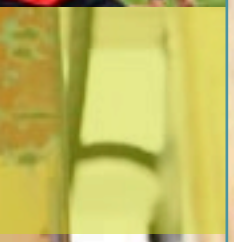
Australian Government
Department of Health and Ageing

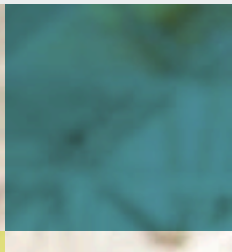
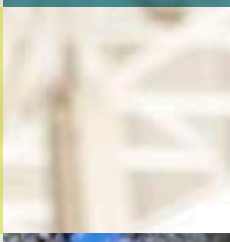
National Male Health Policy

BUILDING ON THE STRENGTHS OF AUSTRALIAN MALES





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National Male Health Policy

BUILDING ON THE STRENGTHS OF AUSTRALIAN MALES

Warren Snowdon with Dr Richard McClelland, General Practitioner at the Oakhill Clinic in Reservoir, Victoria

Minister's foreword

In the past half century males have displayed substantial strengths and resilience in the face of significant social, economic and cultural changes in our society.

This includes major changes to roles and expectations, which may have been challenging for both males and females, and continued economic pressures on many males as breadwinners and income-earners.

For too long we have accepted the stereotype of the indestructible Aussie male.

Life's circumstances can make it difficult for males to make healthy choices and to access the health care and information necessary to achieve optimal health.

Research shows that Australian males have, on average, a shorter life expectancy than Australian females, dying at 78.7 years compared to 83.7 years for females.

To address these and a number of other health challenges facing males in Australia, the Government made an election commitment in 2007 to develop the nation's first National Male Health Policy.

Importantly, the foundations of this policy were built from what we have heard males right across Australia telling us about their health needs. In 2009, more than 1300 people participated in 26 public forums in regional and metropolitan locations in each state and territory. Participants repeatedly told us that they wanted to see a positive, strengths-based policy.

They also made it clear they wanted a policy that is not just for men, but for Australian males of all ages.

This Policy provides a framework for improving male health across Australia – with a focus on taking action on multiple fronts.

It recognises the need to engage males about their health; raise awareness about preventable health problems affecting males; improve the use of existing health resources by males and reduce access barriers; and target males with poor health outcomes.

There are six priority areas for action set out in the policy and it is up to us all – government, the health and non-government sectors, and males themselves – to make a difference.

I also encourage males to learn more about their own health, to adopt healthy routines, to have regular health checks to prevent chronic disease, and to seek medical help when needed.

Taking good health action is a strength that enables males to enjoy life as well as to fulfill the important roles that they have in families, the wider community, and the social and economic life of Australia.

Warren Snowdon
Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery
May 2010

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1. Executive summary

Australian males generally enjoy better health and a longer life expectancy than males in most other countries in the world. Yet, on average, Australian males have a shorter life expectancy than Australian females, and some population groups of males, particularly Aboriginal and Torres Strait Islander males, have significantly shorter life expectancies than others.

The National Male Health Policy provides a framework for improving male health across Australia – with a focus on taking action on multiple fronts. It begins with a discussion of male health issues and the public consultations conducted in its development (Section 2), then lays out six priority areas for action (Section 3). It concludes with a reference to nine supporting documents that give more in-depth analysis of male health issues (Section 4).

Consultations with males across Australia

Males have unique needs within the health system. Not paying attention to these unique needs can contribute to unequal health outcomes between males and females and between different groups of males. With this in mind, the Australian Government made a commitment in 2007 to developing a national policy on male health.

In 2009, to gain a picture of attitudes to male health across Australia, 26 public forums were conducted in each state and territory, with more than 1300 people – health experts, government and non-government organisations, peak bodies and males themselves – involved. More than 90 public submissions were also received. The consultations and an extensive review of the literature, led to underpinning Policy assumptions. These are:

- The health of Australian males is important
- There are health inequities between males and females
- Not all male population groups have the same health outcomes
- Health is holistic.

Six priority areas for action

The Policy encourages males to take individual action to improve their own health and recognises that this requires information, assistance, and support. It also focuses on government action, cross-sectoral activity and initiatives that can be undertaken by the health system and community broadly to improve the health of Australian males.

At the heart of the Policy are six priority areas for action and suggested approaches. These are to promote:

1. *Optimal health outcomes for males* – Promote recognition of the valuable roles males play in family and community life, develop policies that specifically consider male health, and modify health programs to improve the health and wellbeing of males and particularly those with the poorest health outcomes.
2. *Health equity between population groups of males* – Give policy priority to males who experience the highest health disadvantage, promote health

messages in a way that males can relate to, and encourage health services for Aboriginal and Torres Strait Islander males to have a positive, family-oriented approach.

3. *Improved health for males at different life stages* – Promote the role of males as fathers, recognise the roles of Aboriginal and Torres Strait Islander men in traditional practices and parenting, encourage a focus on transition points in male lives (for example. leaving school, relationship breakdown), develop practical health promotion materials, and promote male adolescent health through schools and other avenues.
4. *A focus on preventive health for males* – Encourage employers to deliver health checks and programs for males, fund health promotion materials, encourage health promotion activities to have a specific focus on males, raise awareness on chronic diseases among males, deliver evidence-based health promotion messages to males, and monitor workplace hazards and environmental toxins.
5. *Building a strong evidence base on male health* – Fund a National Longitudinal Study on Male Health, commission regular statistical bulletins on male health, give priority to research focusing on male health, routinely collect and report data on male health, explore the potential for surveys on male health, and monitor scientific developments relating to male health.
6. *Improved access to health care for males* – Encourage health services to be responsive to male needs and aware of health barriers they face, encourage culturally appropriate services for Aboriginal and Torres Strait Islander males and encourage GPs to take up government incentives to engage Australians in prevention of chronic disease.

Supporting documents

Supporting the Policy are documents that provide a comprehensive assessment of the evidence, current actions and future actions for key areas addressed in the Policy, including key health issues that impact on males. These documents also contain information on Australian Government action to address issues raised in the Policy, and on male health service models highlighted in the consultations. There is a resource sheet for males with information on services to assist them.

Conclusion

Male health in Australia can, and should, be improved but it can happen only if governments, health organisations, communities and individuals work together to take action. This Policy, through its six priority areas for action, provides the framework for this to happen.

2. Developing a national policy on male health

In 2007 the Australian Government made a commitment to develop the first National Male Health Policy, in recognition of the specific health challenges facing males in Australia. This commitment involved:

- Consulting with males, health professionals, governments and community organisations
- Looking at available evidence, and
- Recognising that improving male health requires taking action on many fronts.

The result is the National Male Health Policy, a 'back to basics' policy focusing on:

- Engaging males about their health
- Raising awareness about preventable health problems affecting males
- Improving the use of existing health resources by males by reducing access barriers, and
- Targeting males with poorer health outcomes.

This Policy has a number of supporting documents – factsheets on various elements of male health, such as healthy routines and healthy reproductive behaviours, and tips for males themselves. These are listed in Section 4.

Note that the term 'male health', not 'men's health', is used throughout. The Policy is about males of all ages. Early experiences can lay the foundation for health outcomes later in life, and good health should begin early. Also, being considered an adult can be at different ages for males from different cultural and ethnic backgrounds. For instance, this will be after initiation where these ceremonies are practiced in Aboriginal and Torres Strait Islander communities.

2.1 The need for a national policy

The health of Australian males is critical to their wellbeing and that of their families and friends. Good health enables them to fulfill important roles in Australian society.

Yet males have unique needs within the health system. Not paying attention to these unique needs can contribute to unequal health outcomes between males and females and between different groups of males. A study of mortality in Australia found that there is:

> considerable scope for reduction in inequalities, especially those between Aboriginal and Torres Strait Islander peoples and other Australians, between males and females, and between low and high socioeconomic groups.[1]

A policy specifically for males allows these unique needs to be considered, and for efforts to be focused on areas of highest need.

