The Freemasons Foundation Centre for Mens Health
Life changing research

FREEMASONS FOUNDATION

THE UNIVERSITY OF ADELAIDE AUSTRALIA

Submission to the Senate Select Committee on Men's Health 27 February 2009

Directed To:

Chris Reid
Committee Secretary
Senate Select Committee on Men's Health
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Email:	menshealth.sen@aph.gov.au

From:

Anne Hayes, MPH
Chief Executive Officer
Freemasons Foundation Centre for Men's Health
and
Professor Gary Wittert
Head, School of Medicine, The University of Adelaide
Acting Director, Freemasons Foundation Centre for Men's Health

The University of Adelaide
GPO Box 498
Adelaide, SA 5005
www.adelaide.edu.au/menshealth

Board of Patrons

Sir Eric Neal AC CVO (Principal & Chair)
Mr Nick Bianco
Mr Mark Bickley
Mr Allen Bolaffi
Mr Graham Bollenhagen
Mr Tom Castles
Mr Robert Clyne
Mr Graham Cornes OAM
Mr Geoff Day
Professor Derek Frewin AO
Sir James Hardy OBE
Mr Rex Jory
Dr Greg Levenston
Mr Tony Piccolo MP
Hon Chris Pyne MP
Mr William Shaw
Mr Phil Smyth AM
Hon Dr Bob Such MP JP
Mr Geoff Tucker

The Freemasons Foundation Centre for Mens Health
Life changing research

FREEMASONS FOUNDATION

THE UNIVERSITY OF ADELAIDE AUSTRALIA

Summary of Recommendations

1. We recommend that an audit of spending by relevant commonwealth and state agencies be undertaken in order to be precise about adequacy of public funds currently spent on men's health.
2. We recommend that further analysis be undertaken to strengthen the case for increased public spending to improve men's health. This analysis should start with a comprehensive assessment of the economic and social impacts associated with male premature death and burden of disease.
3. We recommend that a national men's health report card be produced to systematically review and highlight the major health issues facing men and the greatest opportunities for health gain.
4. We recommend that consideration be given to increasing public spending on research and program development in the following areas :
    a. gender specific approaches to prevention and management of chronic disease (eg heart disease and diabetes)
    b. gender specific approaches to prevention and treatment of depression and male suicide
    c. gender specific approaches to injury prevention, particularly among young males
    d. gender specific approaches to cancer prevention, detection and treatment
    e. gender and age appropriate health assessments and follow-up over the life course.
5. We recommend that a robust system for allocating public funds within men's health be developed including articulation of funding priorities; opportunity to compete for funds based on merit, clear criteria, and evidence of outcomes; and a transparent selection process.
6. We recommend that state and federal governments apply an equitable gender lens to policy development, considering the health implications of all government policies for both males and females.
7. We recommend that Australia adopt a policy statement that provides a unifying articulation of the role of sex and gender in health.
8. We strongly recommend that Australia, through the existing mechanisms of the NHMRC and ARC, develop a research funding program focused on gender and health. And specifically, we support establishing an Australian Longitudinal Study on Men's Health as a matter of urgency.
9. We recommend establishing a publicly funded program to foster the development of gender specific health promotion programs that tailor health promotion messages to a male audience and can demonstrate positive outcomes.
10. We recommend that specific funding be allocated for quantitative, population based studies of masculine identities, their relationship to help seeking behaviours taking account of other determinants such as socioeconomic status and education, as part of a funded research program on gender and health.

11. We recommend that public funding be made available for research and development of new models for delivering prevention and primary care to men as a key strategy for improving men's health outcomes.

Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression.

Most experts working in men's health in Australia would observe that there is relatively little government funding allocated to programs and services that have an explicit men's health objective. **To be precise about the adequacy of public funds currently spent on men's health, we recommend that an audit of spending by relevant commonwealth and state agencies be undertaken.**

Anecdotally, we observe that the most significant federally funded initiatives related to men's health have included:

- reproductive health education via Andrology Australia
- prostate cancer research through the two recently awarded Australia Prostate Cancer Research Centres
- male mental health programs and relationship counselling through Beyond Blue and Crisis Support Services.

