Tackling inequities in men's health: a reflective lens on the National Male Health Policy

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Coordinated action is necessary to improve the health of all Australian males

The fourth Andrology Australia Forum on men's health was held in Sydney on 4–6 June 2010, with about 70 researchers, policymakers and health professionals in attendance. The forum theme was "Tackling the inequities of men's health", and it provided the opportunity to consider one of the six priority areas of the National Male Health Policy — "Health equity between population groups of males".[1] The presentations and discussions highlighted areas for further consideration in policy implementation, while acknowledging the complexity of addressing health inequities through policy initiatives.

Male health policy

The Honourable Warren Snowdon, MP (former Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery), gave a keynote address on the first Australian National Male Health Policy.[1] The Minister described the policy process, highlighting his involvement and drawing on his personal experience working with Indigenous communities, which ensured that a broad range of male health issues through the lifespan were included. Dr Noel Richardson (Director, Centre for Men's Health, Institute of Technology Carlow, Ireland) followed, giving an account of the Irish experience in formulating a national men's health policy.[2] His account provided a direct contrast between the two policy processes. While both policies were underpinned by extensive community consultation, the Irish policy benefited from a strong evidence base commissioned by the government specifically for the policy, whereas the Australian policy was driven by grassroots men's groups and guided by the limited available empirical research. This led to different guiding principles: Dr Richardson described the Irish policy as drawing on a "gender-mainstreaming" framework, in which gender is acknowledged as a key determinant of health. It also recognises the interaction of masculinities with social and economic factors in influencing men's health, compared with the approach using broader social determinants in guiding the Australian policy.

The Minister acknowledged that coordinated action by the whole workforce was necessary to drive change. He also emphasised the need to embed the policy into government frameworks to withstand possible changes in government priorities. However, the broader structural change through which health inequities could be addressed was not clearly articulated. An important lesson from the Irish experience was the value of the policy itself in facilitating work across government sectors, not just health services, with men's health now seen as a priority area. Importantly, both speakers acknowledged the impact of recent economic events on the policies, with the Minister highlighting that in such financial circumstances it was important to direct resources to areas that can further policy objectives in the long term.

Finally, forum delegates welcomed the Minister's announcement that a male health policy reference group would be established. This would be to provide expert advice and assistance with the implementation of policy action areas, such as the proposed National Longitudinal Study on Male Health. This announcement partially reflected one of the fundamental lessons learned from the Irish experience: the need for good governance and accountability. However, it did not go as far as the requirement by the Irish government for annual progress reporting. While policy formulation reflected different mechanisms, both acknowledged the need for an evaluation and monitoring strategy to be established from the outset.

Research data, evidence and policy

Several speakers highlighted the need for good data to underpin policy development and implementation. Lisa Thompson and Sally Bullock (data analysts, Australian Institute of Health and Welfare) reported data showing the poorer health status of men living in rural and remote areas. In particular, the data showed higher rates of chronic diseases that are partly due to lower socioeconomic status, but other factors remain to be elucidated.[3] More focused data and policy analysis for groups with poor health and/or social isolation were called for, using cross-sectional health surveys, data linkage and longitudinal studies.

Professor Sally Redman (Chief Executive Officer, The Sax Institute) expanded on the value of longitudinal studies in providing high-quality evidence for policy questions. Using the 45 and Up Study as an example, Professor Redman highlighted how longitudinal studies can be used by researchers and policymakers. "Add-on" studies and data linkage can be used to answer questions arising over time, thus "future proofing" the significant investment necessary to conduct a longitudinal study. Acknowledging the time lag between evidence and policy, Professor Redman called for better ways to provide robust evidence to policymakers. James Smith (Discipline of Public Health, University of Adelaide) underscored this point by showing how evidence (in this case, qualitative evidence) can debunk myths promulgated by opinion rather than empirical research. Mr Smith argued for closing the biomedical–social and qualitative–quantitative research gaps to answer the important questions in men's health. He coupled this with an emphasis on translating research into policy and practice.

Professor Gavin Turrell (Principal Research Fellow, School of Public Health, Queensland University of Technology) discussed the strong association between socioeconomic status and male health. He emphasised the need for a whole-of-government and whole-of-society approach to tackle socioeconomic inequities. In discussing policy implementation, Professor Turrell argued that interventions should be focused on environments as well as individuals, and occur across the lifespan, requiring an alignment of public policy and health policy. Improved monitoring and surveillance systems could address some of the gaps in Australian men's health data, allowing proper evaluation of interventions designed to address socioeconomic inequities.

On a different theme, Associate Professor Doug Lording (Endocrinologist, Cabrini Medical Centre) highlighted emerging areas

that require better policy, such as purchasing unsafe or ineffective medications from the internet or other unregulated markets. Improvements in health literacy and health promotion, as well as better regulation, are needed to meet the needs of those who are vulnerable to health practices that could be described as predatory.

