

# Mid Term Review for



delivered by  
**Wheatbelt Men's Health (Inc.)**  
*(October 2014 – September 2016)*



**A report by**



## Executive Summary

This document presents the findings of a Mid Term Review of the Regional Men's Health Initiative (RMHI) conducted between July and September 2016. The project is delivered by Wheatbelt Men's Health Inc. The fund holder is the Department of Agriculture and Food WA (DAFWA). The project is funded by the Department of Regional Development's Royalties for Regions (R4R) program.

The purpose of the Mid Term Review is to meet contractual requirements and to summarise progress towards project objectives, document outcomes achieved during the period, describe the project's regional penetration, undertake a cost benefit analysis of the project and suggest improvements, including steps required to position the project for future activities post-2016.

### **Process, product and people –RMHI remains on the right track**

Highly valued aspects of the project continue to be its responsiveness, flexibility and demand driven approach. The project is well regarded for its grassroots approach and ability to connect with regional communities. The findings of this review reaffirm the findings from previous evaluations - that the success of RMHI in its awareness raising and education of men (and others) can be attributed to the following key factors stemming from its processes, products and quality of people employed:

- Use of a variety of approaches (presentations, media spots, Fast Track Pit Stop etc.) helps to engage a wide audience of different ages, genders and cultural backgrounds to embed the health and wellbeing message in different ways;
- Community ownership and community champions – community groups take responsibility to identify what is important to them so that the message matches the need;
- Demand driven and responsiveness inherent in the model;
- the skill, personality of RMHI staff;
- Linkages established between target group and other health providers and support services; and
- Holistic (non-medicalised) model of health means that the audience don't artificially separate their physical, mental and social/spiritual health.

The continuity of this approach and messages provided over several years, is highly regarded across regional Western Australia.

### **Project on track and exceeding objectives**

Overall the project was found to be on track to achieving its objectives of educating regional communities in relation to men's health and wellbeing; this is further supported by the increasing exposure for the project at State and National events. Over the two year period, the project has delivered over 425 events and reached approximately 24,862 participants through its events and advocacy work, well in excess of its annual target of 9,000 men. It has been directly responsible for 136 media events. Workloads, outputs and participation rates have increased significantly over the last year. The project is well managed and has met all of its requirements to date.

### **Strategic focus on effective partnerships and regional impact**

Stakeholder relationships are well managed and the project is well regarded by stakeholder groups. The project has demonstrated improvements in strategic focus and is reaping the benefits of successful partnerships with the WA Country Football League, Men's Shed movement, and numerous other community, business, recreational and sporting organisations. This has enabled it to reach a wider cross section of regional communities and younger population cohorts compared to previous years. The project has broadened its reach into other regional areas (prior to this two year period), and is now at a stage where there is a well balanced regional presence and impact.

### **Cultural change is occurring**

The project has continued to contribute to changing organisational and community attitudes towards men's health and wellbeing issues. Nonetheless, it was recognised that long term sustainable behavioural and cultural change in terms of a more holistic approach to wellbeing and health awareness would take a significant amount of time, certainly more than could be expected within a typical project cycle(s).

### **Fills an area of market failure**

Statistically, regional men are over represented in demographic poor health indicators when compared to women (regional and urban) and to urban men. RMHI continues to provide an important service by filling an unmet need.

*People living in rural and remote Australia have lower levels of health literacy which not only compromises their ability to exercise informed choice, but exposes them to higher risks of adverse outcomes...Much of remote Australia is subject to market failure with regard to the provision of health services and thus reliant on government intervention to provide these vital services...This is the point at which government subsidy is vital to ensure access to basic services through outreach and other visiting services<sup>1</sup>.*

### **Benefit Cost Analysis indicates significant value for money**

Making a 'Like for Like' comparison with a 2014 Benefit Cost Analysis (BCA) undertaken by DAFWA using similar assumptions and financial estimates, the BCA is estimated at 9.08 in 2016 compared to 4.91 in 2014, largely due to an increased number of participants reached by the project. Additionally, the Mid-Term Review BCA scenarios considered both conservative and higher order ranges of benefits indicating a benefit cost range of between 3.81 to 8.31. Both the BCA estimates, and alternative estimates of economic benefit, suggests a positive return on Government investment in the RMHI, even under conservative assumptions, and is consistent with numerous findings of positive benefits of suicide and mental health intervention strategies.

### **Future activities**

The review identified some 'next steps' in terms of identifying sustainable funding sources, utilisation of information via RMHI database, suggestions for capturing evidence of its outcomes and improving the project's communication efforts.

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<sup>1</sup> National Rural Health Alliance (2016)

