

A POPULATION HEALTH APPROACH TO MEN'S HEALTH

GUEST EDITORIAL

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The concept of 'population health', though nowhere strictly defined, generally includes a concern for an integrated approach to the health of various sub-groups of given populations. We can find population health approaches to older people, women, children, and indigenous communities. But men? This issue of the *NSW Public Health Bulletin* looks at men's health from the perspective of population health and highlights the steps that are being taken to improve the health of men in New South Wales.

The characteristics of a population health approach are:

- a social view of health, which acknowledges biological influences but also encompasses consideration of the social determinants of health;^{1,2,3}
- a conceptualisation of health and health services that represents a balance between prevention and treatment, with an emphasis on appropriate care according to need, but with an equal emphasis on the generally neglected areas of prevention and promotion of wellbeing.⁴ Essential to this approach is the effort to combine in a systematic way the management of disease with actions that foster wellbeing (that is, health actions that are *salutogenic*);^{5,6}
- the incorporation of the elements of the World Health Organization's *Health for All* declaration,⁷ notably a concern for equity; an acknowledgment of the role that other sectors play in creating sustainable environments for health; and the participation of the population;
- a concern for evidence-based policies and programs.

A Canadian Health Authority recently suggested, of a population health strategy, that:

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'Much is to be gained by applying the population health approach. Once we accept that our health is determined by a wide variety of factors—factors that often fall outside of our traditional way of thinking of health—then, and only then, can we step outside the box and begin to understand the true health and wellbeing of our communities.'⁸

What would it mean to step outside the box and adopt a population health approach to men's health?

To begin with developing 'evidence-based' policies. Many non-evidence-based assumptions continue to prevail in men's health. The discourse that has so far influenced policy development has tended to be in the mode of male deficiency: 'men don't take care of themselves', 'men don't go to the doctor', 'men are not in touch with their feelings', 'men don't communicate about their health'. To this already gloomy picture are added further stories about male deficiency: men and violence, and men as perpetrators.

What would an approach to men's health that fostered wellbeing involve? I have already suggested that there is a definite cultural and professional focus, at least in the Caucasian community, on the pathological; not only on the clinical pathologies of the diseases that afflict men such as prostate cancer, testicular cancer, and cardiovascular disease but also on the behavioural pathologies as well. In this issue, Gizzi and Monaem examine the epidemiology of men's diseases. The statistics most often referred to are men's lower life expectancy and higher rates of suicide than women. This latter statistic is one that has galvanised considerable reflection and action, though the 'why?' of the high incidence of male suicide in Australia, among the highest in the world, is a question that vexes us all. As for 'men behaving badly', or the social pathologies, certainly there are issues that need to be dealt with but they should not become the central focus of men's health.

Men's health is a public health issue of considerable topicality that is attracting increasing attention in Australia and overseas. The First World Congress on Men's Health was held in November 2001 in Vienna, and saw the International Society for Men's Health established. Further, the *International Journal of Men's Health* has recently been launched in the United States.

It is sometimes said that Australia follows where other countries lead, notably the United States and the United Kingdom. In men's health, however, NSW is—in global terms—giving a lead both in direction and intent towards a population health approach. This issue of the Bulletin commences with reviews of two major policy initiatives by the NSW Department of Health. In the first article, Kakakios describes the Department's policy *Moving Forward in Men's Health*,⁹ published in 1999, which leads the way in Australia. In the second article, Williams and Kakakios describe the Department's *Aboriginal Men's Health Implementation Plan*, which was developed

through extensive consultations with indigenous men, their communities, and other stakeholders.

Then follows the article by Gizzi and Monaem, which uses some of the readily-available sources of data such as the *Report of the Chief Health Officer 2000* to present some prominent epidemiological features of men's health in NSW. A priority in all men's health must, of course, be boy's health. There is concern about the suicide rate among young men, and about the pathologising of boys' behaviour at school. Australia is second only to the United States in the quantity of medical prescriptions to boys to 'regulate' their behaviour. Fletcher describes the current health status of boys in his article *The Wellbeing of Boys*. Following this description, Fletcher, Higginbotham and Dobson describe a study of men's identification of their health needs conducted in Newcastle. The results of this study suggests similarities for both men and women with regard to health concerns about stress, tiredness, and weight problems.

In their article, Nielsen, Katrakis, and Raphael of the NSW Department of Health's Centre for Mental Health describe mental health problems affecting men, and note the need for equitable access to health services that meet gender specific needs. They mention that the Centre for Mental Health is to hold a forum concerning men and mental health in 2002.

Since mid-1999, the NSW Department of Health has funded the Men's Health Information and Resource Centre (MHIRC). The aim of the Centre is to promote programs and research that foster the health and wellbeing of men and boys, and it is situated at the University of Western Sydney's Richmond Campus. Crawford, Brown, and McDermott outline the work of the MHIRC in their article. Following this, Woods looks at men's use of primary care services, and at just how male-friendly those services are. Sliwka describes the Men's Health Representatives Network in her article, which includes a contact list for men's health representatives in the area health services.