Males also need to be given health information in ways they can easily relate to. This Policy, by laying out six clear priority areas for action (see Section 3), and its supporting documents, makes essential health information easily available to health professionals, the community, and males themselves.

2.2 Consulting with males and others

This Policy is founded on consultations with Australian males, health experts, non-government organisations, peak bodies and many other interested parties. In launching the consultations, the Hon Nicola Roxon MP, Minister for Health and Ageing, said: 'Whether young or old, single or married, in the city or the bush, the Government wants the views of Australian men to help make the policy strong, robust and effective.'

Consultations were conducted across Australia, with more than 1300 people participating in 26 public forums held in regional and metropolitan locations in each state and territory during 2009 (see Attachment A). Individuals and organisations also made more than 90 submissions.

The Government is committed to ensuring this Policy remains a dynamic framework for action and is reviewed over time.

2.3 Building the National Male Health Policy

The consultations, together with an extensive review of the male health literature, led to a number of underpinning Policy assumptions. They are that:

- The health of Australian males is important
- There are health inequities between males and females
- Not all male population groups have the same health outcomes
- Health is holistic.

The health of Australian males is important

The need to value and support the multiple roles played by males in society was a common theme of the consultations. Males play varied and important roles in Australian society, including as fathers, partners, providers, carers, sons, brothers, grandfathers, uncles, friends and role models. They contribute in a wide range of community activities, such as the arts, sports and spiritual endeavours, and in the paid and unpaid workforce.

Males make a significant contribution to our society in paid work, with nearly six million Australian males (15 years and over) in paid employment in 2009.[2] Males also contribute substantially to the Australian economy in unpaid work. For example, it is estimated that males in the 65–74 year age group contribute $10.3 billion in unpaid work per year.[3]

Improved health for Australian males will not only have a positive impact on individual lives. It will also contribute to improvements in participation and productivity, improvements in the cultural and social life of our communities, and substantial reductions in the need for provision of high-cost health care services.

There are health inequalities between males and females

Although Australian males enjoy one of the highest life expectancies in the world (78.7 years in 2005–07), significant health inequalities exist in Australia.[4] Australian males continue to have a lower life expectancy than Australian females (83.7 years in 2005–07) and are dying earlier of some preventable diseases and injuries.[5] In 2006, 22 per cent of male deaths occurred in the 25–64 age group compared to 14 per cent of female deaths. Male mortality rates were higher than female rates across all age groups.

In 2005, males experienced higher rates of premature death (as measured by Potential Years of Life Lost[6]), and lost 75 per cent more potential years of life than females.[7] The major contributors to potential years of life lost for Australian males are coronary heart disease, lung cancer and other heart diseases, all of which are largely preventable, and suicide. Land transport accidents, which also have scope for prevention, are also a major contributor to years of life lost for Australian males.[8]

Not all male population groups have the same health outcomes

An even wider life expectancy gap exists between different population groups of Australian males:[9]

- *Aboriginal and Torres Strait Islander males:* The health of Aboriginal and Torres Strait Islander males is worse than that of any other groups of Australians. In May 2009 the Australian Bureau of Statistics (ABS) released new Indigenous life expectancy estimates for the period 2005–07. The gap in life expectancy between Indigenous and non-Indigenous Australian males is estimated to be 11.5 years (with life expectancy 67.2 years for Indigenous males and 78.7 years for non-Indigenous males).[10]
- *Migrant males:* On arrival, many migrant males enjoy health that is better than that of the Australian population, due to factors such as the required health status of immigrants and self-selection processes.[11] However, over time the health advantages of migrants lessen and their health resembles that of the host population, illustrating the way living conditions, changed environments and wider societal factors can reshape health.[12] There are different patterns in health outcomes among migrant groups in Australia. For example, some groups from Europe, Asia and the Pacific Islands have higher diabetes mortality rates than other Australians.[13] Migrants born in the United Kingdom and Ireland have higher rates of lung cancer, and migrants from Asia have low death rates for suicide, colorectal and prostate cancer, and respiratory diseases.[14]
- *Males in rural and remote areas:* Considerable regional variations in life expectancy across Australia also exist, with males in major cities having a life expectancy of 80 years and males in very remote areas having a

life expectancy of 72 years, in 2004–06.[15] Males in rural and remote areas generally have poorer health than males living in major cities. In 2004–06, males in rural areas had significantly higher death rates than males living in major cities due to largely preventable conditions such as coronary heart disease, motor vehicle traffic accidents and chronic obstructive pulmonary disease.[16] Death rates due to injury and poisoning for males increased with remoteness – 30 per cent higher in inner regional areas than in major cities, and 214 per cent higher in very remote areas than in major cities.[17]

- Socially disadvantaged males: Social and economic disadvantage is directly associated with reduced life expectancy, premature mortality, injury and disease incidence and prevalence, and biological and behavioural risk factors.[18] A recent study found a 32 per cent greater burden of disease for the most disadvantaged population as compared to the least disadvantaged, due to higher rates of burden for most causes, particularly mental health disorders, suicide, self-harm and cardiovascular disease.[19]
- Other groups of males: Other males also have poorer health outcomes as raised in consultations and submissions for this Policy, particularly gay, bisexual or transgender males, and intersex people. Other groups with poorer outcomes include males with disabilities, males with mental health issues, servicemen or veterans, and males who are socially isolated. Males who are in the criminal justice system also have particular health issues.

Health is holistic

During the public forums, males consistently said that they view health holistically. All aspects of life impact on their health and wellbeing, including family and social circumstances, income levels, where they live and what they do.

This Policy adopts the holistic World Health Organization (WHO) definition of health: 'complete physical, mental and social wellbeing and not merely the absence of disease and infirmity'.[20] It also recognises the spiritual dimensions of health and wellbeing.

Principle two of the *National Framework for Aboriginal and Torres Strait Islander Male* provides the following definition:

> Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.[21]

(See supporting document *National Framework for Aboriginal and Torres Straight Islander Male Health Revised Guiding Principles.*)

This definition of health is helpful for all males, not only those from Aboriginal and Torres Strait Islander backgrounds.

There is a range of reasons why males as a whole may have different health outcomes to females, or why different groups of males may have different health outcomes to Australian males as a whole. These are linked to such things as biology, social circumstances and the knowledge, or lack thereof, that males have about what they can do to make a difference to their own health. These considerations need to be taken into account so that the health system can be tailored to respond effectively to the varied needs of Australian males.

2.4 What the Policy aims to achieve

The overarching aim of the Policy is to provide a framework for improving the health of all males and achieving equal health outcomes for population groups of males at risk of poor health.

Six priority areas

To achieve equal health outcomes, six priority areas have been developed (each of these is addressed in detail in Section 3). These are to promote:

1. Optimal health outcomes for males
2. Health equity between different population groups of males
3. Improved health for males at different life stages
4. A focus on preventive health for males, particularly regarding chronic disease and injury
5. Building a strong evidence base on male health and using it to inform policies, programs and initiatives, and
6. Improved access to health care for males through initiatives and tailored healthcare services, particularly for male population groups at risk of poor health.

In promoting action on these priority areas, the Policy aims to:

- Improve male awareness of preventable diseases and injuries
- Support males to take charge of their health and act to improve their health, and
- Influence health care services to provide better information and access for males.

Priority groups

Priority groups for the Policy – those considered at high risk of poor health outcomes – are:

- Aboriginal and Torres Strait Islander males
- Males from socioeconomically disadvantaged backgrounds

- Males living in rural and remote areas of Australia
- Males with a disability, including mental illness, and
- Males from culturally and linguistically diverse backgrounds.

Other groups of males that may be marginalised or have particular needs also fall within the ambit of the Policy. These include:

- Those who are gay, bisexual or transgender, or from intersex groups
- Veterans
- Socially isolated males
- Males in the criminal justice system.

3. The six priority areas

Extensive consultation – including 26 public forums, meetings with health professionals, and 90 submissions – formed the basis of this Policy. This led to six priority areas for action being identified. These are to promote:

1. Optimal health outcomes for males
2. Health equity between population groups of males
3. Improved health for males at different life stages
4. A focus on preventive health for males
5. Building a strong evidence base on male health
6. Improved access to health care for males.

