

Submission to the Senate Select Committee's Inquiry on a Men's Health Policy

February 2009

Executive Summary

AGPN welcomes the development of a Men's health policy in Australia. A key feature of the policy should be an emphasis on primary care and preventative health approaches. AGPN urges the Senate Select Committee (SSC) to give consideration to the importance of these approaches in men's health. AGPN further recommends that the SSC:

- Extends its terms of reference beyond mental health and reproductive cancers to include consideration of coronary heart disease, stroke, vascular disease, HIV/AIDS, lung cancer, emphysema and liver cancer.
- Gives consideration to the levels of funding dedicated to:
 - Primary health care based interventions targeting men;
 - Suicide prevention programs including primary care based mental health initiatives targeting men;
 - Improving the health of Indigenous men, men in rural/remote areas and men from low SES households as these groups are known to have the worst health outcomes; and
 - Building the evidence base on men's health including research to identify the most cost-effective interventions in managing illness among men and in more effectively targeting health promotion and prevention efforts to this population.

AGPN further recommends that:

- A nationally coordinated approach to delivering men's health services and support programs is established including investment in the evaluation of new and existing men's programs.
- Greater investment in treatment services and support programs targeting Indigenous men and men affected by drought are immediate priorities in Australia.
- Stronger linkages between primary care, community and other settings must be facilitated to address men's underutilisation of the health system. This includes providing preventative health checks in workplace and other community settings and workplace based health promotion programs to increase men's access to health care.
- A men's health policy must include and facilitate those aspects of current health policy and future health system reform that support and promote quality / preventative care, such as shared electronic records, recall and reminder systems, and data extraction tools.
- A more systematic, nationally coordinated approach to education and awareness raising campaigns on men's health is needed in Australia that:
 - Uses epidemiological data to identify which sub groups of men are most at-risk
 - Ensures campaigns are part of an integrated approach to men's health with strong links between educational campaigns and health promotion programs targeting men;
 - Embeds education about men's health and awareness campaigns within key settings such as schools, universities and workplaces; and
 - Evaluates the impact of men's health campaigns and programs on men's use of the health system and health outcomes.

Background to AGPN and this submission

The Australian General Practice Network (AGPN) welcomes the opportunity to provide this submission to the Senate Select Committee's (SSC's) inquiry on a men's health policy. AGPN commends the Australian Government for committing to the development of a national policy on men's health, in line with the presence of a women's health policy (in existence since 1989).

AGPN is the peak national body of the divisions of general practice, comprising 111 divisions across Australia, as well as eight state based organisations (SBOs). Approximately 90 percent of GPs and an increasing number of practice nurses and allied health professionals are members of their local division. The Network plays a pivotal role in the delivery and organisation of primary care through general practice and broader primary care teams. Major Network activities include:

- health promotion
- early intervention and prevention strategies
- chronic disease management
- medical education and
- workforce support

A unique feature of the Network is its linkage with a variety of health, business, community and other agencies at all levels – local / regional, state and national. This linkage means the Network has significant reach across Australia and is well equipped to deliver primary health care solutions tailored to locally identified needs.

In delivering such solutions through general practice, the Network aims to ensure all Australians, irrespective of gender, can access a high quality health system. At the same time the Network recognises that certain population subgroups have specific health needs and/or experience greater difficulty in accessing care. To this end, at the local level, divisions often target health promotion and service delivery approaches to the needs of specific groups, including men. Development of a national policy on men's health would further support the implementation and delivery of programs specifically to target men's health needs.

AGPN's response to the Senate Select Committee's Terms of Reference

AGPN's response to the SSC's specific terms of reference are provided below along with additional general comments regarding the development of a men's health policy. AGPN's responses will necessarily be from the perspective of a key primary health care support infrastructure that can deliver national programs with local flexibility, according to the identified needs of the local population.

General comments

AGPN has responded to the SSC's specific terms of reference (TOR) further in this submission. AGPN considers, however, that several additional factors need to be taken into account in relation to the development of men's health policy and funding. These are detailed below.

