COTA Over 50s Ltd.

PO Box 3508
MANUKA ACT 2603
Phone: 02 6295 1844 Fax: 02 6295 1807
Email: info@cotaover50s.org.au

Committee Secretary

Senate Select Committee on Men's Health

Parliament House

CANBERRA ACT 2600

AUSTRALIA 12 March 2009

Dear Sir

COTA Over 50s welcomes the opportunity to contribute to the Committee's consideration of matters relating to the availability and effectiveness of education, supports and services for men's health. The announcement by Minister Roxon in June 2008 of a major consultation process for a National Men's Health Policy was a most welcome step towards achieving better health outcomes for men. COTA Over 50s is pleased to note that many of the issues raised in this submission have also appeared in the various background papers prepared by the government as part of its NMH Policy development. This gives our organisation confidence that substantial progress can be made, and we will continue to monitor developments and urge action.

While recognising that older men's health falls within a broader framework of mainstream health policy, there is a need to examine men's particular issues, including those of older men, and to tailor policy and practices to meet any such identified issues.

As the numbers of older Australian men grow, both in absolute terms and as a proportion of the population, the men's health care challenges become increasingly acute. Of the many factors that impact upon older men's wellbeing, social connection is a key consideration, especially as a preventive in relation to depression and dementia. Another pervasive influence among some men is the effect of behaviours with adverse health consequences that may have begun during youth – especially drug and alcohol-related issues. Another challenge relates to the increasing numbers of men who will find themselves as carers of a spouse or other

family member. This is a role that typically men are ill-prepared for, and one which may compound men's health risks in the absence of suitable support systems.

Many other barriers and issues prevent, and impact on, a healthy and positive experience of ageing for men. These issues need to be addressed in order for older men's health to move forward from an ad hoc service response, to a coordinated and strategic approach.

COTA Over 50s endorses the four foundation principles listed by the government as underpinning the National Men's Health Policy:

- Gender equity
- A focus on prevention
- A strong and emerging evidence base.
- An action plan to address need across the life course.

COTA Over 50s regards a life course approach to men's health issues as absolutely vital to improving the levels of mortality, disease and disability currently experienced by Australian men. The situation of Indigenous men's health – where life expectancy is around 17 years below the population average - is of serious concern, and life course factors are a major consideration in areas where morbidity rates are high. Health is a cumulative product of personal experiences and environmental conditions. Indigenous men are often at greater risk because of adverse experiences and environmental factors.

Policy Contexts and Frameworks

The World Health Organisation's Policy Framework ***Active Ageing*** provides an essential basis for the development of action plans and policies that promote health and positive ageing for all older people.

It identifies active ageing as the process of optimising opportunities, based on the three pillars of health, participation and security, in order to enhance quality of life as people age. Active ageing is dependent on a variety of influences, or determinants, that surround individuals, families and communities. These factors, which include culture, gender, education, income, access to services and information, lifestyle factors and physical environment - and the interaction between them - play an important role in affecting how well people age.

In its approach to older men's health and well being COTA Over 50s advocates for a holistic view of the ageing experience, as outlined in WHO's *Active Ageing*, and which incorporates a life course perspective. Under this perspective recognition needs to be given to the importance of addressing health issues from early to later life, and at the significant transition points throughout the life course.

> *A life course perspective involves recognizing that health promotion and disease prevention activities need to focus on maintaining independence, prevention and delay of disease and disability and providing treatment, as well as on improving the functioning and quality of life of older persons who already have disabilities.*
>
> United Nations 2002

The Social Inclusion Agenda

The important role of social networks is closely linked to the importance of social participation and inclusion in addressing older men's health. Social integration and support feature prominently in the growing research on the social determinants of health. The *Active Ageing* approach adopted by the World Health Organisation highlights this by focussing on the importance of continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the work force.

By focussing on social connections and participation, older men can be supported in their positive interactions with their physical, social, and emotional environments while reducing their negative interactions. This support of health-promoting environments that nourish people and have positive impacts on health and well-being has been called a 'salutogenic' approach. This health-promoting approach (compared to a pathogenic approach, which focuses on what's wrong), requires efforts at many levels to create environments which sustain older men's health and wellbeing

Incidence of Ill-Health among Men

Notwithstanding increased longevity, men have a significantly lower life expectancy than women and higher levels of serious morbidity. Although the focus here is on the health of older men it is noteworthy that

discrepancies in death rates between men and women are significant from early adolescence when males are also noted to be relatively less likely to maintain contact with their local doctor.