Government and non-government organisations should consider these priority areas when developing and delivering health-related policies, programs and initiatives. This section indicates how this might be done.

3.1 Optimal health outcomes for males

Priority Area 1: **Develop and deliver health-related initiatives and services taking into account the needs of Australian males and ways of promoting optimal health outcomes for males**

Health initiatives and services should be developed in a way that promotes equal health outcomes for males and females. While males and females share many similar health issues, they also have unique biological needs. These, combined with the social circumstances of male lives, present particular challenges in working towards optimal health outcomes for both males and females.

In 2002, the World Health Organization (WHO) released the Madrid Statement on mainstreaming gender equity in health, stating:[22]

> To achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities.
>
> The word 'gender' is used to define those characteristics of women and men that are socially constructed, while 'sex' refers to those that are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles.

Underlying this priority area is respect for each gender and the diverse roles that males and females choose and are given within the community. Gender equity does not mean competition between males and females for health services or resources. Gender equity means that the health system recognises that males and females are different, and responds in ways that make it easier for males and females to have the care they need.

Gender equity means that males and females are given equal opportunity to realise good health.[23] A gender equity approach recognises that gender is a determinant of health and that good health is not just due to the biological differences of being male or female. It is also due to the different social circumstances of people's

lives that mean that some men fare better in some areas of health than some women, but worse in others. In managing their health, males and females face different challenges in getting the health information they need and in accessing services.

The Madrid Statement proposes that mainstreaming gender in health is the most effective strategy for achieving gender equity. Such a strategy would promote the integration of gender concerns into the development and monitoring of policies and services with the aim of ensuring that males and females achieve optimal health outcomes.[24]

When planning for new services or policies, in cases where it might be considered appropriate, for example where males will be included in the target group, service providers and policy developers may like to think about how males, and particular groups of males, will be affected. Questions that might help include:

- What is the context of male lives that could affect those who are likely to be part of this program/policy?
- What are the issues males have that may need to be addressed in this program/policy?
- What is the evidence to support this program/policy? Are there similar programs in other places? Do we know what works for males?
- In defining the goals and ways the program/policy will be delivered, have any barriers or issues males might face been considered? For example, will employed males be able to easily participate?
- Have there been consultations with males to make sure that the way the proposed service or policy is being delivered will suit them?
- Will the program/policy work for all males, or are some groups likely to miss out? For example, how will the program/policy be promoted to make sure particular groups of males know about it and get involved? What about groups of males with particular needs, like males experiencing separation or divorce, or older males who are isolated?
- In delivering the program/policy, are there any points at which managers can monitor its effectiveness in reaching males so that changes can be made along the way to make it more successful for them?
- In evaluating the program/policy, are there ways to measure how successful it has been for males and use this information when developing future programs and policies?

Taking action on optimal health outcomes for males

Priority Area 1: Develop and deliver health-related initiatives and services taking into account the needs of Australian males and ways of promoting optimal health outcomes for males		
No.	**What action can be taken?**	**Who can take action?**
1.1	Increase recognition at all levels of society of the valuable roles males play in family and community life across Australia.	Governments Peak health organisations Community organisations Peak non-government organisations Not-for-profit sector Media All communities
1.2	Encourage consideration in the development of new policies and programs, where appropriate, of the possible differential impact on male health compared to female health, and possible impacts on particular groups of males.	Governments Peak health organisations
1.3	Develop or modify health courses and training programs aimed at improving the health and wellbeing of males through increasing workforce capacity in male health. Courses could consider: • Gendered health behaviours of males • Specific areas of health risk and chronic disease prevention relevant to males • Occupational health and safety risks associated with traditional male employment, such as transport, construction and farming, and • Male sexual and reproductive health. Attention should be given to those groups of males with the poorest health outcomes.	Universities Training organisations Professional groups Peak health organisations

3.2 Health equity between population groups of males

Priority Area 2: **Develop and deliver health-related initiatives and services taking into account the needs of different population groups of Australian males and ways of promoting health equity between different groups of males**

It is important to develop and deliver health services and initiatives in a way that promotes health equity and reduces the preventable health differences between population groups of Australian males. Policy developers, program managers and service deliverers should understand and respond to the needs of different groups of Australian males and target efforts towards more effectively meeting those needs.

The social determinants of health

An understanding of the social determinants of health is crucial to designing and implementing policies and programs intended to reduce avoidable health inequalities. Social determinants are factors such as education, employment and income, which are key measures of socioeconomic status and are critical for health equity.

The WHO report *Closing the Gap in a Generation* defines the social determinants of health as the 'circumstances in which people grow, live, work and age and the systems in place to deal with illness', which are shaped by social, economic and political arrangements (the structural determinants):[25]

> Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.[26]

The WHO report defines health inequities as the 'avoidable inequalities in health between groups of people within countries and between countries', and notes that:[27]

> The poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The Australian Institute of Health and Welfare (AIHW) found that mortality trends for the period 1966–2001 among Australian males aged 20 to 59 years in 'manual' and 'non-manual' occupations were generally significantly higher, including for all-cause mortality rates and most major causes of death.[28] As the AIHW states, the social determinants of health are 'the crux of disease prevention and health promotion'.[29]

This Policy takes a holistic approach which recognises that health and wellbeing are the product of a complex interaction of many factors. It is the adverse social and economic circumstances of people's lives that lead to high levels of stress and unhealthy behaviours, which then contribute to high rates of disease and injury. Changes in the adverse conditions of people's lives are necessary to reduce health risks and avoidable health inequalities. The priority groups for this Policy generally experience social and economic circumstances which contribute to their poorer health outcomes.

Social inclusion agenda

The Australian Government is committed to addressing the social and economic disadvantage which contributes to the poor health outcomes experienced by disadvantaged groups, including males.

The Government's social inclusion agenda aims to tackle the most entrenched forms of disadvantage in Australia today. An inclusive Australia is one where all Australians have the capabilities, opportunities, responsibilities and resources to learn, work, connect with others and have a say.[30]

Six social inclusion priorities have been identified:

- Addressing the incidence and needs of jobless families with children
- Improving the life chances of children at risk of long-term disadvantage
- Reducing the incidence of homelessness
- Improving outcomes for people living with a disability or mental illness and their carers
- Closing the gap for Indigenous Australians, and
- Breaking the cycle of entrenched and multiple disadvantage in particular neighbourhoods and communities.

The Australian Public Service Social Inclusion Policy design and delivery toolkit has been developed to ensure that all Australian Government departments and agencies incorporate the Government's social inclusion principles and priorities into all relevant aspects of policy and program management. The toolkit and more information about the Government's social inclusion agenda are available at www.socialinclusion.gov.au.

Key determinants identified in the consultations

During the consultations, participants raised the importance of recognising and addressing key social determinants of male health, such as income, education, employment, injustice experienced by Aboriginal and Torres Strait Islander peoples, relationships and violence. Where people live can contribute to individuals and communities being socially isolated, and to poorer health outcomes overall.

Some of these are addressed under the social inclusion agenda and some are addressed by the Government's broader reform agenda – an integrated, far-reaching reform program across sectors aimed at improving opportunities for all Australians.

The impacts of two of these – relationships and fathering, and injustice experienced by Aboriginal and Torres Strait Islander peoples – are outlined briefly below. For more information see the supporting document *Social Determinants and Key Actions Supporting Male Health* (see Section 4).

Relationships and fathering

Research has consistently shown that married males have better physical and mental health outcomes than males who are divorced, bereaved or single.[31] A 'well functioning and stable' marriage or committed couple relationship brings many benefits to individuals, families and communities, including enjoyment of life, 'greater resilience to stressful events, better physical and mental health, and greater work productivity'.[32] In addition to providing emotional and physical support, women have been found to have a role in monitoring male health and encouraging males to visit a doctor.[33]

Caring and involved fathering is crucial for children's health and wellbeing, and has a strong intergenerational effect, including through males providing a parenting role model for their sons. A good relationship between fathers and children also has a positive impact on partners, extended families and communities.[34] As pointed out in the consultations, many fathers, including separated and divorced fathers, and gay fathers, are already active in raising their children, and many want to be more involved and to build their fathering skills. Grandfathers also are important in nurturing and being role models to grandchildren, and increasingly play roles as carers (with parents being in employment), as do uncles and brothers.

