



Victorian Healthcare Association

SUBMISSION

Men's Health & Wellbeing Strategy – Response to the Background Paper

29 May 2010

1. Introduction

This submission paper outlines the Victorian Healthcare Association's response on behalf of its members, to the Victorian Government's discussion paper, *Men's health and wellbeing strategy*.

The Victorian Healthcare Association agrees to this submission being treated as a public document, and to the information being cited in the Men's health and wellbeing strategy.

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The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes improvement of health outcomes for all Victorians, from the perspective of its members.

Context

The VHA welcomes the Victorian Government's discussion paper (the paper) on men's health and the focus on a population approach. The VHA also provides general support for the *Framework for Action* provided in the paper.

It is clear the health needs of women and men differ and that 'men's health' is not a single problem with simple solutions. Consequently, gender is a significant factor when determining quality of life, morbidity, mortality and life expectancy. It is now increasingly clear that the lack of attention to men's health, both physical and psychological, is not only an equity issue, but a social and economic issue as well.

2. Service delivery and orientation

The VHA believes that the best way for health services to ensure that they better understand and meet the health needs of men is through population health approaches to planning.

Population health, as an approach to planning, aims to improve the health and wellbeing of whole populations and to reduce inequities within and between specific population groups. Best practice population health planning is grounded in effective and meaningful community, inter-sectoral and whole-of-government engagement.



Population health planning takes into account the environmental, economic, political, social, cultural and behavioural factors that explain the health and wellbeing of communities and populations.

The health of populations is largely determined by factors and conditions that lie outside the domains of the health system. Despite significant advancements in healthcare, rates of poor health and chronic disease continue to escalate alongside socioeconomic inequalities and disadvantage, often clustered in communities. To see real improvement in the health of populations, more comprehensive approaches to planning are required.

The VHA applauds the recognition of the need for a population health approach to issues documented in the *Men's health and wellbeing strategy* discussion paper. However, while the notion of population health is increasingly discussed by all levels of government and within the health sector, there are disparities in understanding what the concept means both philosophically and in practice. This is hampering moves towards its collective introduction in the health and social service sectors.

The VHA and the Monash University Department of Health Social Science have collaboratively developed a working definition of population health (see figure 2.1) and population health planning (see figure 2.2), to aid a collective understanding of these approaches. By providing these definitions, the VHA aims to create a shared understanding and clarity of purpose regarding a population health approach in Victoria. These definitions may be used by health and social policy planners at the highest levels of government, for collaborative regional and subregional planning, and by individual healthcare agencies.

Population health aims to improve the health and wellbeing of whole populations, reduce inequities among and between specific population groups and address the needs of the most disadvantaged. Effective population health requires community, inter-sectoral and whole-of-government engagement and collaboration to address the broad range of determinants that shape health and wellbeing.

Figure 2.1: The VHA working definition of population health

Population health planning is integrated and collaborative planning that demands that health and non-health sectors, government departments, and service delivery agencies work together to address the issues faced by their communities and populations. It focuses on achieving real and sustainable health improvements and is committed to reducing health and social inequities. This offers opportunities for innovation by seeking and applying evidence about new and changing needs of populations, and how these are influenced by the determinants of health.

Figure 2.2: The VHA working definition of population health planning

Health improvement is the responsibility of all levels of government; all sectors and industries; communities and individuals. Contemporary views of population health move beyond the simple concept of 'the health of a population' to also encompass multifaceted approaches that actively address the determinants of health. Population health approaches to planning shift the focus of planning from single-



agency service planning to integrated and intersectoral planning through shared goals and actions to address population needs.

The Victorian Department of Health (DH) can encourage the use of a gender perspective and gender analysis in the delivery of health services by adopting the VHA Population Health definition and developing policy that recognises the physical, social, environmental and political aspects of individual and community health status through a “whole of health” model. A shared understanding of the language and concepts implicit within population health is vital to encourage shared purpose and goals across all stakeholders.

There is no singular method of undertaking population health approaches to planning. Rather, specific approaches adopted will differ depending upon the characteristics of communities and populations being targeted.

