

National Men's Health Strategy 2020-2030

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Executive summary

There are over 12 million men and boys living in Australia.¹ In global terms, Australian men and boys experience good health and wellbeing, with the eighth highest male life expectancy (80.4 years) of the Organisation for Economic Co-operation and Development (OECD) countries in 2016.² 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.

Why we need a men's health strategy

Australian men and boys are diverse in age, social and economic circumstances, culture, language, education, and beliefs. There is also diversity across many factors that influence health behaviours and outcomes as well as social and economic determinants such as housing, employment and access to healthcare and education. These factors mean that the health experiences of males living in Australia can differ widely.

There are multiple areas in which men and boys in Australia are experiencing ill health and premature mortality that require our focused attention. Males experience a greater share of the total fatal and non-fatal burden of disease – dying at younger ages than Australian females and more often from preventable causes.

There are also population groups of males with poorer health outcomes who require targeted interventions. These groups include: Aboriginal and Torres Strait Islander males; males experiencing socioeconomic disadvantage; males living in rural and remote areas of Australia; males with a disability including mental ill-health; males from culturally and linguistically diverse backgrounds; men with diverse sexualities, intersex men and men with transgender experiences; veterans; socially isolated males; and males in the criminal justice system. Of course, there will be many Australian men and boys who fall into several of these categories and thus will experience a higher burden of ill-health as a result.

The need to systematically address the health of males has been recognised globally; notably Australia is one of only four countries in the world with a national male health policy.

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

It is important that this is not viewed as a choice between tackling male or female health. To the contrary, a complementary approach is advocated for whereby a gendered lens is applied to assess specific problem areas and needs. The resultant men's, women's and general health policies, programs and services will have greater potential for meaningful and lasting impact that will contribute to improvements in the health of all – Australian males, females, their families and communities.

The good news

Promising trends have been seen in recent years across a series of conditions and risk factors contributing to the health burden experienced by men and boys living in Australia including decreases in:

- Deaths from coronary heart disease, stroke, lung cancer, bowel cancer, road accidents, work-related accidents and prostate cancer;
- Hospitalisations due to assault, accidental poisoning, thermal causes and drowning;

- Gonorrhoea and hepatitis B infections in Aboriginal and Torres Strait Islander males and HIV diagnoses in the general population; and
- Smoking rates.

The challenge

Despite these promising changes, the health burden experienced by Australian men and boys remains high and premature mortality from injuries, suicide and a series of chronic diseases remain at levels that are significantly higher than what we see in Australian women and girls. For example:

- Aboriginal and Torres Strait Islander men and boys have higher rates of fatal and non-fatal burden for almost every condition considered in this Strategy, and have a high prevalence of risk factors and risk taking behaviours.
- Young adult men have high levels of mental ill-health and deaths from preventable causes such as suicide and accidents. Low levels of risk perception and high levels of risk taking are contributing to many years of life unnecessarily lost.
- Older men have a high burden due to coronary heart disease and growing burden due to dementia and falls.

The way forward

There is a need for targeted investment across multiple areas in men's health to enable real progress to be made towards healthier lives for men in Australia. This Strategy identifies areas and mechanisms to focus our efforts over the coming decade and includes:

- Improving awareness of healthy lifestyles, risks to health and wellbeing and the impact that health problems can have on families and communities;
- Promoting engagement, self-determination and personal responsibility for healthy choices and healthy behaviours: reducing risk and preventing disease, injury and premature mortality; promoting males as fathers, future fathers and as positive role models in their families and communities;
- De-stigmatising mental ill-health and help-seeking actions and initiatives;
- Improving access to services including male-focused health and service promotion and steps to break down the barriers to male engagement;
- Focusing efforts on closing the health burden gap between males from different population groups and life stages;
- Identifying gaps in our knowledge and determining priorities for research that can contribute to the evidence base for effective interventions; and
- Defining a vision and targets for the health of men and boys and associated measures that can be tracked over time to monitor progress and inform priority setting.

