



South Australian Men's Health Strategic Framework

2008-2012

Introduction

The *South Australian Men's Health Strategic Framework* provides a policy and planning framework for SA Health. It aims to address men's health needs through the development, coordination and support of policies, programs and health services in community, primary health care and hospital settings.

Addressing men's health is consistent with the growing need to address preventable illnesses and injuries. Increasingly men are becoming more aware of their health needs and showing a greater willingness to seek help and talk about their physical and mental health. This framework supports these directions and the development of better understandings of how men experience their health and why it is still often suggested that they are likely to delay seeking health care for a physical, emotional or mental health problem until it becomes serious for themselves and/or others.

Overall, South Australian men experience a good quality of health and wellbeing. However despite this fact, there are significant variations in health outcomes among men. The Aboriginal male population of South Australia in particular fare poorest when compared to the rest of the male population.

The *South Australian Men's Health Strategic Framework* recognises that Aboriginal men have significantly poorer health outcomes reflected in their experience of health issues, patterns of life expectancy, illness and injury and respond to these in ways that are significantly different to non-Aboriginal men.

It is known that men have a shorter life expectancy than women and a significant part of this difference in life expectancy can be attributed to biological determinants. However, this framework focuses on the social determinants of healthⁱ and recognises men as a diverse group with differing health needs and varying health outcomes who share common patterns of health and illness resulting from both the biological and social determinants of healthⁱⁱ.

National Library of Australia Cataloguing-in-Publication entry

Author: South Australia. Dept. of Health.

Title: South Australian men's health strategic framework :
2008-2012 / SA Health.

ISBN: 9780730898351 (pbk.)

Subjects: Men--Health and hygiene--South Australia.

Men--Services for--South Australia.

Dewey Number: 613.04234

Context

The *South Australian Men's Health Strategic Framework* should be considered in the context of the health needs of all South Australians, with men as a population requiring specific strategies. The Framework supports national and state strategies to promote health and prevent illness and injury.

At a national level: the *Australian Better Health Initiative* is strengthening the focus of the health system on prevention and health promotion, and management of chronic disease by:

- > Promoting healthy lifestyles;
- > Supporting early detection of risk factors and chronic disease;
- > Supporting lifestyle and risk modification;
- > Encouraging active patient self management of chronic conditions; and
- > Improving the communication and coordination between care services.

The National Framework for improving the health and well-being of Aboriginal and Torres Strait Islander Males informs the planning and delivery of services for Aboriginal men in Australia.

At a state level: the *South Australian Aboriginal Health Policy 2007* and the *Cultural Respect Framework for Aboriginal and Torres Strait Islander People* inform the planning and delivery of services for Aboriginal men.

South Australia's Strategic Plan 2007 makes a commitment to continuing to improve the quality of life and the wellbeing of the community and individual citizens. *The South Australian Men's Health Strategic Framework* supports this Plan, and in particular Objective 2, *Improving Wellbeing* and its targets. This objective states:

South Australians should enjoy a good quality of life at every stage of life. Our children should be able to grow up in a safe environment, to acquire knowledge and be equipped to make the right choices. As we mature, we need to stay connected to the community and to the environment, even as our roles change and priorities shift. We need to be in charge of our lives and not unreasonably constrained in our options.

The targets within *South Australia's Strategic Plan 2007* that are relevant to the Framework are focused on:

- > Healthy weight
- > Healthy life expectancyⁱⁱⁱ, including lowering the morbidity and mortality rates of Aboriginal South Australians
- > Improving the self-assessed health status of people living with chronic disease
- > Improving psychological wellbeing
- > A healthy work life balance.

The *South Australian Men's Health Strategic Framework* supports *South Australia's Health Care Plan 2007 – 2016* by adopting a population and primary health care approach to responding to men's health issues. This approach requires a strong emphasis on working with communities and individuals to improve their health and wellbeing, including a range of strategies to support physical and mental health.

Other examples of state and national strategies relevant to the *Framework* can be found at the end of this document.

Principles

The principles of the *South Australian Men's Health Strategic Framework* are consistent with the *Ottawa Charter for Health Promotion* and the *Jakarta Declaration on Leading Health Promotion into the 21st Century*^{iv}.

The *Framework* commits health providers to delivering services and programs that:

- > Recognise the interconnection between men's and women's health and the significance of gender as a determinant of health.
- > Recognise that services need to be consistent with a sound primary health care and population health approach in their assessments of and responses to men's health needs.
- > Recognise that health outcomes of men arise out of a range of social, economic, cultural and biological factors often requiring coordinated and consistent responses from across government and non-government sectors.
- > Recognise that 'what it means to be a man' will vary and is important in understanding the way men decide what the issues are that affect their health and how they respond to them.
- > Recognise that health services require a range of initiatives and approaches appropriate to the health needs of different populations of men.
- > Recognise that the physical, emotional and mental health of men impacts on their roles as fathers, on their families and other relationships.
- > Recognise the need for the health system to provide services that are culturally safe and respectful and support the role of Aboriginal males in traditional and contemporary cultures.
- > Recognise the historical and ongoing social, cultural, spiritual and economic impacts of colonisation on the health and wellbeing of Aboriginal men, their sense of self and their relationship to their families and communities.
- > Recognise that the challenges of living in rural and remote areas, including seasonal and climatic factors, such as drought, can have a significant impact on the health and wellbeing of men, their families and communities.

