



Australian Government
Department of Health

National Men's Health Strategy 2020–2030

2020–2030

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Ministerial Foreword

More than 12 million men and boys live in Australia – and, mostly, they live well. Their health is better than in most other countries. They live longer, with the eighth highest male life expectancy (80.4 years) in the developed world. Over recent years, their health has continued to improve as their access to health care has improved.

Despite this, Australian men and boys face challenges in their health and wellbeing. They die earlier than women – and more often from diseases that can be prevented. Aboriginal and Torres Strait Islander men in particular live significantly shorter lives than others.

In 2018, I proposed the development of a new strategy for men's health, to build on the National Male Health Policy released in 2010. The Policy outlined the issue of male health and the multiple areas of required focus.

This resulting National Men's Health Strategy, which will guide action over the ten years from 2020-2030, shines a light on the health of Australian men and boys.

It's forward looking with a clear blueprint for achieving its core goal – ***that every man and boy in Australia is supported to live a long, fulfilling and healthy life.***

The Strategy has been capably steered in its development by Andrology Australia, along with input from the general public, health professionals, researchers, community groups, academics and policy makers. I greatly appreciate the input, engagement and enthusiasm from all of these groups, and greatly respect their contribution.

The Government's commitment to targeted, responsive action that drives continuous improvement in the health and wellbeing of all men and boys in Australia, and to monitoring and measuring progress in that improvement, is clearly reflected in this document.

The National Men's Health Strategy 2020–2030 is a critical step towards improving the health of all men and boys across the life course, particularly those at greatest risk of poor health – creating a healthier future for them and, more broadly, for the entire Australian community.

We will all benefit from the National Men's Health Strategy 2020–2030.



The Hon Greg Hunt MP

Minister for Health

Acknowledgements

We acknowledge the advice and support of the many organisations and individuals that have contributed to the development of this Strategy. These include (but are not limited to) all participants in the National Men's Health Forum (held in August 2018), state and territory governments, organisations and individuals that provided submissions through the online consultation process and a group of experts who provided technical advice on the draft Strategy.

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Executive summary

The National Men's Health Strategy 2020-2030 (the Strategy) is a framework for action to work towards the goal that ***Every man and boy in Australia is supported to live a long, fulfilling and healthy life.***

Australian men generally enjoy better health and longer life expectancy than men in most other countries in the world. Yet, despite improvements, men in Australia on average have a shorter life expectancy than women, and die more often than women from preventable causes. The diversity amongst men and boys in Australia, as well as biological differences between males and females, contribute to these differences and to males experiencing poorer health outcomes in many areas.

At the heart of the Strategy are three core objectives and associated actions that are designed to drive meaningful progress towards its goal. These include a clear commitment to:

- Empower and support men and boys to optimise their own and each other's health and wellbeing;
- Build the evidence base for improving men's health; and
- Strengthen the capacity of the health system to provide quality appropriate care for men and boys.

Five priority health issues form the basis of the Strategy:

- Mental health;
- Chronic conditions;
- Sexual and reproductive health and conditions where men are over-represented;
- Injuries and risk taking; and
- Healthy ageing. The Strategy advocates for a life-course approach in tailoring interventions to engage and support Australia's diverse men and boys across all stages of their lives.

The development of the Strategy coincides with an increased international focus on men's health and on how gender intersects with social, economic, environmental, political and cultural determinants of health, influencing exposure to risk factors and interactions with the health system.¹

The Strategy works in tandem with the *National Women's Health Strategy 2020-2030* and with other national, state and territory policies and strategies. It embraces the definition of health adopted by the World Health Organization in 1946 as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.²

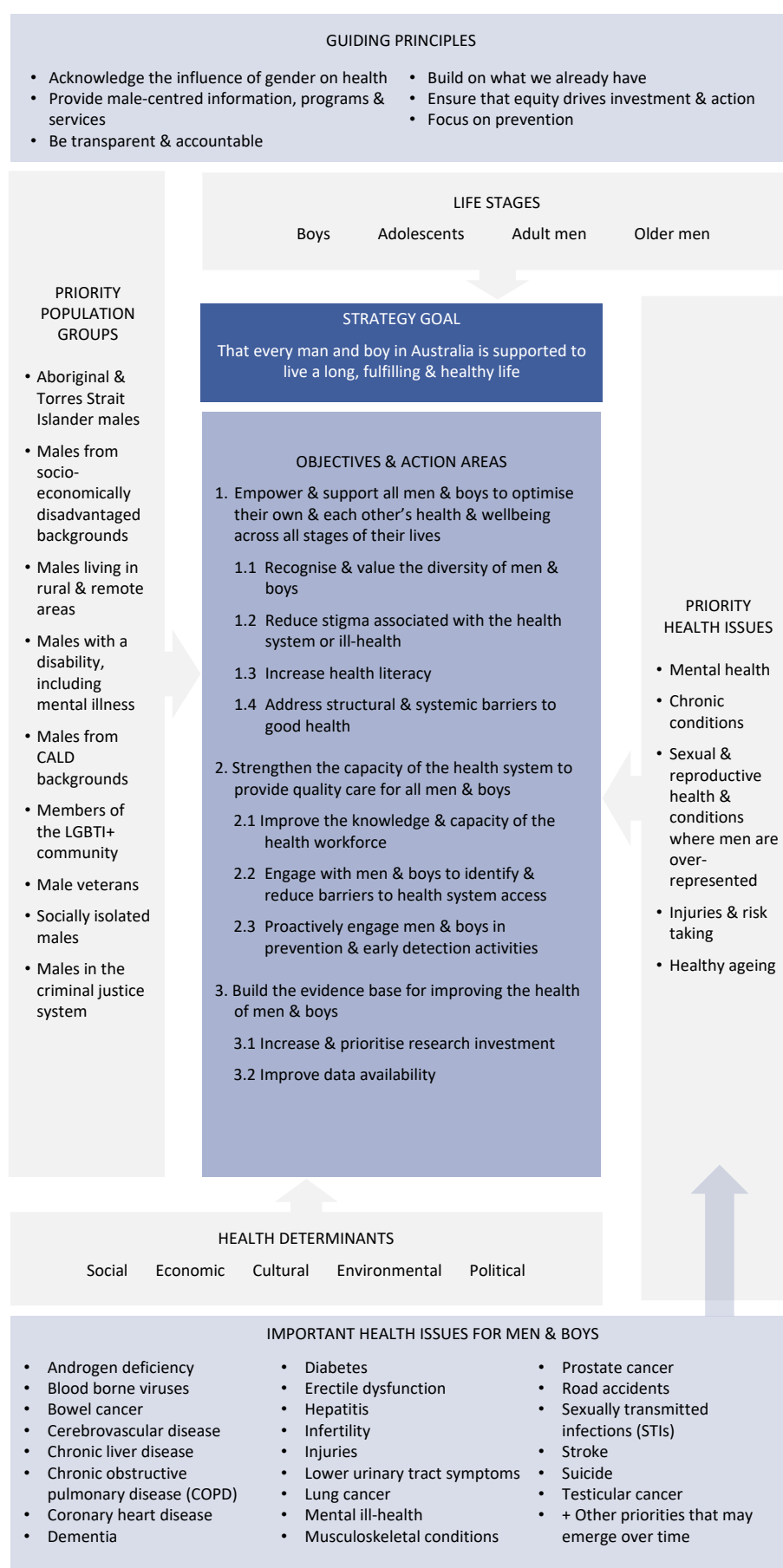
Health is influenced by a complex range of factors, or health determinants. Targeted actions are identified to meet the Strategy's goal and objectives - actions that require the engagement and collaboration of a wide range of stakeholders from across Australia. They include all levels of government, the health sector, other sectors, with peak bodies, professional associations and non-government organisations, with researchers, and, of course, with men and boys themselves.

Critical to the success of this Strategy is a clear commitment to the careful planning of implementation and to taking an active approach to evaluating, monitoring and communicating progress over time.

By providing a framework for gender-focused health, this Strategy renews the nation's commitment to taking collective action to create a healthier future for men and boys.

*"Better health for all cannot be achieved if the many challenges currently facing men are left hiding in plain sight."*³

Figure 1: Summary of the National Men's Health Strategy 2020-2030



Why men's health matters

The health of men and boys in Australia

Many Australian men experience poor health outcomes across a variety of measures, including rates of overweight and obesity, diabetes or high blood glucose levels, sexually transmitted infections (STIs) and mental health and wellbeing. Males experience a greater share of the total fatal and non-fatal burden of disease, dying at younger ages than females and more often from preventable causes. Certain population groups continue to experience poor health outcomes, notably:

- Aboriginal and Torres Strait Islander males have higher rates of fatal and non-fatal burden for almost every health condition, and have a high prevalence of risk factors and risk-taking behaviours. In 2012, life expectancy among Indigenous males was more than 10 years lower than for non-Indigenous males.⁶
- Older males experience high rates of coronary heart disease and a growing burden from dementia and falls.
- Young adult males have high levels of mental ill-health and deaths from preventable causes such as suicide and accidents, with low levels of risk-perception and high levels of risk taking contributing to many years of life unnecessarily lost.

Some health differences between men and women are biologically based, most notably in the area of sexual and reproductive health. Despite declines in mortality, prostate cancer remains one of the leading causes of death in males. Reproductive health conditions, including infertility, are common among Australian males and represent a high economic and social cost.

A brief overview of some key points relating to the health of men and boys in Australia are provided in Figure 2. These draw upon the evidence presented in *The Current State of Male Health in Australia – informing the development of the National Men's Health Strategy 2020-2030*.

Help seeking and health system usage

In general, males' access to health care has improved over time, and although still behind females' access, the gap is narrowing, particularly when maternal health care-related visits are factored in.

