

# Investing in men's health in Australia

Building leadership, governance and evaluation capacity to improve men's health outcomes

Research has consistently shown a sex differential in illness and mortality between men and women.<sup>1</sup> It is widely acknowledged that this difference relates to a combination of biological and sociological factors, including the social construction of gender.<sup>1,2</sup> Empirical evidence shows that life expectancy among men in Australia has raised slightly over the past decade.<sup>1</sup> However, the report by the Australian Institute of Health and Welfare *The health of Australia's males*<sup>1</sup> indicates that some men make healthy lifestyle choices and have positive health outcomes. About two-thirds of men participate in sports or physical activities, nearly 40% discuss health lifestyle concerns with a health professional, 20% rate their health as excellent, and survival rates for prostate cancer and testicular cancer in Australia are improving.<sup>1</sup> Yet, popular wisdom would have us believe that men are stoic and do not seek help or use health services.<sup>2</sup> There are clear indications that the tides are changing.



disability, males from culturally and linguistically diverse backgrounds and other marginalised groups of males.<sup>17</sup>

## Emerging evidence to promote men's health

Australian research suggests that, if provided with the right environment, men will speak about their health,<sup>3</sup> indicating that male health and health care is a shared responsibility between men, health professionals and the health system. For example, in primary care settings, research shows that health professionals can better engage men in discussions about their health by adopting a frank approach and by using humour thoughtfully, showing empathy and resolving health problems promptly.<sup>4</sup> Such research has contributed to the development of general and health practitioner summary guides to improve health service engagement with men, including *Andrology Australia's Engaging men in primary care settings: clinical summary guide*<sup>5</sup> and the Men's Health and Information Resource Centre's *Men's health resource kits*.<sup>6-9</sup> Some of these resources are now being used in undergraduate and postgraduate teaching and in professional training in medical, allied health and public health disciplines across Australia. Over the past decade, global public health scholars have also been advocating for greater investment in men's health promotion efforts in Australia, the United Kingdom and Canada, including health promotion approaches that have a deeper consideration of gender, particularly multiple masculinities.<sup>10-12</sup> This need to invest in health promotion has paralleled discussion about managing men's health problems in Australia through greater action on the social determinants of health<sup>13-15</sup> and by focusing attention towards equity within men's health promotion contexts.<sup>16</sup> These considerations were firmly embedded into the development of Australia's first National Male Health Policy back in 2010 under the former Labor government.<sup>17,18</sup> This policy included the identification of priority groups, which comprised Aboriginal and Torres Strait Islander males, males from socio-economically disadvantaged backgrounds, males living in rural and remote Australia, males with a

## Men's health policy investment

Australia is one of few nations globally that has a National Male Health Policy.<sup>17</sup> The policy experience of both Australia and Ireland shows that a strengths-based approach to men and their health is important.<sup>14,18</sup> There have been some significant inroads in the men's health promotion landscape in Australia, which parallel investments in men's health policy development. For example:

- investment in Men's Sheds in Australia has been unprecedented, with supporting frameworks to enhance implementation;<sup>19</sup>
- workplace health promotion efforts, some of which targeted men in the construction and trade industries, have progressed (<https://ozhelp.org.au/about-us> and [http://www.federalfinancialrelations.gov.au/content/npa/health/\\_archive/healthy\\_workers/NT\\_IP.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/healthy_workers/NT_IP.pdf));
- Andrology Australia and the Prostate Cancer Foundation of Australia have led the charge on sexual and reproductive health problems, and have provided significant resources and training for health professionals ([www.andrologyaustralia.org/health-professionals](http://www.andrologyaustralia.org/health-professionals) and <http://www.prostate.org.au/awareness/for-healthcare-professionals>);
- the Movember Foundation has brought an exponential increase in public awareness of men's health, particularly in relation to prostate cancer and mental health;
- *beyondblue* has targeted resources to men's mental health;
- the Top Blokes Foundation has increased the focus on the health and wellbeing of young men and boys, and has shown the value of peer-led programs in this context;
- improving Indigenous male health has continued to be a focus, particularly within the Indigenous

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community controlled health sector with initiatives such as Ochre Day (<http://www.naccho.org.au/programmes/aboriginal-mens-health>); and

- the Australian Men's Health Forum has continued to deliver a biannual national men's health gathering and advocate for strengthened action on men's health.

