

Senate Select Committee on Men's Health

Opening statement  
Gordon Gregory, Executive Director, NRHA

Thank you to the Committee for inviting the National Rural Health Alliance to appear before you.

Permit me to begin this opening statement by reading into the record some acknowledgements.

The Alliance brings together 28 national organisations and when we speak, as we are doing to members of the Committee today, it is our duty to try to represent the views agreed by all 28. This is of course a significant challenge and it could not be achieved without the input of members of our Council who represent those organisations. Staff received considerable input and encouragement for this submission to the Select Committee, attesting to the high level of interest in the topic of men's health.

I would like to acknowledge the work of my colleague Andrew Phillips who has used his very substantial experience with health data to lead work on the preparation of our submission. Thanks also to Dr Carol Holden, CEO of Andrology Australia, and to her colleagues, who have provided ongoing support for the Alliance's work on men's health, including for our submission.

Members of the Committee will have noted that the Alliance has suggested some specific recommendations which we think will help to improve the status of men's health in Australia. But the most significant characteristic of our submission is surely the fact that it makes the point that advancing men's health needs to be a very broad agenda, encompassing such things as education, culture, economic development, role modelling, the tax system, advertising, civic design and sport, as well as issues within the health sector itself.

The fact that your Committee, established especially to target improvements in men's health, finds itself in receipt of recommendations across such a broad spectrum, may well be frustrating for you in this work. However it is no more nor less than a case study of the way in which all of us should think about health and its improvement. The social determinants of health are continually understated and it remains the case that Departments of Health and other health organisations (on their own) can do only so much, and perhaps relatively little, to improve people's health.

We understand why the Select Committee has relatively narrow terms of reference, as portrayed by the key questions posed by it. Your need for focus - for biting off a manageable portion of a complex issue - is well understood. It reflects the fact that the only manageable public service and policy system we have yet created is divided into silos: for education, for taxation, for sport, and for health narrowly defined. It reflects this reality, but not the reality of life or of health.

We could therefore encourage you to use this opportunity as yet another chance to try to impose a whole of governments, whole of life, systemic approach on a complex health issue. We could do this but, like you, we are not sure where it will lead. Is it at all practicable? How many enquiries into how many complex health issues does it take to force a policy approach which reflects the true causes of good and bad health? And what would a whole of government approach to health look like in Ministerial, Parliamentary, public service and other organisational terms?

The Alliance's particular interest is of course the rural and remote dimensions of these issues. So our submission emphasises the importance of working to improve some of the cultural, educational, attitudinal as well as health service realities affecting the health of men in rural and remote areas.

We welcome this Committee's work and the Government's intention to produce a national men's health policy or strategy. There are of course already a number of national strategies in place, including in the health area, and the important thing is the sausage, not the sizzle.

Our submission makes the point that the health of men in rural and remote areas is worse than that of their city brothers. This is the result of the environmental and socioeconomic characteristics of rural areas, the personal characteristics of rural men, and the well known poorer access they have to primary care and other health-related services.

The environmental conditions that cause poor health among rural people, but especially men, are deteriorating still further. Climate change, drought and other natural disasters have both immediate effects on health and also increase the pressure over time for major personal, family and business adjustments.

Our submission repeats some of the assertions about the particular difficulties of communicating with men in rural and remote areas about their health, and strong suggestions are made about the need to make health services more 'rural men friendly'.

The government has in train a substantial health reform agenda and all aspects of that work should be assessed, among other things, by the impact the proposed changes will have on men's health.

We would strongly support the establishment of a longitudinal study of men's health.

Such specific proposals for changes in the health sector will go some way to meeting the challenges, and these will no doubt be the focus of attention of the Committee's findings. But what the Alliance stresses is that, ultimately, it will also require many years of gradual cultural change, involving education, modelling and mentoring, particular for men in rural areas. We therefore hope the Committee will strike a blow for a whole of government approach to health and for greater focus on the social determinants of health by giving these broader issues more than a passing reference in its report.