cardiovascular disease and it's easy to feel overwhelmed or afraid of them. Let's break them down into sections. Most modifiable risk factors still fit into one of the usual and modifiable risk factors (this is the stuff we can all work on). Not to stress men's health - now? The 3 main modifiable risk factors we're talking about are: you've got a higher family history of cardiovascular disease and/or increasing age. Research indicates that lifestyle has some protective potential against cardiovascular disease in comparison to many other risk factors. Even though a family history is non-modifiable, a modifiable risk factor there is one thing we can do about it and that's find out about it. If you don't know about your family history, please find out about it and that it would be a good idea to tell you GP later.

OK, let's list the modifiable risk factors for cardiovascular disease: Smoking, inactivity, alcohol, irregular lifestyle, being overweight, high cholesterol, high blood pressure and diabetes. You may know about these and I'm not going to get into detail on each one because you know what to do but: Physical activity for cardiovascular fitness requires 30 minutes of moderate level intensity 5 days most days of the week, 100-150 minutes a week. If you want to lose weight or increase muscle mass you may need to increase it to 60-90 minutes. When you're not doing it, this is where you can lose out of it and put on a small bit of weight so when you can't talk but not stop with exercising, you will need to use your respiratory rate and heart rate to the moderate level and maintain it there for a least 10 minutes at a time, start slowly, then push to a higher exercise. Find an exercise that you can do almost a regular time and for yourself, this is how you take, work it down in your own and don't give it up for anyone. With regard to cholesterol, blood

When it starts? I have been asked to write some articles for the *Archie Magazine* regarding men's health. It was fortunate enough to see about men's health at the National Stroke and Emergency Conference in Ballarat, Victoria in December 2008. I was glad to see that the book is coming out and men appreciate the risk and health approach to improve men's health issues. So I will try to write these articles with the same intent, to highlight the important points and help them in a simple and practical way.

I have chosen to talk about cardiovascular disease in the first issue as this disease still causes the highest rates of morbidity and mortality in men. Cardiovascular disease (CVD) is a term used for heart, blood and blood vessel diseases. It is the leading cause of death in Australia, accounting for 34% of all deaths in Australia in 2006. Cardiovascular



### Absolute 5-year CV risk (fatal and non-fatal)

Very high	> 30%
	25-30%
	20-25%
High	15-20%
Moderate	10-15%
	5-10%
Mild	2.5-5%
	< 2.5%

pressure and diabetes for things you should or know what your numbers are.

If you expect your body to tell you when things are in the fat out of order, then you also recognise. A pain when you feel but doesn't usually give you notice until it's late. An exercise or change doesn't usually cause your engine to stop and you can't feel it's not right, you know when you need to stop. If you don't

check things at all or when check things then don't be surprised if you check a doctor or well. And that can be risky.

So if you're a smoker it's up to you, your doctor or doctor on the borderline or your doctor's advice is in the doctor's hands, it's not your own - just always! Symptoms may not appear for months or years but they will be doing you damage.

Men don't have as good a sense of touch as women when they check their own health. They are more likely to be in a regular program or to know what their health is. Men are usually in their own programs, used for medical check-ups they don't go when they think they're fine. But when they go when they go, you've got to be something wrong? How do you know if you've got a medical check-up?

One of the things about the factors that have a significant impact on your health is that they are not all the same. Some are more important than others. The 3 big ones are: smoking, diabetes, cholesterol, and high blood pressure. Even if they are only moderately raised, they are still a risk. The New Zealand Cardiovascular Risk Calculator and calculator for absolute 5-year cardiovascular risk. It takes into account your cholesterol, blood pressure, age, and whether you're a smoker and a product of age and risk. It will tell you how likely you are to have a heart attack or stroke. The calculator is available at <http://www.nzcc.org.nz>. It's a good idea to use it to see how your health is. It's a good idea to use it to see how your health is. It's a good idea to use it to see how your health is.

So the important things to remember are: know your numbers, have a check-up and reduce the number of risk factors if possible.

In the next edition I would like to discuss the health issues that are most important to you. It will have a number 1 and 2 and 3 and 4 and 5 and 6 and 7 and 8 and 9 and 10 and 11 and 12 and 13 and 14 and 15 and 16 and 17 and 18 and 19 and 20 and 21 and 22 and 23 and 24 and 25 and 26 and 27 and 28 and 29 and 30 and 31 and 32 and 33 and 34 and 35 and 36 and 37 and 38 and 39 and 40 and 41 and 42 and 43 and 44 and 45 and 46 and 47 and 48 and 49 and 50 and 51 and 52 and 53 and 54 and 55 and 56 and 57 and 58 and 59 and 60 and 61 and 62 and 63 and 64 and 65 and 66 and 67 and 68 and 69 and 70 and 71 and 72 and 73 and 74 and 75 and 76 and 77 and 78 and 79 and 80 and 81 and 82 and 83 and 84 and 85 and 86 and 87 and 88 and 89 and 90 and 91 and 92 and 93 and 94 and 95 and 96 and 97 and 98 and 99 and 100.

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## CONCLUSION

The network of men's health services throughout Australia is sparse and somewhat disjointed. As previously stated there has been much interest expressed about our model of practice and the framework that supports it. The question that attracts the most attention from interested parties is related to how to fund for these programs. Bendigo Community Health Services has for a number of years acknowledged the importance of men's health and have responded to the statistical evidence that demonstrates men have a poorer health status compared to women in most areas. As a result of this, BCHS has profiled Men's Health as a strategic priority in all levels of planning. In some respects this is a financial impost given that at this point Nurse Practitioners are still not able gain provider numbers in order to access Medicare funding.

It would seem there are two major barriers that confront health professionals who wish to initiate a men's health program in their community irrespective of the prevailing evidence that supports such initiatives. Primarily health professionals throughout Australia report a difficulty in convincing their organization that men's health services deserve consideration when allocating resources for primary and secondary health prevention. This negativity at an organisational level has then been compounded by governments and health authorities that have historically shown little interest in developing policy that recognises the importance of men's health issues. The second barrier remains the question of appropriate level and mix of funding to support such initiatives.

We have a small number of effective men's health programs in Australia that have been evaluated as effective, achievable and are able to be adapted to suit a diverse array of communities. We believe the BCHS Rural Men's Health Promotion program is worthy of consideration and could be further developed, and replicated in other communities throughout Australia. We would propose piloting the program and evaluating the experience with the view of developing a "Rural Men's Health Promotion Manual" that could then be distributed along with specific training to communities to support the establishment of further programs.

The opportunity to reduce the burden of men's health on society is here now and encouraging men to take part in preventative health practices is the best way to achieve this end. Our experience shows that men are interested in their health and will engage in positive health practices if they are encouraged to do so, and, are in an environment which supports these positive health practices.