Funding for Men's health: thinking beyond reproductive and mental health

In considering the adequacy of funding addressing men's health, it is important to consider the resources dedicated to health issues other than prostate cancer, testicular cancer and depression which are outlined in the Committee's TORs. The Australian burden of disease study indicates men under the age of 75 years are three times more likely to die of coronary heart disease, stroke and vascular disease than women and are over-represented in deaths related to HIV/AIDS, lung cancer,

emphysema and liver disease¹. Yet there appear to be limited funds dedicated to early intervention, prevention and treatment of chronic disease in men. Men also tend to be overlooked in aspects of health that are more traditionally associated with women, such as the physical and mental health impacts of becoming a parent².

Funding to target specific subgroups of men

As well as considering which diseases disproportionately affect men, more priority needs to be given to effectively targeting those men in Australia who have the worst health outcomes, namely:

- Indigenous men
- men in rural areas and
- men from low socioeconomic status (SES) households.

Investments in preventative health and treatment programs that target these sub-populations are likely to be more cost effective in terms of yielding more significant improvements in men's health outcomes than programs that attempt to encompass the entire male population.

Primary care and men's health

As primary health care is the gateway for men to the broader health care system, the senate select committee needs to evaluate the adequacy of the funds provided to the primary health care sector to improve men's health.

The Australian Government recently committed funds of \$95,000 towards encouraging men to see their GP through the M5 initiative currently being implemented by the Royal Australian College of General Practitioners (RACGP). This patient education campaign aims to promote five preventative health care steps to men. To maximize its effectiveness, this campaign needs to be supported by additional funds for the primary health care sector to build skills in managing men's health and helping to modify men's behaviour so they take a more active role in their own health care. This could include the allocation of resources for professional development activities to educate clinicians about effective approaches and interventions in men's health as well as for population health programs targeting key risk factors in men. Divisions are well placed to deliver these types of programs.

A potential role for the Divisions Network in men's health

The United Kingdom, via the UK men's health forum has recommended that primary care trusts (PCTs)³ take responsibility for undertaking an assessment of men's health needs as part of their health inequalities work⁴. The UK men's health forum also recommended that each primary care trust (PCT) has a dedicated staff member with responsibility for improving men's health. In Australia Divisions play a similar role to PCTs and, if appropriately resourced are well placed to deliver targeted health programs for men according to local need.

Building the evidence base on men's health

Part of the challenge for the primary care sector in delivering health care to men is knowing which interventions and methods of care delivery will yield the best outcomes with male patients. Currently, the research funding in Australia dedicated to men's health is one third of that dedicated

¹ Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.

² Fletcher R, Matthey S, Marley C. 2006 Addressing depression and anxiety among new fathers. *Medical Journal of Australia*, 185:461-3

³ In the UK Primary Care Trusts play a similar role to that of Divisions in Australia. More information about the trusts can be sourced through: <http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycaretrusts/index.htm>

⁴ The Men's Health Forum (UK) 2004, Getting it sorted: a policy programme for men's health, Accessed from: http://www.menshealthforum.org.uk/uploaded_files/gettingsorted2004.pdf on 19 February 2009.

to women's health⁵. More funding is needed to build the evidence base as to which interventions and approaches are most effective for use with men, not only for reproductive health, but for mental health, chronic disease management, building men's health literacy and capacity for self-management as well as which approaches promote more effective and timely health and help seeking behaviour. The role of partners in prompting men to seek health care is also an important potential avenue for increasing appropriate and timely health seeking behaviour in men⁶ and is an area that would benefit from further research.

Responses to the Specific Terms of reference

1. The level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression.

Although certain funding figures are in the public domain (reproductive health is among the more well-funded elements of men's health with Andrology Australia reportedly receiving \$1.078 million in 2007-08) it is beyond the scope of AGPN to comment extensively on men's health funding. AGPN does however draw the SSC's attention to the areas addressed on funding in the previous (general comments) section, in section 4 and below.

Male suicide rates

Men account for 80 percent of all deaths by suicide in Australia⁷ which is of significant concern. The national depression initiative, beyondblue, is funded to raise awareness, commission research and undertake support programs for depression and received an estimated \$17.556 million in Commonwealth and State Government funding in 2006-07 towards this goal. It is unclear however, what proportion of these funds is dedicated to programs targeting men or if further funding is required for more targeted approaches. Funding for depression must give priority to suicide prevention programs including primary care based mental health initiatives targeting men to help reduce the unacceptable rates of suicide in Australian men.