Objectives and key directions

The *South Australian Men's Health Strategic Framework* has three major objectives. These objectives are supported by relevant key directions.

1. To support effective policies and programs related to the health of men;

This objective will be achieved through the following key directions:

- 1.1. Supporting state and national policies and programs addressing the physical and mental health of men that are based on sound knowledge and evidence to support their effectiveness.
- 1.2. Supporting state and national policies and programs that address differences in health and wellbeing associated with Aboriginality, ethnicity, gender, socio-economic status, age, disability, sexuality and geographical location.
- 1.3. In collaboration with other industry and government and non-government partners, develop, implement and evaluate effective health promotion strategies and resources relevant to men's health.
- 1.4. Supporting the development of health promotion strategies and resources for men's health that encompass the relationships men have with their partners, children and other significant persons.
- 1.5. Developing training initiatives to support and retain those working with men in violence intervention.

2. To ensure that health services are appropriate to the needs of the diverse groups of men in our community, in particular those who are socially, culturally or economically disadvantaged or those living in rural or remote locations;

This objective will be achieved through the following key directions:

- 2.1. Supporting primary health care providers to implement best practice approaches for working with diverse groups of men.
- 2.2. Supporting the provision of health services to men living in rural and remote areas that will address the particular health issues associated with living in these locations.
- 2.3. Supporting the health of men and boys as part of the broader primary health care services, including GP Plus Networks¹.
- 2.4. Supporting the recruitment and training of male health workers to work with men, particularly in primary care settings.
- 2.5. Supporting the continuing development of cultural awareness in the provision of health services through the implementation of the *Cultural Respect Framework for Aboriginal and Torres Strait Islander People*.
- 2.6. Ensuring health services for Aboriginal men are consistent with the five key areas for action in the *National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males*.
- 2.7. Supporting the development of interventions for the provision of health services to specific groups of men, especially those that have the poorest health outcomes.

3. To support sound research related to the health of men;

This objective will be achieved through the following key directions:

- 3.1. Supporting research focused on better management of risk factors, chronic diseases and illnesses, including high blood pressure, overweight and obesity, depression and other mental health issues, diabetes, heart disease, prostate cancer, testicular cancer and colon cancer.
- 3.2. Supporting research contributing to a better understanding of the impact on men's health in relation to their partners, children and other significant persons, recognising the complex interactions of these relationships.
- 3.3. Supporting research contributing to a better understanding of the interaction between men's health and their use of health services.
- 3.4. Supporting research contributing to a better understanding of the inequitable health outcomes between different groups of men.
- 3.5. Supporting research in best practice approaches for the provision of health services to specific groups of men, especially those that have the poorest health outcomes.

Significant facts about men's health

The information below gives some indication of the prevalence of the major illnesses and injuries experienced by men. Notably the rates of death, illness or injury for Aboriginal men are significantly higher than those for non-Aboriginal men. The impact of these on Aboriginal communities is therefore much greater.

What the evidence shows is that the leading causes of death, illnesses, and injuries are largely preventable.

In Australia, males born between the years 1996-2001 have an average life expectancy of 76.1 years, and females born between the years 1996-2001 have an average life expectancy of 81.7 years. Aboriginal males born during the same period have a life expectancy of 59.4 years.

- > The top causes of premature death and illness in men in South Australia for 2001-03 were ischaemic heart disease, lung cancer and suicide.
- > The leading cause of premature death^{vi} in Aboriginal and non-Aboriginal males for 2001-03 was ischaemic heart disease. In addition, Aboriginal males have much higher rates of premature deaths due to road traffic accidents, homicide and violence and Type 2 diabetes than non-Aboriginal males.
- > Whilst the proportion of males in South Australia who are overweight has remained steady between 1991 and 2006 from 37.2% to 38.0%, the proportion of males who are obese has increased from 9.8% to 21.3% during this same period.
- > The proportion of males in South Australia experiencing psychological distress in 2007 was 6.3%. Suicide and self-inflicted injuries are among the leading causes of premature death for Aboriginal and non-Aboriginal men alike.
- > Over the past 20 years life expectancy has improved by 5.8 years for males and 4.3 years for females. A boy born in Australia in 2006 can expect to live 78.7 years while a girl born in Australia can expect to live 83.5 years.

