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Engaging men in health care

Background

Engaging men in health care involves a multifaceted approach that has as its main principle the recognition that men consume health care differently to women.

Objective

This article identifies barriers to engaging men in health care and offers potential and existing solutions to overcome these barriers in a range of health care settings.

Discussion

The concept of multiple masculinities recognises that not all men can be engaged via a particular technique or strategy. The perception that men are disinterested in their health is challenged and a range of approaches discussed, both in the community and in health care facilities. In the general practice setting opportunities exist for the engagement of men at the reception desk and waiting room, as well as during the consultation. Use of the workplace in engaging men is discussed. Future activities to build the capacity of health care providers to better engage men are identified and the role of policy and program development is addressed.

■ **'Engagement' is the dynamic process of sharing and connecting with men to achieve better health.¹ When developing strategies for engagement in health care we need to consider both the system of health care provision and those who work in that system. This encompasses a broad range of practitioners including, but not limited to, community health care providers, hospital based workers, paramedics, educators, and anyone who needs to, or should consider, the health of men in their service provision. In general practice it includes general practitioners, practice nurses and managers, receptionists and medical students.**

While the target audience for this article is Australian GPs, it should be recognised that much health related activity takes place outside general practice in community health centres, hospitals, schools, and the workplace – without GP involvement. This whole of community approach, as detailed in The Royal Australian College of General Practitioners' (RACGP) 'Men's health policy', offers opportunities to 'engage the unengageable' – the 'blue collar and singlet' group of men – the group with some of the worst health outcomes.²

Engagement in the community

It makes sense to focus on societal engagement of men because most of their health related activity (eg. work, education, recreation) occurs separately from primary health care, and men's under utilisation of existing services demands solutions both outside that framework as well as within it.

Many men define themselves via their work, often feeling more comfortable in the workplace than in health oriented settings such as community health centres, hospitals, maternal and child health centres and general practices. Many indigenous men still see the health delivery system as part of a powerful, authoritarian and threatening complex that cannot be trusted.



Barriers to engagement in the community

Societal barriers to the engagement of men include:

- stereotyping of men's attitudes to their health, including beliefs that there is nothing 'right' about men's health
- our failure to recognise the importance of appropriate initiation of young men
- service provision not reflecting men's views and changing roles
- a dearth of men's programs and workers in community health, including indigenous health, and
- the marginalisation of boys and men by an education system that fails those not suited to conventional educational models.

Finding community solutions

The first step in finding solutions is the recognition that men's health is a broad discipline in which improvements need to occur in social, legal and educational spheres, and the medical system. We need to stop blaming men for their worse health outcomes compared with women's health outcomes, and expecting all men to respond to a particular model of health promotion or marketing. The solution is to provide for differences in both male and female health needs strategically (ie. policy) and operationally (ie. programs) throughout our health services. In the United Kingdom this is called 'gender mainstreaming'.³

Initiation activities

A range of structured male rite of passage (initiation) activities, such as the Pathways to Manhood program, challenge cultural stereotypes relating to masculinity (see *Resources*). Rite of passage programs help young men, with their fathers/mentors, step beyond the stereotypes to find ways of positively expressing their masculinity. Research suggests that boys who have participated in the pathways program have more confident communication and social skills, stronger more supportive father relationships, increased respect for women, more motivation to set goals and finish school, and more motivation to give back to the community.

As the impact of masculinity gone wrong is found in our ambulances, emergency departments and cemeteries, the uptake of initiation programs becomes a health care engagement issue. These programs can reduce potentially lethal risk taking or promote engagement of health services. Health providers have a role in recommending such programs to the families with which we are in contact. Workplaces should promote these programs, and offer men the necessary time off to participate.

Community health services

Male perinatal depression is increasingly recognised, but is not reflected in early childhood services such as maternal and child health centres, offering appropriate services to fathers. Fletcher et al⁴ observed that, 'even a cursory scan of existing perinatal health services reveals that few of them are designed to meet a father's specific needs'. A Victorian Department of Human Services survey noted that

Table 1. Benefits of workforce health promotion¹⁷

To the organisation	To the employee
A well managed health and safety program	A safe and healthy work environment
A positive and caring image	Enhanced self esteem
Improved staff morale	Reduced stress
Reduced staff turnover	Improved morale
Reduced absenteeism	Increased job satisfaction
Increased productivity	Increased skills for health protection
Reduced health care/insurance costs	Improved health
Reduced risk of fines and litigation	Improved sense of wellbeing

'barriers to increased engagement of fathers included limited hours of operation and embedded cultural attitudes in some pockets that make the service unwelcoming to fathers'.⁵ While some maternal and child health centres are keenly working on engaging fathers, it appears that many are not. Perhaps it's time for parent and child health centres – in function as well as name – to be adequately resourced to deal with the multiple parenting roles now in existence and to provide help to both parents for problems such as perinatal depression.