Ultimately, determining the ideal, or even reasonably appropriate, amount to spend on men's health is a value judgement informed by a range of different perspectives. **We recommend that further analysis be undertaken to strengthen the case for increased public spending to improve men's health. This analysis should start with a comprehensive assessment of the economic and social impacts associated with male premature death and burden of diseaseh.** For example, a recent Australian Institute of Health and Welfare (AIHW) report on chronic disease and participation in work revealed that males with chronic disease were more than twice as likely to not participate in the labour force compared to males without chronic disease (AIHW, 2009). Furthermore, males contributed about two thirds of the total absenteeism associated with chronic disease.

As a society, we have grown to accept that men are more likely to die prematurely across all age groups and to experience a greater proportion of the burden of disease, with little attempt to describe and quantify the impact of this fact on society, families, individuals, economic productivity, and the health sector. Such an analysis should include an assessment of the potential savings that could accrue from more concerted action to improve men's health.

Specific spending priorities within men's health should be rational, related to the leading causes of premature death, the leading contributors to burden of disease and reduced quality of life, the perceived needs of men, and the best opportunities for health gain. **We recommend that a national men's health report card be produced to systematically review and highlight the major health issues facing men and the greatest opportunities for health gain.** The 2007 North Carolina Women's Health Report Card and 2007 North Carolina Men's Health Report Card (see links below) are excellent examples of this type of reporting.

http://www.communityvoices.org/Uploads/NCMensReportCard2007_00108_00153.pdf

http://www.cwhr.unc.edu/pdf/2007Reportcard.pdf

Our own preliminary review of data published by the AIHW provides some important clues about spending priorities in men's health. Currently, the leading causes of premature death for men are (in order):

1. Ischaemic heart disease (11.1% of potential years of life lost (PYLL))
2. Suicide (9.8% of PYLL)
3. Land transport accidents (7.9 of PYLL)
4. Lung cancer (5.0% of PYLL) (AIHW, 2008a).

Males lose 75% more potential years of life than females. Two of the largest contributors to this gap are coronary heart disease and suicide. As with overall mortality, the avoidable death rate among males was higher than among females: 232 per 100,000 in males compared with 121 in females. Australian males lost 25% more years of life than females (AIHW, 2008).

Men are more likely to die of a malignant cancer before the age of 75 years (1 in 8 males; 1 in 11 females). Men have more coronary heart disease (ie heart attack / angina) at every age (between 40-54 years old the incidence is 4 times higher). Men are more likely to die from diabetes (death rate 21/100,000 males; 18.2/100,000 females). Men are twice as likely to die from injury (55/100,000 males; 23/100,000 females) (AIHW, 2006).

Males are more likely to be daily smokers (18.6% of males; 16.3% females). More males have high blood pressure (32% males; 27% females). More males are overweight or obese (62.6% males; 48.3% females). More men report high risk alcohol consumption (3.6% males; 2.1% females) (AIHW, 2008b).

The Florey Adelaide Male Ageing Study (FAMAS), based at the Freemasons Foundation Centre for Men's Health, The University of Adelaide is revealing further concerns regarding men's health. It is the only longitudinal study in Australia tracking men's health over time. In its first wave of data collection, the study revealed a significant burden of undetected disease among the approximately 1200 study participants (aged 35-80 years) including:

- 47% had high cholesterol, but 14% were unaware of it
- 14% had diabetes, but 4.4% were unaware
- 60% had hypertension, but 29% were unaware
- 18.5% had depression, but 6% were unaware (Martin et al 2007).

Other significant concerns for the FAMAS participants included sleep problems (11% reporting insomnia and 24% reporting obstructive sleep apnea); and sexual and urinary tract symptoms (57% reporting some degree of erectile dysfunction, and 19.8% reporting moderate to severe lower urinary tract symptoms) (Martin et al 2007).

Based on this preliminary review of data, **we recommend that consideration be given to increasing public spending on research and program development in the following areas :**

- **Gender specific approaches to prevention and management of chronic disease (eg heart disease and diabetes)**
- **Gender specific approaches to prevention and treatment of depression and male suicide**
- **Gender specific approaches to injury prevention, particularly among young males**
- **Gender specific approaches to cancer prevention, detection and treatment**
- **Gender and age appropriate health assessments and follow-up over the life course.**

We recommend that a robust system for allocating public funds within men's health be developed including articulation of funding priorities; opportunity to compete for funds based on merit, clear criteria, and evidence of outcomes; and a transparent selection process. To-date, there has been no defined mechanism by which men's health organisations can fairly compete for program funds on the basis of clearly articulated criteria. Rather, the meagre funds available in men's health to-date seem to be allocated on an ad hoc basis. A more robust funding allocation system will help to ensure the most effective and efficient use of public funds – the best bang for the buck; greatest value for money etc.