In 2013/14, 81% of males aged 18–55 years reported seeing a GP in the previous 12 months¹⁷ and 89% had seen at least one health-care provider.¹⁸ Access tends to increase with age, with 71% of males aged 15–24 years reporting having seen a GP in the previous 12 months, rising to 96% of males aged 65 years and over.¹⁸

There is a prevailing concern, however, about the content and context of men's interactions with the health system. When men access a health professional it is often for shorter consultations, and typically when a condition or illness is advanced.¹⁹ Any delay in help-seeking reduces the opportunity for early diagnosis and intervention, which can dramatically affect long-term outcomes for diseases such as cancer, chronic conditions, and for mental health conditions. Disturbingly, 72% of males don't seek help for mental ill-health.²⁰

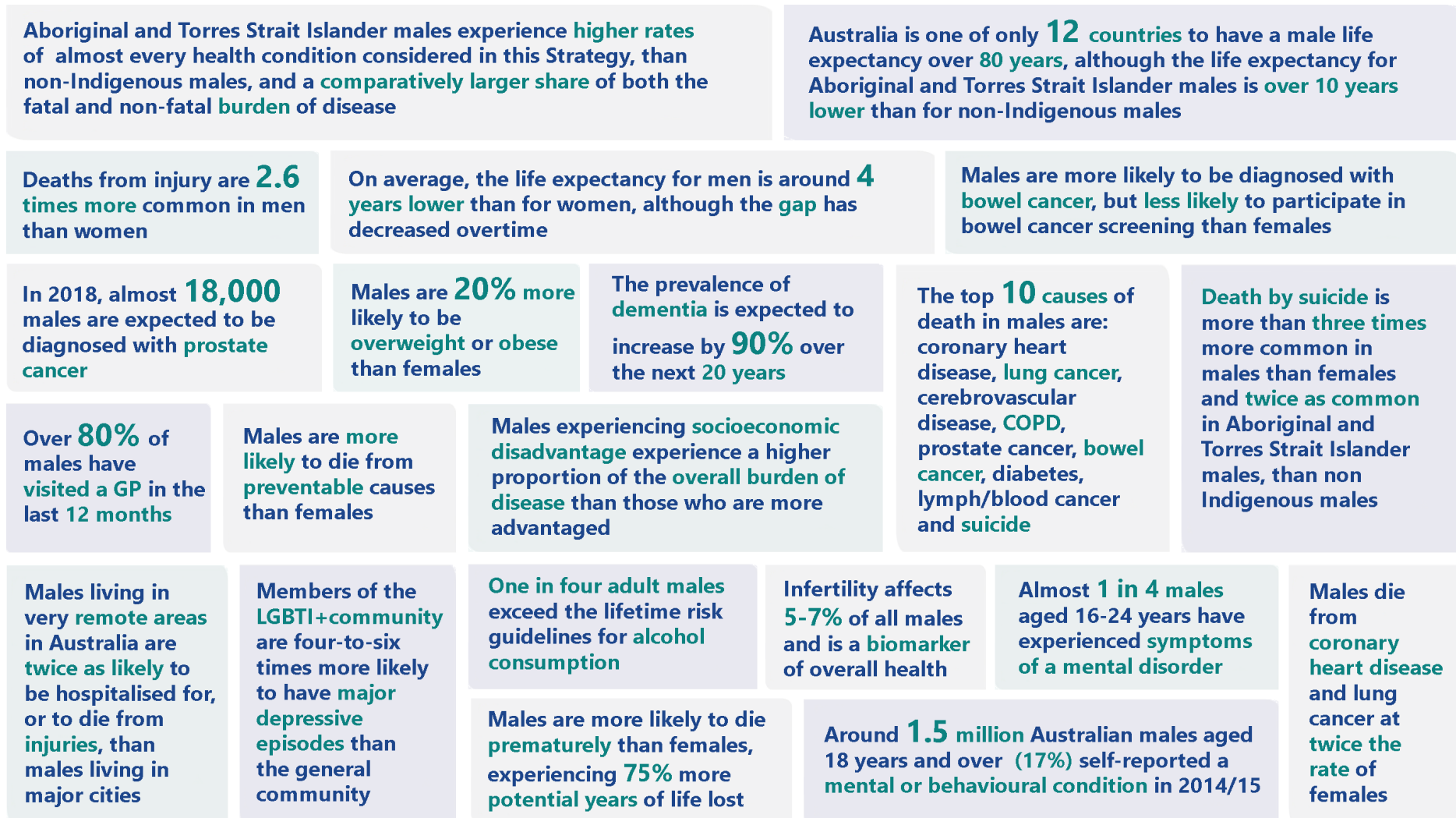
Consultations informing this Strategy have suggested that critical questions are not being asked and important conversations are not being initiated by health professionals when men and boys are in contact with the health system. Opportunities to engage proactively with men and boys, to assess risk, provide health education and undertake health promotion across a range of issues are not being fully explored and represent an area of significant potential to address.

Access issues

There are a range of factors that affect the way in which men and boys in Australia interact with the health care system. This extends from availability of services and a skilled workforce through to the way that services are offered. The spectrum of access issues are particularly pertinent to rural and remote communities. Strategies to remove such barriers need to consider the many determinants of health and wellbeing including issues of trauma and mistrust of government and the health system. Examples include:

- Flexible practice hours for GPs and medical clinics;
- Recognising affordability/cost barriers for men in lower socio-economic groups;
- Providing male doctors/health care professionals for those men and boys with a preference for males;
- Expanding the availability of male-focused community health services and interventions;
- Expanding the maternal and child health infrastructure to include fathers – e.g. ‘parental and child health’;
- Investing in outreach programs that seek to connect with men at workplaces or in appropriate social settings (e.g. sporting clubs, workplaces and Men’s Sheds);
- Promoting and supporting the use of digital health services that are available (e.g. digital mental health service Head to Health);
- Improving health literacy through greater education about the importance of prevention, early detection and accessing health care services; and
- Reducing stigma associated with health care, ill-health or help-seeking.²¹

Figure 2: Men's health at a glance



About this Strategy

The National Men's Health Strategy

There are over 12 million men and boys living in Australia.⁴ In global terms, Australian men and boys experience good health and wellbeing, and had the eighth highest male life expectancy (80.4 years) of the Organisation for Economic Co-operation and Development (OECD) countries in 2016.⁵ Australia is one of only 12 countries to have a male life expectancy over 80 years. As is true for all Australians, the health of Australia's males has improved over time as evidenced by many indicators; however, there are specific areas of male health where gains have not been made and these require particular focus, either across the whole population or for specific population groups.

The Strategy highlights the opportunities that arise from applying a gender-informed lens to the health and wellbeing of Australians. It identifies priority areas of action to drive improvement in the health and wellbeing of all Australian males, particularly those at greatest risk of poor health (see Table 1).

The focus of the Strategy is on both men and boys, acknowledging the roles of individuals as well as parents, partners, families, communities, all layers of the health system, and all areas and levels of government, in supporting their health and wellbeing. It also acknowledges and responds to the diversity that exists among and between Australians of all genders.

The Strategy recognises the changes in evidence and in the policy environment since 2010, and identifies the current gaps and emerging issues in men's health. It aims to inform consideration of strategic action at the national and jurisdictional levels to efficiently address the health issues that affect Australian men.

Table 1: National Male Health Policy 2010 – structural overview

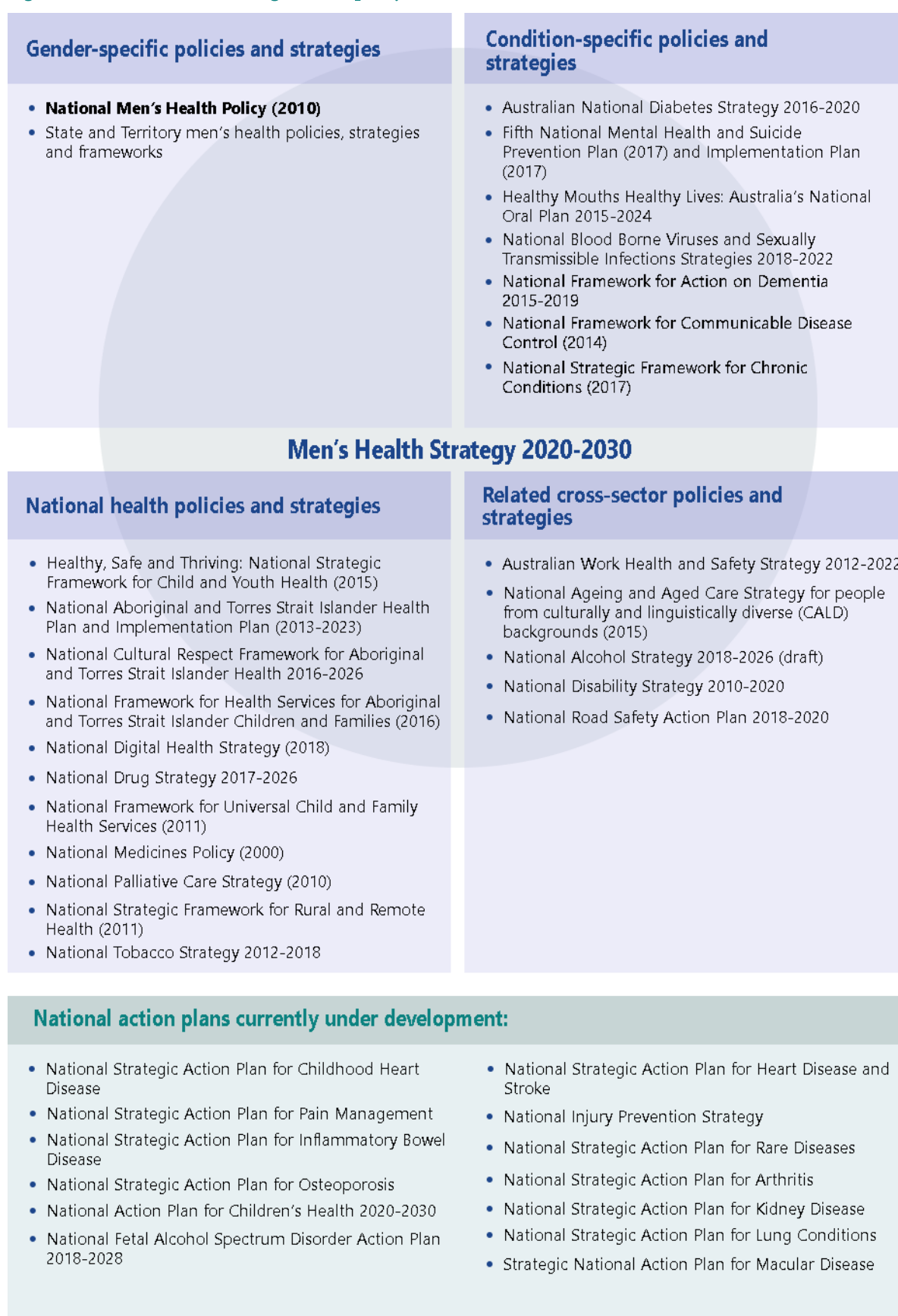
Priority areas for action	Priority populations
Optimal health outcomes for males	1. Males living in rural and remote areas of Australia
Health equity between different population groups of males	2. Aboriginal and Torres Strait Islander males
Improved health for males at different life stages	3. Males from socio-economically disadvantaged backgrounds
A focus on preventive health for males	4. Males with a disability, including mental ill-health
Building a strong evidence base on male health	5. Males from culturally and linguistically diverse backgrounds (CALD - including migrants, asylum seekers and their children)
Improved access to health care for males	6. Members of the LGBTI+ community
	7. Male veterans
	8. Socially isolated males
	9. Males in the criminal justice system