As the population ages, a substantial increase in the disease burden is widely forecast, including in dementia, diabetes, cardiovascular disease and cancer. It is an unfortunate fact that, while men are disproportionately affected by serious morbidity overall, they are less likely than women to seek advice about health or to arrange health checks. For instance:

- they are generally less inclined to attend health services until their work, social or sexual functioning is actually affected.
- when they do attend health services their consultations are shorter than women's on average.
- men's attendance at dentists, psychologists and various other health workers is also lower than women's rate of attendance.

It is important that more research is conducted into the links between men's higher morbidity and their under-utilisation of health services.

In response to these issues it has been common to attribute blame to men alone for being stoical and unwilling to talk about their physical and mental health concerns rather than examine structural factors that play a part in men's difference in their approach to health services.

Men have frequently been urged simply to change their behaviour. Instead of developing a focus on health promotion and accessible services the emphasis often remains fixed on men's medical pathology and their perceived personal inadequacies. Even some health promotion material directed at men highlights men's alleged problems rather than structural features.

COTA Over 50s is pleased that the government appears to be aware of these dangers by noting, in its policy discussion papers, that individual behaviours and choices occur in a social context, and that cultural and environmental factors significantly influence the choices, attitudes and behaviours that men display.

The notion of gender-specific services in the health field tends to conjure up images of services catering for women only. Consequently it has long been assumed that since health services were not meeting women's needs adequately they were naturally addressing the needs of men. However, the 2002 United Nations Madrid International Plan for Action on Ageing, to which Australia is a signatory, identifies the need for a gender equity approach to healthy ageing:

Recognizing the differential impact of ageing on women and men is integral to ensuring full equality between women and men and to the development of effective and efficient measures to address the issue. It is therefore critical to ensure the integration of a gender perspective into all policies, programmes and legislation.

Again COTA Over 50s notes that the government appears to be well attuned to such advice, and we urge the Minister to maintain such a perspective on policy formulation.

Development of a Strategic Policy Framework

A Strategic Policy Framework for a coordinated response to older men's health issues, requires acknowledgement that:

- current mainstream health service delivery does not adequately meet the needs of men in educating them about and addressing their health issues,
- older men's health needs to be addressed within a life course perspective that incorporates well-being and participation, and
- differences in approaches and attitudes to health between men and women should be accommodated in service system responses and policy initiatives. Differences between younger and older men should also be explored.

It is clear from the previous discussion, the key areas of focus for a strategic approach to older men's health are:

1. Making Health Services More Accessible for Men

A number of strategies appear to have somewhat mitigated men's traditional reluctance to use health services, such as health education nights, provision of convenient locations, reducing waiting time in surgeries, and providing flexibility, such as extended evening hours for appointments. However, these measures have nowhere near overcome all the issues related to access of services by men.

When asked for their views men indicate, regardless of age, that they do not generally perceive health and community services as male-friendly environments. This is an issue that the government has clearly identified in its policy discussion papers, and COTA Over 50s urges sustained attention

and action on it. The establishment of a trusting relationship between a man and a health practitioner is the cornerstone of a preventive strategy, and provides the opportunity for a comprehensive monitoring by the practitioner of both the physical and mental health of the person. Unfortunately, the limited availability of services in many regional areas, and even in many metropolitan settings is a significant impediment to men finding appropriate interventions, information and assistance.

The settings in which certain services exist also affect how men use them. As older men are reportedly more reticent than younger males when consulting about their health there is a clear need for service providers to create settings and pathways that will encourage candour and opportunities for health education alongside health assessments. Men are reportedly frank when asked direct questions about depression, erectile dysfunction, use of alcohol and other sensitive issues, especially if rapport is built up over time.

The approaches used to engage men in health issues, and the messages being conveyed in any health initiatives need to be considered in developing strategies to improve accessibility and appropriateness of health services for men.

Some innovative programs have been used and could be replicated in other areas - such as the direct outreach to men in rural and regional areas. Utilising work places and other places men meet or attend for a variety of reasons as a site for health promotion, information and health checks, could be considered.

2. Promotion of Health and Physical Activity

Clearly any strategic approach to addressing health outcomes for any group needs to incorporate promotion of, and increased participation in exercise and healthy lifestyle. This is particularly so for older men, as they have been identified as having low participation rates in exercise and physical activities and support mechanisms that reinforce and promote messages about health and activity.

