

A snapshot of men's health in regional and remote Australia



Australian Government
Australian Institute of Health and Welfare

Men in rural regions of Australia may face distinct health issues because of their location, work and lifestyle. This report provides a snapshot of some of these issues and compares the illness and mortality of men in rural and urban areas. Overall, men in rural areas are more likely than their urban counterparts to experience chronic health conditions and risk factors. For example, they: are more likely to report daily smoking and risky drinking behaviour; are less likely to possess an adequate level of health literacy; have higher mortality rates from injury, cardiovascular disease and diabetes.

Summary

In late 2008, the Australian Government announced its intention to develop Australia's first National Men's Health Policy, which will have a focus on a number of groups including men in rural areas. Drawing on several data sources, this report provides a snapshot of the health of men in rural Australia compared with urban areas.

Why rural men?

There is a strong relationship between poor health and social and economic disadvantage. Compared with urban areas, rural regions of Australia contain a larger proportion of people living in areas of socioeconomic disadvantage. This fact, combined with the generally poorer health status of men compared with women, justifies the specific consideration of rural men in this report.

Room for improvement in the health of rural men

This report confirms previous findings that rural men are more likely than their urban counterparts to experience chronic conditions and health risk factors.

In 2004–06, male death rates increased with remoteness. Compared with *Major cities*, death rates ranged from 8% higher in *Inner regional* areas to up to 80% higher in *Very remote* areas. Several areas of health continue to be of particular concern for rural men. Four of these are highlighted below.

Cardiovascular disease and diabetes

Death rates from these 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 in *Inner regional* areas and 3.7 times as high in *Very remote* areas as compared with *Major cities*.

Alcohol and other drugs

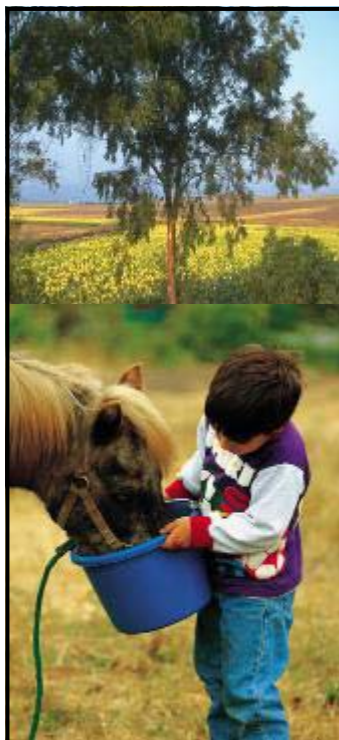
Men living outside *Major cities* were more likely to report daily smoking and risky or high-risk alcohol use than their counterparts in *Major cities*. They were also more likely to have experienced a substance use mental disorder throughout their lifetime. The incidence of head and neck cancers and lip cancers, two groups of cancers associated with increased smoking and alcohol consumption, was also higher outside *Major cities*.

Injury

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% more likely to report a recent injury.

Health literacy

In 2006, men living in *Inner regional* and *Outer regional/Remote areas* were 22% less likely than men in *Major cities* to possess an adequate level of health literacy.



RURAL MEDICAL SCHOLARSHIPS—CLASS OF 2010/11

Although I wasn't sure that it was possible, my second semester at Melbourne University's Rural Clinical School (RCS) in Shepparton proved to be even busier than the first! At the end of this semester, my peers and I underwent assessment that contributed 80% to our overall mark for our year of study in the country. Under pressure due to looming exams, I found the second payment of Australian Rotary Health Rural Medical Scholarship an enormous help, as I was able to cut back my part-time work to only once a month.

The Rural Clinical School continued to offer unique study opportunities, such as being able to assist in outpatient clinics at the local Aboriginal Health Service, Rumbalara. As ever, the RCS hospital and teaching staff were very generous with their time in helping us to prepare for exams. A group of interns gave up one of their precious Saturdays to run practice exam stations for the students. Senior RCS lecturers ran a series of Friday afternoon revision lectures. Our sub dean ran a fantastic, free Yoga course on Tuesday nights leading up to exams as a stress buster. The RCS also set us up with a mentoring doctor that we could debrief with any time we needed. All of these measures and the personalised support that the Rural Clinical School offered us made a real difference to our wellbeing during a stressful time. I also found the camaraderie of living in the student accommodation formed a wonderful support network. Taking it in turns to share the cooking duties, replenish the 'study-aid' bowl of chocolate and swapping study materials contributed to the feeling that you were part of a group with a common goal. One of the distractions our house adopted was a devotion to the TV show, Masterchef. This even extended to holding our own 'Masterchef' scone challenges!