Tables 1 and 2 show the major health issues for men in South Australia leading to premature death and significant illness or injury burden.

Table 1: Leading 10 causes of premature death, males, South Australia 2001-2003

Condition	Rank	% of total deaths
Ischaemic heart disease	1	19.5
Lung cancer	2	6.7
Suicide and self-inflicted injuries	3	5.7
Stroke	4	5.2
Colorectal cancer	5	4.2
Road traffic accidents	6	4.1
Chronic obstructive pulmonary disease	7	3.6
Prostate cancer	8	3.3
Pneumonia	9	2.3
Cirrhosis of the liver	10	2.1
Type 2 diabetes	11	2.0

Table 2: Leading 10 causes of illness and injury burden, males, South Australia 2001-2003

Condition	Rank	% of total causes
Adult-onset hearing loss	1	6.7
Depression	2	6.0
Dementia & Alzheimer's disease	3	5.6
Chronic obstructive pulmonary disease	4	4.6
Ischaemic heart disease	5	4.6
Alcohol dependence and harmful use	6	4.5
Stroke	7	4.4
Osteoarthritis	8	4.3
Type 2 diabetes	9	3.6
Asthma	10	3.4
Prostate cancer	13	2.0

Source: Department of Health, South Australian Burden of Disease Study (based on 3 yearly annual averages)

Table 3 compares the leading causes of premature death for non-Aboriginal and Aboriginal men. It shows that there are very different patterns of illness and injury leading to different life expectations as well as very different rates of illness and injury for the two groups of men.

Table 3: Leading 10 causes of premature death, males, South Australia, 2001-2003

Condition	Aboriginal men		Non-Aboriginal men	
	Leading causes of premature death	Adjusted rate per 1000 (a)	Leading causes of premature death	Adjusted rate per 1000 (a)
Ischaemic heart disease	1	35.3	1	13.9
Road traffic accidents	2	14.2	6	3.1
Suicide and self-inflicted injuries	3	10.0	3	4.5
Cirrhosis of the liver	4	10.0	10	1.5
Homicide and violence	5	5.7	47	0.3
Type 2 diabetes	6	11.0	11	1.4
Chronic obstructive pulmonary disease	7	8.0	7	2.6
Lung cancer	8	7.8	2	4.9
Epilepsy	9	2.9	48	0.3
Pneumonia	10	3.5	9	1.6

Source: SA Health, South Australian Burden of Disease Study (based on 3 yearly annual averages). Note: Age and sex adjusted to Australia 2001 population.

Resources for further reading

Commonwealth Department of Health and Ageing (2006). Australian Better Health Initiative.

www.health.gov.au

Commonwealth Department of Health and Ageing (2003) The National Framework for improving the health of Aboriginal and Torres Strait Islander Males.

Florey Adelaide Male Ageing Study 2004 – 2006

<http://www.florey.adelaide.edu.au/research.html>

SA Health (2004). Cultural Respect Framework for Aboriginal and Torres Strait Islander People.

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South Australian Department of Premier and Cabinet (2007). South Australia's Strategic Plan 2007.

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South Australian Children Youth and Women's Health Service (2005). South Australian Women's Health Policy.

www.cywhs.sa.gov.au

World Health Organisation (1986). Ottawa Charter for Health Promotion.

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www.who.int

Wilkinson, R and Marmot, M (2003) Social determinants of health: the solid facts.

www.euro.who.int

ⁱ Further information regarding the social determinants of health can be found in the publication *Social determinants of health: the solid facts*.

ⁱⁱ Further information regarding the illnesses affecting men can be found in the section of this document titled "Significant facts about men's health"

ⁱⁱⁱ Healthy life expectancy, or health-adjusted life expectancy (HALE), is the equivalent number of years in full health that a newborn can expect to live based on current rates of ill-health and mortality. It is based on life expectancy at birth but includes an adjustment for time spent in poor health. For further information visit SA Health's Burden of Disease website:

<http://www.health.sa.gov.au/burdenofdisease/DesktopDefault.aspx>.

^{iv} The *Ottawa Charter* and the *Jakarta Declaration* are primary health care frameworks outlined by the World Health Organisation that have been a central means of analysing the need to improve health and of structuring the action required to do so.

^v GP Plus is a strategy to provide better integrated health care to all South Australians through integration and collaboration between local general practitioners, allied health, mental health, drug and alcohol, nurse practitioner, counselling and other support services closer to home. See SA Health's website for further information: <http://www.health.sa.gov.au>.

^{vi} Premature death refers to when a person dies before they reach the age deemed to be their standard life expectancy.

For more information

SA Health
Policy and Legislation
PO Box 287, Rundle Mall
Adelaide SA 5000
Telephone: 08 8226 6717
Fax: 08 8226 6600
www.health.sa.gov.au