2. The adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community.

At the national level, several education and awareness campaigns for men's health exist. Key amongst these are beyondblue's *Movember* initiative, and the Freemason's Foundation "No more secrets" campaign.

- *Movember* seeks to raise awareness about prostate cancer and depression in men. It has had effective media coverage and has been shown to contribute to increases in seeking medical advice, encouraging a peer to seek medical advice, talking about men's health with family, friends, colleagues, and educating themselves about prostate cancer and depression.
- *No more secrets* is - a collaboration between beyondblue, Freemason's Foundation and Andrology Australia - has delivered over 900 men's health seminars throughout Australia promoting the need for men to have regular checkups and discussing treatment options for depression. Limited evaluation of this campaign appears to have been undertaken, and it is unclear what impact it has had on men's engagement in health check ups. In general, health

⁵ NHMRC Research Funding - DISEASE BASED DATASETS 2000-2007 - Sex-Specific Funding Summary accessed from: [http://www.menshealthaustralia.net/files/NHMRC_Funding.pdf]

⁶ Literature Review on Effective Sex and Gender-Based Systems/Models of Care. Office on Women's Health U.S. Department of Health and Human Services. <http://www.4woman.gov/owh/multidisciplinary/reports/genderbasedmedicine/Question7.cfm>

⁷ Australian Bureau of Statistics, 2007, Suicides Australia, 2005, Cat. No. 3309.0 Commonwealth of Australia: Canberra. <http://www.abs.gov.au/AUSSTATS/abs@nsf/DetailsPage/3309.02005?OpenDocument>

awareness programs where subsequent participation is based on a self-selection process often rely on men having at least moderate levels of health literacy – and so fail to reach those men who may most benefit from additional health information.

Both campaigns have made inroads into raising awareness about depression, reproductive health and the need for regular checkups. However neither appear to target particularly at risk male populations (such as Indigenous men, men in rural areas, men of low SES, culturally and linguistically diverse men and veterans).

More rigorous evaluations of men's health education and awareness campaigns including their level of reach, uptake and their impact on men's engagement with the health system are required. It is also crucial that education and awareness raising campaigns are supported by mechanisms to allow follow-up of at risk individuals and are more effectively embedded into health promotion activities that occur in schools, workplaces, the community and the broader health system. The Australian Government, through the National Health and Hospitals Reform Commission (NHHRC) has recently announced its intention to build health literacy into the school curriculum. This health literacy component could include key topics on male health including preventative health as well understanding how to access and use the health system. Commencing men's health education in schools is crucial to early intervention and will equip boys and youth with the knowledge they need to better manage their own health and to more effectively negotiate the health system.

Similarly, health promotion activities undertaken in workplaces and other community settings such as sports clubs need to include a focus on men's health and would be key settings in which to promote the RACGP's M5 principles. Employee Assistance programs are an important setting for men's health promotion as they often have regular contact with employees with mental illness who are likely to have high levels of other key health risk factors such as alcohol misuse, overweight or obesity, physical inactivity, or smoking.

At the local level, Divisions often tailor health education and promotion campaigns to the needs of their community – including targeting men and at risk groups. In 2006-2007 55% of Divisions targeted programs specifically towards men (compared to 53% for indigenous Australians, 31% for culturally and linguistically diverse - CALD – groups, 70% to older people and 80% to women.)⁸ Some locally tailored approaches to men's health have included initiatives such as the *Pit Stop* program (a healthy lifestyle program based on a mechanical theme which appeals to many men and is designed as a screening and assessment approach that relates looking after your body to the way that you might look after your car⁹) and *Healthy Men*, a workplace health program that has had some success in promoting positive health behaviour change with men from lower SES households. (See question 3 for further details of this program.)

Interestingly, despite well-established differences in health care-seeking behaviour between men and women,¹⁰ the 45 – 49 year health check has been taken up equally by these two groups. Tailored promotion of these by Divisions to their community, as well as education around these to practices may have been a contributing factor in this.

⁸ Hordacre, A.L., Howard, S., Moretti, C., Kalucy, E. 2008, Moving ahead. Report of the 2006-2007 Annual Survey of the Divisions of General Practice, Adelaide: Primary Health Care Research and Information Service, Department of General Practice, Flinders University and Australian Government Department of Health and Ageing

⁹ <http://www.healthblitz.com.au/programs/pitstop1.html>

¹⁰ The Royal Australian College of General Practitioners. Position statement on the role of general practitioners in delivering health care to Australian men. Available at www.racgp.org.au/policy/mens_health.pdf.