In future issues of the *NSW Public Health Bulletin*, there will be an opportunity to present further research, describe policy initiatives, and discuss issues in men's health in greater detail. We welcome contributions to those issues. For further information, and to obtain the Bulletin's guidelines for authors, contact Michael Giffin at mgiff@doh.health.nsw.gov.au.

REFERENCES

1. Wilkinson RG and Marmot MG (editors). *The Social Determinants of Health: the solid facts*. Copenhagen: World Health Organization Centre for Urban Health, 1998.
2. Wilkinson RG and Marmot MG (editors). *The Social Determinants of Health*. Oxford: Oxford University Press, 2000.
3. Kawachi I and Kennedy BP. Health and social cohesion: Why care about income inequality?, *BMJ* April 1997; 314.
4. Starfield B. Basic Concepts in Population and Health Care. *J Epidemiol Community Health* July 2001; 55: 452–454.

5. Macdonald JJ. Guest Editorial—The New Health for All: Environments for Health or Primary Health Care is Alive and Well. *Australian Journal of Primary Health Interchange* 1999; 5(3).
6. Macdonald JJ. *Primary Health Care, medicine in its place*. London: Earthscan, 1993.

7. World Health Organization. *The Alma Ata Declaration*. New York: World Health Organization, 1978.
8. Leeds, Grenville and Lanark District Health Unit, May 11th 2001. www.healthunit.org/chsr/hea_stat.htm.
9. Policy Division. *Moving Forward in Men's Health*. Sydney, NSW Department of Health, 1999. ☒

MEN'S HEALTH—THE WAY FORWARD

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Gender-based inequities in the health of women have been acknowledged by policy makers and health service planners since the mid-1980s.¹ However, it has only been in recent years that inequalities in health outcomes for men have received attention, and gender-based issues in men's health have been examined for potential solutions.²

Until recently, there has been little inquiry into understanding what 'good practice' in men's health really means. Perhaps more concerning is the presumption that, as health services do not appear to fully recognise and respond to women's health needs, they must—by implication—be meeting the health needs of men. However, little research has been done to find out what men respond to in the way of the location of health services, attitude of service providers, methods of practice, ways of presenting information, and the physical environment of the health services to be provided.²

Despite these particular difficulties, the issue of men's health and wellbeing is gaining attention in the community. Perhaps most significantly, men themselves are becoming increasingly aware of their health needs, are showing a greater willingness to talk about those needs and are acting in positive ways to improve their health.

Most of the current activities that support men's health are based at the local level—among health professionals such as community nurses and health promotion officers—and are focused on issues involving primary health care. However, it should be noted that in almost all cases these local initiatives must struggle for access to much-needed resources.

In response to the need for statewide leadership in men's health, the NSW Department of Health developed and launched the policy framework *Moving Forward in Men's Health*.³ This article describes that policy, which summarises current information about men's health, and presents an analysis of the known determinants that influence the health of men across their life-cycle.

BACKGROUND

In Australia, the first step towards developing a men's health policy was taken by the Commonwealth

Department of Human Services and Health in 1996 when it launched its *Draft National Men's Health Policy*.⁴ Unfortunately, no final policy on men's health was completed. However, funding was provided by this Department for a number of initiatives including a biennial national men's health conference; the development of a men's health research agenda; and a national centre of excellence in male reproductive health.⁵

Work towards the development of a men's health policy in NSW commenced in 1997. Research conducted by the NSW Department of Health at the time revealed that no country in the world had produced a men's health policy. Since then, in addition to NSW, discussion papers have been developed by:

- the Health Department of Western Australia, *Men's Health Policy and Discussion Paper* (1997);⁶
- the Department of Human Services of South Australia, *The Health and Well Being of Men in South Australia: A Discussion Paper* (2000).⁷

Developments in men's health within Australia are mirrored in the United Kingdom; and more so in the United States, where work is under way—with the support of US Congress—to establish a national Office of Men's Health to work in partnership with the Office of Women's Health.

GENDER DIFFERENCES IN HEALTH

Our gender influences our understanding and experience of health, how we use health services, and our ultimate health outcomes.¹ Gender also influences the decisions made by those responsible for providing services. Studies conducted in Australia and other western countries have identified that men:

- use health services at a lower rate (especially early intervention and prevention services);⁸⁻¹⁰
- experience higher rates of cardiovascular disease and cancer;⁸⁻¹⁰
- experience higher rates of accidents and injuries, including suicide.⁸⁻¹³

A variety of risk behaviours—such as smoking and drinking, driving dangerously, and undertaking dangerous jobs—are significant contributors to poorer health status; but these should not be seen in isolation from the socioeconomic context in which men live and work.¹⁴