The policy and strategy context

This Strategy was developed to align with, and add value to, existing Australian health policies and strategies – it does not replace nor detract from their aims and actions. Instead, by applying a gendered lens and promoting tailored initiatives for men and boys, this Strategy aims to increase the effectiveness, reach and impact of existing health initiatives, whilst supporting the development of new, evidence-based projects specifically targeting males.

National policies and strategies relevant to men's health are shown in Figure 3 and have been listed with weblinks in Appendix A. Relevant State and Territory strategies should also be considered.

Figure 3: Overview of the existing national policy context for men's health



An inclusive Strategy

Diversity amongst men and boys

The Strategy acknowledges that, despite statistics, there is no true 'average' Australian man or boy. Each individual has a unique and complex set of health needs, often shaped by the context in which they live. Diversity among men and boys is common and can have a significant impact on an individual's exposure to risk factors, uptake of healthy lifestyle practices, access and use of health services and in turn, their overall health outcomes.

The populations of men that experience a relatively high burden of adverse health outcomes are listed in Table 1. To improve health equity, targeted interventions are needed to address the complex, multi-dimensional needs of these priority population groups. The needs of men and boys who belong to more than one of these groups must also be considered as they will be at increased risk of poor health outcomes. It is quite foreseeable that some Aboriginal and Torres Strait Islander men and boys will belong to many of the nine priority population groups.

Health across the life course

Men and boys also have diverse needs across their life course. Accordingly, there are multiple areas and intervention points where the health of men and boys could be improved and opportunities at each life stage for health promotion, illness prevention, early intervention and treatment, as well as for promoting self-care.

It is critical to acknowledge that experiences, roles and the circumstances of an individual's life, including exposure to stressful events, will influence health and wellbeing across all life stages. A series of life stages and key health and wellbeing issues are described in Table 2.

Table 2: Health across the life course

Life stage	Key issues and opportunities
Boys	- The development of healthy lifestyles and trust in the health system, early in a boy's life, are critical in establishing good health habits for life - From birth to five years of age, birth complications and congenital conditions are the leading cause of total burden of disease⁶ - From five to 14 years of age, asthma and anxiety disorders are the two leading causes of health burden in males⁶ - The impact of childhood traumas (including intergenerational trauma, accidents, family dysfunction, bullying, abuse, neglect, violence (experiencing and/or witnessing), war, stress caused by poverty, separation from a parent or caregiver) can have a profound, long-term effect on health
Adolescents transitioning into early adulthood	- Adolescence is a period of great intellectual, physical, hormonal and social change. This disruptive time can be further impacted by stressful experiences such as: serious illness; family dysfunction; the separation or divorce of parents; and traumatic experiences such as violence (physical, emotional, sexual), neglect and bullying - The adolescent brain, which does not reach maturity until the mid 20s, does not have the same capacity as an adult's to evaluate choices, make decisions and act accordingly.⁷ During adolescence, peer influence and risk-taking behaviours challenge healthy choices and influence health outcomes - From 15 to 24 years of age, suicide and self-inflicted injuries as well as alcohol use disorders are the two leading causes of health burden in males⁶ - Almost half of all suicides in Aboriginal and Torres Strait Islander males (46%) occur in those aged 15 to 24 years⁸ - Also, the impact of unsafe sexual practices on the sexual health and wellbeing of adolescent males and their partners is an important consideration – education about safe consensual sex and HPV vaccination are critical interventions for the sexual health of young men
Adult men	- Healthy lifestyles and help-seeking behaviours vary widely for adult men and are significantly influenced by socio-demographic factors and habits developed in early life - Stressful life experiences over the course of adult years can have a significant impact on health and wellbeing such as: serious illness or injury; becoming a father; separation and divorce including parenting post-separation; unemployment and/or financial distress - From 25 to 44 years of age, suicide and self-inflicted injuries continue to be the leading cause of total burden of disease (and fatal burden), followed by back problems and alcohol use disorders⁶ - Unhealthy behaviours such as excessive alcohol use can influence fertility and alter genes within sperm with flow-on effects to the health and wellbeing of the next generation^{9; 10} - Reproductive health problems are experienced by one-third of men aged 40 years and over¹¹ - Fatherhood can also be associated with health challenges, with almost 10% of fathers in the postnatal period reporting symptomatic or clinical levels of psychological distress¹² - Later in life, from 45 to 64 years of age, coronary heart disease, lung cancer and musculoskeletal disorders are the leading causes of burden⁶
Older men	- Older men, who carry a significant proportion of the overall male burden of disease, represent an increasing proportion of the Australian population and can also be impacted upon by stressful life experiences such as: loss of a partner; major illness and in many cases illnesses; retirement; loss of purpose; financial distress; and social isolation - Prostate cancer is the second most commonly diagnosed cancer in males, accounting for one-quarter of cancer diagnoses, with incidence increasing with age¹³ - From 65 to 74 years of age, coronary heart disease, lung cancer and chronic obstructive pulmonary disease (COPD) are the leading causes of burden⁶ - After the age of 75, coronary heart disease, dementia and falls are the leading causes of total burden of disease⁶ - Males aged 85 years and over have the highest rates of suicide across Australia, although these suicides account for only 3% of all male deaths from intentional self-harm¹⁴

Other determinants of men's health

A man or boy's health is influenced by the complex interplay of a range of determinants including: social; economic; cultural; environmental; and political influences. These determinants work in tandem to shape an individual's health, influence exposure to risk factors and inform interactions with the health system. They include factors associated with:

- Individual factors – knowledge, literacy, behaviours, attitudes, biology, genetics, choices, level of independence;
- Daily living situations – education, physical environment, social participation and connection, access to health care;
- Socio-demographics – place of residence, housing, education, employment, occupation, financial situation, income, race/ethnicity, Aboriginality, disability, gender; as well as
- The wider socio-economic, political and cultural context.¹⁵

The issue of access to health care has multiple dimensions such as: the availability of services; the quality of those services and capability of the workforce; the level of demand and thus waiting times that might be experienced; cost and distance. Certainly at times of crisis, distance to specialist services can have a direct impact on outcomes. This is especially important for all Australians who live outside of major centres and increases with remoteness.

Aspects of our environment can influence health and healthy choices. For example: urban planning can be supportive of active or inactive lifestyles; and marketing, labelling and retail environments can support healthy or unhealthy eating choices.

A focus on those determinants that are amenable to change provides opportunities for improvements to an individual or group's situation, and in turn, their health. It is critical that a holistic approach that takes into account these determinants of health is integrated into the implementation of all actions arising from this Strategy.

Sex and gender diversity

The Australian Government recognises that individuals may identify and be recognised within the community as a gender other than the sex they were assigned at birth or during infancy, or as a gender which is not exclusively male or female and that there is a diversity in our bodies, sex characteristics, sexualities and gender identities.

Where appropriate and when describing the needs of lesbian, gay, bisexual, transgender, and intersex Australians, the Strategy adopts the acronym LGBTI+. It is acknowledged, however, that this acronym does not describe a single category of people but rather a community of overlapping but distinct groups. The Strategy recognises these individuals - who may include transgender people, intersex people and those who identify as non-binary or gender-fluid – and that both the men's and women's health fields, and all mainstream health services, must appropriately cater for all these groups, not only because they experience a persistently high health burden, but because the prejudice and discrimination they often face can have a profound effect on all aspects of health and wellbeing.

Although the terminology used throughout the Strategy generally refers to men and boys, this is not intended to exclude males with diverse sexualities, intersex men and men with a transgender experience.

The impact of diversity on health

Australian males are diverse in age, social and economic circumstances, culture, language, education, beliefs and a range of other factors that influence health behaviours and outcomes, exposure to risk factors and access to health care. These factors, as well as biological differences, mean that the health experiences of males can be quite different to females and some groups of males experience poorer health than others.