To the author's knowledge there is only one registered men's health nurse practitioner in Australia. A search on seek.com for men's health positions yielded seven results, compared with many more for women's health. The lack of men's health programs is reflected in the low number of men's health workers. Clearly, governments need to train and employ more men's health workers.

In indigenous health care there is a dire need for the provision of separate areas for men, and for male men's health workers. At Gapuwiyak in the Northern Territory, there was a 600% increase in men utilising the health service after a separate 'men's clinic' was set up 25 metres from the local health service.⁶

Workplace based health care

Workplace health programs engage men successfully and lead to establishment of GP relationships, as well as fostering reduced absenteeism, higher productivity, higher workforce retention rates and healthier employees with better home lives⁷ (*Table 1*). Cultural changes may include dietary improvement and changing men's expectations that they always be stoic and that work demands over-rule health demands. Given the enormous potential benefits for all men, but especially for some high risk groups (ie. those in the lowest socioeconomic strata), it would seem sensible for a number of trials to be funded to identify successful models for national roll-out (see *Case vignette*).

Other interventions

Community men's health nights have a long tradition. They are likely to be most useful when formally linked with long term men's programs which link primary care providers in health centres and general practices.



'Men's sheds' are another successful Australian intervention. There are over 100 in Australia providing a supportive environment characterised by team activities, learning, belonging and mentoring.⁸ For many of the men involved a major desire is to learn 'how to stay fit and healthy'. Sheds represent a proven resource, one that has the capacity to help engage men who may be marginalised or disinclined to participate in costly, competitive organised activity.

A range of school based interventions (primary and secondary) designed to support boys and young men at high risk of disengagement has the capacity to improve their social connectedness and health, as well as their employment prospects.⁹

The underlying key principle of engagement will continue to be the development of focused activities in the comfort or activity zone of the target group. Some call this 'narrow casting', which could be summarised as 'on their terms, on their turf' (see *Case vignette*). This is echoed in the RACGP Men's Health Curriculum.¹⁰

Case vignette – engaging men on their territory

Golden moments do occur, when you realise that somehow the right conditions have been created for someone to feel sufficiently 'at home' to ask a very delicate question.

At our local council depot I'd met with the road crew to talk about heart disease and check ups. You've all seen these men... fluoro-vested, broad-brimmed hat, ciggie maybe, with a 'Stop' or 'Slow' sign... holding you up; men not often seen at the surgery. It was during work time so of course they were happy to attend.

After about 30 minutes talking about blood pressure, cholesterol and various other safe topics I ventured into smoking and arterial health, pointing out that erectile dysfunction occurs much earlier in smokers. The atmosphere changed! People shifted uncomfortably in their seats as we discussed the pathophysiology of erectile dysfunction.

Then, from up the back, a question: 'I've always wanted to know this, so can you tell us... how does it work when you get a 'stiffy'?' Much laughter and ribbing, and some discomfort... on my part. Then with a whiteboard drawing of blood supply, relative pressures, fuel injection and turbo charging I provided an answer, of sorts. Of course the great thing about this was that the man was asking a long held question about his body. On his turf, and very much on his terms. This was ownership, on the men's territory.

Barriers to engagement in health care facilities

Barriers to engaging men in health care settings, including general practice/primary care include:

- their supposed disinterest in prevention
- previous failure of the provision of respectful, competent medical services
- difficulties accessing services in normal business hours
- 'waiting room discomfort syndrome' characterised by a dislike of excessive waiting and women's magazines, and fear of a health system with which they are not familiar
- cost issues.

Dealing with these challenging issues, bearing in mind the pressures that general practice is subject to, will require a whole of practice

approach involving reception staff, practice nurses and GPs, as well as systemic solutions (eg. more GPs).