Healthy social networks experienced by single males, and indeed all males, provide males with positive benefits similar to those of a successful marriage or committed couple relationship such as with a gay partner.[35] During consultations, the importance of groups such as 'men's sheds' were mentioned as helping to alleviate social isolation, especially for some older males.

Recognising this important role in helping alleviate social isolation, the Australian Government will invest $3 million over four years to support the Australian Men's Sheds Association develop national infrastructure aimed at ensuring its future sustainability. This investment will result in a series of projects that will impact on the local level.

Injustice experienced by Aboriginal and Torres Strait Islander males

Not only do Aboriginal and Torres Strait Islander males generally have lower levels of income, education and employment, but the injustices experienced by Aboriginal and Torres Strait Islander peoples have led to cultural alienation, dispossession, racism, marginalisation, removal of family members, and institutionalisation.[36, 37]

These injustices have had a significant impact on Aboriginal and Torres Strait Islander culture, including on the roles played by males.[38] Many have been displaced from traditional lands and cultural responsibilities and 'have lost the roles that generated prestige and self esteem (or relational esteem)', including the ability to provide for others, which 'confers honour and respect'.[39]

It is equally important to note that today many Aboriginal and Torres Strait Islander males are fulfilling important roles and responsibilities as elders, custodians of the land, husbands, fathers, sons, grandfathers, grandsons, brothers, uncles, nephews, providers, teachers and mentors.

The Australian Government will invest $6 million over three years to provide support and services to Aboriginal and Torres Strait Islander males in their role as fathers and partners, grandfathers and uncles, and to encourage them to actively participate in their children's and families lives, particularly in the antenatal period and in the early childhood development years. It has been shown that strong fathering not only increases the health and wellbeing of children, but also increases the self-esteem and identity of fathers within their family and community, contributing to their improved social and emotional wellbeing.

This new program complements the Australian Government's investment in maternal and child health, in particular the $90.3 million New Directions Mothers and Babies initiative, which is part of the Council of Australian Government's $654 million National Partnership on Indigenous Early Childhood Development.

It is important to, wherever possible, involve Aboriginal and Torres Strait Islander males in planning and delivering health services to be used by them. The National Aboriginal and Torres Strait Islander Male Health Leadership Group, a non government body, has updated the principles underlying the *National Framework for Aboriginal and Torres Strait Islander Male Health*. These principles are what Aboriginal and Torres Strait Islander males themselves consider are important in developing policies and services aimed at improving their health. They were used to help inform consultations and development of the National Male Health Policy. They can be used by governments, health services and the public to help guide development of programs and policies aimed at improving the health of Aboriginal and Torres Strait Islander males.

The revised principles are outlined in the supporting document *The Aboriginal and Torres Strait Islander Male Health Framework Revised Guiding Principles.*

Taking action on health equity between population groups of males

Priority Area 2: Develop and deliver health related initiatives and services taking into account the needs of different population groups of Australian males and ways of promoting health equity between different groups of males		
No.	**What action can be taken?**	**Who can take action?**
2.1	Encourage policy developers, program managers and health service deliverers to work to ensure groups of males that experience most health disadvantage are given priority in funding and service provision at local, regional, state and national levels. Action will require data on access to services by different groups of males. Attention should also be given to opportunities for workplace programs to bring health services to males who otherwise find it difficult to access health care, and health programs in rural areas.	Governments Peak health organisations Employers Unions
2.2	Encourage policy developers, program managers and health service deliverers to work to ensure that new programs and services are tailored using health promotion messages in language that groups of males can readily relate to. For example: • Health promotion messages and marketing activities should focus on positive images of diverse groups of males • Health information and policy documents targeting gay, bisexual and transgender males, or young males, should be in appropriate language and formats, and health information translated into community languages, and • Consideration should be given to possible activities within schools, recognising that action needs to span the life course and that choices made by boys will affect their health as adults.	Governments Peak health organisations Service providers Non-government organisations Community groups Education bodies
2.3	Encourage priority of funding for services targeting Aboriginal and Torres Strait Islander males to be of a positive nature, such as 'positive parenting' or 'family wellbeing', with consideration given to research, community development and ongoing service delivery, and the empowerment of Aboriginal and Torres Strait Islander males in their varied roles.	Governments Peak health organisations Service providers Non-government organisations Aboriginal Medical Services Community groups

Case study: Aboriginal male health camps in the Northern Territory

The Northern Territory Department of Health and Families and other non-government agencies, such as Aboriginal Community Controlled Health Organisations, have held numerous Aboriginal male health camps in the Northern Territory. These camps are consistent with recommendations arising from Aboriginal male health gatherings, and are well attended.

The primary purpose of these camps has been to increase Aboriginal male participation in adult health checks and to engage Aboriginal males in a wide range of health promotion activities.

The camps are held away from the general community. They are normally on grounds where males are encouraged to learn cultural practices, such as hunting, fishing, cooking, song and dance, ceremony and looking after country.

This innovative method of health service provision acknowledges the importance of cultural practices when delivering primary health care programs, and meets the identified health and cultural needs of Aboriginal males in the Northern Territory.

3.3 Improved health for males at different life stages

Priority Area 3: **Develop and deliver health related initiatives and services taking into account the needs of Australian males and different population groups of males, in different age groups and during key transition points in the life course**

There are differences in health outcomes and risk behaviours across the life course, and it is important to tailor health services and initiatives to reach males of different age groups and at different transition points in their lives. The early years are particularly important. Exposure to unhealthy lifestyles before birth, when the foetus is developing in the womb, and as children, has a significant impact on short- and long-term health outcomes[40]. Age also impacts on help-seeking behaviour, with males in the 15–54 year age groups being significantly less likely to attend a doctor than females, or males in other age groups.

There are particular life course transitions that present opportunities for health promotion messages in male lives and mark important life stages. These include:

- Early childhood
- Commencing school
- Onset of puberty
- Adolescence
- Initiation, particularly in some Aboriginal and Torres Strait Islander communities
- Leaving school
- Becoming an adult
- Marriage/cohabitation, separation, divorce, and becoming a widower
- Becoming a father, and a grandfather
- Unemployment, and
- Retirement.

Key transition points are important for all Australian males, yet they may have more impact in certain locations. For example, transitioning from school to work, and becoming an adult, may be more difficult in areas of high unemployment.

Valuing the role of males at different stages of their lives can be an important way of fostering health and wellbeing. For example, older males have much to contribute through sharing knowledge, mentoring younger males and caring for grandchildren.

Culture, spirituality, respect and the transfer of values can be important factors in supporting effective transitions between life stages. In this regard, mainstream society can learn much from Aboriginal and Torres Strait Islander communities.