Table 3 outlines the general health conditions for which this Strategy's priority population groups are at risk (risk was defined as increased incidence when compared with the general population). More detailed information on these conditions, the health of the priority groups and of behavioural and metabolic risk factors is available in *The Current State of Male Health in Australia – informing the development of the National Men's Health Strategy 2020-2030*. There are some key points that are important to note when reviewing this table:

- That gaps in this table may reflect a lack of specific data for those population groups rather than a lack of elevated risk.
- That the risk of mental ill-health and suicide are elevated in all of these nine groups. It is critical that the influence of culture, language, attitudes, beliefs, stigma, vulnerabilities, experiences of trauma including intergenerational trauma, potential mistrust of government and government services, education, literacy and the myriad of social circumstances are considered when exploring opportunities to reduce the burden of ill-health for men and boys.
- That the population groups are not mutually exclusive and that the level of risk can thus compound for members of the population who fall into more than one of these groups.

Table 3: Health condition risks for priority population groups – evidence of risk higher than the general population ¹⁶

Health Conditions	Aboriginal and Torres Strait Islanders males	Males from socio-economically disadvantaged backgrounds	Males living in rural and remote areas of Australia	Males with a disability, including mental illness	Males from CALD backgrounds	Members of the LGBTI+ community	Male veterans	Socially isolated males	Males in the criminal justice system
CHD	x	x	x	x					x
Type 2 Diabetes	x	x	x	x					x
COPD	x	x		x					
Lung cancer	x	x		x					x
Dementia	x								
Mental ill-health	x	x	x	x	x	x	x	x	x
Suicide	x	x	x	x	x	x	x	x	x
Injuries	x	x	x						
Prostate cancer		x	x						
HIV	x					x			
Chlamydia	x								
Gonorrhoea	x					x			
Syphilis	x								
Hepatitis B & C	x				x				x

What could a national focus on men's health achieve?

Consultations conducted during development of this Strategy confirmed wide support for increasing the national focus on men's health. Participants from the National Men's Health Forum shared the following aspirations for men's health in Australia:

"A significant reduction in the incidence of preventable injuries/conditions."

"Reduced health disparities between regional/rural and metro men."

"An holistic approach with emphasis on prevention first then coordinated multidisciplinary care and support when it is needed."

"An increase in healthy life years for men."

"Every male in Australia has a personal plan for their health."

"Wonderfully healthy, happy boys and men, thriving across the country."

"All men and boys have access to the health treatment they need, when they need it."

"Healthier, longer living, productive and fulfilled males."

"Every man and boy will live the healthiest life possible."

Setting the context for action

The actions to improve the health of men and boys reflect the priority areas for action and populations identified in the Male Health Policy 2010 as outlined in Table 1. They also focus on priority health issues that were framed for this Strategy by the Australian Government.

Priority health issues

Five priority health issues have been identified as key causes of morbidity and mortality for all Australians, conditions where men are over-represented or conditions specific to men. An overview is included below, with more detailed information on these conditions and their risk factors available in *The Current State of Male Health in Australia – informing the development of the National Men's Health Strategy 2020-2030*. For each priority, there are opportunities for primary and secondary prevention.

Mental health and wellbeing

Although access to mental health services has risen broadly over the last two decades, and federal and state and territory governments have identified mental health as a policy priority, there remain challenges in reducing the burden of mental ill-health in Australia. Approximately 1.5 million Australian males aged 18 years and over (17%) self-reported a mental or behavioural condition.²² Death by suicide is more than three times as common in males than females, and substance use disorders are twice as likely in males than females.¹⁴ Sociodemographic factors also influence experiences of mental health, with higher rates of mental ill-health and suicide occurring in: Aboriginal and Torres Strait Islander men; men in rural and remote areas; men with higher levels of disadvantage; men with disabilities; members of the LGBTI+ community; men in the justice system; men who never married; fathers in the postnatal period; and men who are retired or unemployed, compared to men in the general population. Young men are also at increased risk of mental ill-health with almost one in four (23%) males aged 16–24 having experienced symptoms of a mental disorder.²³

Chronic conditions

Outcomes for chronic conditions have been broadly improving for all Australians; for example, cardiovascular disease has been declining for almost 50 years due to reductions in risk factors and better medical treatment, although it remains the leading cause of death in Australian males. The Male Health Policy 2010 focused on five key health areas responsible for high levels of fatal and non-fatal burden in Australian men. These included coronary heart disease (CHD), cerebrovascular disease, Type 2 diabetes, bowel cancer and lung cancer. For this Strategy and the accompanying evidence review,¹⁶ dementia¹⁴ and chronic obstructive pulmonary disease (COPD) have been added as the third and fifth leading causes of deaths in males, respectively. Together, these seven conditions contribute to almost half of all adult male deaths.⁶

The high levels of chronic conditions among men in Australia reinforces the need for an increasing focus on promoting healthy lifestyle choices and decreasing health risk factors, including smoking, overweight and obesity, physical inactivity and poor dietary choices – all of which are more prevalent in men than women.

Tobacco and alcohol consumption has broadly declined (although not in all ages or population groups), however tobacco smoking remains the leading preventable cause of death and disease in Australia and a leading risk factor for many chronic conditions.⁶ Overweight and obesity are increasing for all men, with males 20% more likely to be overweight or obese than females at all ages.²²

There remain substantial inequalities between Aboriginal and Torres Strait Islander and non-Indigenous men for most chronic conditions. Chronic conditions were responsible for 64% of the total disease burden for Indigenous Australians, and for 70% of the gap in disease burden between Indigenous and non-Indigenous Australians in 2011.²⁴

Sexual and reproductive health and conditions where men are over-represented

Reproductive health conditions are common among Australian men and can represent a high economic and social cost for the individuals affected, yet often these conditions are underdiagnosed and/or under-discussed. Sexually transmitted infections (STIs) and blood-borne viruses continue to represent a substantial public health burden, with several types being more commonly diagnosed in males than females. Many of these conditions are preventable or able to be effectively treated if diagnosed early.

One in 450 males are estimated to be born with Klinefelter's syndrome, the most common cause of primary androgen deficiency and male infertility.²⁵ Erectile dysfunction affects approximately 20% of males aged 45–55 years and 11% of males aged 18–24 years. It is also an important marker for cardiovascular disease and is associated with depression.¹⁷ Sperm and semen quality are another biomarker for overall health; and male infertility affects 5–7% of all men.^{26; 27} Additionally, lower urinary tract symptoms are common and burdensome, affecting approximately 16% of males aged 40 years or older, and are often associated with benign prostate hyperplasia.¹¹

Although survival rates continue to increase, prostate and testicular cancer represent a significant share of the male burden of disease. Prostate cancer is the second most commonly diagnosed cancer in males, accounting for one-quarter of cancer diagnoses, with incidence increasing with age.¹³ Although the five-year survival rate from prostate cancer is high (95% for 2009–13), it remains the sixth leading cause of death in Australian males.¹³ A prostate cancer diagnosis is often associated with psychological distress and prostate cancer survivors are at higher risk of depression and suicide than the general population.^{28; 29}

Among young males aged 20–39 years, testicular cancer is the second most common cancer diagnosis (second to skin cancer).^{13; 30} However, survival is higher for testicular cancer than any other cancer with a five-year survival rate of 98%.^{13; 30} More could be done to support men affected by both conditions in early diagnosis, effective treatment and holistic care that considers all dimensions of mental and physical health.

Fatherhood is a key life stage for many Australian men and requires a stronger emphasis within health strategy, to ensure better experiences and health outcomes for men and their children. Preconception health promotion, fertility and reproductive health issues warrant increased attention across primary care.³¹ Almost 10% of fathers in the postnatal period report symptomatic or clinical levels of psychological distress. Similarly, over the early parenting years, fathers were 1.4 times more likely to experience psychological distress than the Australian male population.^{12; 32} These factors have important consequences for the health of both individual men and their children and are further challenged within the context of separated families. Depressed fathers exhibit poorer parenting behaviours, lower likelihood of child engagement, and increased likelihood of parenting stress and child neglect, than fathers without depression. There is emerging evidence that the preconception health of fathers, particularly their smoking, alcohol intake, physical activity and nutrition, can influence health and the risk of chronic conditions in the next generation.⁹

Injuries and risk-taking behaviour

Injuries comprise types of accidental and intended harm from a range of causes, with both non-fatal and fatal consequences. In Australia, men accounted for 72% of the overall health burden related to injuries in 2011, and injury-related death rates were higher for men than women in all age groups.^{8; 24} This includes self-inflicted injuries and suicide, assault and homicide, poisoning, transport accidents (as a driver, passenger or pedestrian), thermal injuries such as burns, drowning and falls. It also includes injuries sustained in the workplace. Alcohol and illicit drug use, unlicensed driving and mobile phone use while driving are also associated with greater rates of injury, particularly in young males.^{33; 34} The associations between substance use and harmful behaviours, including violence and suicide, should also be noted.

Demographic factors are connected to injuries and risk-taking practices. Notably, Aboriginal and Torres Strait Islander men experience injury-related hospitalisation and death at twice the rate of non-Indigenous men.⁸ Men living in remote Australia also face injury-related hospitalisation and death at twice the rate of metropolitan men, with four times the rate of hospitalisation and six times the rate of death from transport accidents.^{8; 35}

Prevention strategies are needed to decrease avoidable injuries, particularly in relation to self-harm, work-related injuries and transport accidents.

Within the context of injuries but also of significant relevance to mental health and wellbeing is the issue of violence. It is important to acknowledge the many forms of violence in our society and the significant and lasting impacts on individuals, families, communities and across generations. It is important to acknowledge that physical, emotional and sexual violence is experienced by people of all genders and walks of life and in all relationship types. Those who are most vulnerable in our society such as people with disabilities and the elderly can be at greater risk. The experience or witnessing of violence by boys can also have profound and lasting effects on their health and wellbeing.