Finding solutions in the health care setting

A recent study of 36 South Australian men challenged the conventional wisdom that men are disinterested in their health, with evidence that many of these men carefully self monitor their health while requiring their GPs to provide accurate information in a laidback and respectful manner.¹¹ A key area identified by these men was the capacity of the GP to deal with their issues confidently and competently.

So are GPs adequately trained in men's health? When men come through the consulting room door have GPs learned the skills to answer their needs?

A recent survey of workshop teaching of men's health by four Victorian Regional Training Providers providing formal teaching to trainee GPs, indicates that the time allocated to teaching men's health varies significantly from 1.5 hours to 16 hours (mean 5.9 hours compared with women's health 8.2 hours).¹² This wide variation suggests that the teaching of men's health may be inadequate. More study is required to determine how effectively the training of GPs reflects the requirements of the RACGP Men's Health Curriculum.¹⁰ Currently the Australian College of Rural and Remote Medicine, the alternative to RACGP GP training, has no specific men's health component to its curriculum.

A recent study of men's preference for GP consulting style concludes they favour a 'concise, direct and matter of fact style of communication' based on a trusting relationship.¹³ This contrasts with a model advocated for communicating with indigenous men, who may find eye-to-eye contact threatening, and who prefer a less confronting, side-by-side communication with opportunities for silence and reflection.¹⁴

Common threads are the development of a trusting relationship, respect for the patient's culture and needs, and provision of accurate information.

Table 2. How general practices can help engage men

- Encourage men to telephone before leaving work/home to see if the doctor's running late
- Help men understand how the appointment system works (be honest!)
- Take their work requirements into account when making appointments, and let them know this is happening
- Warn them of potential out-of-pocket health costs
- Explain how Medicare billing works
- Encourage more man friendly reading material in the waiting room (eg. fishing, cycling, golf magazines; newspapers)
- Employ male reception and nursing staff
- Use of improved technology to communicate (eg. using SMS to advise patients of delays)
- Provide men's health information on the practice website, including links to recommended resources



Table 3. 'HEADSS SNAP' template for use in consultations

H ome environment	
E ducation and employment	
peer related, partner and social A ctivities	
D epression and suicide risk	
S afety from injury including at work	
S exuality including erectile dysfunction	
<hr/>	
S moking	
N utrition	
A lcohol and other drugs	
P hysical activity	

In regard to engaging men in opportunistic preventive health it is worth noting the risk of time challenged GPs colluding with men demanding a 'quick fix'. One option is to arrange for men to return at a later date for a detailed check up, with part of this being performed by the practice nurse. Practice nurses have proven to be key players in building on the relationship with men. So too are receptionists, who recognise men's particular problems with 'the system' and can help them to negotiate it (Table 2).

In the consultation process the HEADSS method of psychosocial interviewing has been found to be an effective tool in engaging adolescents.¹⁵ In modified form utilising the 'SNAP' template, it can be used to pay attention to men's high rate of work related and other injuries and becomes a useful tool for interviewing men as it moves from areas of greater to lesser comfort¹⁶ (Table 3).

Conclusion

Engagement of men in health care is important for social justice reasons, as well as to improve their current poor outcomes and increase their potential health benefits. It is a dynamic process where activities in the community, health care facilities, and in the GP consultation, offer significant potential benefits provided they focus on the life context of the man and recognise the reality that not all men can be engaged via a particular technique or strategy. A greater policy recognition of men's particular health needs and rights must result in greater resourcing for men's health, both in the community and health care sectors.

Resources

- Men's Health Australia: www.menshealthaustralia.net. This website focuses on the psychological and social wellbeing of men and boys
- Australian Men's Sheds Association: www.mensshed.org
- Men's Health Information & Research Centre (University of Western Sydney): <http://menshealth.uws.edu.au>
- The RACGP. Men's health policy and Men's Health Curriculum: www.racgp.org.au
- Australasian Men's Health Forum is a national body made up of a diverse community of organisations and individuals whose common goal is encouraging, supporting and promoting the health and wellbeing of men and boys

in the Australasian region. Membership application forms are available via the Men's Health Australia website

- The University of Newcastle Family Action Centre aims to strengthen families and communities by undertaking research and training, and developing and implementing strength based programs: www.newcastle.edu.au/centre/fac/index.html
- Pathways Foundation. A rite of passage bush camp for boys aged 13–15 years and their fathers or a male mentor: www.pathwaysfoundation.com.au.

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