Taking action to improve the health of males at different life stages

Priority Area 3: Develop and deliver health-related initiatives and services taking into account the needs of Australian males and different population groups of males, in different age groups and during key transition points in the life course		
No.	**What action can be taken?**	**Who can take action?**
3.1	Actively promote and value, at all levels in society, the role of males as fathers, recognising the critical role males play in the lives of children, and the mental health benefit gained by males who are engaged actively in family life, noting also the important other roles males play in families whether as grandfathers, brothers or uncles. This could be done through: • General practices providing family-friendly services that are openly inclusive of fathers • Childcare providers and family community services actively encouraging the involvement of fathers, and • Media promoting males as positive family members and routinely presenting images of males with children when reporting on Australian families.	Governments Peak health organisations Health service providers Media All communities
3.2	Explicitly recognise, at all levels of society, the positive roles of Aboriginal and Torres Strait Islander males regarding traditional practices, obligations, parenting and spirituality, and interconnectedness between individuals, families and communities, including the cyclical concept of life-death-life, in order to improve the health and wellbeing of Aboriginal and Torres Strait Islander males across the lifespan.	Governments Peak health organisations Aboriginal Medical Services Health service providers All communities
3.3	Encourage health service providers, including counselling services, to make use of transitional points in male lives for positive health promotion opportunities, opportunities for addressing male sexual and reproductive health such as risk factors for infertility, impotence and links to chronic illness, as well as early intervention where males are adversely affected by life events and are at health risk. For example: • Leaving school and early adulthood – Highlight the benefits of prevention of sexually transmitted diseases and reduction of risk behaviours • Fatherhood – Promote it as a motivating factor for better self-care • Relationship breakdown – Identify where males can be vulnerable to depression and risk behaviours such as excessive drinking, smoking, self-harm or poor self-care • Drought or other adverse events in rural life – Acknowledge the impact such events have on males, and • Retirement or retrenchment – Identify opportunities for active health care while acknowledging the greater risk of depression or poor mental health outcomes for isolated males.	Governments Health service providers Peak health organisations
3.4	Develop positive and practical health promotion material that: • Reinforces messages that taking care of personal health is a sign of strength and enables males to maintain their roles as wage earners, partners, carers, family members and friends • Takes account of transitional stages in the lives of males, and • Where practical, incorporates related activities such as intergenerational mentoring programs.	Governments Peak health organisations Non-government organisations
3.5	Prioritise health promotion initiatives aimed at improving the mental and physical health and wellbeing and health literacy of adolescent and young Australian males through such things as: • School programs that encourage building of self-esteem, self-reliance and respect for self and others • Community activities directed to the mix of talents and interests of young males, including sport, art, music, theatre, dance, volunteer and social groups, and • Developing health promotion material in language young males relate to and deliver it in settings relevant to young males.	Governments Universities and bodies developing education curricula Peak health organisations Aboriginal Medical Services Health service providers All communities

3.4 A focus on preventive health for males

Priority Area 4: **Develop and deliver preventive health-related initiatives and services taking into account the needs of Australian males and different population groups of males at risk of poor health outcomes**

The WHO defines prevention as 'approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability'.[41] It is important to focus on prevention and to use approaches that are tailored to the needs of males.

This Policy has a focus on primary and secondary prevention:[42, 43]

- *Primary prevention* reduces the likelihood of the development of a disease or disorder, for example, 'education programs to increase awareness of the risks of physical inactivity and poor diet to reduce the burden of preventable chronic disease'.
- *Secondary prevention* (early intervention) interrupts, prevents or minimises the progress of a disease or disorder at an early stage, for example, measuring blood pressure in older people and treating hypertension to reduce progression to disease.

Health promotion with a holistic approach to prevention is defined as 'the process of enabling people to increase control over the determinants of health, and to improve their health', and as having a focus on 'upstream primary prevention' and health equity.[44, 45]

Risk factors increase the likelihood of developing chronic disease. Lifestyle risk factors include smoking, alcohol misuse, poor diet, physical inactivity and being overweight or obese.[46] Males at different ages and stages in their lives can have a risk of developing chronic illness because of lifestyle factors, but may need more information and practical help to make changes. For more information see the supporting documents *Healthy Routines* and *Healthy Limits* (see Section 4).

Other risk factors can include exposure to a range of compounds or chemicals in our environment that can have a detrimental effect on health. Exposure to toxic substances in the workplace is well recognised, for example, the development of mesothelioma following asbestos exposure. This points to the need for continued monitoring and safety awareness in occupational health and safety policies where males may be at risk.

Difficulties in engaging males in preventive health activities may contribute to adverse male health outcomes.[47] For example, it has been found that male participants were less willing than female participants to attend health education sessions, were less interested in information on illness prevention, and were less willing to have an annual health check or to seek advice from a medical practitioner.[48]

In order to more effectively reach and engage males, preventive health strategies and programs need to be developed and delivered in a way that 'reaches' them. Policy-makers and program designers and managers should listen to males about what will have an impact.

Prevention approaches also need to be tailored to population groups at risk of poorer health. Effective approaches are unlikely to be the same for different groups of males or even for different males within groups. Evaluation of initiatives to ensure that they are effective in actually changing attitudes and behaviour, and for dissemination of the results of these evaluations, is required.

The Australian Government will invest $350,000 over four years for health promotion resources available for distribution through men's sheds and more broadly.

In November 2008 the Australian Government made an $872 million investment in preventive health which includes funding for programs to be rolled out in schools, workplaces and local communities to support Australians to lead healthier lifestyles and reduce their risk of chronic disease. These programs will focus on reducing lifestyle risk factors such as smoking and obesity and increasing physical activity and healthy eating. This investment includes the establishment of the Australian National Preventive Health Agency, to advise all governments on the evidence base for future investment and action in preventive health.

The Government's commitment to prevention, both primary and secondary, is highlighted by its announcement that it will transform the way that patients with chronic disease are treated – beginning with the nearly one million patients who suffer from diabetes (refer to *A National Health and Hospitals Network: Further Investments in Australia's Health*[49]). In April 2010 the Australian Government announced a comprehensive package targeting smoking and its harmful effects, including an increase in the tobacco excise of 25 per cent. The Government is also considering a report from the National Preventive Health Taskforce on further actions in regard to tobacco, alcohol and obesity. More detail is provided in the supporting documents (see Section 4).

Case study: The M5 Men's Preventive Health project

The M5 Men's Preventive Health Program, run by the Royal Australian College of General Practitioners (RACGP), encourages males to take action, find a GP, seek help early and take steps to improve their health.

The RACGP is using a diverse group of non-government and commercial organisations, such as Foundation 49, *beyondblue* and the Heart Foundation, to ensure that this initiative effectively engages males.

M5 appeals to the male sense of community and relationship, through use of innovative media (for example, Target catalogues) and the use of inspirational males who have benefited from early intervention from a GP.

Males are encouraged to take five minutes to get involved by, for example, having a chat to a friend, printing off posters to put up in public places, or telling someone about the M5 website, www.m5project.com.au.

Males are also encouraged to take five preventive steps to improve their health:

1. Share your family history with your GP
2. Know your healthy weight
3. Check your blood pressure
4. Stop smoking – it's the only health option
5. Maintain a healthy mind and a healthy body.

The Australian Government has provided funding support to the RACGP to develop and build on the M5 project.

Raising awareness of preventable diseases, conditions and injuries

The Policy has a focus on raising awareness about preventable diseases, conditions and injuries, and on building the health literacy of Australian males, as a key way to improve health outcomes. Health literacy is an important enabler for males to take charge of their health and act to improve their health. It enables people to:[50]

- Know how and where to find reliable health information
- Understand health information
- Know how to act on health information to prevent or minimise ill health
- Know how and where to get help to act on health information
- Recognise normal bodily function and the symptoms of ill health
- Know that health checks in the absence of symptoms can prevent ill health
- Know when and where to seek appropriate medical help, and
- Keep health in mind in daily living.

Research has shown that lower levels of health literacy are associated with lower levels of preventive health behaviour, such as participation in screening, and poorer health outcomes.[51] According to *Health Literacy, Australia 2006*, health literacy levels in Australia are not high.[52] Only 43 per cent of males and 48 per cent of females aged 15 to 44 achieved the minimum level of health literacy, and these levels fell to 35 per cent for males and 32 per cent for females aged 45 and over.

A number of areas were raised during the consultations as being of particular importance in improving male health and wellbeing. These are discussed below and in more detail in the supporting documents to this Policy (see Section 4).

Healthy minds

Research indicates that males and the community in general have a low level of awareness of male mental health issues, which may contribute to low levels of help seeking in relation to these issues.[53, 54] The *beyondblue* Depression Monitor revealed that in 2007–08:

- Males were less likely than females to consider that mental health issues were a major health problem in Australia
- 21 per cent of males, compared to 10 per cent of females, did not know what the major mental health problems are, and
- Only 45 per cent of males, compared to 66 per cent of females, stated that depression is a major mental health problem.