Measures to improve health outcomes should include:

- *Strength training programs and recreational activities* - There has been increasing interest in the promotion of activity and exercise for older people as a means of addressing a range of health conditions and risks. Evidence supporting strength training for older people, and the associated benefits has resulted in programs to enable older people to participate in this form of activity.

However, older men have low levels of participation and strategies to address this need to be developed. Similarly opportunities for older men to remain engaged in sports and recreational activities need to be supported and promoted

- *Obesity and nutrition* -Older people are identified as a specific target group in the National Agenda to Address Overweight and Obesity in Adults and Older Australians 2006-2010. Connected with strategies to manage weight, with interventions to reduce weight and with increasing physical activities, is the importance of nutrition information and access to healthy food.
- *Opportunities for health promotion and information* – Strategies to increase access to, and delivery of, health promotion and information are required, in a well resourced and coordinated approach:
    - Men's groups, such as OM:NI groups, Men's Sheds and similar, offer avenues for promotion of health and well-being information and activities.
    - Programs for men's specific health promotion activities in local communities and services need to be developed and supported. Innovative strategies and positive messages need to be utilised to engage men and encourage their involvement.
    - Peer education processes to deliver information and promotion of relevant and appropriate messages for older people, have been successfully utilised by the various Councils on the Ageing and other organisations. This approach could be expanded to increase provision of information specifically for older men.

3. Incorporating Social Health and Well-being

Policies to address older men's health require an emphasis not only on disease, and ill-health, but also on causal and preventive factors, as well as on aspects of the social and physical environment.

Remaining physically active and mentally alert forms a solid basis for the enjoyment of old age. However, social inclusion through friendships, family relations, and community activity is also known to be central to the maintenance of general wellbeing. There is strong anecdotal evidence that very many older men have been considerably buoyed by their involvement in socially connecting activities like men's sheds, local clubs and the like.

Given the momentum of these community developments, the potential for men to learn about and discuss their health issues in supportive environments, the question arises as to how to best facilitate spaces for older men through public policy. The public funding of coordinators or facilitators for men's programs, through a community development approach, is generally regarded as more critical than infrastructure development.

Several COTAs have an active involvement with local governments in the promotion of policies and plans to support positive and healthy ageing. These plans have the potential to significantly impact on the health and well being of older people by supporting and encouraging health promotion and active ageing approaches by local organisations. There needs to be on-going support for this activity with increased funding and the development of frameworks to facilitate:

- a gendered, person-centred approach to health and well being issues for older people
- adoption of 'active ageing' principles and approaches
- integration with community and infrastructure planning and development processes to ensure age friendly cities and environments
- dissemination and sharing of initiatives to bolster good practice and outcomes

4. Research and evaluation

Limited research exists in relation to the health needs of older men, including their own identification of service gaps and health needs; and which factors influence the extent and nature of their use of services and their degree of social connectedness. Similarly, there are gaps in research information on men's reaction to service providers and their modes of practice, the content and mode of delivery of health information, and the location and physical setting of health services. No gender-specific longitudinal study of older men's health needs has been identified.

As well, there are gaps in research and knowledge about difficulties of access, service provision, and satisfaction and appropriateness of services and outreach in particular communities.

5. Collaboration and Coordination

In order for forward planning to proceed on an informed and solid basis there is a need for structures that reflect a partnership between government, the community health and support sectors, researchers, service providers and older men who are consumers of services.

Such structures might take the form of:

- consultative councils;
- reference groups within and across regions, and in special interest areas;
- commissioned literature reviews,
- statistical analyses,
- research and evaluations in partnership with universities, industry and the community sector.

Through forging appropriate partnerships between governments and community-based organizations, and researchers involved in health and gerontology, this will improve the scope for enhancing information about gaps in health provision. It will also enable governments to reflect on progress and for find further ways forward to address relevant health and wellbeing issues. This increased knowledge will underpin informed policy and action.

The creation, in each jurisdiction, of a relevant government office, or policy officer, dedicated to working on men's health issues, could provide a lynchpin for strategic working partnerships. The 'coordinator general' model that has been adopted under COAG for such things as affordable housing might well be applied to the men's health arena.

6. Training

At present the core curricula for the training of general physicians and registered nurses tend to overlook issues of men's health. In general, only oblique and narrow reference is made to the health of older men, through training in urology, prostate cancer and erectile dysfunction, for instance.

Wide scope exists for targeted training of health professionals in men's health, including about ways to lessen barriers to accessing services, and to enhance sensitivity in responding to the specific needs of groups such as older rural, indigenous, gay and migrant men.