In order to work off some of those extra 'Masterchef' kilojoules, I became a member of the Aquamoves gym in Shepparton. Other extracurricular activities included participating in 'Clean up Shepparton (Australia)' Day, being a guest and speaker at Rotary meetings, and finalising details for the Charity Slave Auction I ran in the previous semester. I collected final donations, presented the cheque for the Goulburn Valley Base Hospital Auxilliary Fund to the hospital CEO and ensured that the events and items that were auctioned off were collected by the winning bidders. For example, my housemates and I held our 'Curry night', which was purchased and attended by several hospital doctors, nurses and their partners.

It was a fulfilling semester on the social front too. Several friends from Melbourne visited for a weekend and we explored the nearby town of Murchison, including a trip to Longleat's winery. The rural medical students took full advantage of the country horse racing season and attended both the Wangaratta Cup and the Shepparton-Tatura Cup. The Shepparton branch of the Rural Health Student Society hired a marquee and hosted many RCS students, their friends and junior doctors from the Goulburn Valley Base Hospital at the Shepparton-Tatura Cup. Many of us entered Fashions on the Field, and one of the doctors carried off first prize in the menswear section! The Rural Health Student Society also held an end of year dinner, complete with photo slideshow and awards, to celebrate the tough year we had negotiated as a group.

I have elected to do a third semester at the Rural Clinical School in Shepparton studying women's and children's health. Even though my formal year-long involvement with Rotary has now come to an end, the Rotary Club that I attended has generously extended an open invitation for me to be a guest at meetings in the future. As more senior students did for me, I hope to be able to help out the next year level as they embark upon their first hospital placement. A number of peers originally from the Wangaratta campus are joining us to also study women's and children's health, and we're planning a scavenger hunt to introduce them to the Shepparton that we have gotten to know well in the past year. I look forward to returning to the Rural Clinical School in Shepparton and forming a whole new set of memories & experiences.

Moovin' Health Rural Student Health Club presenting a fundraising cheque for the Goulburn Valley Base Hospital to the hospital CEO.

Ashling McNally—Shepparton



Lydia Newton

Charles Sturt University

Post Grad Year January 2010

Dubbo Base Hospital

"Wow the year is certainly going quickly.

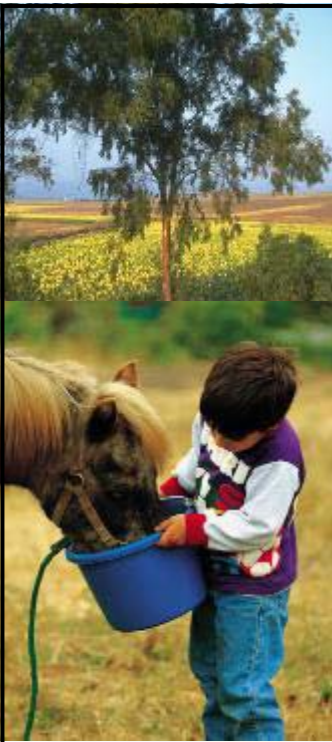
Over the past three months since my last entry I have been really busy. I commenced my emergency component of the new graduate program in April. I thoroughly enjoyed this stint in emergency although it was as much frightening as it was exciting.

Unfortunately due to being accepted into the student midwife program I was unable to complete my full three months in there. The emergency department ran many in-services on a very regular basis. Whilst I was in there I attended infant resuscitation, documentation, how to use the new ventilator that our emergency department had bought, how organ donations help so many lives and how to handle a situation if it arises. During this time I helped with a cardiac arrest, a burns patient and lots of respiratory disorders in people of all ages, the little kids were the scariest. As a new grad we also had to have monthly meetings to debrief about what we had faced or to express our concerns if any.