The DH has a clear leadership role in building the capacity of health services to deliver population health approaches to planning. One other way to facilitate the goals of the Men's Health Framework for Action is to provide health services with resources to:

1. Collect population health data
2. Analyse the data to effectively plan services
3. Conduct evaluations of services to ensure outcomes are being achieved
4. Establish working partnerships with multiple levels of government and industry, health and community agencies whose policies and programs influence health and wellbeing outcomes
5. Educate and train health service workers
6. Invest in infrastructure where needed to provide services in a more effective and efficient manner

In Victoria, casemix funding encourages more cost efficient health services and does not account for the additional funds needed to make wholesale changes to the way health services are delivered. In order to build the capacity of sustainable gender specific, holistic health services, DH should fund innovative pilot programs and capital funding where there is a need to update infrastructure. Important changes to the way health services are delivered cannot be made in a piecemeal, ad hoc manner, and often require significant funding to realise the changes.

For example, the Victorian Government has previously identified the need to increase diagnostic and interventional cardiac services across rural Victoria, articulated in *Rural directions- for a stronger healthier Victoria*, and as the paper highlights, rural men die of ischemic heart disease at a 25% higher rate than men living in metropolitan areas. However the local health services cannot build the capacity for these cardiac services without increased funding and co-ordinated planning.

The VHA recommends investment in ongoing training in ‘population health approaches to planning’ for the workforce and boards of health and community sectors, and across government agencies. In addition, the VHA believes that health-related disciplines within tertiary study should be provided with comprehensive knowledge transfer regarding such an approach.



3. Supporting healthy living

Investment by the Victorian Government in supporting healthy living at a local level is vitally important to the health of all Victorians. The VHA supports increased funding for health promotion activity focused on the population, sub-group and individual level through this policy framework. This shift is fundamental to deal with future challenges of an ageing population, widening social inequities, rising levels of demand and increasing rates of chronic disease, and other specific men's health issues identified in the paper.

Despite Victoria being a leader over recent decades, illness prevention and health promotion remain poorly funded relative to the total health budget. This level of funding is both disproportionate and inadequate to meet the needs of the male population.

Every health service and community is different, and therefore requires particular approaches to improving the health and wellbeing of the male population, both organisationally and more broadly across the community. Funding models remain the primary enabler of appropriate and progressive service delivery in Victoria and ultimately determine the capacity of the health system to adapt to changing community needs. Without flexibility in these funding models, health services are unable to deliver the right care in the right place at the right time for their male populations and sub-populations.

The VHA recommends funding packages that support flexible rather than one-size-fits-all approaches to health service planning and delivery for men's health. This flexibility in funding, allows health services to focus on a broader range of services that are specifically developed to meet community and client needs and aid access to multidisciplinary teams. Funding models and service structures are required that allow health services to deliver services that best meet the needs of their communities.

The VHA believes this men's health policy should focus on providing services in places that men already meet and feel comfortable, as outlined within the paper. Research increasingly shows that further integrating health within community settings such as sporting clubs, community groups, workplaces and industry can lead to improvements in productivity, as well as health and well-being – improving quality of life and helping to reduce pressures on our health care system over the long term.

To facilitate this, structures and incentives are required that more closely link community settings and health services at a local level and ensure community collaboration is the norm, rather than the exception. This requires substantial, long term funding mechanisms that facilitate these processes.

Rural men are a particularly diverse and high risk population group. The VHA wishes to highlight structured primary prevention efforts such as Towards a Healthy Heart at Portland District Health Service; and Sustainable Farm Families, an initiative of Western District Health Service. The VHA recommends further identification of best practice in men's health in Victoria and other jurisdictions. The men's health policy should include a strategy to introduce these initiatives systematically across Victoria, with sufficient flexibility to meet local needs through a population health approach.



4. Men's health efficacy

Men can be supported to use health services if there is careful planning involved. Too often the services are set up for the most frequent users of the services, which are women, children and the elderly. It is acknowledged in the paper that men see many health services as too feminine, or not relevant to them, and need alternative methods of health service delivery, as well as approaches to addressing levels of health literacy.

As mentioned in section 2, health services must be supported with funding and to analyse data in order to make strategic, holistic changes to the way services are delivered. For example, many men in rural areas have benefitted from the "men's shed" program. As noted in the paper, research has shown that social isolation is a major contributor to ill health. The program brings men together who may otherwise be isolated, so any issues they may have are more readily identified.

The use of a community development approach and social networks for men can lead to programs that encourage "health champions" amongst the leaders of the local community. These "champions" use peer support to encourage behavioural change within more "masculine" settings. For example, decreased drinking at local sports clubs to address problem drinking, or supervised driving practice for young male learner drivers to address the high road accident toll.

Irish studies have shown that the most effective approach to promoting programs among men is by word of mouth, with participants more likely to attend when a recommendation is received from a trusted source. Men need to feel that the program is not just for women, and that they won't be the only man there.