The Health in All Policies (HiAP) approach has also gained traction in many parts of the world, highlighting the value of applying a 'health lens' to all government policy development processes. Gender mainstreaming has been applied in policy processes in Australia, but has typically been restricted to considering implications for women only. **We recommend that state and federal governments apply an equitable gender lens to policy development, considering the health implications of all government policies for both males and females.** This also implies the need for more equitable structures and mechanisms around gender and policy – for example where there is an Office for Women there could also be an Office for Men, or instead **an Officer for Gender and Policy.**

Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community

Effective education and awareness campaigns should be based on an agreed policy statement about the role of sex and gender in health, on research into sex and gender as determinants of health, and on gender specific messages to motivate health improvements. **We recommend that Australia adopt a policy statement that provides a unifying articulation of the role of sex and gender in health.** There are a range of philosophical perspectives on gender and health and the lack of a unifying statement is contributing to divisiveness among the various groups involved. Examples of gender and health policy statements that we would support include :

- The Gender and Health Policy of the Public Health Association of Australia

  http://www.phaa.net.au/documents/policy/20081002newGenderandHealth.pdf
- The statement on Gender and Sex: Definitions and Context by the Canadian Institute on Gender and Health

http://www.cihr-irsc.gc.ca/e/38770.html#5

- The Irish National Men's Health Policy (2008-2013) specifically:

  1.3 Defining 'men's health'

  2.1 Adopting a gendered and gender-relations approach.

  http://www.dohc.ie/publications/pdf/mens_health_policy.pdf?direct=1

There is a need for significantly more research on male health problems over the life course, the role of gender as a determinant of health and effective approaches to improving men's health across a range of priority areas. The field of health inequities has grown significantly in recent years, but has not paid much attention to the role of gender and its relationship to other health determinants such as employment, education, socioeconomic status, and behavioural factors.

There is an Australian Longitudinal Study on Women's Health, and no comparable study on men. The Florey Adelaide Male Ageing Study, based at the Freemasons Foundation Centre for Men's Health, The University of Adelaide, is the only study in Australia that is tracking men's health over time, but at a state level. Currently in its 7th year of operation, FAMAS is an internationally recognised study with membership in the International Collaborative of Male Ageing Studies. Despite this fact, it has struggled to find funds to maintain the cohort and advance the research, a clear symptom of the undervaluing of research on gender and health in Australia. In contrast, the Canadians have a research funding body dedicated to gender and health research, the Canadian Institute for Gender and Health. Without stronger evidence in this area our efforts to develop effective strategies and programmes will be seriously hindered. **We strongly recommend that Australia, through the existing mechanisms of the NHMRC and ARC, develop a research funding program focused on gender and health. And specifically, we support establishing an Australian Longitudinal Study on Men's Health as a matter of urgency.**

Our understanding of motivators for men to address their health is not very advanced. Anecdotal evidence strongly suggests that two of the key motivators for men include relationships and family, and work and other meaningful engagement in society. Where health concerns begin to interfere in these areas, it begins to get attention from men. Men want messages to be affirming of them and positive, not negative, derogatory and blaming. In focus groups recently conducted by the Freemasons Foundation Centre for Men's Health, men ranked preventing or improving a serious health condition, more energy / more mobility, better mental health, and preserving independence most highly as motivators for addressing their health.

Our understanding of effective approaches to marketing health messages to men is still very basic. With few notable exceptions (eg the excellent work of Andrology Australia), most health education and awareness campaigns lack an effective gender appeal. In addition, most health education campaigns do not attempt to reach out to men in their own environments. The Freemasons Foundation Centre for Men's Health is currently addressing these issues by developing a male oriented health promotion program designed to encourage healthy eating and physical activity through the well organised male fraternity of Freemasonry, to be called ***Waste Your Waist***. We are building on our partnership with Freemasonry to develop health education materials describing the specific benefits to men of adopting a healthy lifestyle and to deliver a structured program for change in a male setting. We are planning a rigorous evaluation of

both process and outcomes associated with this innovative program. We are sharing experiences and learning from researchers in the USA who have been trialling similar approaches including: the ***Men 4 Health*** program, based at The University of Michigan and funded by the American Cancer Society; and the ***Men as Navigators of Health*** program based at the University of North Carolina at Chapel Hill and funded by the Centres for Disease Control and Prevention. Both of these programs are working with and through male organisations to develop and deliver health promotion programmes. **We recommend establishing a publicly funded program to foster the development of gender specific health promotion programs that tailor health promotion messages to a male audience and can demonstrate positive outcomes.**

Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

It is likely that gender, distinct from sex, is an important driver of help seeking. Hegemonic 'masculinity' may explain help seeking behaviour for some men, but there is considerable gender variation among men, so accounting for multiple masculinities is more likely to produce effective responses for all men. Some researchers advocate a 'relational' approach to studying gender and health which highlights socially determined gender roles, gender relationships, and the social circumstances (eg workplaces and families) that are derived from them, as key drivers of health practices and outcomes.