As of July, I commenced my new journey in the nursing profession to become a registered midwife. So far it has proven to be a very intense year ahead. I have been to Wagga for a residential school for 6 days and have now returned home to learn what is expected of me as student midwife. So far I have worked in the postnatal ward and in the ante-natal clinic. However, one day the clinic was quiet and I got to witness my first birth. It was a very amazing experience and I am looking forward to being a part of that experience with the families and their new addition. Over the next fortnight I have many study days booked into my roster eg: Fetal Monitoring, breastfeeding essentials, active birth and neonatal resuscitation."



Dubbo Renown for the Western Plain Zoo



Uta Conway

sponsored by Rotary Club of Carlingford

University of Wollongong

Post Grad Year January 2010

Bega/Pambula Hospitals

"I have attended my clinical rotation on surgical floor in Bega Hospital since July. Bega Hospital is a 70 bed level three/four hospital that provides emergency, medical, surgical, paediatric, obstetric and high dependency services for a rural community. The surgical ward is a very busy environment and involves the post-operative care of patients, and lots of drips, drains and wound care.

So far I've learned about bladder irrigation after prostate surgery, chest drains for patients with chest injuries, wound drains, femoral nerve infusions, spinal infusions and different kinds of wounds. Lots of new skills to learn, but luckily the other nurses are supportive.

I have also had the opportunity to participate in several lectures and in-services. I recently attended a two day lecture/workshop on mental health and dementia/delirium in Queanbeyan as part of my new graduate program, and attended a workshop on spirometry to assess respiratory function in Pambula.

In-services included palliative care topics and advanced care planning. I am also intending to use some of my scholarship funds to attend workshops on wound care and care of the critically ill patient in Merimbula and Canberra.



CLASS OF 2010 RURAL NURSING SCHOLARSHIPS REPORTS

Kasey Howes

Charles Sturt University

Post Grad Year January 2010

Wagga Wagga, Calvary Hospital

"I am currently working on a ward which includes maternity patients at one end of ward, special care nursery then surgical patients at the other end. I am working on the surgical side. These patients include, children and adults with ear, nose and throat surgery, gynaecology procedures, breast care and other general surgical or medical admission. So there is a lot to see and learn.

We also have a few palliative patients at times. I enjoy working on this ward as we work with both registered nurses and registered midwives. As I am hoping to attend university next year again to become a registered midwife it is very interesting learning all the midwifery terms and procedures during hand over and also general conversation on the ward.

At times we are also required to care for mothers post delivery and assist with babies in the special care nursery. I have found the midwives on this ward very helpful and they have recommended several text books which I have purchased that assist in the delivery of care to these patients. We also have an 'in house channel' on the TV which offers many different education videos for mother to watch that about breast feeding, caring for a new born, transition to becoming a mother, how to bath and care for a newborn all of which I have watched and found very useful.

On the surgical side I have applied to attend an educational day in Albury in August - on post operative pain control. I am hoping to get accepted as a course like this builds knowledge and allows me to understand the patients experience and deliver a more holistic approach to care.

On this ward we have not had any in services or learning days but everyday has been a learning experience. The clinical nurse specialists on this ward have so much knowledge in their area of expertise and are more than happy to educate me and share these skills. Some skills acquired on this ward includes; removing nasal pack post sinus surgery, caring for children and their families during a surgical admission, ways to decrease anxiety in children pre operatively, caring for belovac drains, referral services for patients who have breast cancer and many other skills.

During the post grad study day we had this rotation we completed our cannulation course which included two hours study and practicing cannulation on fake arms. We then had to attempt to cannulate patients with their permission under the supervision of a certified and experienced registered nurse or doctor until we have three successful attempts signed off. Then we are able to cannulate independently. I have had the opportunity to complete one successful attempt and awaiting the opportunity to complete two more so that I can carry out this procedure when required to take the pressure of the resident doctors.

During this study day we also had a lecture on mission and values, the care of patients with alcohol or drug dependence and Stomal therapy. All of these lectures were very interesting and provided information and techniques that will be very useful in the future.

My new rotation is in the Orthopaedics ward, all new challenges and skills to learn."

