The Men's Health Information and Resource Centre (MHIRC): Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"

The Men's Health Information and Resource Centre (MHIRC) at the University of Western Sydney welcomes the opportunity to comment on Australia's domestic response to WHO's social determinants report.

MHIRC's approach to health, as stated on our website: *explores men's health in terms of the factors in society and life that build or undermine this health. Health is a dynamic reality shaped by many factors. An individual's health is the product of many aspects of their life, and the term used for the causes behind health status is the Social Determinants of Health* (MHIRC)

The importance of the Social Determinants of Health for all populations in Australia

As a body interested in the health of all Australians we welcome the country's engagement with the report and the vast amount of research which now supports this approach. We feel that Public Health has, for understandable reasons, often been dominated by clinical or behavioral dimensions of health and disease. An example would be smoking and its negative health effects and prevention initiatives. There is lots of clinical information available on the negative impact on health of smoking; there are also many to stop people smoking (behavioral change). But already in 1987 Hilary Graham, looking at smoking by women was telling us: *Despite the emphasis on maternal smoking in epidemiological studies, little attention has been paid in psychological and social research to the experience of smoking in the context of poverty and motherhood* (Graham 1987 p 47). Graham was pointing out the importance of taking into account context, the social determinants of people's lives, before rushing into interventions such as health promotion about the dangers of the practice. She, without naming it, also showed gender to be an important social determinant of health/

The WHO document is building on such insights and the vast amount of work on the social determinants done by Sir Michael Marmot and colleagues and by scholars like Lisa Berkman and Ichiro Kawachi (Berkman and Kawachi 2000). The research on which the WHO document is based has emphasized the

importance of the circumstances of daily life: “differential exposures to disease-causing influences in early life, the social and physical environments, and work, associated with social stratification” (WHO 2008).

Other countries like Canada have heartily embraced the Social determinants approach as a basis for their planning public health. We could learn much from them:

The (Canadian) federal government also recognizes that spending more on health research is only part of the solution. We can also address health issues by broadening our approach to health interventions....Much of the research is telling us that we need to look at the big picture of health to examine factors both inside and outside the health care system that affect our health. At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behavior. These factors are referred to as 'determinants of health'. They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status.(Public Health Agency of Canada).

This approach has been the basis of the Public Health teaching of Professor Macdonald as Professor of Primary Health Care at UWS: he sees the social determinants of health perspective as offering us a way to think of an *integrated* approach to health planning by expanding our notion of “environment” to included the emotional, social and cultural together with the physical (Macdonald 2005).His book, “Environments for Health” is about social determinants.

The work of MHIRC is firmly embedded in the social determinants of health approach and has had some influence both at State and national level (particularly through the Australasian Men’s Health Forum and the National Gatherings on male health run by this body). MHIRC has also regularly presented this perspective at the International Men’s Health Congresses held in Vienna.

The social determinants of health and male health

MHIRC advocates that health in general and in this case, male health, should be seen in a wider perspective than those offered by clinical and behavioural

dimensions on their own. These two perspectives have tended to dominate policies and practices concerning male health. MHIRC adopts the expression. "male health", following the example given by the National Male Health Policy, which in turn has borrowed the expression from the Aboriginal and Torres Strait Islander community's use of the term, to show the importance of the health of boys as well as men (Department of Health and Ageing 2010). This document from the government clearly endorses a social determinants approach: in the section entitled, "The importance of social determinants", the Policy draws attention to *The importance of the social determinants of health, particularly the need to improve the educational attainment of boys,* noting that the determinants were constantly raised during the consultation process that preceded the document. The Policy goes on to say that *Professor John Macdonald* (Director of MHIRC) *has proposed a 'social determinants of health' approach as a framework for conceptualising male health policy and service planning. He argues that factors such as social gradient, stress, employment and social support provide context for male lives that should be taken into account by health services when males present for health care.* This is picking up on earlier work by MHIRC in 2006 in the Medical Journal of Australia in which he suggested that the social determinants approach provides a fresh way of thinking about men's health (Macdonald J 2006).