Beyondblue states that males may experience depression differently to females.[55] Males are more likely to focus on physical symptoms such as tiredness and weight loss. And while they may acknowledge they are feeling angry or irritable, they may not recognise or acknowledge they are feeling 'down'. Family, friends, colleagues and doctors may not recognise the symptoms of depression in males either.

Healthy routines

There are gaps in male health awareness about risk factors, age-related disease risk, and symptoms of chronic disease. For example:

- A study has found that males have a low level of knowledge of the risk factors for Type 2 diabetes, and a low level of awareness about the benefits of physical activity in preventing not only diabetes but also heart disease and cancer.[56] Very few of the males in the study were aware of the association between body weight and Type 2 diabetes.

- The *Zurich Heart Foundation Heart Health Index (Australia, 2009)* found that 22 per cent of obese males believed that they met the healthy weight guidelines, compared to 12 per cent of obese females, and 59 per cent of overweight males believed they met the guidelines, compared to 53 per cent of overweight females.[57]

Addressing awareness gaps such as these is an important prerequisite for change in male health and wellbeing.

Healthy reproductive behaviours

Andrology Australia's *Needs Analysis of Community Education in Australia on Male Reproductive Health* found an overall lack of knowledge in males about reproductive health. Gaps in male awareness about reproductive issues can lead to unnecessary anxiety and to delays in seeking help and treatment, which may lead to worse health outcomes.[58]

Healthy limits

Young males engage in risk-taking behaviours at higher levels than do females and older males. Risk-taking behaviour may be influenced by a lack of knowledge and awareness of the level of risk and the consequences of risk taking. For example:

- The *Secondary Students and Sexual Health 2008, Results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health* found that, while knowledge about HIV transmission was generally high, awareness of the most common STIs, such as chlamydia, was low.[59] For example, only 47 per cent of students were aware that chlamydia affects both males and females.
- The *State of Australia's Young People: A Report on the Social, Economic, Health and Family Lives of Young People* (2009) cites research which found a low level of awareness among the young participants of the long-term health consequences of binge drinking, and the belief that drug use would put them at more risk than alcohol, when both are harmful.[60]

Healthy workers

Health checks in the workplace are an important means of raising awareness about health issues and reducing barriers to access by bringing health checks to males. Workplace health checks, such as the Workplace Men's Health Program offered by Foundation 49, the Tradies Tune Up (see case study) or the Transport Workers Union's Healthbreak screening program, can identify health risks, provide educational materials, pick up on occupational health risks like sleep apnoea, and refer participants to health care services.[61]

Healthbreak, for example, takes place in a setting that workers trust, involves casual as well as permanent employees, and benefits from use of 'ambassadors' such as the well known boxer Sam Soliman (see the supporting document *Healthy Workers*).

There is also increasing recognition of the scope for preventive health measures to be delivered in or through the workplace. This includes raising awareness about, and addressing, the high levels of risk factors for chronic diseases in Australian employees. For example, around five million Australian employees were obese or overweight in 2004–05, and around 70 per cent are sedentary or have low levels of exercise.[62]

These risk factors also contribute to millions of days lost from the workplace, and as obese people age their taking of sick leave increases at twice the rate of those who are not obese.[63] Research also indicates that sedentary lifestyles can lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.[64]

In May 2009 the Australian Government committed $294 million of its $872 million contribution to the Preventive Health National Partnership Agreement to the Healthy Workers Initiative. Healthy Workers initiatives will be rolled out through workplaces. Employers will be assisted to implement programs to reduce the risk profiles of their workforces, including risks from excessive use of alcohol, through risk assesment and modification services.

As discussed in the supporting document *Social Determinants and Key Actions Supporting Male Health*, employment and working conditions are key determinants of health and health equity. Good health for males is linked to employment and financial security, and when males are unemployed, or in situations where living costs cannot be met, health can suffer.

Case study: The Tradies Tune Up project

The Tradies Tune Up project aims to provide males working in the building and construction industry in the ACT and regional NSW with a 20-minute health tune up and information about male health issues related to the tune-up.

A fully equipped mobile van is used by a registered nurse to conduct an assessment of a worker's cholesterol, blood pressure, blood glucose, alcohol consumption, diet, waist measurement and mental health.

Each participant receives a wallet card with their results, plus recommendations for improvement and a referral to other health professionals if necessary.

Tradies Tune Up is delivered by the OzHelp Foundation, and is supported with Australian Government funding.

Taking action on preventive health for males

Priority Area 4: Develop and deliver preventive-health-related initiatives and services taking into account the needs of Australian males and different population groups of males at risk of poor health outcomes		
No.	**What action can be taken?**	**Who can take action?**
4.1	Encourage employers to collaborate with key health organisations such as the RACGP, *beyondblue* or the Australian General Practice Network to deliver evidence-based health checks and health promotion programs to employees aimed at improving the long term health of employees and reducing health related absences or costly early retirement. Refer to policy supporting document *Healthy Workers*.	Employers Professional organisations Trade unions Peak health organisations
4.2	Develop preventive health and health promotion activities that, wherever appropriate, have a specific focus on males, especially those at risk of poor health outcomes, noting that the local environment is critical in supporting individual action.	Governments Peak health organisations Aboriginal Medical Services Health service providers Community organisations
4.3	Continue strengthening health awareness raising and actions to reduce chronic disease across government, health service providers, and the non-government sectors. Strategies should aim to improve the knowledge of males about lifestyle factors influencing health and practical ways to make a difference especially in the areas of: • mental health and wellbeing • preventing chronic disease • sexual and reproductive health • healthy limits and reduction in risky behaviours Refer to policy supporting documents *Healthy Minds*, *Healthy Routines*, *Healthy Reproductive Health Behaviours* and *Healthy Limits*.	Governments Peak health organisations Aboriginal Medical Services General practitioners Community Health Services Non government organisations Employer groups
4.4	Encourage collaborations to deliver consistent, targeted, positive evidence-based health promotion messages and programs to males, especially those most at risk. All messages should aim to increase health literacy and include practical and achievable tips to improve health and wellbeing.	Peak health bodies Governments Community health services Aboriginal Medical Services
4.5	Continue to promote safe work practices, monitor workplace standards and emerging data on the presence of environmental toxins that can affect the health of current and future generations with a view to maintaining and improving the health of males in the workplace and more broadly.	Governments Occupational health and safety bodies Workplaces Environmental health practitioners

3.5 Building a strong evidence base on male health

Priority Area 5: **Build the male health evidence base, particularly in relation to population groups of males at risk of poor health; widely disseminate the evidence; and use it to inform the development of policies, programs and initiatives**

An evidence-based approach to improving the health of males is critical to maximising the effectiveness of policies and programs and directing resources to cost-effective interventions.[65]

Health data needs to be routinely collected and separated out according to sex. It is also important to establish data collection methods that consider gender-sensitive performance indicators, and to monitor and evaluate health outcomes from a gender perspective.

This is particularly important regarding population groups of males in Australia who are at risk of poor health. Revised Principle 9 of *A National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males* highlights the importance of 'research and evaluation being designed, approved, conducted and disseminated in partnership and full consultation with Aboriginal and Torres Strait Islander males and communities' (see Supporting document *National Aboriginal and Torres Straight Islander Male Health Framework Revised Guiding Principles*).

Strategies and initiatives should be informed by research on the impact of sex, gender and age on attitudes, behaviours and outcomes. In addition, research on the broader social determinants of health (for example, education, employment, income, cultural background) and how these interact with sex, gender and age, needs to inform strategies targeting groups of males at risk of poor health. Evaluation of current and future strategies and initiatives is critical for building knowledge about their impact and reach, and forms a key part of the evidence base.

Yet building an evidence base is only valuable if it is widely disseminated, used to develop strategies and initiatives, and, most importantly, translated into effective service delivery. Outcomes of research on a range of male health issues should be effectively communicated to governments, health professionals and the community. There is also a need to recognise successful initiatives and build on them where possible with ongoing support.