Overall, a more systematic, nationally coordinated approach to education and awareness raising campaigns on men's health is needed in Australia. AGPN advocates that the new men's health policy adopts a nationally coordinated approach to public education and awareness raising on men's health that:

- Uses epidemiological data to determine who the most at-risk men are and what health issues are a priority for campaigns directed at men;
- Ensures campaigns do not occur in isolation but are part of an integrated approach to men's health with strong links between educational campaigns and health promotion programs targeting men;
- Embeds education about men's health and awareness campaigns within key settings such as schools, universities and workplaces to maximize population coverage; and
- Evaluates the impact of men's health campaigns and programs on men's use of the health system and their health outcomes.

3. The prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general.

It is well established that men access health care at significantly lower rates than women with rates of access decreasing as age increases¹¹. Men also tend to have briefer consultations with their GP later in the course of their illness and are more likely to leave significant health issues unaddressed. Men also access preventative health screening services less frequently than women and are under-represented in primary care based weight management programs despite having a higher prevalence of obesity.

AGPN suggests that a men's health policy gives consideration to the following factors in attempting to address some of these issues:

A more systematic and targeted approach to prevention to improve the status of men's health

Men's overall neglectful attitudes to their health and their limited engagement with the health system often results in limited opportunities for and limited success of opportunistic prevention and early intervention efforts with men. A more systematic approach to prevention through primary health care is vital to improving the health status of all Australians, particularly for those subpopulations who currently underutilise health care such as men. National approaches which allow flexibility for more targeted and tailored promotion at the local level, according to identified needs, are required.

In its preventative health submission¹², AGPN recommended a number of reforms to build the capacity of primary health care to deliver prevention including:

- voluntary patient enrolment with a general practice
- service coordinators to assist patients to complete their necessary health care programs and appointments
- wider implementation of e-health innovations such as:
 - recall and reminder systems (to enable better patient follow-up) and
 - data extraction tools (to allow practices to identify cohorts of at-risk patients that would benefit from health interventions).

¹¹ ibid

¹² Australian General Practice Network, 2008, Submission to the national preventative health taskforce. Available at: http://www.agpn.com.au/client_images/257540.pdf

Together these reforms support practices to identify and proactively follow-up their more at risk and hard-to-reach groups, and are integral in promoting a preventative health approach and increasing men's use of the health system through:

- ensuring more regular check-ups
- promoting earlier detection of health issues
- helping men to understand and more effectively interact with the health system
- helping practices and local practice support agencies, such as Divisions, to map the risk factors within its enrolled male population and potentially tailor population health programs to address these risk factors in men.

Linking primary care with community settings to increase men's access to health care

Linkages between the health sector and community settings are critical to increasing men's access to preventative health screening services and their engagement in health care. Delivering preventative health screening programs in workplaces has the potential to reach individuals and populations who are unlikely to access health care such as indigenous Australians, and men from low SES households. The Ballarat Division of General Practice's (BDGP) "*Healthy Men*" initiative provides a useful example of this approach. The initiative involved trialling a workplace based health and wellbeing screening program in small-to-medium blue collar industry businesses in the Ballarat area. Employees had an initial consultation and a three month follow up consultation on site with a multidisciplinary team of GPs, community nurses, men, their families and family relationship workers. The consultation provided male patients with health information, conducted basic health checks and made referrals as required.

Many men participating in the initial visit had:

- at-risk levels of blood glucose, cholesterol, blood pressure or girth
- had not visited a GP in the past 12 months and
- required referral to a GP or other health service¹³.

At follow up consultation, a number of participants reported behavioural changes positively impacting on their health and improvements in key risk factors.

Similar innovative programs such as BDGP's *Healthy Men* program need to be trialled and evaluated to help build stronger linkages between primary health care and community settings in order to reach men with low levels of engagement with the health system.

Consideration could also be given to trialling the inclusion of preventative health checks into workplace immunisation programs. Currently many government workplaces offer subsidised 'flu immunisations to employees which are administered on-site. Immunisation administration could also be a valuable opportunity to undertake concurrent preventative health checks in key areas of:

- weight and diet
- smoking status and alcohol consumption levels
- physical activity

and to provide patients with health information or recommend referral to a GP as required.

