The Royal Australasian
College of Physicians

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

on behalf of

The Royal Australasian College of Physicians

Contact:

Dr Yvonne Luxford
Manager, Policy and Advocacy
Royal Australasian College of Physicians
145 Macquarie St
Sydney NSW 2000

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Executive Summary

Men's health is not currently adequately addressed in Australia. Along with traditional 'male' health issues, such as genitourinary problems, men suffer disproportionately from numerous other conditions, particularly chronic conditions caused by lifestyle factors such as alcohol, tobacco or illicit drug use, or from poor nutrition and physical inactivity. Men also have higher rates of depression and suicide, and are more likely to be involved, as both perpetrators and victims, in traffic accidents and violent incidents.

Men are also less likely to engage in the health system than women, and are less likely to express help-seeking behaviour, therefore leaving them at a further disadvantage. How to effectively engage men of all types in the health system is a key issue to improving male health outcomes, and particularly considering Australian men's lower life-expectancy. There are several programs currently operating in Australia that seek to increase male engagement. Programs evaluated to be successful require further support. However such programs are often directed to specific male sub-groups, and further program development is required to ensure no group is left to slip through the net. Encouraging widespread workplace health promotion programs would provide a medium for wider male engagement, for raising male awareness of health issues, and normalising health system engagement for all men.

Particular male sub-groups are also more likely to have poorer health outcomes in certain areas – Indigenous Australian men have the lowest life expectancy of any population group in Australia. Our rural and remote male population also require specific attention, with particularly high rates of depression and suicide among these communities. Men who have sex with men (MSM) are another group who suffer disproportionately from depression and suicide, as well as alcohol and illicit drug dependencies and associated health problems.

Male health needs to be considered as a discipline in its own right. The development of a national men's health policy is a good start towards this. The College ask that the following commentary and recommendations be considered by the Committee for this Inquiry.

The Royal Australasian College of Physicians (RACP)

Physicians over the last century have taken the lead in many issues that have contributed to increasing the level of wellness for men. In the 1960s physicians pioneered the link between smoking and lung cancer. They were involved in campaigning in the 1970s for the introduction of legislation which made Australia the first country to legislate on blood alcohol levels for drivers of motor vehicles. In the 1980s physicians in Australia led the medical community with their health promotion campaign against the spread of HIV/AIDS. In 2009, the RACP identified three key areas they will focus on - Indigenous health, chronic diseases and workforce. These issues cut across the arena of men's health.

In everyday practice many male patients are referred to physicians, many of whom are suffering from male–only illnesses, or illnesses which affect men disproportionately. As key players in the Australian health system, and advocates for improving the health and wellness of individuals and communities and reducing disparities across population groups, the College would like to take this opportunity to submit the following recommendations and commentary to the Inquiry.

Inquiry details:

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

Introduction

The lack of a coherent policy on men's health has been repeatedly highlighted by heath advocates for many years, especially after the development in 1989 of an Australian women's health policy [1], and the subsequent development of numerous 'draft' men's health policies [2]. The Federal government's response to men's health issues has been largely focussed on 'men-only' issues, particularly sexual and genitourinary health [3]. Though these are valuable and necessary areas to fund, and there is considerable evidence that men are still not as aware as they could be of their of risks regarding these illnesses [4], greater consideration needs to be given to the other key concerns in men's wellness, which see men disproportionately more likely to fall prey to various conditions, and to die at a younger age. Such issues require urgent appraisal.

Men have poor health outcomes in many areas, with lower life expectancies than their female counterparts. Men are more at risk of strokes, and chronic conditions such as ischemic heart disease, lung cancer and diabetes, and have higher mortality rates for these conditions. These are often preventable, caused by lifestyle factors such as tobacco use, risky alcohol consumption, and obesity caused by poor nutrition and/or a lack of physical activity.

A male sub-group of particular concern are those living in areas of low socioeconomic status, for whom the above cited chronic conditions are particularly prevalent. For example, Indigenous men have a 2.6 times higher risk of dying from cardiovascular disease than non-Indigenous men [5]. Indigenous men have the lowest life expectancy of any group in Australia.