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1 About this Strategy

1.1. Introduction

The development of the National Men's Health Strategy 2020-2030 is an acknowledgment of the importance of considering gender and sex-based issues in relation to health. It 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.⁴

This Strategy, developed in parallel with the National Women's Health Strategy 2020-2030, highlights the opportunities that arise from applying a gender-informed lens to the health and wellbeing of Australians.

1.2. The National Men's Health Strategy

On 13 June, the Minister for Health announced the Australian Government would develop a National Men's Health Strategy 2020 – 2030 to focus on improving the mental and physical health of Australian men and boys.

The National Men's Health Strategy 2020 – 2030 (the Strategy) 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. It builds on the *National Male Health Policy – Building on the Strengths of Australian Males*, initiated by the Australian Government in 2010. It expands on its six priority areas for action and retains the nine priority population groups of men at risk of poor health.

The Strategy focuses on both men and boys, acknowledging the roles of individuals as well as parents, families, communities, all layers of the health system, and all areas 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. Aboriginal and Torres Strait Islander males
Health equity between different population groups of males	2. Males from socio-economically disadvantaged backgrounds
Improved health for males at different life stages	3. Males living in rural and remote areas of Australia
A focus on preventative health for males	4. Males with a disability, including mental illness
Building a strong evidence base on male health	5. Males from culturally and linguistically diverse backgrounds
Improved access to health care for males	6. Those who identify as gay, bisexual, transgender or intersex
	7. Veterans
	8. Socially isolated males
	9. Males in the criminal justice system

1.3. An inclusive Strategy

1.3.1. Diversity between men

The Strategy acknowledges that, despite statistics, there is no truly 'average' Australian man. Each individual man has a unique and often 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.

In-line with the Male Health Policy 2010, the populations of men that experience a relatively high burden of adverse health outcomes listed in Table 1, are also priorities for this Strategy. 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.

1.3.2. Sex and gender diversity

The Strategy takes a broad, inclusive approach to the topic of 'men's' health. It acknowledges that not all Australians identify as either a man or a woman and that there is diversity in our bodies, sex characteristics, sexualities and gender identities.

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.

Both the men 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.

1.3.3. Diversity across the life course

Men and boys also have diverse needs across their life course. Accordingly, there are multiple areas and intervention points where men's health 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.

The key stages in men's lives are represented as follows:

- **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 disease.⁵ From five to 14 years of age, asthma and anxiety disorders are the two leading causes of health burden in males.⁵ The impact of childhood traumas (including intergenerational trauma, accidents, family dysfunction, bullying, abuse, neglect, violence, war, stress caused by poverty, separation from a parent or caregiver) can have a profound, long-term effect on health.
- **Adolescents** – Adolescence is a period of great intellectual, physical, hormonal and social change. 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.⁶ 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 male.⁵ Almost half of all suicides in Aboriginal and Torres Strait Islander males (46%) occur in those aged 15-24 years.⁷ Also, the impact of unsafe sexual practices on the sexual health and wellbeing of adolescent males and their partners is an important consideration. 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.
- **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 earlier years. 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 disorders.⁵ Later in life, from 45 to 64 years of age, coronary heart disease, lung cancer and musculoskeletal disorders are the leading causes of burden.⁵ Reproductive health problems are experienced by one-third of men aged 40 years and over.⁸ Fatherhood can also be associated with health challenges, with almost 10% of fathers in the postnatal period reporting symptomatic or clinical levels of psychological distress.⁹
- **Older men** - Older men, who carry a significant proportion of the overall male burden of disease, represent an increasing portion of the Australian population. From 65 to 74 years of age, coronary heart disease, lung cancer and chronic obstructive pulmonary disease (COPD) are the leading causes of burden.⁵ After the age of 75, coronary heart disease, dementia and falls are the leading causes of total burden of disease.⁵ 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-harm.¹⁰

1.3.4. Other influences on men's health

A man or boy's health is influenced by various factors associated with the context in which they live. These influences, or determinants of health, work in tandem to shape an individual's health risk. They include factors associated with:

- Individuals – knowledge, behaviours, attitudes, biology, genetics, choices, level of independence;
- Daily living situations – education, physical environment, social participation, 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 context¹¹

The determinants that are amenable to change provide opportunities for improvements to an individual or group's situation, and in turn, their health.