4. The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

As far as AGPN is aware, there is currently no nationally coordinated approach to the delivery of treatment services and general support programs for men's health in Australia. Consequently, the services that do exist tend to be stand-alone without linkages with the broader health care system, are often unevaluated, and are established on an ad-hoc basis, often in response to individual

¹³ Fraser, G. and Harvey, J. 2003, *Healthy Men: development of a workplace-based model for encouraging increased participation of men in matters of health and wellbeing: Final report to the Department of Human Services*. Unpublished manuscript.

funding grants. Many support programs for men's health such as the Men's Sheds initiatives are delivered by not-for-profit organisations who have limited funds. The new Australian men's health policy needs to give priority to:

- Establishing a nationally coordinated approach to the delivery of men's treatment services and support programs,
- Building the evidence base on prevention, early intervention, treatment services and support programs with demonstrated efficacy and cost-effectiveness with men, including evidence about approaches that positively impact on men's health care-seeking behaviour; and
- Evaluating the impact of new and existing services and programs on men's health outcomes.

AGPN also considers that as well as increased promotion and support for men's health overall, **greater priority needs to be given to the health of specific male subgroups especially Indigenous men and men in regional or remote areas.**

Immediate priorities for rural, regional and remote areas of Australia are treatment services and support programs targeting Indigenous men and men affected by drought.

Indigenous men have the worst health of any other demographic in Australia. As well as having significantly lower life expectancy than non-indigenous men, Indigenous men have a significantly higher suicide rate, and are at least 10 times more likely to die from assault than non-indigenous Australians. Indigenous Australians are also disproportionately affected by chronic disease with mortality rates from diabetes among males aged 35 to 54 years around 25 times those for men in the total population. The prevalence of smoking, harmful alcohol consumption and overweight / obesity are also significantly higher among indigenous men than non-indigenous men.

Data from the *Bettering the Evaluation and Care of Health* (BEACH) study indicates low utilisation of health service by Aboriginal and Torres Strait Islander patients with only 1.5% of total GP consultations over 2001-02 to 2005-06 with this population relative to their representation in the total Australian population (2.5% as at 30 June 2006). The high levels of morbidity and mortality and the low levels of health service use among Indigenous men underscores the need for greater investment by the Australian Government in culturally appropriate preventative health care, building the Indigenous health workforce and ensuring that all health service providers are able to deliver culturally safe and appropriate care.

To provide more culturally appropriate preventative health care to Indigenous Australians and to Indigenous men in particular, AGPN recommends two key reforms:

- i. That priority is given to the development of a culturally appropriate lifestyle modification program for use with Indigenous patients who are referred to lifestyle modification as part of the COAG *Prevention of type 2 diabetes* program currently being implemented through divisions of general practice.
- ii. That priority is given to ensuring medical software and electronic health records have the capacity to record Aboriginal and Torres Strait Islander status. Knowledge of patients' Aboriginality is crucial to ensure the appropriate preventative health checks and culturally appropriate care are offered to this population. AGPN has advocated for both these reforms in its recent budget submission and believes that both are critical to the provision of culturally sensitive health care to Indigenous patients, particularly men.

To increase Indigenous males' access to health care will require, at a minimum, further investment in addressing the workforce shortages in Aboriginal community controlled health organisations delivering more training in culturally sensitive care for the mainstream primary health care

workforce and greater linkage between the mainstream and Aboriginal Community Controlled Health Sector.

Men in regional/remote areas: The mental health of men in regional and remote areas of Australia is of significant concern. Males in regional and remote areas are more likely to show high to very high levels of psychological distress than those in capital cities¹⁴. Males in rural and remote areas are significantly less likely to seek professional help with a mental health disorder than their metropolitan counterparts¹⁵. This in part may be due to the limited availability of mental health services in rural and remote areas. A recent report from the AIHW¹⁶ indicated there are 94 fewer mental health services provided per 1000 people in rural and remote areas compared to capital cities. Division-implemented programs such as the Access To Allied Psychological Services (ATAPS) program provides improved access to mental health services in Australia. In some cases however, ATAPS is the only mental health service available in rural and remote areas. The mental health of men in these areas is likely to continue to suffer if levels of mental health service provision remain unaddressed.