Depression, self harm and suicide are also key issues in men's health while deaths due to injury, predominantly relating to workplace health and safety and transport accidents (relating to risk taking behaviours [6]) are especially common in younger age groups. Men in the 15-44 age range are four times more likely to commit suicide then women. The reasons for this are similar to those of women, e.g. stress, loss, or mental health conditions, but added to this is men's higher likelihood of partaking in risky behaviours, for example, drink and illicit drug usage and dependence [7], which may cause harm not just to individuals, but to others if leading to road trauma and violent behaviour. Male suicide

rates are especially high in rural and remote communities [6], particularly among younger men [8], where factors such as isolation, less help-seeking, less awareness of what might constitute a mental health problem, less health system interaction, and reduced access to general and mental health support services are thought to increase risk [8]. Gay men and other men who have sex with men (MSM) are also at greater risk of depression and suicide, particularly younger homosexual and bisexual men, as well as young men trying to come to grips with sexuality issues. This is especially so in rural and remote areas where any sort of 'gay community' is lacking or not visible. International epidemiological studies demonstrate that gay and bisexual males are four times more likely to report a serious suicide attempt than their heterosexual counterparts [9-12].

Men also have a lower uptake of health services and consult their GPs less often [6, 13-15]. There is a tendency to present later with health problems, attend GPs less frequently; and when they do present, have shorter consultations [16]. This also indicates less opportunity for men to seek help and utilise health services. This is especially pertinent when considering that preventative health discussions often occur during health service visits. It is imperative that the underlying reasons for this reduced use of health services and poorer health literacy are uncovered and addressed [17]. There is an urgent need to increase the engagement of men with the Australian health system [17].

The current literature, of which this is just a brief overview, provides us with good evidence of problems for men in remaining well. It is clear that the Australian health system does not adequately cater for men's wellness. A coherent, cohesive, coordinated policy, looking at the multiplicity of male population sub-groups, needs to be developed in order to better address the needs of Australia's men. The College understands that the Australian Department of Health and Ageing are currently consulting on what a men's health policy might look like, and that this Inquiry, though a separate process, will feed into that process.

The College would like to make the following recommendations to the Select Committee in relation to the issues stated for inquiry:

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

- **The RACP recommends an increase in funding for research into men's health issues, and its recognition as a field of practise in its own right.**

Men's health is under-represented in health research in Australia [18].There is currently no academic scholarship originating in Australia that specifically links men's lay perspectives of their health with key policy concerns relating to men's health seeking practices, health service use, and the way in which men navigate the current health system [2]. In order to address men's relatively low engagement with the health system, and their increased mortality and reduced life expectancy, more research must be commissioned to examine why men do not present for health checks until later stages of illnesses [15], and why there is perceived unwillingness generally to access services.

This would be further facilitated by men's health issues and health outcomes specifically within National health indicator sets. It would also be useful if data collected by the Australian Bureau of Statistics, for example, was always broken down by gender.

- **The RACP recommends that the scope of 'men's' health issues addressed in men's health policy be extended beyond 'men only' health issues to encompass those which men suffer from disproportionately to women, particularly in terms of chronic diseases caused by lifestyle factors.**

Type 2 diabetes, for example, has been identified as a condition which would benefit from particular attention in men's health. Diabetes is undiagnosed in approximately 50% of those who have it, yet it is very common in the Australian population (more than 7% of adults). Type 2 diabetes is the second leading contributor to the burden of disease (as measured by DALYs) and it is the 8th biggest killer of men. The diagnosis and treatment of diabetes should form an important part of any general health checks in men.

'Men-only' issues also require greater attention in the health system. There is no specifically targeted health program based funding for rehabilitation of functional and related issues that arise from treatment of prostate or testicular cancers, or for the problem of metastatic cancer. Individuals with these problems are managed within existing rehabilitation programs, which may not be the most effective way of dealing with these very specifically male health issues.