1.4. The policy and strategy context

It is important to note the complex policy and strategy context within which the Men's Health Strategy sits, and the considerable work that has already been undertaken across Australia to improve men's health.

Australia's health priorities and plans for key disease areas and conditions have been articulated in various national policies, strategies and frameworks. As most health issues affect all genders, these high-level documents generally do not take a gendered approach to addressing the different issues affecting men, women and those of other genders.

This Strategy was developed to align with, and add value to, existing health policies, strategies and frameworks – 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.

A list of national policies and strategies relevant to men's health has been included as Appendix A. These documents will be important reference points for those responsible for implementing the actions outlined in this Strategy.

1.5. Implementation partners

Realisation of the National Men's Health Policy 2010 and implementation of this Strategy will require the collaborative, concerted efforts of a wide range of stakeholders. As implementation partners, the following organisations and individuals are asked to collaborate across the priority areas to facilitate the delivery of the suggested actions.

- **Men and boys** from diverse population groups have unique experiences of health and the health system. They should be engaged to play a central role 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.
- **The health sector** (including primary, secondary and tertiary, public and private service providers) plays a vital role in designing and creating culturally safe, inclusive, accessible and appropriate programs, services and environments for the diversity of men living in their local communities. They need to engage men and boys and remove any barriers they may face in improving their health. Different strategies and approaches may be needed for men from diverse population groups and for those of different ages.

- **Other sectors** – The holistic nature of health and the multiple influences that contribute to health and wellbeing, supports taking a cross-sectorial approach to improving health. This should include a whole-of-government response and cross-sectorial partnerships, including health/employment, health/education, health/housing and health/justice partnerships.
- **Peak bodies, NGOs and professional associations** – The contributions these organisations make to men’s health will vary, but may include program development and delivery, service provision, education, advocacy or resource development. Their subject-matter expertise would add value to various initiatives, making them important inclusions to cross agency-partnerships.
- **Researchers** – Compared to the women’s health sector, men’s health as a field is relatively underdeveloped in Australia. Researchers are required to help build the evidence on what programs and approaches work best for men and boys, and within priority populations.
- **All levels of government** develop policies, deliver programs and services and fund initiatives to improve health and wellbeing. By applying a gendered-lens to their work and focusing on the unique needs of men and boys, they can significantly improve men’s health.

1.6. How the Strategy was developed

The process to establish a Men’s Health Strategy commenced in March 2018, with an announcement by the Minister for Health, the Hon Greg Hunt MP. With the National 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 - a review of health literature and outcomes in relation to men’s health since 2010;¹²
- A consultative National Men’s Health Forum with over 60 invited delegates representing diverse health priorities, held at Parliament House on 9 August 2018;
- Discussions with representatives from each State and Territory Health Department;
- Engagement with an Expert Advisory Group, enlisted to provide strategic advice on development of the Strategy; and
- A public consultation, which called for responses to a draft Strategy from the health sector and members of the community (this document and current process).

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

2 Why men's health matters

2.1. 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.⁵
- 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.

Further information is available in *The Current State of Male Health in Australia – informing the development of the National Male Health Strategy 2020-2030*.

2.2. 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 visits are factored in.

In 2013/14, 81% of males aged 18–55 years reported seeing a GP in the previous 12 months¹³ and 89% has seen at least one health-care provider.¹⁴ 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.¹⁴

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.¹⁵ Any delay in help-seeking reduces the opportunity for early diagnosis and intervention, which can dramatically affect the long-term prognosis for diseases, such as cancer and chronic illnesses, and for mental health conditions. Disturbingly, 72% of males don't seek help for mental ill-health.¹⁶

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 are in contact with the health system. Opportunities to engage 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.