RURAL NURSING SCHOLARSHIPS **Announcing recipients for 2010/2011**

Katheryn Knight

Charles Sturt University

Rural Placement—Lithgow Hospital

Post Grad Year January 2011—Dubbo Hospital

Tammy Seckold

Central Queensland University

Rural Placement—Innisfail District Hospital

Post Grad Year January 2011—Cairns Base Hospital



Margaret Buchanan

Queensland University of Technology

Final Placement February 2010

Post Grad Year late 2010

"I recently completed a two month placement at the Dalby Hospital where I split my time between the acute ward and the accident and emergency department. I thoroughly enjoyed my time in Dalby and it was a terrific placement to finish on. I enjoyed each and every day I spent at the hospital.

In particular, I was fortunate to attend two one-day educational workshops with the other nurses (*Basic Wound Care and Advanced Life Support*), observe a caesarean section and ride in an ambulance to Toowoomba. The emergency department was a busy working environment however I still felt supported and very much part of the team.

I found the combination of living and working in a rural area very rewarding. The opportunity to complete a rural placement was extremely valuable and I would strongly recommend all nursing students to give it a go. The diversity of patients is incredible and the sense of community in a rural area is unique.

My final placement has inspired me to pursue a rural nursing career. I am now eagerly waiting for my nursing registration to be processed by AHPRA (AHPRA is a new national body). Once I receive my registration, I will start working as a RN in the acute ward at the Dalby Hospital."



Emily McGruer

Charles Sturt University

Post Grad Year January 2010

Wagga Wagga, Calvary Hospital

"Education is a very important component of my post graduate year. Throughout the year there has been an emphasis on furthering the skills and knowledge of new graduate nurses through education, support and encouragement.

Rotation: Orthopaedics, June – August 2010

Education components attended:

Post graduate study day – every couple of months Calvary holds a study day for the graduate nurses. These days provide us with an opportunity to discuss or 'debrief' on our experiences within the hospital setting. The main purpose of these study days is to focus on elements of our nursing we would like further guidance and education on and aspects we may be unsure or lacking confidence in. These study days are invaluable to our nursing careers and an important step to becoming the best registered nurse possible.

Orthopedic education session – provided by Calvary hospital, this session is attended by those undergoing joint replacements in the future. As I was in the midst my orthopedic rotation I was lucky enough to attend. During this session, future patients were provided with information on what to expect during and following their surgery, how to get the best from their new joint e.g. post-op exercises and how to prevent post operative complications. As a nurse with limited orthopedic experience, this session provided important information as well as allowing me to interact with future patients.

In-services – held throughout the hospital on regular occasions for staff education and improvement of knowledge on a specific topic. Examples of these include 'mock cardiac arrests' giving staff practice in emergency situations, sessions on how to use a new piece of equipment, and general areas of nursing staff may be unsure off.

Nursing is a career in which we are forever learning; therefore continuing education within the clinical setting is essential."



Wagga Wagga renown for the RAAF Base



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If your Rotary Club would like to sponsor a Rural Doctor or Rural Nurse

it will cost

Rural Doctor Scholarships

are \$5,500 per year

AUSTRALIAN ROTARY HEALTH offers Scholarships Australia wide for medical students attending the 14 Rural Clinical Schools of Australia.

The aim of the Scholarships is to provide incentives for medical students to complete at least one year in a rural area. This will encourage and influence the medical students to consider pursuing a medical career in rural Australia upon graduation or following postgraduate medical studies. This Scholarship would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

or

Rural Nursing Scholarships

are \$13,750

Post Grad Year in Rural Placement

AUSTRALIAN ROTARY HEALTH is currently offering Scholarships—in country NSW and in Country Queensland (available in other States if required).

The aim of the Scholarships is to provide incentives for nursing students to complete their 3rd year major clinical placement and graduating year in a rural/remote area.

This will encourage and influence the nursing students to consider pursuing a nursing career in rural/remote Australia upon graduation. This Scholar would have the benefit of enjoying the fellowship of Rotarians and also expose the candidate to aspects of rural community life.

Please contact Cheryl Deguara—Programs Co-ordinator
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