Further research is needed to determine the real reason why men do not visit their GP regularly and frequent emergency departments (ED) more than women. It is unclear whether men use EDs because they have neglected the early warning signs and let the problem become an emergency; whether they cannot access doctors during working hours and there are inadequate after-hours services; or if they just have more accidents that need urgent attention.

These factors suggest that men have a greater need for after-hours or emergency services. This is a particular problem for men in rural areas where it is difficult to access a doctor out of hours. EDs are only funded in regional and sub-regional hospitals, leaving many rural towns without a funded ED at their local hospital. Rural local hospitals can provide emergency stabilisation and request transport via Ambulance Victoria, but cannot mandate GP private practices and pharmacies to remain open after hours. This makes it very difficult for rural men to access non-emergency health checks after-hours.

Funding and policy changes to redesign the workforce could allow for nurse practitioners, physician assistants and advanced practice nurses to provide after hours care in rural areas. Men's health clinics could be set up after-hours to encourage men to attend, leading to early detection of health issues. It is interesting to note that the successful Bendigo Community Health male-friendly health clinic employs a nurse practitioner.



5. Health-promoting society

High-quality hospitals and health services will remain a fundamental component of Australia's healthcare system, however the need for increased focus on and funding for prevention has never been more important. It is clear that the behaviours of the male population and sub-populations are enmeshed within the social, economic and environmental conditions under which they are living. Consequently, the VHA supports the Victorian Government's aim to take a health promotion, preventative approach through the development of a health promoting society, as described on page 70 of the paper.

This aim aligns with the National Male Health Policy, recently released by the Federal Government, as well as the concepts outlined by the National Preventative Health Taskforce final report, *Taking Preventative Action*, and the National Partnership Agreement on Preventative Health. The VHA stresses the need for coordination between these currently unconnected aspects of the health reform process.

A fundamental element of a health-promoting society, and a key determinant of health, is a contemporary health system that progressively moves in a health promotion direction, beyond providing clinical and curative services. Rather than focussing just on treatment or specific illnesses, these comprehensive primary healthcare services also address the social determinants of health.

To achieve a health system truly focused on prevention and wellbeing, the proportion of the health budget spent on prevention must continue to rise. Victoria has a proud history in primary healthcare, structured through a network of over 100 community health services operating from about 250 sites. These services plan and implement programs, services and projects according to local needs and funding agreements, with a particular connection to local communities.

There is now clear and robust evidence that comprehensive preventative health measures can yield social, economic and health benefits for the community, the health system and the individual. This needs to be matched by further policy support and recognition of the fundamental role health services can play in illness prevention and health promotion for their communities. The VHA encourages the Government to commit to providing the resources for rigorous implementation and evaluation of these prevention programs that include community-based health promotion.

Men's health promotion programs have traditionally failed due to a lack of involvement of men or because these programs have been aligned to hegemonic constructions of masculinity. Examples of successful interventions targeting men range from the campaign to reduce HIV transmission in non-heterosexual men and the "Movember" campaign which raises awareness and funds for prostate cancer and men's depression. The target populations – men – had significant input into the planning and implementation of these campaigns.

Stakeholders need to be engaged early on in the planning process and be actively involved from the outset for the most effective results to be achieved. The VHA recommends the Victorian Government invests further in programs that allow health professionals to work with men through community engagement and collaboration in the development and implementation of health promotion programs. This ensures program relevance to specific community or sub-population needs.



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6. Conclusions

The VHA is pleased to see men's health on the agenda at both a State and Federal level. The VHA hopes that both the Victorian and Federal men's health policies will align to ensure that strategies can be developed at a local level that target both sub-populations within the male population, and the male population as a whole.

If the Victorian Government is going to address issues associated with men's health, it is imperative that we consider a broader range of factors - socioeconomic, geographic, genetic, hereditary and environmental. The VHA calls for more population health approaches to planning and coordinated action across levels of government and the health sector, targeting the risk factors of men's health, the current issues of access and appropriateness of existing health services, and addresses the social determinants of health more broadly.

The VHA welcomes the opportunity to provide further information to the Department of Health on this, or any other issues relating to health in Victoria.

Please contact me on (03) 9094 7777 to clarify any information in this submission.

A handwritten signature in black ink, appearing to read 'Trevor Carr', with a long horizontal stroke extending to the right.

Trevor Carr
Chief Executive Officer