Healthy-ageing

The average Australian is living longer, and the country as a whole is ageing. Eight of the ten top causes of death in Australian men are typically diseases of older age – coronary heart disease (CHD), lung cancer, dementia, stroke, chronic obstructive pulmonary disease (COPD), prostate cancer, bowel cancer and diabetes.¹⁴ With increasing age, men are likely to experience multiple chronic conditions simultaneously.

The increasing complexity of older men's health, including the prevalence of multi-morbidities, presents ongoing challenges to the health system. Meanwhile, the life expectancy of Aboriginal and Torres Strait Islander men remains about 10 years less than non-Indigenous men, and Aboriginal and Torres Strait Islander men have a three times higher likelihood of premature mortality than non-Indigenous men.³⁶

Men are also vulnerable to elder abuse, although its prevalence in the male population is not documented as it is for women. Increased risk of elder abuse occurs with cognitive impairment, disability, isolation, dependency (financial, emotional, relational), history of family, domestic or sexual violence. Elder abuse can lead to decreased physical and mental health and wellbeing, increased hospitalisations and increased nursing home placement.

If a broad definition of ageing is used, the concept of healthy ageing could be applied across the whole life course, reinforcing the need for primary prevention (keeping men and boys healthy and preventing illness, e.g. maintaining good oral health across the life course) to early diagnosis and intervention and then to the treatment of illness and ongoing management through to the end of life. This includes interventions with the capacity to significantly improve quality of life and reduce the burden on the health system such as the management of incontinence and chronic pain.

A proactive approach to active ageing that encourages physical activity, healthy lifestyles and social engagement can influence health and wellbeing in later years by decreasing the risk of chronic conditions, preventing falls and mobility issues, reducing illness recovery times and improving mental health.

Risk factors for priority health issues

Behavioural and metabolic or disease-based risk factors are outlined in Tables 4 and 5 respectively. Many risk factors are for multiple conditions and are also modifiable and thus represent important opportunities for prevention and to reduce the burden of ill-health in men and boys.

Table 4: Behavioural risk factors by condition

Health Conditions	Smoking	High alcohol intake	Insufficient physical activity	Substance use	Unsafe sex	Sharing drug injecting equipment	Other behavioural risk factors
CVD	x		x				
Type 2 Diabetes	x		x				
COPD and lung cancer	x						
Bowel cancer	x	x	x				High intake of processed meats
Dementia	x	x	x				
Mental ill-health		x		x			Low resilience/capacity to cope with stressful life events/manage emotions
Injuries		x		x			Driving unlicensed; driving under the influence; using a mobile phone while driving or as a pedestrian; no seatbelt
LUTS			x				
Erectile dysfunction	x		x				
Male infertility	x	x	x	x*			*Use of illicit drugs/anabolic steroids; inadequate diet
Androgen deficiency			x	x**			**Use of opioids, glucocorticoid medications or anabolic steroids
HIV					x	x	
STIs					x		
Hepatitis B					x	x	
Hepatitis C						x	

Table 5: Disease-based or metabolic risk factors by condition

Health Conditions	Overweight or obesity	Hypertension	High cholesterol	Diabetes	Depression and/or anxiety	Obstructive sleep apnoea	Other
CVD	x	x	x	x			
Type 2 Diabetes	x	x	x				COPD; erectile dysfunction; Klinefelter's Syndrome
Bowel cancer	x						
Dementia	x	x		x			Atrial fibrillation; CHD; stroke; kidney disease
Prostate cancer	x						
LUTS	x		x	x	x	x	Testosterone level; erectile dysfunction
Testicular cancer							History of undescended testicles; prior history of testicular cancer; male infertility
Erectile dysfunction	x	x	x	x	x		Insulin resistance; CVD; neuropathic conditions
Male infertility	x			x			Undescended testes at birth; Klinefelter's Syndrome; exposure to cancer treatments, heat, testicular trauma and infections; sperm autoantibodies; congenital defects; hormone deficiencies; erectile dysfunction; retrograde ejaculation; inadequate diet
Androgen deficiency	x			x	x	x	Elevated prolactin; iron overload; androgen deprivation therapy; hypothalamic or pituitary tumours; Kallmann's Syndrome; male infertility

In addition to the risk factors included in the Tables above, the following are noted:

- Increasing age (risk factor for **dementia, prostate cancer** and **erectile dysfunction**).
- Specific genetic predisposition or family history (risk factor for **COPD, lung cancer, bowel cancer, dementia, mental ill-health, prostate cancer** and **testicular cancer**).
- Social isolation (risk factor for **CVD, Type 2 diabetes** and **mental ill-health**).
- Exposure to air pollution, chemicals, dust and fumes, primarily in the workplace (risk factors for **COPD**).
- Exposure to ionising radiation (risk factor for **bowel cancer**).
- Exposure to stressful life events - serious illness; death of a loved one; unemployment; retirement; separation or divorce; becoming a father; family dysfunction; experiences of trauma, violence, abuse and neglect (experiencing and/or witnessing) and experiences of bullying (risk factors for **mental ill-health**).
- Work-related stress – work conditions; stress; safety risks; exposure to hazardous substances (risk factor for **injuries**).
- Stress in general (risk factor for **erectile dysfunction**).
- Prolonged night or shift work (risk factor for **prostate cancer**).
- Occupational exposure to pesticides and heavy metals (risk factor for **male infertility**).
- Environmental exposure to endocrine inhibitors (risk factor for **male infertility**).
- Increased maternal and paternal age (risk factor for **androgen deficiency**).

Strategic goals and actions

Goal, objectives and action areas

The goal of this Strategy is:

That every man and boy in Australia is supported to live a long, fulfilling and healthy life

To achieve this goal there are three strategic objectives in which action areas are identified:

Objectives	Action areas
1. Empower and support all men and boys to optimise their own and each other's health and wellbeing across all stages of their lives	1.1. Recognise and value the diversity of men and boys living in Australia 1.2. Reduce stigma associated with the health system or ill-health 1.3. Increase health literacy, including understanding of risk and opportunities for improving health 1.4. Address structural and systemic barriers to good health
2. Strengthen the capacity of the health system to provide quality care for all men and boys	2.1. Improve the knowledge and capability of the health workforce to deliver holistic male-centred services across the life course 2.2. Engage with men and boys to identify and reduce barriers to health system access 2.3. Proactively engage men and boys in prevention and early detection activities
3. Build the evidence base for improving the health and wellbeing of men and boys	3.1. Increase and prioritise research investment that will inform meaningful improvements in the health of men and boys living in Australia 3.2. Improve data availability to inform our understanding of men's health and track our progress

Principles for action

Six principles for action underpin the Strategy and should be at the forefront in the minds of planners and those responsible for implementing any actions arising from, or aligning with, this Strategy.

Principles for action	What does this mean?
Provide male-centred information, programs and services	• Apply a gendered lens to health - consciously considering the needs and preferences of men in the design, delivery, promotion and continuous improvement of programs and services • Explore issues of and create mechanisms to improve accessibility of health programs and services for men – holistic, timely, high quality, evidence-based, appropriate and responsive • Embed active, meaningful, non-tokenistic engagement of men and boys in these processes with an emphasis on enabling diversity of representation • Prioritise programs and services for and create mechanisms to outreach to men who are most vulnerable and at risk and for whom the health and wellbeing gap is the widest
Be transparent and accountable	• Set ambitious targets and create and implement male-focused strategies that are designed to make meaningful progress towards those targets • Focus on implementation, monitoring, evaluation and continuous improvement to track progress and optimise outcomes
Build on what we already have	• Recognise that there are many examples of great practice that exist in Australia – seek to find, evaluate, share, trial and spread effective models of male-centred practice • Align actions with relevant national, State and Territory policies, strategies and frameworks
Ensure that equity drives investment and action	• Ensure that an equity lens is applied to all investments arising from this Strategy and includes consideration of: gender; priority population groups; risk factor profiles; and factors such as social, economic and cultural disadvantage • Prioritise investment in groups of men and boys who are at the greatest risk of ill health and premature mortality • Demonstrate accountability for an equity-driven approach in the monitoring and evaluation of this strategy
Focus on prevention	• Focus on prevention first and foremost – from primary prevention (keeping people healthy) through to early diagnosis and intervention • Take a life-course approach to prevention, adapting information and activities to men and boys at different life stages • Recognise that prevention goes beyond individual responsibility to the creation of healthy environments and communities
Acknowledge the influence of gender on health	• Highlight the significance of gender as a key determinant of men's health and wellbeing • Address gender inequality issues faced by men

Action Areas: guiding implementation

In the tables below, for each objective and action area, detail is provided to guide implementation. In the process of planning and implementation of the actions that are often described in general terms, consideration will need to be given to the Strategy's priority areas for action, populations and health issues and alignment with the identified principles for action.

The action areas include specific health promotion and public awareness campaigns as well as projects to inform practice (evaluation, consumer engagement) and guide investment (research). In addition, there are three grants programs proposed to support innovative projects that are co-designed with men and boys and implemented and evaluated in a real-world setting with learnings shared.

The three grant programs are further described in the tables below and include:

- **Health Promotion Grants Program:** Supporting health promotion projects designed to improve health literacy and reduce risk in priority population groups;
- **Health Access Co-Design Grants Program:** Supporting initiatives to understand and reduce barriers to accessing health care for men and boys that are specific to communities and their needs;
- **Population Health Grants Program:** The creation of holistic and proactive approaches to health and wellbeing in the primary care and other settings that improve engagement with men and boys and focus on early intervention and reduce risk to improve health and wellbeing. This may include health checks that reflect a life course approach, screening for risk and disease, initiating conversations about health and wellbeing and referring for additional services and support where risks or issues are identified.

