

Promoting men's health

BACKGROUND In the past men have declined to follow health authority recommendations to go to their general practitioner for preventive health checks. The BEACH report on male consultations in general practice in Australia 1999-2000 reveals low GP utilisation by men, high smoking rates and high at risk alcohol consumption. Although attendance rates increase in men over 45 years of age, problems managed at that stage are frequently chronic in nature, and rates of obesity are high.

OBJECTIVE This article discusses men's health needs and approaches to preventive health in men, drawing from the experience of nine Victorian projects on Rural Men's Health Promotion. **DISCUSSION** At different times in their lives men have differing health experiences and needs, and different degrees of interest in improving their health. Strategies are required at a community level to educate and encourage men to attend GPs and engage in health prevention. At a practice level we need to be employing strategies to encourage men to attend, including appropriate appointment times and going to where men are in workplaces and sporting clubs. Within the consultation when men do present, we need to address the presenting problem but also encourage further health discussion relating to risk factors, and improving resilience.

In 1986 the World Health Organisation's definition was expanded to define health as 'a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources, as well as physical capacity'.

What is men's health?

Men frequently adopt the 'role performance model' of health, where men perceive their health and wellbeing as a resource, which enables them to perform daily activities and be involved in the community. As a consequence, the man's focus is based on the purposes of being healthy, ie. love and lust, play and pleasure, reproduction and productive work for the individual; productive work and reproduction, defense of family, community and nation for the society.

Because men have a very functional approach to health as the ability to do what they want to do, I suggest the best approach for general practitioners to men's health is based on functional health status.

When in their life cycle will men recognise the value to them of 'health promotion'? It used to be claimed that the answer was 'never'. In the past, men declined to follow health authorities recommendation that men go to their GP for an annual

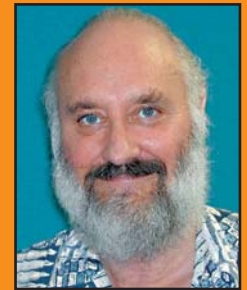
check up which would allow the family doctor to keep track of changing health conditions, advise on preventive measures and dietary needs, raise important health issues such as family history, and assess risk taking behaviour and emotional health and general wellbeing.

Recent BEACH data now indicates that midlife men are visiting their doctors.¹ Physical disease prevention has come onto the self awareness agenda for men in midlife – the time when experience of disability begins many men's awareness of mortality, and therefore active interest in health promoting activities. Until this time, health is taken for granted as the functional abilities to do what they want in love, sport and work.

What are the issues in promoting men's health?

Men's health issues are now on the GP's agenda and the expectation is that the biggest improvements come from men taking steps to modify their lifestyles, change their habits and address the risk taking behaviours that can affect their health. It is an error for 'men's health' to be narrowly defined by those diseases uniquely affecting the male genital tract. The groin is not where men's health

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is at. Social hierarchy factors, money, place in the community, and how well you are loved, seem more important than prostate size or cholesterol as predictors in men's health.

Nine projects in rural Victoria in Rural Men's Health Promotion were supported and evaluated by my Monash University team. Men's perceived health concerns identified by these projects were categorised into two main areas.²

Lifestyle issues

- stress management including time management, dealing with economic pressures
- relationship matters including parenting, dealing with adolescents and partners
- risk taking concerns including work safety
- anger management
- the meaning of good health, and
- diet.

Physiological concerns

- cardiovascular issues including blood pressure and cholesterol levels
- cancer – especially prostate and bowel cancer
- injuries sustained in sport, farm work, traffic accidents and general workplace settings and the home.

Life stage and men's health needs

A long term major study on health parameters and survival has been conducted for over 50 years in Alameda County in California (USA). Breslow et al monitored the population in five year age groups, with lots of epidemiological correlation, and saw what happened to each subject.³

Boys

The best predictor, for boys up to 15 years of age, as to whether they lived or died in the next five years was whether or not they had a family who provided loving support. If you want to help teenage men avoid suicide, then you have to help them to belong. If they play football, you encourage them to belong to a football club. If they are computer fanatics, you encourage them to belong to a computer users' club or a games group. Religiously oriented young men are likely to find 'fellowship' with a church youth group. Basically you've got to find out what it is that turns them on and help them link up.

There can be problems, however, with belonging. If you belong to the drug subculture, for example,

you can get into trouble. So it's not the mere fact of belonging to something, but what you belong to.

Men 20–50 years

For white middle class men 20–50 years of age, the best predictor was whether they were satisfied with their job. Controlling for whether they smoked, had high cholesterol, or if they were satisfied with their job, they survived more than the others.

Over 50s

For men over 50 years of age, the important issue was whether they had a partner who loved them. We must realise that men's health is not just about the body. We include injuries and heart problems, concerns about the mind and feelings, but most importantly we must focus on relationships, about connectedness, about the quality of relationships, which results in increased intercourse, which motivates older men toward a healthy lifestyle.