2.2.1. Access issues

There are practical and abstract barriers that affect the way in which men and boys in Australia interact with the health care system. Strategies to remove such barriers should be included in all men's health interventions. They 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 appropriate social settings (e.g. sporting clubs, workplaces and Men's Sheds);
- Improving health literacy through greater education about the importance of accessing health care services; and
- Reducing stigma associated with health care, ill-health or help-seeking.¹⁷

2.3. 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 2 outlines the general health conditions for which this Strategy's priority population groups are at risk. 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 Male Health Strategy 2020-2030*.

Table 2: Health condition risks for priority population groups^{a 12}

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	Males with diverse sexualities, intersex men and men with a transgender experience	Socially isolated males	Veterans	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								
STIs	x								
Hepatitis B	x				x				
Hepatitis C	x								x

^a Please note that the gaps in this table may reflect a lack of specific data for those population groups rather than a lack of elevated risk.

3 Setting the context for action

The actions to improve the health of men and boys, presented in Section 4, reflect the priority areas for action and priority populations outlined in the Men's Health Policy 2010 (see Table 1). Also, they focus on five priority health issues as outlined below.

3.1. 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 of the priority health issues 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 Male Health Strategy 2020-2030*.

Each priority has opportunities for primary and secondary prevention.

3.1.1. Mental health

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 appears to have been little progress in reducing the burden of mental illness in Australia. Approximately 1.5 million Australian males aged 18 years and over (17%) self-reported a mental or behavioural condition.¹⁸ 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.¹⁰ 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; men with diverse sexualities, intersex men and men with a transgender experience; 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.¹⁹

3.1.2. Chronic disease

Outcomes for chronic disease 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. The National 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,¹² dementia^{b 10} and 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 death.⁵

The high levels of chronic disease 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.

^b Dementia mortality rates have been impacted by changes to the coding of deaths leading to more causes of death due to dementia being counted in recent years.

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.⁵ Overweight and obesity are increasing for all men, with males 20% more likely to be overweight or obese than females at all ages.¹⁸ Health equity remains an issue, with many subgroups of the population experiencing increased risk factors for chronic disease and preventive conditions.

There remain substantial inequalities between Aboriginal and Torres Strait Islander and non-Indigenous men for most chronic conditions. Chronic diseases 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 2011.²⁰

3.1.3. Sexual and reproductive health or 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 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.

One in 450 males are estimated to be born with Klinefelter's syndrome, the most common cause of primary androgen deficiency and male infertility.²¹ 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.¹³ Sperm and semen quality are another biomarker for overall health; and male infertility affects 5–7% of all men.^{22; 23} Additionally, lower urinary tract symptoms are common and burdensome and affecting approximately 16% of males aged 40 years or older and are often associated with benign prostate hyperplasia.⁸

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.²⁴ 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.²⁴ Among young males aged 20–39 years, testicular cancer is the second most common cancer diagnosis (second to skin cancer).^{24; 25} However, survival is higher for testicular cancer than any other cancer with a 5-year survival rate of 98%.^{24; 25} More could be done to support men affected by both conditions, in prevention, appropriate screening and appropriate treatment, and after care, across both mental and physical health fields.

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. 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.^{9; 26} These factors have important consequences for the health of both individual men and their children. Depressed fathers exhibit poorer parenting behaviours, lower likelihood of child engagement, and increased likelihood of parenting stress and child neglect, than fathers without depression.

3.1.4. 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 at all age groups.^{7; 20} 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.

Demographic factors are connected to injuries and risk-taking behaviour. Notably, Aboriginal and Torres Strait Islander men experience injury-related hospitalisation and death at twice the rate of non-Indigenous men.⁷ 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.^{7; 27}

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

3.1.5 Healthy-ageing

The average Australian is living longer, and the country as a whole is ageing. Nine 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.¹⁰ With increasing age, men are likely to experience multiple chronic conditions simultaneously.

As a whole, the health system is not particularly well organised to cope with the increasing complexity of older men's health, including the prevalence of multi-morbidities. 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.²⁸

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) to early diagnosis and intervention and then to the treatment of illness and ongoing management through to the end of life. This proactive approach can then influence health and wellbeing in later years and the common causes of morbidity such as poor oral health, the management of chronic pain and mobility issues.