It is proposed that the funding of these grants programs is allocated via a competitive, priority-driven process and includes: three-year project grants for the trial and evaluation of new initiatives; and one-year implementation grants for the tailoring and implementation of successful models into other services or communities.

Applying an 'issue' lens to the range of actions outlined on the following pages, there may be projects that are undertaken that are: disease, condition or risk factor-specific that focus on a logical grouping of these elements; are specific to a population group such as Aboriginal and Torres Strait Islander men; take an age, life experience or life stage approach to the project design. All grant applicants will need to consider risk factors and determinants of health in the context of their project as well as how the six principles for action are applied. The grants could be used to trial new, innovative approaches or to extend, improve or evaluate promising or proven existing program models. The value of these grant programs and the resulting projects will come from:

- Their development from the field in partnership with men and boys;
- The diversity of funded initiatives and the significant potential they offer to grow our knowledge and understanding of mechanisms to improve the health of men and boys living in Australia;
- The coordination and oversight of the funding programs where opportunities for partnerships, collaboration, information sharing, development of common tools or methods and a rigorous approach to evaluation will be supported;
- The evidence base that this coordinated approach supports and builds;
- The opportunity within funding rounds to share information and improve practice as well as for the funding program itself to evolve over successive rounds to include a focus on new initiatives as well as the spread of good practice examples that have emerged (tailored always to the local context and population needs);
- The scaling-up of successful initiatives over time, to help improve the health of more men and boys.

Objective 1

Empower and support men and boys to optimise their own and each other's health and wellbeing across all stages of their lives

Action area 1.1: Recognise and value the diversity of men and boys living in Australia

Action area 1.2: Reduce stigma associated with the health system or ill-health

Actions	Detail
- Implement a national public awareness campaign using mainstream and digital media that highlights the diversity of men and boys who live in Australia. The campaign(s) would promote positive, healthy, strengths-based role modelling and self-determination - Reinforce the campaign in various settings, including schools, workplaces and local communities	Annual campaign content should include representations of diversity across many dimensions of self and life including: Professions, interests, gender identity, sexuality, culture, disability, age, stages of life, roles, fatherhood, men as partners and carers, healthy respectful relationships, different education levels and life paths, diversity of places in which men live, men living well – healthy lifestyles (diet, physically active, proactive approach to maintaining wellbeing). Campaign to reduce stigma to focus on: Racism, ostracism, mental ill-health, help seeking (promoting engagement with the health system for prevention and early intervention), gender identity, sexuality, culture, language, disability, infertility, ageing and men's role choices. The campaigns are to use multiple communication channels and be supported with information and training resources and programs.

Action area 1.3: Increase health literacy, including understanding of risk and opportunities for improving health

Actions	Detail
Invest in health promotion initiatives targeting men and boys across the life course	Health promotion campaigns to focus on: - Understanding and navigating the health system - Decoding jargon - Sexual and reproductive health including fertility, pre-conception health, parenting and fatherhood - Risk factors for disease and injury - Healthy lifestyles and healthy choices built on good habits established in early life including promoting the development of personal health plans by men and boys - Managing key life transitions and stressful life events and seeking support when needed - A proactive approach to engaging with the health system to maintain wellbeing and timely action when symptoms or health concerns arise (Health checks, screening, asking questions, "know your normal") - A rigorous approach to evaluation and the sharing of models and lessons that are transferrable to other areas

Actions	Detail
Establish a Health Promotion Grants Program to fund projects to trial and evaluate local and regional health promotion initiatives to increase health literacy, reduce risk and improve health and wellbeing within priority populations	Through a priority-driven grants program, these projects provide an opportunity for the tailoring and extension of national public awareness and health promotion initiatives in local and regional communities. These projects would involve work in communities across Australia and would incorporate: consumer engagement and co-design approaches; exploration of priority conditions and/or population groups; men and boys at different stages across the life course; explore awareness/health literacy and current levels of engagement in upstream approaches to maintaining and enhancing health and wellbeing. Best practice consumer engagement and a rigorous approach to evaluation and information sharing across projects would be supported through the provision of training, coordination and mentoring of successful grant recipients.

Action area 1.4: Address structural and systemic barriers to good health

Actions	Detail
Develop cross-government, cross-portfolio and cross-sector partnerships to improve the health of men and boys	This action area will support work to address structural and systemic barriers to the health of men and boys through collaborative projects undertaken in partnership: - Cross-government: involving all levels of government - Cross-portfolio: collaborative efforts across government portfolio areas such as health-education, health-employment, health- justice, health-finance, health-industry - Cross-sector: government and non-government organisations collaborating across traditional boundaries. Specific practical issues may be addressed through advocacy for system change at the local level within government and government agencies and the wider business community e.g. the widespread installation of continence product disposal in male toilets; creating environments in local communities and through businesses that support and promote healthy choices and prevent ill-health. Partnership approaches can also enable the delivery of health promotion and intervention programs within the settings that men live and work with an emphasis on high-risk industries, population groups and communities and the range of stakeholders (government and non-government) engaged in those sectors. Examples of settings include: educational institutions (at all levels from early childhood to higher education); workplaces; and the criminal justice system.

Objective 2

Strengthen the capacity of the health system to provide quality care for all men and boys

Action area 2.1: Improve the knowledge and capability of the health workforce to deliver holistic male-centred services across the life course

Actions	Detail
Improve the men's health knowledge, engagement and male-centred practice of health professionals in primary care	Review existing training and education (undergraduate and continuing professional development) and identify gaps in key elements of men's health and methods for effective engagement with men and boys (referring to: 2010 National Male Health Policy; 2018 Evidence Review; priority populations and conditions outlined in this Strategy).
Advocate for the inclusion of men's health education modules into undergraduate medical, nursing, allied health and medical specialty curricula	Engage with higher education institutions and professional associations to explore opportunities to: integrate men's health and wellbeing across the life course into existing curriculum; introduce specialty areas of study in men's health; identify and implement Continuing Professional Development courses using multiple delivery methods.
Develop training modules reflecting holistic evidence-based best practice approaches to men's health and wellbeing across the life course	Develop online training modules for key topic areas in an accessible format and widely promote among the medical, nursing and allied health community.

Action area 2.2: Engage with men and boys to identify and reduce barriers to health system access

Actions	Detail
Review evidence to assess the barriers to access in the health system for men and boys and strategies to increase engagement	The assessment would include: qualitative and quantitative data; Australian and international evidence; capturing access issues for the whole population of men and boys as well as for service access for priority conditions and for priority population groups.
Develop a consumer engagement plan that will guide best practice methods for engagement with men and boys with a focus on priority population groups	This plan would be a key tool that would support implementation of this Strategy by government and by all implementation partners. The plan would draw on best practice models and provide a practical guide to engagement including multiple mechanisms and levels of engagement that can be tailored for each purpose. Tools, tips and checklists would be included to support consistent high-quality practice.
Establish a Health Access Co-Design Grants program to fund projects that: 1. Engage with men and boys to explore local, regional and systemic barriers to access to the health system; and 2. Co-design, trial and evaluate solutions to overcome those barriers	Through a priority-driven grants program, these projects would involve work in local and regional communities across Australia, and would incorporate: - exploration of priority conditions and/or population groups - men and boys at different stages across the life course - explore awareness/health literacy and current levels of engagement - identify barriers such as: gender and social inequities; cultural safety; stigma; access issues (opening hours; availability of services/expertise; distance; cost; referral requirements); and - identify and trial solutions such as the use of telehealth. Best practice consumer engagement and a rigorous approach to evaluation and information sharing across projects would be supported through the provision of training, coordination and mentoring of successful grant recipients.

Action area 2.3: Proactively engage men and boys in prevention and early detection activities

Actions	Detail
Establish a Population Health Grants Program that funds projects that implement population health approaches to engaging with men and boys in local, regional, state, territory and national levels in health education, prevention and early detection initiatives	Through a priority-driven grants program, these projects would involve work across multiple settings such as primary care-led initiatives coordinated through Primary Health Networks that use GP practice management systems to engage with their practice population with information, promotion of health checks and screening tools tailored to: - age and life stage - critical life events such as: pre-conception health and parenting; early intervention in mental ill health and suicide prevention; preventing chronic conditions through addressing risk factors or reducing the impact or progression of established conditions. Opportunities would be explored in these projects for the promotion of health and wellbeing when men and boys are engaged with the health system in any way. This could include health professionals taking the opportunity to start a conversation and ask questions/apply screening tools to assess risk, educate and identify actions to improve wellbeing such as referring to prevention programs and other services. These projects may include supports such as: practice prompts integrated into GP and allied health IT systems; guidance or templates developed to support practice for each project; communication skills training for health professionals around proactive approaches to creating dialogue and raising sensitive issues. Best practice consumer engagement and a rigorous approach to evaluation and information sharing across projects would be supported through the provision of training, coordination and mentoring of successful grant recipients.