For example, men's experiences of a healthy midlife is crucially based on their relationships – how they get along with their partner, and children in the household; that they are employed, hopefully in a satisfying job; and they have social relationships that connect them to people locally.

Men living alone

For socially isolated men who have the worst health outcomes, interventions aim to improve their morale and overcome loneliness; helping to connect them to other people could be expected to produce significant benefits. Health promotion for such 'independent' men requires skills based adult education involving facilitated discussion groups on 'surviving alone' including relationship skills, and 'I hate to cook' classes utilising local school facilities, not scary (denial inducing?) tutorials concentrating on cholesterol or prostate.

Disadvantaged groups

The health needs of those most in need in our community must be given high priority. This requires special focus on the needs of Australia's indigenous peoples, and socially isolated men to bring them in line with the other population groups. For rural men particular health problems include mental stress (attributed to, among other things, lack of work or over work, loneliness and lack of emotional skills), alcohol dependency,⁴ and the impact of domestic violence on their intimate rela-

tionships.⁵ So far, there are better opportunities for urban based men to access sexual health clinics and counsellors, than for rural men.

Positives of masculinity

It is important to remember that while discussion on men's health often focusses on the negative impacts of masculinity, there are also positive aspects of masculinity that should be acknowledged.

For instance, masculine behaviour that is labelled 'health risk' in most circumstances is relied upon by society at large in others, such as soldiering, fire-fighting, disaster response and even taking paid employment in high stress or physical risk environments. To play a good game of football, you've got to be a risk taker. One of the confounding issues about men's health is that we encourage men to be risk takers; they wreck their knees, they injure themselves, and so their health goes down as they are meeting this social requirement for being risk takers.

Other activities that are traditionally promoted among men, such as physical activity and a sense of 'mateship', are beneficial to men's health. What is important is to determine a balance between the health promoting and health risk aspects of men's lives.⁶

How do we improve men's health?

There is a lot of evidence to show that preventive activities do reduce disease and disability, and that GPs have many important potential roles to play in helping men avoid illness (Table 1).

GP consultation

General practitioners work with patients to identify risk factors and to develop and implement individual plans for addressing these risk factors. The principle is to take a person centred approach, to create agreement between the GP and the individual man around the purpose of the visit(s) to the doctor. At different times in their lives, from childhood to old age, men have differing health experiences, health needs, and different degrees of interest in improving their health. The age categories applicable to men's health are:

- 'the young dependent' from the antenatal period to the end of teenage years (where GPs have the immunisation connection)
- 'indestructible' to about 35 years (where sports injuries and respiratory infections bring men to see GPs)

Table 1. Strategies for overcoming the barriers in men's health^{9,10}

Getting men to come in

- Show the practice has an interest in men's health, through displaying men's health posters and information
- Provide women patients with information on 'men's health' to give to their partners and family members
- Provide evening clinics, and appointment times more readily accessible to men working shifts, commuting or living out of town
- Consider going to where men are for clinics in factories and other workplaces
- Encourage males at all ages to be conscious of their health and how they can maintain and improve it. (Men from their 40s onward seem to have received the message)

What do you do when the men turn up?

Getting men to open up and talk during the consultation

- Provide a questionnaire for men to complete before entering the consulting room (eg. available from the RACGP website: <http://www.racgp.org.au>) that will prompt discussion on health promotion issues
- Establish rapport and build a relationship to understand the whole person
- Initiate discussion (eg. 'How would you rate/describe your own health?' 'Do you have any health or personal concerns troubling you?' 'How does your partner treat you?') Ensure you tap into positive life motivations by asking: 'What do you do for fun?' 'How are you going with your hobbies?' is a way of identifying possible suggestions for social connections

Getting men to come back

- Encourage men to book longer consultations to address health concerns. Explain how to ask for a longer consultation (perhaps offer to adjust fees for preventive activities to level B gap amounts so they are not further out-of-pocket)
- Give take home reminders, eg. urine jar, handout/leaflet, pathology form
- After explaining the importance of a health check strongly encourage men to make an appointment before leaving the practice that day

Helping men to make changes to promote their health

- Try to relate the need for behavioural changes to current presenting problem, eg. URTI/chest infection, smoking, stress at work
- Find common ground with the patient to reduce risk and promote health, eg. what changes to make first
- Work with the patient to assess his barriers to change
- Gain a commitment for change
- Note risk status and management plan in medical record
- Introduce men (not just refer) to relevant community networks/support groups

When they do come back

- Be pro-active in praise and follow up of issues previously raised/discussed
- Monitor and support changes in health behaviours and risks

- 'aware they are mortal' (often keen to be guided toward healthy living) from about 40 years to retirement age, and
- 'breaking down' as they become senior citizens