In addition, there has been significant investment in Ten to Men — the Australian longitudinal study on men's health.<sup>20</sup> The evidence generated through this study will be important for making further advances in men's health.

## Next steps

While we have seen some improvements in the health of Australian men over the past decade, it is difficult to attribute this improvement to the National Male Health Policy in the absence of a formal evaluation or review. However, it seems that there is still substantial room for improving men's health.<sup>1</sup> For example, we know that intentional self-harm is the leading cause of mortality among males aged 15–44 years,<sup>1,21</sup> which indicates that a greater focus on mental health programs and services targeted at young to middle-aged men is important, including those programs relating to suicide prevention. We already know that suicide in Australia has been, and continues to be, a growing national concern among men, with mortality having escalated alarmingly over the course of the past decade.<sup>21</sup> Suicide has become a significant contributor to premature mortality among Indigenous males — it is estimated that suicide rates among Aboriginal and Torres Strait Islander people are at least 40% higher than the national average, and at least 60% of suicide attempts never come to medical attention.<sup>22</sup> A very positive recent development in the field of suicide prevention is the collaboration of non-government organisations and corporate, academic and community interests.<sup>22</sup> Scholars have recently argued that such collaboration “has the potential to ensure that resultant suicide prevention initiatives are outcomes driven, and grounded in the cultural and social realities of human community.”<sup>22</sup> We also know that ischaemic heart disease is the leading cause of mortality for men aged 45–95 years or over,<sup>9</sup> which shows that tailored programs and services that aim to improve the heart health of Australian men are also urgently required. This should parallel investments in sex-specific health concerns and action to manage broader social determinants of health.

While Australia has a National Male Health Policy, it has not yet been reviewed or evaluated, and this is urgently required. If Australia is to learn from the international experience, we know that evaluation is an important step in the successful transition from development to implementation phases.<sup>18,22</sup> At present, the Australian National Male Health Policy describes actions in the absence of an investment strategy and is sufficiently vague in relation to determining responsibilities. As such, the level of accountability has been, and will continue to be, poor, and we believe it needs to change.

Likewise, the intent to focus on social determinants of health necessitates a clear framework for mapping policy levers that will improve men's health. This approach requires a more explicit alignment between the National

Male Health Policy and other government policies relating to, for example, education, employment, housing, justice and human services.<sup>20</sup> Work of this nature has not yet been advanced, but is critical for achieving longer term population health gains.

The research team involved in the Australian longitudinal study on male health acknowledges that the current investment is insufficient to achieve the equity focus espoused to meet the needs of priority groups of men, as outlined in the policy. They advocate for additional substudies and add-on studies — particularly those studies dealing with the social determinants of health<sup>20</sup> — and consider that it is important to invest in applied research that aims to improve Aboriginal and Torres Strait Islander male health outcomes. A recent Northern Territory Indigenous Male Research Strategy Think Tank, which identified multiple priority areas for further research in this space, could provide guidance for such studies. The development of a national men's health research agenda could be particularly useful at this juncture, as it has not been comprehensively revisited since 1998.<sup>23</sup> Investment in qualitative research that examines the perspectives and experiences of Australian males and health practitioners will almost certainly help to guide further actions in men's health policy and practice in Australia.

In summary, Australia has seen a groundswell in research, policy and practice in men's health over the past decade, and has become an international leader in the field of men's health. Moreover, Australia has significant potential to improve the health outcomes of Australian males, particularly for priority groups. Within a research context, this potential means implementing more robust and sophisticated approaches to evaluation and monitoring in men's health program and service delivery contexts, including investment in evaluation research.<sup>24</sup> Evidence of this nature is scant, but may inform quality improvement in men's health promotion, particularly that targeted at priority populations of men. Within a practice context, this potential means an increased emphasis on different approaches to men's health and gender in education and training programs, especially in medical, nursing, allied health and other caring professions. It also means funding evidence-based men's health promotion and public health interventions beyond pilot phases to be appropriately scaled up at state, territory and national levels. These interventions include investment in Men's Sheds, workplace health promotion programs, and services that are responsive to the health and social needs of men.<sup>3,4,17,19</sup> Within a policy context, this potential means building the leadership and governance capacity in men's health at local and national levels, and a preparedness to develop a national men's health implementation plan with sufficient resources to drive tangible actions that result in improved health outcomes for Australian men.

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