

Men's Health Policy: Report on the Draft National Men's Health Policy

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Introduction

On 18 January 1996 at the Glen Waverley Returned and Services League (RSL), the Minister for Human Services and Health, Dr Carmen Lawrence released the Draft National Men's Health Policy.

The Draft Policy was written by the Primary Health Care Group of the Commonwealth Department following the successful National Men's Health Conference held in Melbourne in October 1995 and smaller forums in other capital cities. The Commonwealth has promised 'formal and comprehensive consultations to be undertaken in the first half of 1996'.

At the launch, Dr Lawrence announced \$4 million for immediate initiatives on education, information and research, which will begin while the consultation on the wider policy occurs. The local RSL members were 'thin on the ground', however, the President of the Club, Len Klein, was reported in the *Australian* to have praised the policy and backed a role for the RSL in holding men's health discussions. The Minister was quoted as saying that the 'focus on men's health would not bleed funds from women's programs'.

The Draft Policy document contains two sections. Section One is the background that has informed the development of the draft policy, while section two is the policy and a brief action plan covering the short-term, including the consultation process.

Policy Statement

The policy goal is 'to improve the health and wellbeing of all men in Australia, with a focus on those most at risk, and to encourage the health system to be more responsive to the needs created by the relationship between health and gender'.

The policy objectives call for co-ordinated action across levels of government and the health sector. Importantly, objectives have also been set in regard to involving men in identifying needs, developing strategies and evaluating outcomes. The most important of the objectives involves the recognition 'that the key determinants of men's health lie outside the health sector and therefore require intersectoral action if they are to be tackled'.

The policy principles outlined in the document are laudatory, arguing that the Policy will be based on a social view of health, on the strategic importance of primary health care, and on consultation and community development.

The draft strategies are divided into four areas: general, boys and young men, working aged men, and older men. The general strategies include the development of better information bases about men's health and how to promote it; the strengthening of primary health care to better meet the needs of men; supporting men as consumers to take more active decision making roles; identifying key goals and targets for men's health; and improving education and training of health professionals regarding men's health.

In regard to boys and young men, the draft strategies include examining core curriculum material to address stereotypes, violence and bullying; the promotion of alternative views of boys and men; support of peer groups with special needs; and initiatives to reduce youth suicide.

Draft strategies for working aged and older men include educating men about their health; encouraging men's groups to become more involved in health promotion; and tackling structural impediments such as workplace and socio-economic environments.

The policy outlines the various roles to be played by the Commonwealth, State and Territory governments and health services, in the development and implementation of the policy.

The Action Plan calls for immediate action in the areas of education, information and research while further consultation on the Draft policy is carried out. In education the immediate strategy will involve:

- examining and refining core curriculum material for schools from a men's health perspective to better address issues such as stereotypes, violence and bullying;
- developing resources to be available for community-based programs to be run through schools, workplaces, service clubs and health centres; and
- developing a broadly-targeted multi-media education campaign.

In information and education, the immediate strategies will involve:

- developing and regularly updating a national electronic database of existing men's health initiatives;
- identifying and promulgating best practice initiatives in men's health;
- developing benchmarks and performance indicators against which the performance of both the national men's health policy and individual men's health initiatives can be assessed;

- surveying men's health-related behaviours with the aim of better targeting services and initiatives; and
- developing a national men's health research strategy.

The document briefly outlines a consultation strategy including formal consultations with men's groups and peak bodies, commissioning peak bodies to consult with their constituencies and preparing issues papers on key areas of debate.

Background information

The Draft Policy provides a summary of background information drawn largely from papers presented at the National Men's Health Conference. The document reports statistics from the Australian Institute of Health and Welfare, showing men to have shorter life expectancies and twice the mortality rate of women. Further, 'Young men, aged 15 to 24, are more than three times as likely to die in motor vehicle accidents than young women and more than four times as likely to die of suicide'.

The paper reviews social and structural issues, citing socialisation, risk-taking behaviour, socio-economic status and workplace health and safety as being key issues. Key health issues considered are mental health, substance abuse, sexuality and violence, and the particular issues facing specific population groups are also canvassed.

Conclusion

The Commonwealth Minister for Health has put men's health on the health agenda. The story told through the Conference, and now in the Draft Policy, is that men in general suffer from poorer health and that some groups of men (e.g., younger males, Aboriginal men, unemployed or blue-collar workers), suffer from very poor health.

The story also shows that improvements in men's health will come from intersectoral action on issues such as workplace health and safety, socialisation and risk-taking, and socio-economic issues. If health agencies are going to play a role in this process, they will need to move away from the delivery of direct care and towards strategies of advocacy, policy change, regulation, education, and organisational and community development.

These strategies are however not fashionable among many of the current more market-oriented health planners, particularly within the Victorian state government, who are demanding that health services focus more sharply on direct care,

throughputs and outputs. It will be interesting to see the response of the state health departments to the draft policy.

Copies of the Draft Policy on Men's Health can be obtained from Michael Tynan or Andrew Gow at the Commonwealth Department of Human Services and Health:

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'Widening the Net'



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