



ACDPA response – National Men’s Health Strategy

November 2018

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to provide a submission to the consultation on the National Men’s Health Strategy.

SECTION A - DEMOGRAPHICS

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the prevention of chronic disease, with emphasis on changes to food and physical environments to reduce risk, and changes to the health system to promote early assessment and management of chronic disease risk.

SECTION B – STRUCTURE OF THE STRATEGY

10. How easy to follow is the overall structure of the Strategy?

Very easy to follow **Fairly easy to follow** Unsure
Somewhat difficult to follow Very difficult to follow

If somewhat or very difficult to follow, do you have any suggestions for improving the structure of the Strategy (100w)?

No response proposed

11. Do the opening sections provide adequate context and background for the Strategy?

Yes No Unsure

If no, what suggestions do you have (100w)?

We welcome the focus on prevention and suggest a greater focus on early detection and management of risk. Investment in prevention and early intervention provides a cost-effective avenue to improve health and reduce long-term costs.

ACDPA supports a shift in the language to reflect that prevention goes beyond individual responsibility. Creating individual behaviour change can be challenging, while population-level policies can influence individual behaviours through ‘nudges’. Policies to create health-conducive environments are essential to support and empower people to make healthy life choices that promote wellbeing and prevent disease.

For example, urban planning can support active lifestyles and early nutrition education can improve health literacy. The Heart Foundation’s Healthy Active by Design website provides the best-available evidence, practical advice, checklists and case studies to help with the development of healthy

neighbourhoods and communities that promote walking, cycling and an active public life: <http://www.healthyactivebydesign.com.au/> Similarly, food choices are influenced by commercial and environmental factors, including food marketing, labelling and retail environments.

SECTION C – STRATEGIC GOAL, OBJECTIVES AND ACTIONS

12. Is the over-arching goal for the Strategy appropriate?

Yes No Unsure

If no, do you have an alternative suggestion (20w)?

No response proposed

13. Are the three objectives appropriate to meet the goal?

Yes No Unsure

If no, can you suggest alternative objectives (50w)?

Create health-conducive environments that empower men and boys to make healthy choices.

Create supportive environments for behaviour change through partnerships between sectors and across all levels of government.

14. In general terms, how would you describe the suggested actions?

Very appropriate Appropriate Neutral Inappropriate
Very inappropriate

Suggest Neutral as many actions are appropriate, but some core actions are missing

If inappropriate or very inappropriate, can you suggest alternatives? (350w)

One-third of chronic disease burden could be prevented through addressing modifiable risk factors.

ACDPA supports Action 1.3 – health promotion initiatives, but suggests the inclusion of specific actions to reduce modifiable risk factors.

For example, alcohol is the leading risk factor for young adult males, with tobacco the leading risk factor for those aged 45-94 years. Actions could include targeted, funded and sustained education campaigns on alcohol or smoking. The WHO Best Buys report identifies cost-effective and feasible population-based approaches to reduce key chronic disease risk factors, including alcohol, tobacco and poor nutrition:

<http://www.who.int/ncds/management/best-buys/en/>

The recent AIHW Nutrition across the life stages report (www.aihw.gov.au/reports/food-nutrition/nutrition-across-the-life-stages/contents/table-of-contents) identified poor diets amongst boys and men, with much of their daily energy intake coming from discretionary foods. Adolescent males, for example, consume the equivalent of 22 teaspoons of sugar each day in sweetened drinks – well above the recommended limit of 12 teaspoons (ABS Australian Health Survey: Consumption of Added Sugars. Australia. 2011-12). Poor nutrition increases risk of unhealthy weight and contributes independently to chronic disease risk. Actions to improve nutrition for boys, adolescents and men are essential.

ACDPA supports Action 2.3 on prevention and recommends explicit actions relating to early detection, risk assessment and management of chronic disease risk. This has the potential to reduce some of the

If not, do you have any suggestions for improving that section (100w)?

This section provides a summary of next steps to achieve progress. However, ACDPA supports strengthening the Strategy through clear targets, as well as designated responsibilities, implementation detail and timeframes. While this may be planned for a later stage, these points are crucial in creating an effective strategy with measurable outcomes. Sustained funding and support from government is necessary for implementation.

ACDPA supports the prioritisation of evidence-based actions for the short-term, with interim reporting, and longer-term actions aligning with the 2030 targets. We support strong accountability mechanisms to monitor progress and report against indicators and outcomes achieved.

18. Considering the whole Strategy, is there anything missing or should be changed?

Yes No Unsure

Please explain.

ACDPA supports the development of a National Men's Health Strategy. However, the Strategy is only as effective as its implementation. It could be further strengthened through clearer targets, designated responsibilities, and timeframes. Strong accountability mechanisms are essential to monitor and report on progress.

We welcome the focus on prevention and recommend a greater focus on secondary prevention (early assessment and management of disease risk). The risk of chronic disease increases with age, and health checks at various points in time can support individuals to understand their risk of disease and manage their risk accordingly. Funded integrated health checks for absolute cardiovascular risk, diabetes and kidney disease at 45+ years (35 years for Indigenous males) would provide a targeted and measurable means of early detection.

Chronic diseases are responsible for almost 40% of potentially preventable hospitalisations. Investing in prevention and early detection has the potential to reduce hospitalisations, while improving long-term health and wellbeing. These areas provide cost-effective opportunities to reduce ill-health and burden of chronic disease, as well as reducing the impact of chronic disease on the health and hospital system.

Reference - <https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/chronic-disease/overview>

19. After considering the Strategy and The Current State of Male Health in Australia, do you know of other published evidence that should be considered for the Strategy (100w)?

Yes No Unsure

20. Overall, how would you rate the Strategy?

Very good Good Average Poor Very poor Undecided

What is your main reason for this rating (50w)?

The Strategy has many strengths and we support a focus on boys' and men's health and wellbeing. However, the Strategy is only as strong as its detail and implementation. We support inclusion of targets, responsibilities, timeframes and accountability mechanisms to strengthen the Strategy.

21. Are there any other comments relating to the Strategy that you would like to make? (250w)

As identified above, the Strategy contains specific actions to improve the state of men's and boys' health in Australia. However, further detail is required for a strong and impactful Strategy with reference to designated responsibilities, timeframes, measures, transparent reporting and monitoring of progress, and crucially funding for implementation.

Finally, the National Men's Health Strategy must engage across sectors and tiers of government for shared responsibility and leadership to create health-conducive environments that empower boys and men to make healthy choices and pursue healthy lifestyles. It is important to engage federal and jurisdictional health ministers - as well as federal and jurisdictional ministers from other relevant portfolios - to promote multisectoral action and incorporate health into all policies.