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A NATIONAL MEN'S HEALTH STRATEGY IN AUSTRALIA: TIPS FOR IMPLEMENTATION

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There has been a strong and expanding discourse on men's health in Australia for over two decades.¹ This has included a well-documented discussion about men's health policy development and implementation in Australia, including calls for more sophisticated policy responses.¹⁻¹³ However, we currently have one of the world's most comprehensive men's health policies and there are current moves to recalibrate our focus towards action-oriented strategy implementation.

Men's health literature in Australia has clearly documented the lifestyle choices, risk factors and the social and environmental conditions that influence the higher rates of mortality and morbidity experienced by Australian men in comparison to Australian women.¹⁴ Importantly, it has also highlighted the inequitable differences in mortality and morbidity noted among different groups of Australian men. These understandings have subsequently shaped the men's health policy setting. As the current National Male Health Policy (NMHP)¹⁵ states:

Australian males generally enjoy better health and a longer life expectancy than males in most other countries in the world. Yet, on average, Australian males have a

shorter life expectancy than Australian females, and some population groups of males, particularly Aboriginal and Torres Strait Islander males, have significantly shorter life expectancies than others.

In print, the acknowledgement of vulnerable groups of men and the health and social inequities they face has been an important aspect of the current Australian NMHP. Yet, resourcing to address these inequities has been minimal. Many scholars have argued, myself included, that the responses to address these issues, specifically the implementation of the NMHP, has been substandard.^{1,5-12} That is, the level of investment associated with the NMHP has not matched the scale or intensity required to improve health outcomes, particularly among the most marginalized and disadvantaged groups of men in Australia. This has resulted in an all too common policy rhetoric and urgently needs to change.

TOWARDS A NATIONAL MEN'S HEALTH STRATEGY IN AUSTRALIA

On the 9th of August 2018, the Australian Government hosted an invitation-only National Men's Health Forum to discuss plans for a 10-year National Men's Health Strategy (NMHS) to build on the pre-existing NMHP.

Approximately 65 people were in attendance with a cross representation of academics, health professionals, peak bodies, and advocacy groups with an interest in men's health. There was a clear message that this was the beginning of what would be a broader public consultation post forum. The forum was facilitated by NOUS Group and supported by a summary of evidence prepared by Andrology Australia. The Minister for Health the Honourable Greg Hunt opened the forum, and indicated this was an opportunity for action. He asked attendees 'what must we do to improve men's health in Australia?'¹⁶ He framed the day around five key 'areas for consideration' – mental health; chronic disease and preventive health; injuries and risk-taking behaviour; conditions predominantly affecting males; and healthy ageing.¹⁶ It was remarkably reminiscent of a forum that had occurred during the development of the NMHP in 2009,¹⁰ and a subsequent national men's health roundtable held by the opposition in March 2017. There was a strong sense of Déjà vu – a trip back to the future.

A consistent key message heard from delegates was that the existing NMHP is robust and already provides a useful roadmap for action. Yet, the resourcing, and subsequent implementation over the past eight years, has been woefully inadequate. They expressed this needed to change, and the development of the NMHS was considered the ideal 'policy window' to do so. It was also noted that some minor, but significant investments, have occurred over the past few years. The Australian Longitudinal Study on Male Health, and expansion of Men's Sheds were two such examples. As discussions ensued, and in line with the well-articulated priority areas outlined in the current NMHP, delegates advocated for a continued focus on:

- the social determinants of health and cross-government action^{15,17};
- the prioritization of equity and vulnerable groups of men¹⁵;
- increasing investments in health promotion and prevention¹⁵; and
- building (and arguably making better use of) an evidence-base to advance action on male health.¹⁵

Of course, there were interjections from peak organizations and academics with vested interests

in specific issues, risk factors or body parts relating to their area of expertise. This can be expected in a forum of this nature. Nevertheless, there was a strong consensus that the above issues needed the greatest attention. Given there is a high level of congruence with the key focus areas of the existing NMHP, one is left pondering about why it has not been evaluated. Indeed, it seems that little has been learned about the implementation success and failures of the current NMHP. Surely this is critical information if we are to see substantial change on these issues.

TEN TIPS FOR IMPLEMENTING A SUCCESSFUL NATIONAL MEN'S HEALTH STRATEGY

To assist the Australian Government in its NMHS implementation journey, I have identified ten tips for successfully transitioning from development to implementation. These tips deliberately build on:

- the emerging international evidence-base about men's health policy implementation processes, predominantly those from Ireland;
- Australian men's health scholarship;
- emerging evidence from broader public health contexts, particularly that relating to action on the social determinants of health, health promotion and systems science; and
- key topics raised by delegates during the recent national men's health forum.