Forty-three divisions of General Practice are also helping to address the mental health services gap in rural and remote areas through the *Mental Health Support for Drought Affected Communities* initiative. The initiative enables men to access both mental and physical health checks through incorporation of the Pit Stop program. Pit Stop aims to raise awareness of men's health issues, provides screening and education, and helps to empower men to look after their own health. It develops client referral pathways for follow up and access into participating divisions' programs.

The mental health support for drought affected communities initiative¹⁷ is particularly successful with men because it adopts an outreach model, using community support workers to identify potential clients through a range of community settings and mechanisms which are appropriate for men in rural / remote settings. For example community support workers may identify clients through:

- referral by rural financial counsellors
- via community events such as mental health awareness seminars or social gatherings with guest speakers; and
- by making on site visits to farms (with prior permission).

This approach helps to facilitate early intervention with individuals who might otherwise not seek help and is therefore a particularly useful model for targeting men who are well known to avoid help seeking for health in general and for mental health in particular. The initiative also helps educate communities to recognise and assist people experiencing anxiety and depression.

Additional funding is required to continue and extend the mental health support for drought affected communities initiative for a further three years beyond June 2009 and to be offered to all rural areas. Additional funds are also necessary to ensure all divisions are adequately resourced to deliver and to support the evaluation of the Pit Stop program.

Extent / adequacy of funding for men's health program delivered through the Network.

The mental health support for drought affected communities initiative is just one example of division led population health programs that can be tailored to meet the needs of men. Others have been provided throughout this submission. Divisions can play a key role in tailoring programs to the needs

¹⁴ Australian Institute of Health and Welfare 2008. Rural, regional and remote health: indicators of health status and determinants of health. Rural Health Series no. 9. Cat. no. PHE 97. Canberra: AIHW.

¹⁵ Caldwell, T.M., Jorm, A.F. & Dear, K.B.G. 2004, Suicide and mental health in rural, remote and metropolitan areas in Australia, *Medical Journal of Australia*, 181, 7, S10-S14.

¹⁶ Australian Institute of Health and Welfare (AIHW) 2008. Mental health services in Australia 2005-06. Mental health series no. 10. Cat no. HSE 56. Canberra: AIHW.

¹⁷ This initiative is currently being evaluated with results expected to be reported by end April 2009.

of their local community and effectively targeting at-risk groups in their regions. Clearly, in many instances this includes men. Currently, there are no specific funds allocated to Divisions to deliver men's health programs. Appropriate resourcing for the Network to deliver a national men's health policy / strategy should be considered to extend this work as required.

Access to general practice and other health services and continuity of care for men

As well as the issues around access to health services for men in rural and remote areas due to health workforce shortages, access to a GP is an issue for men more generally, including for corporate men. Subsequently, building a formal relationship with a GP can be hard.

Recent focus group research with corporate men¹⁸ showed that they had trouble accessing a GP in normal hours (access after 5pm or even later is best for corporate men) because they worked long hours with few breaks and because they often relocated and / or travelled for work. As a result, their experiences with general practice were very much about episodic care. There was a lack of continuity and traditional care in the form of an ongoing relationship with a regular GP / general practice was very difficult even in urban areas.

The focus group also showed that getting information out to men about health care is also very important. There is a real need for education, even in highly educated men, as they often unsure quite what to ask health professionals about or for when they are with them or what services are available to them. There is a need to be proactive in getting men to general practice and other health care and in educating them about what to expect and ask for.

A potential mechanism to help overcome these barriers includes:

- Access to a subsidised decade-by-decade health check for all men (promoted directly to men). This could include mail outs to male patients based on known demographics as part of an education process. Over time this would build up consistency about what is being / or needs to be checked to help detect issues and intervene earlier.
- Online access for men to complete preliminary self-health checks / health status questionnaires as a first step towards helping men detect risk earlier. These could be coupled with referral pathways to see a GP (with links to a local directory) for questionnaires scored below a certain threshold.

Involving Practice Nurses (PNs) in men's health check as well as in women's health might also assist men to access health care services more easily.

¹⁸ Personal communication from Dr Chris Bollen Adelaide North East Division