The National Male Health Policy draws attention to the social gradient, a man's position in life in relation to the rest of society, and, like MHIRC, also to issues like education, employment and income. The importance of this endorsement of a social determinants approach cannot be overemphasised. As already stated," male health" both in academia and in policy directions has traditionally (and still often today) focused on medical issues such as the prostate or (on the international stage at least) erectile dysfunction. When the medical perspective has been broadened it has often been to insist on the need for behavioural change ("men should go more to the doctor, be less violent, more in touch with their feelings" etc). This fresh approach (social determinants) allows us to include behaviour and clinical perspectives but to add to them the obvious concerns about the impact of work (often hard and sometimes dangerous for men) and unemployment, without seeming to blame them for their "masculinity"; it also compels us to look at the effect of schooling on boys who seem to be faring less well than girls, with long term

consequences, as well as to consider the impact of separation, for example from children and their experience of retirement.

Gender as a social determinant.

Some academics, unfortunately, want to restrict the notion of gender as a social determinant of male health to men's capacity for violence and oppression of women. These are issues which MHIRC would not shirk from and is committed to gender equity but insists that such preoccupations must not allow us as a nation to ignore the broad picture of the impact of issues such as work, retirement, social engagement and isolation on the health of everyone and in different ways on women and men.

The Policy also addresses the issue of men and access to health services. In the spirit of the social determinants it adopts the less blaming tone previously often the norm which held that it is "men's fault" and "men's failing" that they use services less than women. (The title of the Policy is "Building on the Strengths of Australian Males": one notes the positive emphasis). The document talks of "male-friendly" health service practices: *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* (Department of Health and Ageing 2010 p.30).This is a positive step away from the too-easy "blaming" of men.

Again, in the same vein, the Policy proclaimed the need for more evidence-based approaches to male health, rather than relying on assumptions. It calls for *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* (Ibid p. 24) As a result, the government has funded the first ever longitudinal study of male health which has to include a social determinants of health perspective. In this way Australia is building a rational basis for work on male health. This makes the country a world leader in the field.

Suicide is a gendered issue: the importance of the social determinants.

At least one woman and five men kill themselves each day in Australia (MHIRC 2009). The study by MHIRC with the Suicide Safety Network of the Central Coast of NSW is entitled *Pathways to despair, the social determinants of male suicide* (ibid). The title was deliberately chosen, not only to challenge the common assertion that suicide is mainly a mental health issue and to show that often it is a result of a accumulation of adverse life events, but also to draw attention to the fact that the social determinants of health are not just of disease, but of *health*: meaningful work, a positive early childhood, good social support and the like build good health for men, they help keep men in life. A weakening of these life supports, these social determinants, can lead men on paths that lead to despair and even suicide.

Aboriginal and Torres Strait Islander (ATSI) men.

Because of its commitment to the social determinants of health (and disease) and its location in western Sydney, which has the largest conglomeration of ATSI people in Australia, , MHIRC has been led to work with the men in this group. They have the worst health outcomes of any population in Australia. The Australian Indigenous Health *InfoNet points out the underlying causes:*

Indigenous male health is also affected by contemporary structural and social factors, including economic opportunity, physical infrastructure and social conditions. These factors, known collectively as the 'social determinants of health', are manifest in measures such as housing, education, employment, access to services, social networks, connection with land, racism, and rates of imprisonment. Indigenous males suffer substantial disadvantage for all of these measures during their childhood, as adolescents, and throughout their adult years. It is important to consider these social determinants in addressing the health of Indigenous males as it is here that resilience can best be supported and reinforced (Australian Indigenous Health *InfoNet,* 2010)

Aboriginal men are even more at risk of suicide than other men in Australia, and, as a result, funded by the Commonwealth Government, MHIRC runs a drop in centre in Mt Druitt in Western Sydney, for men (mainly Aboriginal) at risk of suicide. The Aboriginal MHIRC colleagues work alongside men and the services which often otherwise would not reach them in areas such as housing,

Corrective Services, incarceration, Apprehended Violence Orders (linking these with the mother's consent to Parental programs giving men access to their children) and other "social determinants". MHIRC hereby acknowledges the foresight of the Commonwealth Department of Health and Ageing in funding this initiative through its Suicide Prevention Program.

NB I would welcome the invitation to address the Committee.

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