They are not designed to be exhaustive, rather illustrative of potential areas that could be an immediate focus.

1. **Establish an expert Ministerial level governance structure** tasked with monitoring the implementation progress across the life of the NMHS. Whilst there was some initial fanfare with the establishment of men's health ambassador's and a quasi-advisory group, there is no evidence the ambassadors or advisory group were adequately supported to provide ongoing monitoring advice throughout the implementation phase of the NMHP. Recent commentators, including those attending the forum, reinforced this deficit.¹ There are a plentiful number of men's health and public health experts in Australia to

establish a Ministerial level governance structure that are capable of providing the leadership to oversee the implementation of the new NMHS. This would be a sensible strategy to learn about what works to advance men's health in Australia and what does not.

2. Make sure there is an ***adequate funding envelope*** to effectively implement all aspects of the NMHS. As already mentioned above, whilst there were some important minor investments in men's health, the overall allocation of resources for implementing the current NMHP was inadequate.^{5,18} If the Australian Government is truly committed to addressing the social determinants of health of men's health, and promoting health equity among vulnerable groups of men through more concerted cross-sectoral responses, then the NMHS needs to be adequately resourced. This will mean additional funding, preferably targeted towards those populations of men with the poorest health outcomes.
3. Ensure there is a ***high level of bi-partisan support*** for the NMHS prior to its release. Most participants at the forum indicated that short-term policy cycles, and associated piecemeal funding commitments, is problematic and has been exacerbated by changes in government. To reduce further susceptibility in this regard, and in recognition of the intent to develop a ten-year NHMS, it is critical that bi-partisan support is achieved from the outset. This will increase the likelihood of improving population health outcomes over the longer term. There is also substantial public administration and public policy scholarship that reinforces the benefits of such an approach.¹⁹
4. ***Maintain the focus on social determinants of health and actively invest in whole-of-government actions*** to address this focus. This was repeatedly reinforced by forum participants. It was recognized that past silo responses (akin to the five key 'areas for consideration' used during forum discussions) are insufficient to drive meaningful change in health outcomes for Australian men. Instead, turning our attention to emerging scholarship on action on policy development and social

determinants of health is clearly required.^{17,20–22}

Interestingly, this same focus has surfaced very prominently in health promotion and public health advocacy efforts in Australia,²³ with significant potential to learn from the Health in All Policies work spear-headed by the South Australian Government in partnership with the World Health Organisation.^{24–25} It is strongly suggested that a minimum of six to eight cross-sectoral projects (e.g., health-employment; health-education; health-housing; health-justice partnerships) be identified as a starting point within the first three years of NHMS implementation to strengthen whole-of-government responses that address the social determinants of health.

5. Ensure that a ***minimum of 25% of the NMHS investment is directed towards health promotion and illness prevention***. This year marks the 40th anniversary of the Alma Ata – with a clear international mandate to revisit the value of, and principles associated with, primary health care. A core element of a comprehensive primary health care approach includes health promotion action.^{26,27} In Australia, there is a compelling case that health promotion and illness prevention is more cost-effective, responsive to the needs of civil society, ecologically friendly, and socially just than most acute care service delivery options.^{28–30} In addition, contemporary national and global public health scholarship has consistently advocated for greater investment in health promotion and illness prevention, with calls to integrate health promotion more readily into public policy contexts.^{30–32} As such, it seems logical that a focus on health promotion has been reinforced through preliminary consultation processes. However, this needs to occur at a sufficient scale to positively influence health, social and economic outcomes among Australian boys and men.
6. ***Maintain a focus on promoting equity*** through targeted interventions aimed at the most vulnerable groups of men, particularly Aboriginal and Torres Strait Islander males. This was perhaps the most prominent theme to emerge throughout the forum. Targeting interventions at that most

vulnerable and disadvantaged populations of men was a frequent call to action.¹¹ Marmot et al. argued that proportionate universalism is required to address health inequities.³³ This involves investing in whole of population measures, whereby a higher level of resourcing is directed towards people from low SES or disadvantaged backgrounds, in contrast to those that are wealthy and have better health outcomes. A similar concept could be applied in the way that resources are allocated through the NMHS. In addition, this is particularly important for Aboriginal and Torres Strait Islander males, where health inequities are stark. A dedicated funding stream with Aboriginal and Torres Strait Islander males leading all decision-making processes is urgently needed. It is critically important that any NMHS actions align with the pre-existing *National Aboriginal and Torres Strait Islander Male Health Framework and Revised Guiding Principles*³⁴ that have been developed by respected Aboriginal and Torres Strait Islander male health leaders over the past decades. The NMHS should also dovetail with the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*.³⁵