The final reports of the National Health and Hospital Reform Commission, *A Healthier Future for All Australians*, and the National Preventive Health Strategy, *Australia: The Healthiest Country by 2020*, strongly emphasise building the health evidence base.

The Australian Government will invest $7.3 million over four years to build the evidence base in male health. The Government will establish a National Longitudinal Study on Male Health by investing $6.9 million over four years. The Longitudinal Study will consider the social determinants of health with a focus on those males that are most disadvantaged. Males themselves will be actively involved in the design and implementation of the study.

The Australian Government will invest $400,000 over four years to commission regular statistical bulletins on male health.

Taking action on building a strong evidence base on male health

Priority Area 5: Build the male health evidence base, particularly in relation to population groups of males at risk of poor health; widely disseminate the evidence; and use it to inform the development of policies, programs and initiatives		
No.	**What action can be taken?**	**Who can take action?**
5.1	Give attention to research in male health especially in areas that: • Consider the interaction of the social determinants of health on sex, age and different population groups of males, including those from gay, bisexual and transgender groups and culturally diverse population groups • Focus on males living in rural or remote areas • Focus on Aboriginal and Torres Strait Islander male health in partnership arrangements with Aboriginal and Torres Strait Islander males, and • Identify strategies to build resilience in adolescents and adult males to enable them to deal effectively with adverse life events such as divorce and re-parenting.	Governments Universities Research bodies
5.2	Routinely collect and report data by sex, age, geographic location, ethnicity and other variables that are relevant to measuring health outcomes for particular population groups of males, especially those that are most disadvantaged. Consider ways to measure male health over time.	Research bodies Governments Universities Charitable foundations Health consumer groups
5.3	Build routine evaluation of health outcomes into health programs and services and ensure results are disseminated as widely as possible, including to males and in formats that are accessible and understandable to individuals.	Statutory data collection and reporting agencies
5.4	Explore the potential for surveys such as the Australian Health Survey to collect data and report on males, especially those groups most at risk.	Funding bodies Health service providers
5.5	Monitor scientific developments, particularly in human genetics, that will provide an evidence-based approach to preventive health strategies.	Statutory data collection and reporting agencies Governments

3.6 Improved access to health care for males

Priority Area 6: **Tailor health care services and initiatives to facilitate access by males, particularly in relation to population groups of males who are at risk of poor health**

Access to, and use of, health care services is essential to good health. The WHO identifies the provision of universal health care and the equitable distribution of resources, such as health care services, as key social determinants of health. The WHO report Closing the Gap in a Generation states:[66]

> Gender, education, occupation, income, ethnicity, and place of residence are all closely linked to people's access to, experiences of, and benefits from health care.

While most Australians benefit from our universal health care system, equal access to health care is an issue for males in general, and some groups of Australian males face significant barriers to access.

Concerns have been raised in Australia, and in other western countries, that males are accessing health care at lower levels than are females, and that this may at least partly explain their worse health outcomes and lower life expectancy.[67]

While data on health care expenditure and visits shows that males are visiting health care services less than females are, there is considerable variation of use by age. Analysis of Medicare Benefits Schedule data and an AIHW analysis of total allocated health system expenditure in 2004–05 reveals that, from age 15 to around the mid-50s or 60s, health expenditure on males is lower than on females, and considerably lower in the 20–54 age groups.[68, 69] When maternal expenditure is removed from the data, male expenditure is around 8 to 10 per cent lower.

A commonly held view is that males are less likely to visit doctors than females are because doing so may be considered a sign of weakness. The 'traditional' stereotype of a strong and self-reliant male prevents them from appearing 'weak' and seeking medical help when faced with symptoms of ill health, leading to delays in seeking help, lower use of health care services, and lack of interest in preventing illness.[70, 71]

However, the Policy consultations confirmed that males are interested in their own health, but that there are frequently barriers that make it difficult for males generally, and individual males, to visit their general practitioner. For instance, there may be out-of-pocket expenses that cannot be readily met, opening hours may be unsuitable for males working full time or those with long commuting times, and in regional and remote areas there may be a lack of general practitioners and/or long distances to travel to health services. For Aboriginal and Torres Strait Islander males and males from culturally diverse backgrounds there can be additional barriers – lack of male health workers, lack of cultural awareness. There can be specific barriers for males with disabilities, including difficult physical access, poor communication, and lack of understanding of the impact of their disability on their overall health.

Consultations also highlighted particular barriers for gay, bisexual and transgender males or people who are intersex, such as discrimination. This can cause reluctance to disclose sexual orientation, which may impact on their overall health care.

Making services more accessible for males

A key way to encourage males to seek help is to provide services which address a range of gender-related barriers to health care, as in the following examples:

- *After hours health care* – General practices which are open on a flexible or after-hours basis are much more accessible to males who work full time, have long commuting times and find it difficult to attend during normal opening hours.
- *A supportive primary health care environment* – Receptionists could encourage males to phone before leaving work or home to see if the doctor is running late, and a more gender-neutral environment could include posters and magazines suited to males.
- *Supportive general practitioners* – Andrology Australia has developed a brief guide for GPs called *Engaging Men in the Primary Care Setting*. Having a friendly, affirming approach and delivering 'respectful, competent medical services which acknowledge [males'] different needs as health consumers' is important.
- *Male health care providers* – Some males prefer to see a male health care provider for some issues, such as sexual and reproductive health problems.[72] The availability of male health workers is particularly important in some cultures, such as for Aboriginal and Torres Strait Islander males, and some males from culturally diverse backgrounds.
- *Male health clinics* – Clinics set up specifically for males, such as the Bendigo Men's Health Clinic (see case study), can be very effective. Aboriginal and Torres Strait Islander males have a particular need for male-specific 'spaces' or services.
- *Settings that males frequent* – One solution to overcoming difficulties in reaching males is to provide information and services in settings which are frequented by males, such as the workplaces (see supporting document *Healthy Workplaces*), clubs, sporting events, churches, pubs, service stations, rural shows and community centres. The Pit Stop initiative, which was initiated in the Wheatbelt region of Western Australia and now takes place in other areas in Australia, is one such example.
- *Anonymity, confidentiality and convenience* – Telephone helplines (for example. MensLine Australia) and websites have proved popular, indicating that

males are willing to seek help from services which offer confidentiality, anonymity and convenience.

Case study: Bendigo Men's Health Clinic[73, 74]

The Men's Health Clinic in Bendigo promotes male health and wellbeing and encourages preventive health practices by providing annual check-ups, health assessments, information and support help males achieve a healthier lifestyle.

A Nurse Practitioner (Men's Health) staffs the clinic. His role includes health education for community groups, developing health promotion resources, and conducting population-based health assessment at the clinic and in workplaces.

The clinic states that:

- A 2005–06 evaluation found that 44 per cent of clients had not had a full check-up for more than 10 years, and a majority of males had not accessed services for five to 10 years.
- Evaluations consistently demonstrate a high level of satisfaction and suggest a significantly higher uptake of lifestyle modification programs and better outcomes for males in the community.

Improving health care services for all Australians

In 2008, the Australian Government commissioned three reports to provide recommendations on reforming the health system to meet the challenges of the future, the:

- National Health and Hospitals Reform Commission's report, released in July 2009, which recommended a re-design of the health system to create a more agile, responsive and self-improving system
- Draft National Primary Health Care Strategy, released in August 2009, which argued that a strong and efficient primary health care system is critical to the future success and sustainability of the health system, and
- National Preventative Health Strategy which put forward 35 areas for action, for tackling obesity, tobacco and alcohol as key drivers of chronic disease, and the resultant health system and social costs.

The Government used the recommendations made in these reports as the basis for 103 consultations held around the country with doctors, nurses and the users of the health system – the general public. A recurring theme from these consultations was that the health system needs to be more responsive to the needs of individuals and of local communities.