There are numerous conditions which require attention when considering men's health. These include:

- Testicular cancer (men only)
- Prostate cancer (men only)
- Metastatic cancer and post treatment rehabilitation
- Depression and higher suicide rates (especially in rural and remote areas [6], and MSM)
- Lower life expectancy
- Chronic diseases (including cardiovascular disease, diabetes, lung cancer, colorectal cancer), especially those caused by lifestyle factors, such as:
    - tobacco use,
    - high risk and risky consumption of alcohol,
    - obesity caused by lack of physical activity and poor nutrition.
- Effects of war service
- Effects of harmful occupational exposures, e.g. dust, musculoskeletal injury
- Social isolation, especially for older men living alone
- Men as carers
- Lack of life skills fostering dependency on services among widowers
- Application of quality use of medicines principles and the National Medicines Policy in addressing the use of medicines in men
    - selecting management options wisely
    - choosing suitable medicines if a medicine is considered necessary
    - using medicines safely and effectively
- Education / inclusion - how to reach out to men, tailoring health system to men's needs

- Aboriginal and Torres Strait Islander male health
- Young men, especially addressing transport related injury and poisoning deaths
- Gay men and other MSM health [9-12, 19, 20]
- Violence and crime, often fuelled by high risk and risky consumption of alcohol
- Alcohol and illicit drug abuse and dependence disorders

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

Current education and awareness campaigns are not sufficiently effective in raising male awareness regarding health issues which affect them, and encouraging them to do something about it. Even in areas which have been subject to much attention in men's health, such as prostate cancer, there are still a large majority of men in the at risk age groups who are not aware of the early symptoms [4]. There are many questions to answer too, in particular regarding prostate cancer screening, such as - How many men do you need to screen for PSA to find one positive cancer?[21]

Given men's low rates of attendance at primary health care services there is considerable need to develop preventative health campaigns targeted specifically at men. Men are more prone to risk taking behaviours, including those caused by lifestyle factors such as tobacco use, and obesity caused by physical inactivity and poor nutrition [22-24]. Alcohol and illicit drug abuse and dependence disorders also have much greater incidence in men than women, and the consequences include not just mental health issues, but also linked to trauma (e.g. road trauma) and violence (often of a sexual nature).

- **The RACP recommends increased funding for the continuation and promotion of existing education and awareness campaigns and projects with a proven record of success in engaging men with the health system, and discontinuing those programs that do not show that they have made a difference.**

Though many health promotion campaigns have been found to not be cost effective[25], there is clear evidence that some are, e.g. Australia's national anti-smoking campaign [26]. In order to assist men, and provide them with the capacity to maintain wellness, it is important that any campaigns are targeted at specific groups,

are developed based on research regarding where and how they might best impact on the target groups, and are subject to a comprehensive economic evaluation.

Marketing health to men is a crucial component of any campaign regarding men's health improvement [3]. Campaigns such as 'Movember' are seen as effective in raising male awareness of men's health issues such as prostate cancer and depression, and prompting men to take action [27]. Developed in Australia, this campaign is now breaking through across the world, including in the USA. Programs such as 'Men's Health Nights' [28] (or 'Bloke's Night Out') as initiated by the Centre for Advancement of Men's Health (CAMH) in Victoria, and the 'Pit Stop' program [29], are often touted for their effectiveness in engaging men with health issues. For example, 62% of men attending men's health night sessions reported they were more likely to see a health professional as a result [28]. The Men's Shed program [30] has also been attributed good outcomes. There is evidence that this project has had an impact in, among other things, addressing male domestic violence [31] and promoting male mental health and wellbeing [32]. The charity 'Mensheds Australia' has produced resources to assist others in setting up Men's Shed programs [30].

There are numerous programs addressing men's health run locally at a community level[33]. If resources were put into evaluating effectiveness of existing programs / initiative, they could be rolled out further.

- **The RACP recommends fostering more research into ways to engage male sub-groups in the health system, particularly those from lower socioeconomic and Indigenous backgrounds**

The above programs take a specifically 'male' angle, tailored towards men's interests and comfort zones, and thereby setting them aside from other health campaigns and programs. As noted above, such approaches have clearly had some success, and can be used to inform further programs and campaigns aimed at men.