There is a growing body of evidence about men's help-seeking behaviour and use of health services with a wide variety of views expressed. Notably, a review article by Galdas, Cheater and Marshall (2004) concluded that the evidence produced to-date is inadequate to explain the processes involved in men's help seeking behaviour and highlights the potential that gender may be confounded by socioeconomic status and ethnicity as key determinants of help-seeking behaviour.

Nevertheless, some clear indications are emerging from the Florey Adelaide Male Ageing Study and other sources about how men perceive their health and help seeking behaviour. Australian data confirms that men do visit their general practitioner. The MATeS study and the FAMAS study both found that approximately 90% of men (over age 40 for MATeS; over age 35 for FAMAS) had visited their general practitioner in the previous 12 months (de Kretser, Cock and Holden, 2006; Martin et al 2007). In the FAMAS study, factors strongly associated with GP attendance were low relative socioeconomic disadvantage, high education and occupation status, and middle age (unpublished source data).

There are however likely to be notable differences in patterns of health service use compared to women. Some evidence suggests that men do not visit their GP as much as women, have shorter consultations, see the GP later in the course of their illness, and leave significant health issues unattended.

Qualitative studies suggest that men are likely to self monitor and seek information independently prior to attending a health service (Smith et al 2008a). According to Smith et al (2008a), the four key factors influencing self monitoring behaviour include time available to monitor, previous illness experience, ability to maintain regular activities and everyday tasks, and their perceptions of the severity of the health condition.

Unpublished FAMAS data supports the idea that men tend to seek help only when absolutely necessary. And in primary care settings, men are more likely to focus on physical problems and less likely to disclose mental or emotional problems. Among FAMAS respondents, 60% indicated that the reason for their visit to the GP was either for medication or for a health crisis or sickness; 20% for a regular check-up; 7% for health advice; and 3% for screening.

The strong desire among men to maintain their independence as they age may provide an important clue about motivators for engagement with health services. Other possible motivators include death or serious illness experienced by family or close friends, and concrete evidence of a problem (eg test results).

There are significant limitations to the research that has been done in this area to-date. **We recommend that specific funding be allocated for quantitative, population based studies of masculine identities and**

their relationship to help seeking behaviours taking account of other determinants such as socioeconomic status and education, as part of a funded research program on gender and health.

Extent, funding and adequacy of treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

Presently, there are few, if any, dedicated men's health services. There is increasing evidence that GP services, as currently constructed, are not meeting men's needs in the areas of primary care and prevention. The poor health outcomes speak for themselves. And men are beginning to articulate their preferences in primary care.

Despite evidence of the interconnectedness of men's multiple health issues (eg erectile dysfunction may be early warning of a future heart attack, erectile dysfunction can be alleviated through weight loss, and depression is significantly associated with erectile dysfunction), it appears that most GPs do not address more than one health concern at a time. Among FAMAS respondents, 63% indicated that 'other health concerns' were not addressed by the GP (unpublished source data).

Men report access barriers to primary health care services such as opening times, privacy issues and communication styles. Health service providers (especially GPs) rarely tailor their approach to men, but men are expressing clear preferences about the style of interaction with their health service providers. The FAMAS study has reported on core qualities that men value when communicating with GPs including a 'frank approach', demonstrable competence, a thoughtful use of humour, empathy, and the prompt resolution of health issues (Smith J et al 2008b). Information from this study has recently been used by Andrology Australia to produce a GP Summary Guide: Engaging Men in Primary Care Settings. This guide outlines strategies for GPs to use in engaging men in discussion about their health and debunks myths about men's engagement in health services.

We believe there is a need to develop and study new models for delivering prevention and primary care to men. We intend to develop a demonstration men's health service that provides a platform for research and opportunities to test the efficacy of various approaches to primary care for men. In time, the demonstration service will also become an important platform for continuing education of health professionals.

