



Health reality check for men working in regional areas

by Dr Rob McCartney

Dr Rob McCartney has joined the M5 Project aimed at improving men's health. In this article, Dr Rob explains why he's so concerned about men who work in remote and rural areas.

My role as an Occupational Doctor is to assist in the health, wellness and productivity of Australian workers. While I assist all workers - men, women, city, rural and remote - I have a particular interest in the health and well being of men working in the rural and remote sectors as they are lagging behind city workers.

Currently, five men die every hour in Australia from potentially preventable illnesses. This has to stop!

Research has consistently shown that men have poorer health (morbidity and mortality) than women. The most publicised statistic is men's lower life expectancy—approximately 5 years less than females. After adjusting for age, in 2006 the mortality rate for men was approximately 50 per cent higher than for women. In particular, rates of death for men of working age (25 – 64 years) were substantially higher than their female counterparts.

In 2003, men experienced more of the disease burden than females for cancers, diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD) and injuries (including suicide).

Compared with females, men also experienced a higher burden of health risk factors such as misuse of alcohol; and use of tobacco and drugs; occupational exposures and hazards; physical inactivity; high blood pressure and cholesterol; high body weight; and low consumption of fruit and vegetables.

Use of appropriate health care services is critical for disease prevention and management, yet there is a growing awareness that men and women have quite different health-seeking behaviours. In Australia, there are much lower levels of health service use among males compared with females. While men are not necessarily less interested in, or concerned about their health, they are generally less likely to see themselves as being at risk of illness or injury and more likely to dismiss health symptoms until they become severe or life-threatening. Social support, especially in times of crisis, is likewise considered important for good health. Research has shown that men have smaller social networks, and more limited support than women who have high levels of social support associated with positive health practices. It is clear that sociocultural factors, combined with a generally higher prevalence of disease and risk factors than women, support specific research and policy considerations for men as a population group.

Recent studies have confirmed our suspicion that men from outer regional, remote and very remote areas have even poorer health statistics than their city brothers:

- Death rates from the high risk diseases increased with remoteness. Cardiovascular diseases were responsible for nearly a third of the elevated male death rates outside major cities. Male death rates from diabetes were 1.3 times as high than inner regional areas and 3.7 times as high in very remote areas compared to major cities.
- Men living outside major cities were more likely to report daily smoking and risky or high-risk alcohol use than their counterparts in major cities. They were also more likely to have experienced a substance use mental disorder throughout their lifetime. The incidence of head and neck cancers and lip cancers, two groups of cancers associated with increased smoking and alcohol consumption, was also higher outside major cities.
- Male death rates due to injury and poisoning increased with remoteness; rates in very remote areas were 3.1 times as high as major cities. Similarly, men living outside major cities were 18 per cent more likely to report a recent injury.

Men's health issues are likely to be compounded by specific barriers accessing services including:

- Long working hours
- Requirements of seasonal work
- Discomfort in the waiting room environment
- Privacy issues such as not wanting others to know they have visited a service
- Fear of knowing their true health status

In late 2008, the Australian Government announced its intention to develop Australia's first National Men's Health Policy which is very welcome.

In an attempt to correct this situation, I have joined the M5 Project. The M5 Project is a bold new movement that will assist to break down the barriers that prevent Australian men from going to a GP and attaining a healthier life.

The M5 Project is being managed by The Royal Australian College of General Practitioners as their GPs are at the forefront of dealing with men's health issues every day. With the assistance of seed funding from the Australian Government Department of Health and Ageing, this initiative has drawn together a diverse group of health organisations all focused on ensuring men live long and rich lives.

My role is to develop and oversee the delivery a suite of M5@work services for employers, workers and industry groups.

These services include an online health-management service and on-site programs.

They will not only improve the health of the working men, but through improved wellness and fitness, employers may well experience decreased absenteeism, less work-related injuries / illness and increases productivity.

If you require more information about this exciting program please email me at info@M5project.com.au

(The above data is provided by AIHW, ABS, DoHA and the Australian Government's National Men's Health Policy)

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