The Australian Government's policy response to these reports and the consultations includes:

- Establishing a National Health and Hospitals Network:
  - comprising networks with small groups of hospitals governed by professional Governing Councils, with funding based on the services they provide and reflecting the health needs of rural and regional communities
  - where local professionals with local knowledge determine the services needed to meet the needs of the community, with national safety and quality standards ensuring patient safety, and
  - bringing numerous health systems into one, thereby delivering better hospital services.
- $5.4 billion to invest in the Health and Hospitals Network over the next four years including:
  - $1.6 billion for subacute care delivering over 1,300 beds including palliative, rehabilitation and mental health care
  - $1.75 billion for improvements for waiting times for elective surgery emergency treatment
  - investing $643 million in the health workforce – which will, amongst other things, bring on-line 1,375 more general practitioners by 2013 and 680 more specialist doctors within a decade
  - providing $436 million to fund better integrated care for individuals with diabetes – to improve their management and make sure they stay healthy and out of hospital
  - taking full financing and policy responsibility for aged care, including investing an additional $739 million – which will fund an additional 5,000 places or beds and 1,200 new packages of care, and
  - $174 million to improve our mental health system including 30 new youth-friendly services, more nurses and early intervention services.
- Taking full responsibility for primary care, including establishing primary health care organisations, also funded nationally and run locally – coordinating general practitioner and allied health professionals services, ensuring they are better integrated and more responsive to the needs and priorities of patients and communities.

These investments will help improve the health of males in Australia, by:

- Funding additional hospital and aged care services
- Building the workforce – including in rural and regional areas, which were identified as a priority area in this policy
- Ensuring that health services are planned and managed by clinicians – which will allow tailoring for the needs of males, including those of Indigenous and culturally and linguistically diverse backgrounds and those of lower socioeconomic status, and
- Funding integrated care for diabetics – males experience higher rates of diabetes than females (5% compared to 3%), are less likely to report using medication to manage the disease,[76] and are more likely to be hospitalised for diabetes.[77]

Taking action on access to health care for males

Priority Area 6: Tailor health care services and initiatives to facilitate access by males, particularly in relation to population groups of males who are at risk of poor health		
No.	**What action can be taken?**	**Who can take action?**
6.1	Encourage health service providers to deliver services in ways that are responsive to male needs and that take account of male roles in the community and barriers males experience in accessing health services, for example through: • General practices taking up government incentives to extend opening hours so that employed males can more easily access services • General practices being explicit that services are provided for males and are male friendly, just as practices promote female and family health • General practices using resources developed to encourage male engagement in their health, such as those developed by Andrology Australia • Employing male staff, and • Making use of mobile health programs such as Pit Stop and health checks and health promotion activities at agricultural shows.	Peak health organisations Professional organisations General practitioners General practices Community health services Allied health professionals
6.2	Encourage health services targeting Aboriginal and Torres Strait Islander males to work in active partnership with Aboriginal and Torres Strait Islander males to ensure services are culturally appropriate and that males are empowered at all levels of their health care, for example, through providing male health workers, providing separate entry and waiting areas for males, and through involving males in local health service planning and delivery.	Peak health organisations General practices General practitioners Aboriginal Medical Services Community Health Services Allied health professionals
6.3	Encourage health service providers to recognise that some groups of males can be discriminated against or feel marginalised for various reasons, including ethnicity, sexual orientation, homelessness or mental health issues, and that these can affect access to health care and uptake of health messages. Providers can put in place measures to counter this, such as: • Routinely asking about Aboriginality or Torres Strait Islander status, sexual orientation or ethnic background • Employing staff from diverse backgrounds, including males where possible, recognising that this is another means for providing positive role models • Ensuring there is a variety of literature in waiting rooms • Providing services that are accessible to males with disabilities, and ensuring interpreter services are used as needed, and • Undertaking cultural sensitivity and cultural awareness training.	Governments Peak health organisations General practices General practitioners Community health services Aboriginal Medical Services Peak health organisations
6.4	Encourage general practices to take up Government incentives, including Medicare rebates for longer appointments, to engage males in evidence-based chronic disease prevention, for example using the RACGP's Red Book Guidelines for Preventative Practice in General Practice.	General practices General practitioners Aboriginal Medical Services Commonwealth Government Australian General Practice Network Colleges

4. Nine supporting documents – issues in depth

This Policy raises a range of issues to do with male health.

For more in-depth analysis, see the following seven supporting documents:

- *Social Determinants and Key Actions Supporting Male Health*
- *Healthy Minds*
- *Healthy Routines*
- *Healthy Reproductive Behaviours*
- *Healthy Limits*
- *Healthy Workers*
- *Access to Health Services*

For practical suggestions on what males can do to improve their own health see the document:

- *Actions Males Can Take Now*

For guidance on developing programs and policies aimed at improving the health of Aboriginal and Torres Strait Islander males see the document:

- *National Aboriginal and Torres Strait Islander Male Health Framework, Revised Guiding Principles*

5. Conclusion – looking forward

The National Male Health Policy is a practical policy that makes multiple suggestions for improving male health in Australia. The six priority areas for action have been identified following extensive public consultation and professional input.

Improving male health is a shared responsibility. Governments, health professionals, community organisations and males themselves are encouraged to take action. And to take action on a number of fronts – especially ensuring the needs of males are considered in the design, development and implementation of health programs and activities.

The National Male Health Policy Action Plan (included in 'Taking action' tables in Section 3 of the Policy) has a number of practical suggestions in its six priority areas that can be readily incorporated into everyday male health policy development and service delivery. For example, general practitioners could make a few simple changes to make their practices more male friendly and promoting male health as something they do, along with women's and family health.

This policy also has relevance to individual males. It can help males to become more informed about their health. There are nine supporting documents that are a good source of information. Males are encouraged to think about doing something for themselves. Making time for some physical activity that they enjoy, perhaps a walk with family or friends, or a visit to a doctor, would be a good first step to maintaining health and having even better health in the future.

If individuals take action, and Australians work together, we can build on the strengths of Australian males in the vital roles they play in our communities and improve health for all males across Australia.

Related policy documents can be downloaded at www.health.gov.au/malehealthpolicy.

Attachment A Location of consultation forums – National Male Health Policy

Location	Date
Canberra ACT	17 February 2009
Launceston TAS	18 February 2009
Hobart TAS	19 February 2009
Parkside VIC	2 March 2009
Bankstown NSW	4 March 2009
Grafton NSW	1 April 2009
Newcastle NSW	2 April 2009
Chermside QLD	7 April 2009
Perth WA	15 April 2009
Kalgoorlie WA	16 April 2009
Whyalla SA	21 April 2009
Adelaide SA	22 April 2009
Geelong VIC	6 May 2009
Melbourne VIC	7 May 2009
Cairns QLD	18 May 2009
Alice Springs NT	2 June 2009
Darwin NT	3 June 2009
Cairns QLD	19 May 2009
Aboriginal and Torres Strait Islander males attending a Suicide Prevention Strategy Knowledge Sharing Workshop	

Location	Date
Kogarah NSW	26 May 2009
Young males, apprentices and culturally and linguistically diverse males attending TAFE programs	
Jabiru NT	5 June 2009
Males living in remote areas, miners, and Aboriginal Medical Service workers	
Redfern NSW	11 June 2009
Consumers of mental health services with long term and enduring mental illness	
Wellington NSW	25 June 2009
Aboriginal and Torres Strait Islander males	
Wellington NSW	26 June 2009
Rural males	
Lakemba NSW	9 July 2009
Males from the Islamic community	
Mt Druitt NSW	15 July 2009
Aboriginal males from the greater Sydney area	
Newcastle NSW	7 October 2009
Delegates of the 5th National Aboriginal and Torres Strait Islander Male Health Convention	

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Note:

This document provides links to external websites and contact information for various organisations. The external websites and contact information listed are provided as a guide only and should not be considered an exhaustive list. All contact details were correct at the time of publication, but may be subject to change. The Commonwealth of Australia does not control and accepts no liability for the content of the external websites or contact information or for any loss arising from use or reliance on the external websites or contact information. The Commonwealth of Australia does not endorse the content of any external website and does not warrant that the content of any external website is accurate, authentic or complete. Your use of any external website is governed by the terms of that website.

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