Objective 3

Build the evidence base for improving the health and wellbeing of men and boys

Action area 3.1: Increase and prioritise research investment that will inform meaningful improvements in the health of men and boys living in Australia

Actions	Detail
Undertake a meta-analysis of existing men's health-related research and evaluation evidence	A comprehensive review of qualitative and quantitative evidence of men's health related research and evaluation evidence with a focus on: - Priority conditions and population groups - Australian evidence where available and supplementation with international evidence where there are gaps - Strategies, service models and programs that are shown to improve the wellbeing of men and boys living in Australia (or international evidence that is deemed to have the potential to be tested/applied in the Australian setting).
Develop a National Men's Health Research Strategy that draws on existing national and international evidence, the views of key opinion leaders and identifies priorities and focused areas for research investment to drive and accelerate improvements to reduce inequities and improve men's health overall	The National Men's Health Research Strategy will draw on the findings of the meta-analysis (above) and analyse the strengths and gaps in men's health research overall and in the sector in Australia. It will articulate a set of strategic research priorities that will guide and optimise targeted investment in men's health research that: - Spans the continuum of research from aetiology through to prevention, treatment, diagnosis and management - Builds on current research efforts - Addresses risk factors for ill-health, priority conditions and population groups and includes the impact of intergenerational trauma on the health of Aboriginal and Torres Strait Islander men and boys - Takes a life course approach that is aligned with this Strategy, its goal, objectives and principles for action - Identifies and investigates emerging trends and anomalies in men's health - Emphasises translational research (bench to bedside), health services research, health promotion and public health research, implementation science and evaluation approaches to build a comprehensive and robust evidence base (qualitative and quantitative) that can support the spread of effective interventions - Includes consideration of Ten to Men: The Australian Longitudinal Study on Male Health and the potential to build upon this work or draw on the data generated to support research efforts - Supports and enables collaborative research efforts in Australia and with international partners.

Action area 3.2: Improve data availability to inform our understanding of men’s health and track our progress

Actions	Detail
• Create a standard set of stratifications for the systematic and consistent analysis of national datasets to make routine data more informative with respect to men’s health and the health of particular populations of men	This would include: • The publication of regular statistical bulletins on men’s health by the Australian Institute of Health and Welfare • The routine stratification of Census data by sex, age, geographic location, socioeconomic indices, culture and language in alignment with World Health Organisation guidance on data disaggregation • Encouraging all organisations that manage large datasets (e.g. cancer and immunisation registers; road traffic accident datasets) to adopt consistent methods for the stratification and analysis of data to enable meaningful comparisons.
• Develop practical and rigorous evaluation frameworks that will enable the monitoring of key progress in men’s health and in initiatives relating to this strategy	This would include: • An overarching evaluation framework for the implementation of this Strategy that would guide routine and periodic evaluation enquiry to inform of progress, to identify areas for improvement and to support the demonstration of accountability to the men’s health field and the community • An evaluation framework for each of the Grant Programs (Action areas: 1.3, 2.2 and 2.3) • Each evaluation framework would include its purpose, scope, program logic model, key questions to be answered and for each, the key measures, data sources and methods that will be used.

Implementation – partnership and engagement

The implementation of this Strategy will require engagement with and the collaborative, concerted efforts of a wide range of stakeholders. As implementation partners, the organisations and individuals described in Table 6 are asked to collaborate across the priority areas to facilitate the delivery of the suggested actions and where possible, align their activities with the Strategy.

Table 6: Implementation partners for the National Men’s Health Strategy 2020-2030

Group	Role as a partner in strategy implementation
All levels of government	- All levels of government need to apply a gendered lens, engaging with and addressing the unique needs of men and boys to all dimensions of their work in: - Policy development; - Delivery of programs and services; and - Funding of initiatives to improve health and wellbeing in our local, state, territory and national communities.
The health sector	- The health sector (including primary, secondary and tertiary, public and private service providers) needs to engage with men and boys to remove barriers to access and to improve health and wellbeing across the life course. - This applies to the design and creation of culturally safe, inclusive, accessible and appropriate programs, services and environments delivered by a highly skilled workforce.
Other sectors	- Cross-sector approaches are crucial to addressing the complex interplay of social, economic, cultural, environmental and political determinants of health and wellbeing. - This includes whole-of-government responses and cross-sector partnerships such as health-employment, health-education, health-housing, health-justice and health-industry partnerships.
Peak bodies, NGOs and professional associations	- These organisations play an important role in contributing to the health and wellbeing of men and boys. This Strategy should inform organisational strategies, program development and delivery, service provision, education, advocacy and resource development. - The subject-matter expertise of these organisations is critical to the implementation of elements of this Strategy and cross-sector partnerships within the NGO sector can also contribute to addressing the range of determinants of health and wellbeing.
Researchers	- Compared to the women’s health sector, men’s health as a field is relatively underdeveloped in Australia. It will be important to build upon the existing capacity in men’s health research as well as to attract more researchers into the field to further build the evidence base for men’s health. - Drawing on this Strategy, the development of research programs that further explore critical issues, priority populations, life stages and evidence for programs, services, system and behaviour change will contribute to the capacity to translate and spread good practice across Australia.
Men and boys	- Men and boys from diverse population groups have unique experiences of health and the health system and they play a critical role in their own and each other’s health and wellbeing. - Men and boys should be actively and meaningfully engaged as partners in shaping and implementing the policies, priorities, programs and services that emerge from this Strategy. - Where appropriate, contributions from the wider-community, families, partners and friends should also be sought and valued.

Achieving progress

With the effective implementation of the Strategy, we can expect to see true progress in improvements to the health and wellbeing of men and boys living in Australia. The following implementation support is proposed:

- Ensure effective governance and accountability for the Men's Health Strategy and its implementation across its ten-year life span. This includes prioritising actions, targeting investment, determining the sector area responsible for particular actions and identifying key implementation partners (see Table 6), as well as tracking and monitoring progress;
- Define a substantial, long-term budget allocation for implementation of the Strategy that includes a significant commitment to health promotion, illness prevention, and new research;
- Plan for the implementation of Strategy and stage implementation so as to build the foundations for success. For example, in the initial year of implementation, the investment would focus on the:
 - development of the overarching evaluation framework for the Strategy, key measures and methods to track progress and inform improvement and associated communications planning and governance mechanisms
 - evidence reviews identified in action areas 2.2 and 3.1
 - development of the National Men's Health Research Strategy
 - development of the consumer engagement plan and tools for effectively engaging with men and boys
 - development of each of the grant programs (defining criteria for funding, determining timeframes, mechanisms for review and granting of funds, coordination, information sharing and support for implementation, evaluation and consumer engagement)
 - planning for the national public awareness campaign.

In subsequent years, the implementation of campaigns and grant rounds would then build upon this solid foundation and be supported and coordinated to optimise the outcomes that are achieved and their sustainability and spread;

- Review the Strategy at key intervals to assess progress and refocus priorities and actions as required. A mid-point review in 2025, along with regular reporting against the evaluation framework for this Strategy is required.

Appendix A Policy and strategy context

The following national policy and strategy documents inform the National Men's Health Strategy 2020-2030 and should be addressed during project development. Their particular significance to men's health is indicated below. Relevant State and Territory policies and strategies should also be considered, as should new strategies and action plans as they are developed over the timeframe of this Strategy (a list of those in development at the time of this publication has been included below this table).

National policies, strategies and frameworks	Particular significance to men's health
Australian National Diabetes Strategy 2016-2020	Diabetes is the seventh leading cause of death and ranks sixth in overall health burden in Australian males. ⁶
Australian Work Health and Safety Strategy 2012- 2022	Four of the seven priority industries for prevention activities have high numbers of male workers – agriculture, road transport, manufacturing and construction.
Fifth National Mental Health and Suicide Prevention Plan (2017) and Implementation Plan (2017)	In 2014/15, around 1.5 million males aged 18 years and over self-reported a mental health or behavioural condition.³⁷ Suicide was the tenth most common cause of death in males in 2016.¹⁴
Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2015 - 2024	Oral cancers are two thirds higher in men than women (influenced by tobacco and alcohol consumption and HPV exposure). ³⁸
Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health (2015)	The Framework covers various issues where there are gendered differences – transport injuries, sexual health choices, risk taking behaviours, etc.
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023 - Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023	Aboriginal men have the worst health outcomes of any group in Australia. ^{39; 40}
National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016- 2026	As above
National Alcohol Strategy 2018-2026	Alcohol intake is associated with an increased risk of over 200 chronic conditions, violence, assault and road accidents. ⁴¹ More than half of all males aged 18 and over exceeded the single occasion risky drinking threshold at least once in the past year. ²²
National Ageing and Aged Care Strategy for people from culturally and linguistically diverse (CALD) backgrounds (2015)	The Strategy covers various issues that are relevant to men's health, including dementia, chronic conditions and mental health.
National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022	Seventy per cent of new HIV diagnoses occur among men who have sex with men. ⁴²

National policies, strategies and frameworks	Particular significance to men's health
National Digital Health Strategy (2018)	
National Disability Strategy 2010-2020	In 2015, 18% of Australian males were reported as living with a disability. ⁴³
National Drug Strategy 2017-2026	The National Drug Strategy aims to prevent and minimise harms associated with alcohol, tobacco and other drugs – all of which are more commonly consumed by men than women.
National Framework for Action on Dementia 2015- 2019	Dementia is the third leading cause of death in Australian males. ⁴⁴
National Framework for Communicable Disease Control (2014)	Several types of STIs and blood-borne viruses are more commonly diagnosed in males than females.
National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2016)	The Framework addresses the role of fathers in child development and the importance of services acknowledging and including males in the raising of children in a culturally appropriate way.
National Framework for Universal Child and Family Health Services (2011)	The Framework promotes the health of fathers in optimising the health of children and recognises postnatal depression in men and women.
National Medicines Policy (2000)	
National Palliative Care Strategy (2010)	
National Road Safety Action Plan 2018-2020	Around 1,000 males die in road accidents each year with road traffic accidents ranking 20th in the top causes of total health burden in men. ^{33; 45}
National Strategic Framework for Chronic Conditions (2017)	Seven chronic conditions (CHD, cerebrovascular disease, Type 2 diabetes, bowel cancer, lung cancer, COPD, and dementia) account for almost half of all adult male deaths. ⁵
National Strategic Framework for Rural and Remote Health (2011)	Men and boys living in rural and remote areas are at increased risk of CVD, diabetes, mental ill-health, injuries and prostate cancer. ¹⁶
National Tobacco Strategy 2012-2018	Whilst smoking rates have declined significantly over time, smoking rates remain high at 7% of adult males and 4% of boys aged 15-17 years. Rates are higher in population groups that experience poorer health outcomes than the general population. ²²

Emerging strategies and national action plans

- [National Strategic Action Plan for Childhood Heart Disease](#)
- [National Strategic Action Plan for Pain Management](#)
- [National Strategic Action Plan for Inflammatory Bowel Disease](#)
- [National Strategic Action Plan for Osteoporosis](#)
- [National Action Plan for Children's Health 2020-2030](#)
- [National Fetal Alcohol Spectrum Disorder Action Plan 2018-2028](#)
- [National Strategic Action Plan for Heart Disease and Stroke](#)
- [National Injury Prevention Strategy](#)
- [National Strategic Action Plan for Rare Diseases](#)
- [National Strategic Action Plan for Arthritis](#)
- [National Strategic Action Plan for Kidney Disease](#)
- [National Strategic Action Plan for Lung Conditions](#)
- [Strategic National Action Plan for Macular Disease](#)

The National Men's Health Strategy 2020-2030 is also directly aligned with its companion document, the National Women's Health Strategy 2020-2030.