To this end, the Freemasons Foundation Centre for Men's Health has recently conducted market research (6 focus groups) to explore men's reactions to attending a dedicated gender specific preventive and primary care service. The preliminary results reveal support for the concept among men of all age groups, but with strongest support among the 35-50 year age group. The participants indicated a preference for a 'one-stop-shop' style of service provider that could spend sufficient time with them to undertake a thorough assessment, be prepared to listen, and adhere to appoint times.

A major theme of the research was that GPs don't spend enough time with their patients to explore and discuss underlying issues or concerns. The participants indicated they often have 'other issues' they should be discussing but unless the GP is proactive in indicating a willingness to discuss 'other issues', they are left unattended. A comprehensive assessment was viewed favourably as a means for efficiently detecting and dealing with any issues.

Another major theme was service access including the need for opening hours to accommodate work schedules, and for service providers to adhere to appoint times. Some support was given to linking the service to the workplace, but with some concerns about confidentiality of test results and potential for employer misuse of information. Further analysis of these results is planned leading to the development of a business plan for the proposed service. **We recommend that public funding be made available for research and development of new models for delivering prevention and primary care to men as a key strategy for improving men's health outcomes.**

About the Freemasons Foundation Centre for Men's Health

The Freemasons Foundation Centre for Men's Health is based at The University of Adelaide and was borne of a significant sponsorship from the Freemasons Foundation. The Freemasons Foundation provided funds to establish two new men's health research positions, the Freemasons Foundation Research Fellows. The University of Adelaide agreed to establish 6 PhD scholars, Freemasons Foundation PhD Scholars.

Our vision is to enable men to live longer, healthier, and happier lives. Our mission is to:

- pursue innovative research programs
- significantly improve health services
- deliver evidence based continuing education programs
- disseminate the latest health information and education resources.

Our first strategic plan, ***Creating Our Future 2008-2012*** articulates our ambition. By 2012, we aim to be a recognised world leader in men's health for the following reasons:

- The Centre will be a model of integration, and multidisciplinary collaboration, across clinical services, research programs and continuing education.
- The research programs of the Centre will be driven by its prospective cohort study (ie Florey Adelaide Male Ageing Study) and collaborations with clinical services.
- The Centre will attract and generate world leaders in men's health and have strong partnerships both nationally and internationally.
- The Centre will have a strong international reputation as a result of systematic dissemination of research discoveries.
- The Centre will have a diversified funding base including private funds, along with contract research funds, research grants and other government funds.

You can learn more about the Freemasons Foundation Centre for Men's Health by visiting our website:
www.adelaide.edu.au/menshealth

The Freemasons Foundation Centre for Mens Health
Life changing research

FREEMASONS FOUNDATION

THE UNIVERSITY OF ADELAIDE AUSTRALIA

References

Australian Institute of Health and Welfare 2006. *Australia's health 2006*. AIHW cat. no. AUS 73. Canberra: AIHW.

Australian Institute of Health and Welfare 2008a. *Australia's health 2008.* Cat. no. AUS 99. Canberra: AIHW.

Australian Institute of Health and Welfare 2008b. *Indicators for chronic diseases and their determinants, 2008.* Cat. no. PHE 75. Canberra: AIHW.

Australian Institute of Health and Welfare 2009. *Chronic disease and participation in work*. Cat no. PHE 190. Canberra: AIHW.

De Kretser DM, Cock M, Holden C (2006). 'The Men in Australia Telephone Survey (MATeS) - lessons for all', *Medical Journal of Australia*, vol 185, no 8, pp412-413.

Galdas PM, Cheater F, Marshall P (2004). 'Men and health help seeking behaviour: literature review', *Journal of Advanced Nursing,* vol; 49, no 6, pp.616-623.

Martin S, Haren M, Taylor A, Middleton S, Wittert G and Members of the Florey Adelaide Male Ageing Study (2007). 'Cohort profile: the Florey Adelaide Male Ageing Study (FAMAS)', *International Journal of Epidemiology.*vol 36, no 2, pp.302-6.

Smith J, Braunack-Mayer A, Wittert G, Warin M (2008a). 'It's sort of like being a detective": Understanding how Australian men self-monitor their health prior to seeking help', *BMC Health Services Research*, vol 8, no 56.

Smith J, Braunack-Mayer A, Wittert G, and Warin M (2008b). 'Qualities men value when communicating with general practitioners: implications for primary care settings.' *Medical Journal of Australia*, vol 189, no 11/12, pp 618-621.