Specific groups of men at risk

Understanding the impact of cultural and social contexts on men's health, highlighted in several presentations, generated lively discussion. Dr Mick Adams (Director, Fineline Consultancy) set some challenges for redressing past (and present) wrongs that have had significant impacts on Indigenous male health. He emphasised the importance of reconstructing male empowerment to improve quality of life, health status and spiritual wellbeing. Referring to the United States Office of Indian Men's Health, Dr Adams called for similar initiatives from our government to turn policy statements into real action. On the theme of empowerment, Jack Bulman (Chief Executive Officer, Mibbinbah) described the Mibbinbah ("Men's Place") model of health promotion. The focus here is on creating safe spaces for Aboriginal and Torres Strait Islander males where they can acquire skills to take back to work with men in local communities. Mibbinbah's success lies in its capacity to network with local Indigenous organisations and broader community health organisations.

Pino Migliorino (Chair, Federation of Ethnic Communities' Councils of Australia) highlighted the significant health literacy issues for men, particularly older men, from culturally and linguistically diverse (CALD) backgrounds. He emphasised the importance of bringing ethno-specific organisations on board as partners with mainstream services, to address barriers to accessing health services and to aid in understanding health contexts of men from CALD backgrounds. Gordon Gregory (Executive Director, National Rural Health Alliance) stressed that access issues are also crucial for men living in rural and remote areas, irrespective of whether "rural attitudes" such as "valuing independence" still exist. There are some obvious system barriers, such as a lack of general practitioners in rural areas, that require modern solutions, such as greater use of information technologies.

Professor Gary Dowsett (Acting Director, Australian Research Centre in Sex, Health and Society, La Trobe University) gave some background on the gay men's health movement, arguing that gay men have specific health needs that should be kept on the policy agenda. Although comprehensive data are lacking, Professor Dowsett pointed to eating disorders, drug use and mental health disorders as being common in this group, in addition to sexual health issues. While noting the failure of the current policy to adequately acknowledge gay men's health needs, he called for better data collection tools to answer the most relevant questions about gay men's health, requiring a rethinking of traditional health data categories.

Workforce capacity

There was general agreement that addressing inequities in men's health requires a multisector focus on workforce capacity. Dr Michael Wright (Research Fellow, Telethon Institute for Child Health Research) spoke about the Aboriginal and Torres Strait Islander male researcher network. Building Indigenous research capacity to better deliver evidence and engage with policymakers will be integral to improving Aboriginal and Torres Strait Islander male health.

Dr Mark Wenitong (Senior Medical Officer, Apunipima Cape York Health Council) spoke about increasing both the capacity and the quality of the Indigenous health workforce. He stressed the cultural importance of male health workers and pointed out that there is a current shortage of male nurses, and Aboriginal and allied health workers. Policy levers such as the Aboriginal and Torres Strait Islander Health Workforce Working Group,[4] and programs such as the Indigenous health curriculum framework for medical schools[5] and the Andrology Australia Aboriginal and Torres Strait Islander Male Health Module need further investment from government. Dr Wenitong argued for improved pathways and structural support to enable Aboriginal and Torres Strait Islander people to progress through health workforce education and training.

Peter Strange (Nurse Practitioner, Bendigo Community Health Services) highlighted the current lack of men's health education in undergraduate and postgraduate nursing and allied health curricula, and Professor Rob McLachlan (Director, Andrology Australia) spoke about the lack of men's health education in the medical undergraduate curriculum. These deficiencies flow through to a lack of men's health specialist services and local programs. Audience discussion reflected on the critical need for more focused training across these domains, reinforcing that men's health could be incorporated as a core education component and/or specific postgraduate training to build defined men's health career pathways.

Men's health programs

Descriptive accounts of programs designed to address male health disparities through better access and support (Box) prompted discussion of the need for program evaluation. Although the workplace is seen as a potentially successful forum for men's health promotion, for example with high attendances recorded at WorkSafe Victoria's workplace health checks, evaluations of the effectiveness of such programs can be limited due to privacy and other issues.

Conclusion

The forum provided a timely opportunity to reflect on the National Male Health Policy and its specific aim to address health disparities

Examples of men's health promotion program

Bringing health into the workplace

Rachel Gualano, Acting Director, WorkHealth, WorkSafe Victoria

WorkHealth program health checks for diabetes and cardiovascular disease risk factors done in the workplace

Building workforce capacity in community health (in men's health)

Peter Strange, Nurse Practitioner (Men's Health), Bendigo Community Health Services, Victoria

Rural men's health promotion model: community events for men, male-friendly health clinics and workplace programs, such as health assessments for men in sheep saleyards

Strengthening networks through peer support

Bill McHugh, Past Chair, Support and Advocacy Committee, Prostate Cancer Foundation of Australia; Brisbane Prostate Cancer Support Network, Queensland

Network of 99 prostate cancer support groups with three levels of organisation: individual peer support, state chapters, and the National Support and Advocacy Committee

between population subgroups of men. The forum only provided a snapshot of current men's health initiatives, and it became clear that a number of areas still require policy focus. These areas included the need for explicit linkage, coordination and cooperation across service provision, research, policy and practice. Policy action areas have been defined, but opportunity exists to reflect on the international, national, regional, local and individual experience to bring coordinated action to improve the health of all Australian males.

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Competing interests

None identified.

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