Appendix B How the Strategy was developed

With the Male Health Policy 2010 as its foundation, the Strategy was developed through a consultative process that considered the latest evidence in relation to men's health and drew on the input and opinions of leading health experts from across Australia and more broadly, members of the health sector and the wider community. Steps included:

- Establishing *The Current State of Male Health in Australia – informing the development of the National Men's Health Strategy 2020-2030* - a review of health literature and outcomes in relation to men's health since 2010;¹⁶
- A consultative National Men's Health Forum with over 60 invited delegates representing diverse health priorities, held at Parliament House, Canberra on 9 August 2018;
- Discussions with representatives from each State and Territory Health Department;
- Engagement with experts in the field who provided advice on the development of the Strategy; and
- A public consultation, with submissions from the health sector and members of the community.

The resulting Strategy aims to drive continuing improvement in the health and wellbeing of all men and boys in Australia throughout their lives, particularly those at greatest risk of poor health and works to address inequalities between the health outcomes of males and females, and between population groups of men and boys.

Appendix C Abbreviations

CALD	Culturally and linguistically diverse
CHD	Coronary heart disease
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular disease
GP	General Practice/Practitioner
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
LGBTI+	Lesbian, gay, bisexual, transgender, intersex, other
LUTS	Lower urinary tract symptoms
OECD	Organisation for Economic Co-operation and Development
STI	Sexually transmitted infections
WHO	World Health Organization

Appendix D References

1. World Health Organization (2018) *The health and well-being of men in the WHO European Region: better health through a gender approach*. ISBN 978 92 8905 3532. Regional Office for Europe: WHO.
2. World Health Organization (1948) *Constitution of the World Health Organization*. Geneva: WHO.
3. Baker P and Shand T (2017) *Men's health: time for a new approach to policy and practice?* J Glob Health. 7(1):010306.
4. Australian Bureau of Statistics (2018) *Australian Demographic Statistics: Dec 2017*. Cat. no. 3101.0. Canberra: ABS.
5. Organisation for Economic Co-operation and Development (OECD) (2017) *Health at a Glance 2017: OECD Indicators*. Available from: http://dx.doi.org/10.1787/health_glance-2017-en.
6. Australian Institute of Health and Welfare (2018) *Australia's Health 2018*. Australia's health series no. 16. AUS 221. Canberra: AIHW.
7. Raising Children Network (Australia) *Teens (12-18 years)*. Available from: <https://raisingchildren.net.au/teens>.
8. Australian Institute of Health and Welfare, Henley G and Harrison JE (2017) *Trends in injury deaths, Australia, 1999–00 to 2011–12. Injury research and statistics series no. 108*. Cat. no. INJCAT 188. Canberra: AIHW.
9. Fleming TP, Watkins AJ, Velazquez MA, et al. (2018) *Origins of lifetime health around the time of conception: causes and consequences*. Lancet. 391(10132):1842-1852.
10. Soubry A (2018) *POHaD: why we should study future fathers*. Environ Epigenet. 4(2):dvy007.
11. Holden CA, McLachlan RI, Pitts M, et al. (2005) *Men in Australia Telephone Survey (MATEs): a national survey of the reproductive health and concerns of middle-aged and older Australian men*. Lancet. 366(9481):218-224.
12. Giallo R, D'Esposito F, Christensen D, et al. (2012) *Father mental health during the early parenting period: results of an Australian population based longitudinal study*. Soc Psychiatry Psychiatr Epidemiol. 47(12):1907-1916.
13. Australian Institute of Health and Welfare (2017) *Cancer in Australia 2017*. Cancer series no.101. Cat. no. CAN 100. Canberra: AIHW.
14. Australian Bureau of Statistics (2016) *Causes of Death, Australia 2016*. Cat. no. 3303.0. Canberra: ABS.
15. VicHealth (2015) *Addressing determinants in healthy settings approaches*: Victorian Health Promotion Foundation.
16. Andrology Australia (2018) *The current state of male health in Australia*. Informing the development of the National Male Health Strategy 2020–2030. Melbourne: Andrology Australia; July 2018.
17. Schlichthorst M, Sanci LA and Hocking JS (2016) *Health and lifestyle factors associated with sexual difficulties in men - results from a study of Australian men aged 18 to 55 years*. BMC Public Health. 16(Suppl 3):1043.
18. Australian Bureau of Statistics (2017) *Health Service Usage and Health Related Actions, Australia, 2014-15*. Cat. no. 4364.0.55.002. Canberra: ABS.
19. Better Health Channel *Men's health*. Available from: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/mens-health>. Last updated June 2018.
20. Australian Government Department of Health and Ageing (2013) *National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011*. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-report13>.
21. Australian Medical Association (2018) *Men's Health - 2018*. Available from: <https://ama.com.au/position-statement/mens-health-2018>.
22. Australian Bureau of Statistics (2015) *National Health Survey. First Results Australia 2014-15*. Cat. no. 4364.0.55.001. Canberra: ABS.
23. Australian Institute of Health and Welfare (2017) *The health of Australia's males (web report)*. Cat. no. WEB 199. Canberra: AIHW.
24. Australian Institute of Health and Welfare (2016) *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*. Australian Burden of Disease Study series no. 6. Cat. no. BOD 7. Canberra: AIHW.
25. Herlihy AS, Halliday JL, Cock ML, et al. (2011) *The prevalence and diagnosis rates of Klinefelter syndrome: an Australian comparison*. Med J Aust. 194(1):24-28.
26. Krausz C (2011) *Male infertility: pathogenesis and clinical diagnosis*. Best Pract Res Clin Endocrinol Metab. 25(2):271-285.

27. Sim I-W and McLachlan R (2015) *Male infertility: Pull-out and Keep Update, Clinical Review*. Medical Observer. August:15-20.
28. Jayadevappa R, Malkowicz SB, Chhatre S, et al. (2012) *The burden of depression in prostate cancer*. Psychooncology. 21(12):1338-1345.
29. Smith DP, Calopedos R, Bang A, et al. (2018) *Increased risk of suicide in New South Wales men with prostate cancer: Analysis of linked population-wide data*. PLOS ONE. 13(6):e0198679.
30. Australian Institute of Health and Welfare (2017) *Testicular cancer*, Australian Cancer Incidence and Mortality (ACIM) books. AIHW, Canberra.
31. O'Brien AP, Hurley J, Linsley P, et al. (2018) *Men's Preconception Health: A Primary Health-Care Viewpoint*. Am J Mens Health. 12(5):1575-1581.
32. Garfield CF, Duncan G, Rutsohn J, et al. (2014) *A longitudinal study of paternal mental health during transition to fatherhood as young adults*. Pediatrics. 133(5):836-843.
33. Bureau of Infrastructure Transport and Regional Economics (2017) *Road trauma Australia 2016 statistical summary*. Canberra: BITRE.
34. Bureau of Infrastructure Transport and Regional Economics (BITRE) and Gargett D (2018) *Modelling road safety in Australian states and territories*. Information Sheet 94: Australian Government Department of Infrastructure, Regional Development and Cities.
35. Australian Institute of Health and Welfare and Pointer S (2018) *Trends in hospitalised injury, Australia 1999-00 to 2014-15. Injury research and statistics series no. 110*. Cat. no. INJCAT 190. Canberra: AIHW.
36. Australian Institute of Health and Welfare (2017) *Aboriginal and Torres Strait Islander health performance framework 2017: supplementary online tables*. Cat. no. WEB 170. Canberra AIHW.
37. beyondblue (2016) *Beyond Blue Depression Monitor Independent Findings from 2004-2012*. Available from: <http://resources.beyondblue.org.au/prism/file?token=BL/1131>.
38. Oral Health Monitoring Group (2015) *Australia's National Oral Health Plan 2015-2024*. Adelaide: COAG Health Council.
39. Australian Government Department of Health (2015) *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. Canberra: Commonwealth of Australia.
40. Australian Government Department of Health (2015) *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. Canberra: Commonwealth of Australia.
41. Australian Government Department of Health (2018) *National Alcohol Strategy*. Consultation Draft. 12045 Canberra: Commonwealth of Australia.
42. Kirby Institute (2013) *HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2013*. Sydney: Kirby Institute, UNSW Sydney.
43. Australian Bureau of Statistics (2016) *Disability, Ageing and Carers, Australia: Summary of Findings, 2015*. Cat. no. 4430.0. Canberra: ABS.
44. Australian Institute of Health and Welfare (2018) *Dementia - Overview*. Available from: <https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/dementia/overview>.
45. Australian Institute of Health and Welfare (2016) *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*. Australian Burden of Disease Study series no. 3 BOD 4. Canberra: AIHW.