Young boys (0–9 years)	
<p>Check</p> <ul style="list-style-type: none"> <input type="checkbox"/> General health and development <input type="checkbox"/> Weight and height <input type="checkbox"/> Developmental progress (speech, learning, motor skills) <input type="checkbox"/> Immunisation record <input type="checkbox"/> Undescended testes or groin hernias 	<p>Discuss</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social development: self esteem <input type="checkbox"/> Family relationships <input type="checkbox"/> School <input type="checkbox"/> Skin protection from UV light
Older boys (10–19 years)	
<p>Check</p> <ul style="list-style-type: none"> <input type="checkbox"/> General health and development <input type="checkbox"/> Weight and height <input type="checkbox"/> Blood pressure <input type="checkbox"/> Mental health: self esteem <input type="checkbox"/> Is there any evidence of depression, stress, substance abuse? <input type="checkbox"/> Immunisation: is a tetanus booster required? Meningitis? 	<p>Discuss</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family relationships <input type="checkbox"/> School and social relationships <input type="checkbox"/> Skin protection from UV light <input type="checkbox"/> Smoking, alcohol and drugs <input type="checkbox"/> Driving safety <input type="checkbox"/> Accidents and risk taking <input type="checkbox"/> Sexuality, relationships and STIs <input type="checkbox"/> Diet and exercise <input type="checkbox"/> Skin care
Young adults (20–49 years)	
<p>Check</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood pressure <input type="checkbox"/> Blood cholesterol level about every five years <input type="checkbox"/> Urine test for diabetes <input type="checkbox"/> Family history of conditions such as: bowel cancer, prostate cancer, hyperlipidaemia, diabetes <input type="checkbox"/> Are any specific tests required? <input type="checkbox"/> Skin: is there any sign of UV damage or skin cancer? <input type="checkbox"/> Mental health: is there any evidence of depression, stress? <input type="checkbox"/> Family relationships: has there been a recent family breakdown? <input type="checkbox"/> Immunisation: is a tetanus booster required, hepatitis B, MMR? 	<p>Discuss</p> <ul style="list-style-type: none"> <input type="checkbox"/> Occupational health and safety <input type="checkbox"/> Employment <input type="checkbox"/> Driving safety <input type="checkbox"/> Sexual health <input type="checkbox"/> Social support, relationships (marriage breakdown) <input type="checkbox"/> Suicide, depression and substance abuse are the three main sources of disease burden in Australia for this age group <input type="checkbox"/> Parenting <input type="checkbox"/> Diet and exercise: particular attention to abdominal obesity <input type="checkbox"/> Smoking, alcohol and drugs
Older adults (50–74 years)	
<p>Check</p> <ul style="list-style-type: none"> <input type="checkbox"/> All the items for younger adults <input type="checkbox"/> Prostate disease, PSA blood tests where indicated <input type="checkbox"/> Diabetes, urine tests, blood if required <input type="checkbox"/> Glaucoma eye check if required <input type="checkbox"/> Skin: is there any evidence of skin cancer? 	<p>Discuss</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diet and exercise <input type="checkbox"/> Smoking and alcohol <input type="checkbox"/> Family relationships and social support <input type="checkbox"/> Retirement <input type="checkbox"/> Sexual health <input type="checkbox"/> Prostate cancer
Elderly men (75+ years)	
<p>Check</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full health assessment <input type="checkbox"/> Blood pressure <input type="checkbox"/> Arthritis <input type="checkbox"/> Memory loss <input type="checkbox"/> May need glaucoma eye check <input type="checkbox"/> Urinary stream <input type="checkbox"/> Elderly men do not require regular rectal examinations unless they are worried by urinary symptoms <input type="checkbox"/> Skin: signs of skin cancer/melanomas <input type="checkbox"/> Mental health: any evidence of depression? 	<p>Discuss</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diet/nutrition and exercise <input type="checkbox"/> Carer relationships <input type="checkbox"/> Social connectedness/loneliness

Figure 1. Male health checks by age¹¹

Table 2. Resources for GPs in men's health

- Men's health questionnaire, Men's health check flyer, Men's health risks at a glance, Tips on how to engage male patients, and What to include in male health checks, by age; can be downloaded from North East Valley Division of General Practice website at: <http://www.nevdgp.org.au/division/mensframes.html>
- A very valuable upskilling resource for men and GPs is www.motivatehealthyhabits.com
- Men's Awareness Network (MAN) developed at the Hepburn Health Service Inc. at Daylesford, Victoria and run by Bernard Denner is an advanced approach to presenting information and raising awareness of health issues among men. Email: man@mannot.com.au; website: www.mannot.com.au
- RACGP. Guidelines for preventive activities in general practice. 5th edn (Red book)
- RACGP. Putting prevention into practice. 1st edn (Green book)
- Biddulph Steve. *Manhood: An action plan for changing men's lives.* Hawthorn Press, 1998.
- Professor Mark Harris has led the Joint Advisory Group SNAP (Smoking, Nutrition, Alcohol, and Physical activity) population health promotion activities that are important for GPs to improve men's health. Keep your eyes open for the roll-out
- Men's Health Information and Resource Centre www.menshealthweekaustralia.org/mhirc.htm
- Assess drinking patterns at: www.therightmix.gov.au

(and consult GPs frequently about the diseases they have developed).