7. Conduct a meta-synthesis of existing Australian men's health research and evaluation evidence, both quantitative and qualitative, to inform the implementation strategies. Andrology Australia presented a summary of evidence relating to men's health at the recent national forum. Whilst comprehensive, the review primarily focused on the epidemiology of men's health. There is an equally valuable quantum of academic scholarship and grey literature emerging from Australia that has an applied public health orientation with high potential for knowledge translation within men's health policy and practice contexts. This includes qualitative studies and good practice guides about ways to effectively engage and communicate with men through health promotion programs and health service delivery contexts; an abundance of scholarship about the intersection between masculinities and men's health; studies about place-based approaches to men's

health, such as workplace health promotion, men's sheds, Aboriginal male health camps, and sporting clubs; and a growing body of evaluation research relating to the effectiveness of men's health interventions. A promising aspect of the Australian men's health research landscape has been an acknowledgement of the interface between the biological and sociological health needs of men drawing on expertise from medical, public health, gender studies and other social science disciplines to unpack the physical, mental and social health challenges faced by Australian men.¹⁴ However, this literature is disparate and there have been few attempts to complete a meta-synthesis of such work. The development and implementation of the NMHS provides the perfect opportunity to do so.

8. Invest in high-quality applied, public health and health services men's health research; and fund more robust and sophisticated men's health evaluation activities. Whilst there are multiple examples of good quality applied men's health research in Australia, funding for such research and evaluation activities has generally been quite poor. There are relatively few examples of applied men's health work being funded through the National Health and Medical Research Council or the Australian Research Council – Australia's two most prominent funding bodies. Similarly, there have been few examples of more targeted men's health research with vulnerable populations of men. There are notable exceptions, such as the Lowitja Institute's recent young Aboriginal and Torres Strait Islander male health funding round, and those that have been supported by the Movember Foundation and the Prostate Cancer Foundation of Australia. Nevertheless, a more concentrated investment, perhaps with a dedicated funding allocation through the Medical Research Future Fund would be a good start. Similarly, investment in a national men's health research plan to accompany the NHMS would be sensible. The last attempt to do so was twenty years ago.³⁶

9. Adopt a systems approach to men's health. The current NHMP emphasized the need for cross-sectoral approach through action on social

determinants of health, as already highlighted above. However, there was minimal discussion about the adoption of a systems approach to men's health. Akin to the research on Health in All Policies approaches, the emerging scholarship on systems thinking, systems approaches, and adaptive policies in public health is worth noting.^{20–22} The adoption of an explicit systems approach in the development, implementation and evaluation of the NMHS would provide increased potential to look as system enablers. The building blocks of the WHO Health Systems Framework could be a good starting point. This would encompass areas relating to service delivery, health workforce, information, leadership/governance, financing, and medical products, vaccines and technologies.³⁷

10. ***Celebrate that Australia has shown international leadership in men's health policy formulation***, and has potential to do so in relation to strategy implementation as well. As hinted throughout this editorial, Australia has shown leadership in its commitment to men's health policy development and has made significant global contribution to the evidence-base about men's health. Whilst we are one of few countries to have a biannual men's health conference, an annual Aboriginal and Torres Strait Islander male health conference (OCHRE day) and other forums hosted by peak men's health bodies, we seldom take time-out to celebrate such achievements. I argue that Australia is well positioned to show international leadership in men's health strategy implementation, if resourced adequately to do so. We should monitor, evaluate and celebrate incremental successes and share these with our global neighbours to ensure key learnings can influence men's health strategy development in other countries.

CONCLUSION

This editorial has highlighted the intent of the Australian Government to develop a NMHS to complement the existing NMHP. This is indicative of a political appetite to transition from men's health policy development to implementation. I have drawn

on contemporary evidence sources relating to men's health and public health to highlight ten tips for supporting the implementation of the NMHS. These include:

- Establishing an expert Ministerial level governance structure
- Ensuring there is an adequate funding envelope
- Ensuring there is a high level of bi-partisan support
- Maintaining the focus on social determinants of health and actively investing in whole-of-government actions
- Ensuring that a minimum of 25% of the NMHS investment is directed towards health promotion and illness prevention
- Maintaining a focus on promoting equity
- Conducting a meta-synthesis of existing Australian men's health research and evaluation evidence
- Investing in high-quality applied, public health and health services men's health research
- Adopting a systems approach to men's health
- Celebrating that Australia has shown international leadership in men's health policy formulation

Each tip is worthy of a paper in its own right, but the intent here is to provide a snapshot of key concepts that could be used immediately to inform the implementation of the NMHS. The Australian men's health community has articulated its vision for action and indicated it is ready to work with the Australian Government to achieve this goal. We look forward to the adoption of innovative, evidence-based and equity-inspired actions to strengthen men's health outcomes in Australia and beyond.

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