However, when seeking to engage men in services it must be remembered that men are not a homogenous group, and new campaigns must be developed that are inclusive of all male sub-groups [17]. For example, the relation between cars and men's bodies,

as utilised in the 'Pit-Stop' program, will not hold the same appeal for all men, and may even alienate some men from attending [34]. Research on the outcomes of 'Men's Health Nights' for example indicates that these events are generally attended by older men (40+), and those from a professional background [28]. So despite the relative popularity of this program, developed mainly in rural Victoria, large segments of the area's male population, such as younger men and the unemployed, are under-represented.

Therefore it is important that education and awareness campaigns and programs are developed with consideration of the heterogeneity of the sub-groups of the male population. Multiple masculinities, and an appreciation of how culture, sexuality, age, race, ethnicity and working class influence the multitude of masculine behaviours enacted by men is required when developing campaigns and consideration must also be given to the potentially damaging nature of male stereotypes, which classically depict men as strong and independent, and therefore is not conducive to male engagement in their health care [17].

Attention must be paid to how the perpetuation of gender stereotypes, and more specifically the social construction of masculinity, reinforces a certain societal norm that is both unhealthy and unproductive for moving men's health promotion forward in Australia. [17]

- **The RACP recommends activities to increase engagement of men in the health system, and with their own health, at the beginning of adolescence.**

A reason cited for women's increased utility and greater comfort with the health system is that they are engaged with it for non-illness related reasons at a younger age, i.e. during adolescence for contraceptive and screening programs [7]. Thus health system interaction is more normalised for females, and earlier in life [6, 13, 15]. Earlier intervention in male health, particularly in terms of education and increasing awareness of health issues in young men, may help to engage younger men in utilising the system as a matter of course, rather than waiting till something is very wrong [7, 16].

- **The RACP recommends greater research and investment in evidence-based programs for men's health in workplaces**

Given that 50% of men (against 26% of women at Jan 2009 [35]) are employed in fulltime work, their opportunity to attend health services, which generally operate during standard fulltime hours, is reduced. Men are also less likely to use [36] flexible working arrangements, even when available to them. Men therefore not only have less opportunity to visit the doctor, but they may also be less inclined to take time off work for this purpose, particularly when working in casual / contracted employment. There may also be concern that indicating a health problem to employers and colleagues might show vulnerability, or potentially jeopardise their position [7]. Having services and programs available in workplaces, or health campaigns based in the workplace, increases the acceptability for men to engage in the health system, or pre-health system wellness centres, despite a possible conflict with working hours [7].

The 'Work Fit' scheme by the Men's Health Forum in the UK is a good example of this working in practice. Some 16,000 British Telecom employees, men and women registered for Work Fit (about 20% of the UK-based workforce), a much higher number than originally anticipated. The proportion of male participants varied from about 60-75% depending on the age group. Around 5,000 participants remained at the end of the program, and over the 16 week period the average weight loss for each participant was 2.3kg, and there was general evidence of lifestyle changes conducive to health promotion [37]. Such programs should be supported for roll out throughout workplaces in Australia. Foundation 49, an Australian men's health charity, offers workplace health checks, assessments and education for companies to promote the health of their employees. Such schemes could be assisted in reaching wider audiences by subsidies or incentives to allow smaller companies to provide this for their employees [38].

There have been good outcomes for programs of opportunistic screening in workplaces, as well as at sporting events and field days [17]. Though such programs are effective, they must form part of a scheme of programs so as not to exclude men who do not have the opportunity to access them, such as people with disabilities, the unemployed, and those working in less structured or resourced working environments. Gaps could be addressed by subsidising workplace programs for smaller businesses,

and by introducing such programs in Centrelink offices. Umbrella organisations for farmers and fruit growers and others in the agricultural sector also need to be more actively involved in encouraging their members to participate in education and screening programs, which would also benefit from government support [39].