Scope for this training exists not only in pre-service training courses for doctors and nurses, but in other arenas such as continuing professional development and in the training of community care workers. In-home support workers are in an ideal position to identify potential health concerns with older male clients, as are other community workers.

COTA Over 50s affirms the following principles in relation to addressing older men's health:

- ***Confronting Ageism*** - Ageist attitudes contribute to a belief that older men are uninterested in health issues, and that older men lack a capacity for being economically and socially productive There are, however, indications that men will access services and engage in social activities if suitable opportunities are made available. The commonly held view of ageing that equates it with physical decline and reduced capacity is exacerbated by images of ill-health, frailty and dependence. Just as discriminatory attitudes among younger people need to be confronted, it is also important that older men see avenues for social inclusion and participation across a broad spectrum of activities. All levels of government have a role to play in promoting positive ageing.

- ***Older Men as Partners in Health Planning and Outcomes*** - Older people generally, and older men specifically, should be seen as partners in the development of health and well-being policies and strategies. They are contributors to, as well as consumers of community services and developments; they can, and should, have a role in shaping the health and social supports that will be of most benefit to them.

- ***Access to Health Information*** - The development of information resources, in a range of languages, including a website, where older men and others could easily access information on health prevention, services and directions, is essential.

- ***Participation in Physical Activity*** - Persuasive research evidence exists regarding the benefits of exercise and activity, both on physical and mental health, for older people. While many men are involved in sporting activities in their youth to early middle-age, participation drops off significantly through later middle-age and post-work.

- ***Opportunities for Health Promotion*** - There are limited opportunities for health promotion information and activities, due to lack of service frameworks and funding structures that enable men's focussed activity.

- ***Appropriate Approaches and Messages*** - The issue of the types of messages that may be more useful to engage men in exercise programs, and other health promotion activities, is one that should be considered in any strategic approach to addressing men and older men's health and well-being. It is critical that strategic and health service planning and consultation processes with older men adopt a 'gender lens', through which to consider the appropriateness of various policy options and how they will affect the well-being of men.

- ***Importance of Social Health and Well-being*** – Strengthening and expanding opportunities for older men to engage with others in meaningful ways is increasingly identified as integral to their overall health. Despite the increased focus on prevention and health promotion, in the absence of frameworks and programs to support strategic approaches the responses to men's health has primarily centred on illness and male specific conditions, rather than the recognition of the importance of social aspects of health for men. The role of social networks is closely linked to the importance of social participation and inclusion in addressing older men's health. The Active Ageing approach adopted by the World Health Organisation highlights this by focussing on the importance of continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the work force.

- ***Recognition of diversity*** - While there are similarities in the health needs across the broad cohort of older men, several sub-groups are disadvantaged and require targeting to redress imbalances. Those groups include:
    - Men in poverty;
    - Men with disabilities;
    - Indigenous men;
    - Men from culturally and linguistically diverse backgrounds, particularly those who lack proficiency with the English language;
    - Gay men;
    - Rural men;
    - War veterans;
    - Older, older men.

COTA Over 50s notes that:

- Men have a significantly lower life expectancy than women and higher levels of serious morbidity. Men have higher rates of cardiovascular disease, respiratory disease, cancer, injury and suicide.
- Although men are disproportionately affected by serious morbidity overall, they are less likely than women to seek advice about health or to arrange health checks.
- Across all age cohorts there is a gap between the male and female suicide rate. The rate of suicide among older men is substantially higher than among older women on all measures and across all age cohorts.
- Among older men, there are indications that social isolation underpins a widening gap in the suicide rates compared with earlier adult years.
- The incidence of depression is of particular concern, especially amongst rural men.

- Socioeconomic disadvantage is a major contributor to the mortality burden for men.
- No national office exists for men's health. A national health policy for women has been in existence since 1989, and the Rudd government's action on developing a National Men's Health Policy is commendable.

COTA Over 50s recommends that:

1. Men's Health Units be established at Commonwealth and State Government levels, with dedicated budgets and responsibility for developing a clear public policy direction for men's health across government departments.
2. Within the development of a strategic policy on Men's Health,
    a. Older men should be recognised as having diverse and special needs.
    b. Older men's health should be addressed within a life course perspective that incorporates well-being and participation.
    c. Differences between, and across, all age cohorts, including attitudes to masculinity, ageing and health, should be explored.
3. The government declare a timetable for the finalisation of its National Men's Health Policy and publish an interim report on the findings from its formal consultations by 30 September 2009

Dr Geoffrey Bird

Executive Director

COTA Over 50s Ltd.