The main GP role currently is 'case finding' among high risk groups at the earliest possible stage of developing conditions (Figure 1).

The first task is to respond to the initial individual presentation, and then explore whether you are both ready to create together a 'plan for health' for the individual within his current understandings and willingness to act. The main outcome assessment focus should be improving functional health status.

General practitioners find it hard to promote men's health before illness develops when young men don't visit their GP very often. When they do, it's usually with acute medical problems. This is not really the 'teachable moment' for specifics, unless it relates to a personal motivation of the man. Showing the man the page of the RACGP 'Red book'⁷ with an offer of a 'grease and oil change check later' may raise the man's consciousness for the future.

Documenting the demand by men for more extended consultations could be important in supporting arguments for a range of ways of funding general practice as a health service.

Many GPs have been asked to take on roles for which they have not been academically prepared, and are 'flying blind' in current men's health promotion efforts (Table 2). Skills in motivational interviewing and education in practice systems are important educational needs.

GP practice

Our Rural Men's Health Promotion projects identified that GP surgeries are often too clinical in their ambience to allow men to relax and engage in discussion on concerns they have. This approach can lead to a focus on biomedical problems only, whereas the projects have revealed the key issue may often be psychosocial. Implementing the RACGP's 'Putting Prevention into Practice'⁸ processes would help, but with a man focussed agenda.

Practice staff can provide consistent evidence based information and support to patients on risk factor management. Practices establish systems for distributing and rotating waiting room materials (eg. literature, videos and posters that contain evidence based information to inform patient's choices about behavioural risks), drawing on support from divisions of general practice or other support structures.

Divisions and local community

Divisions of general practice and regional population health providers join forces to develop locally applicable communication strategies, consistent with cultural and community principles as informed by the relevant bodies, eg. through local media, community groups, Aboriginal medical services, pharmacies, and clinics. Each state has many examples involving divisions of general practice, councils, community health services, and groups such as Rotary involving many hundreds of men. The main effect has been to motivate men to visit their GP.

Divisions facilitate the development and distribution of locally relevant patient education material, in partnership with local providers, which reinforces the role of the GP in supporting behaviour change. Divisions facilitate the development of an integrated suite of consumer information available for use in waiting rooms and GP consultations.

Men need to be educated about how best to use the services provided by GPs. It is essential to produce ongoing systems of organised services for promoting men's health within local general practices and community health services; as

recommended by the RACGP 'Green book'⁷⁸ and the approaches suggested in the Primary Health and Community Support Partnerships reorganisations; not just 'hit and run' communications in the occasional workplace, hotel or railway station (although these sites are often more connected to men than health centres open during working hours).

From the Victorian Rural Health Promotion projects we draw the conclusion that work, hotels and sporting clubs are the outreach sites to choose, but embedding men's health promotion in the ongoing work of GPs who provide men with friendly extended hours of service is an optimal part of a men's health strategy.

Conclusion

Men's health needs a much broader focus than genital and reproductive health. Risk taking behaviour, nutrition, developing positive relationships, employment, anger management and stress management are all important areas requiring attention. Because men often have a functional approach to health, in which being healthy equates to being able to perform daily activities, an opportunistic approach to preventive health is required. Addressing the issues that men present with and then broadening the focus to health promotion is necessary. Getting men to their GP is a challenge and requires strategies at practice and community level. Promoting men's health at society level involves building quality relationships between men and women, children and parents, employees and employers, consumers and manufacturers, clients and providers. Producing healthy men begins with the preparation of the next generation of parents for rewarding relationships that provide the stable basis for bringing up girls and boys to love, play and work productively with each other over their lifespan. Conflict of interest: none declared.

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SUMMARY OF IMPORTANT POINTS

- Men's health is a much broader issue than genital tract health.
- Key lifestyle issues for men include stress management, relationships, risk taking concerns including work safety, anger management, the meaning of good health and diet.
- Physiological concerns include cardiovascular issues (blood pressure and cholesterol levels), cancer (especially prostate and bowel cancer) injuries sustained in sport, farm work, traffic accidents and general workplace settings, and the home.
- Improving men's health involves public education strategies, involvement of community groups and divisions of general practice, encouraging men to attend GPs and opportunistic intervention by GPs.

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