3. Prevailing attitudes of men towards their own health and sense of well-being and how these are affecting men's health in general

- **The RACP recommends further research into methods for engaging men in the health system.**

Men's relative lack of use of the health system is not necessarily attached to a lack of interest in health as some research has argued [13, 15, 40, 41]. Research cites reasons such as reduced opportunity, unwillingness to attend without being certain that there is a real problem, and reservations due to perception that the health system is female orientated.

There is significant evidence that men and women differ in their help-seeking behaviour, and in what they want from the health system. Limited research on this area has indicated that men demonstrate the following [7]:
- sporadic and infrequent use of services;
- lack of engagement with health material;
- tendency to delay when faced with health problems.

What is needed is greater engagement with men first. Focus on female health, and especially maternal issues, needs to be retained, but in doing this we may further de-emphasise men's health at a community and clinic level, particularly in remote Australia. This tends to further reinforce men's perception that health care is for women and children.

- **The RACP recommends that medical practitioners are provided training on what qualities men value in a health practitioner.**

Where research has been carried out on what men report may better engage them in health services, it has not necessarily translated into practice. A recent study looking at the qualities men value when engaging with general practitioners [40] found that men value several qualities in a health contact:

- a frank approach;
- demonstrable competence;
- thoughtful use of humour;
- empathy;
- a prompt resolution of the problem.

This study was undertaken with a small sample of older white Australian men, and therefore cannot be generalised to the wider population, or other male sub-groups. This is another area we would highlight for further research.

All medical practitioners should consider how they can increase the uptake of their services by the "unreachable" group — 30–60 year old men [3]. "Man friendly" appointment systems and consulting times with after work times and more on the day appointments, waiting rooms, and reception staff are key parts of a "whole of practice" approach, as are outreach services to workplaces and other venues [16]. Similarly, a "whole of consultation" approach offering options which take into account research that indicates that male groups prefer a more physically based approach to lifestyle prescription, and may require specific direction about follow up [16]. For many men, a trusting relationship with a personal physician or practice is built over a series of consultations [3]. This indicates the need for early intervention where male health is concerned.

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 above points relate to men across geographical groups. There is, however, an additional need for particular consideration of the health of men in rural and remote

communities, and Indigenous men. There is a limited profile in rural, remote, and Indigenous health care delivery regarding even the more traditional men's health issues, i.e. genitourinary health and depression. Access to urology and continence services (a key aspect of prostate disease) are extremely limited in Northern Queensland where urology services are supplied on an outreach basis from Brisbane with a clinically inadequate level of service. Most remote clinics have a predominantly female and non-Indigenous Australian level of staffing with few dedicated positions to address anything more than sexually transmissible infection at a male-specific program level.

Many clinics in small communities are viewed as places for women, children and the elderly, which further limits access and privacy for men. This is a particular problem in small communities where confidentiality is always an issue. There is a need to define a basic level of service for men in rural and remote Australia, and especially for Aboriginal and Torres Strait Islander people, which address appropriate (male) staffing at all levels of healthcare delivery. Such staffing includes Indigenous health workers, nurses, doctors, specialists and most importantly community based workers who engage men (and boys) in the community/workplace and schools to emphasise primary and secondary prevention. Access to relevant specialist services (especially urology for prostate disease) and infrastructure which recognises the issues of gender at a primary care level (dedicated entrances, waiting areas, consultation rooms, etc) are also important.

Male staff must be available for men's health issues. Men are less than forthcoming with female health workers when talking about reproductive health, infertility, or erectile dysfunction even before getting to prostate and testicular cancer.

- **The RACP recommends focus on training and employing more male health workers, with specific focus on male Aboriginal health workers, to assist in engaging men of rural and remote communities, as well as Indigenous men, in the health system.**

- **The RACP recommends consideration of a National Service Standard to address the above issues.** (As per the Remote Renal Service Standard, developed for the Australian Health Minister's Conference (AHMC) as part of the health reform Agenda Working Group (HRAWG))

Where rural and remote communities are concerned however, the major issues for men are cardiovascular disease, trauma and mental health. The epidemic of non-communicable disease also brings associated problems especially related to erectile failure/libido either as a consequence of disease or treatment. Recognition of this, and access to appropriate services is extremely poor in remote and rural areas.

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