3.2. Principles for action

Five principles for action underpin the Strategy and should be at the forefront in the minds of planners and those responsible for implementing the Objectives and Actions in this Strategy (see Section 4).

Principles for action	What does this mean?
Provide services that are male-centred	<ul style="list-style-type: none"> • 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 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
Ensure that equity drives investment and action	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Focus on prevention first and foremost – from primary prevention (keeping people healthy) through to early diagnosis and intervention where the gains in the health of men and boys can be most significant and the impacts on the health system and society are the greatest

4 Strategic goals and actions

4.1. Goal, objectives and action areas

The goal of this Strategy is:

To achieve equitable and sustained improvement in the health and wellbeing of men and boys living in Australia

There are three strategic objectives in which action areas are identified in this Strategy that will contribute to meaningful progress towards this goal:

Objectives	Action areas
1. Empower and support men and boys to optimise their 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. Provide opportunities for health professionals to increase their understanding of men's health issues and improve their practice 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 men's health	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

In the tables below, for each action area, a series of actions are proposed and some detail provided to guide implementation in practice. The actions 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 funding programs proposed to support 'demonstration projects' – practical initiatives undertaken in the real world setting to trial, evaluate and share the learnings from innovative approaches that are co-designed with men and boys. The funding programs focus on:

- Health promotion initiatives designed to improve health literacy and reduce risk in priority population groups;
- Understanding and reducing barriers to accessing health care for men and boys that are specific to communities and their needs;
- Increasing engagement with men and boys through holistic and proactive approaches to health and wellbeing in the primary care and other settings – undertaking 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 issue are identified.

Applying an 'issue' lens to the actions below, there may be projects that are undertaken that are: disease, condition or risk factor-specific or that focus on a logical grouping of these elements; a specific population group such as Aboriginal and Torres Strait Islander men; or an age, life experience or life stage approach to the design of projects. The value of these demonstration projects will come from:

- Their development from the field in partnership with men and boys;
- The diversity of initiatives that are trialled 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 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.

4.2. Checklist for implementation

In the following section specific actions are described to address each objective. These actions, often described in general terms, will need to be developed in light of the Strategy's priority areas for action, populations and health issues.

The following checklist outlines the key principles and requirements for effective implementation of this Strategy:

- That the principles for action that underpin the Strategy are considered in implementation:
 - Provide services that are male-centred;
 - Be transparent and accountable;
 - Build on what we already have;
 - Ensure that equity drives investment and action;
 - Focus on prevention.
- That minimum requirements are set to drive effective implementation including:
 - How priority populations, priority conditions and associated risk factors for ill health are addressed;
 - Inclusive holistic, gender-sensitive approaches;
 - A focus across the life course – key stages and important transitions;
 - Implementation partnerships underpinning all action;
 - Drawing on guidance from other policies and strategies in each focused area of effort.
- That relevant national policies, strategies and frameworks inform development of all actions. (See Appendix A).

4.3. Actions

Objective 1: Empower and support men and boys to optimise their 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
<ul style="list-style-type: none"> 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 would promote positive, healthy, strengths-based role modelling and self-determination. Reinforce the campaign in various settings, including schools, workplaces and local communities. 	<p>Overarching campaign to 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 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).</p> <p>Campaign to reduce stigma to focus on: Racism, ostracism, mental ill-health, help seeking, gender identity, sexuality, culture, language, disability, infertility, ageing and men’s role choices</p>

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

Actions	Detail
<ul style="list-style-type: none"> Invest in health promotion initiatives targeting men and boys across the life course 	<p>Health promotion campaigns to focus on:</p> <ul style="list-style-type: none"> Understanding and navigating the health system Decoding jargon Sexual and reproductive health including fertility and parenting Risk factors for disease and injury Healthy lifestyles and healthy choices built on good habits established in early life 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
<ul style="list-style-type: none"> Establish demonstration projects that trial and evaluate local health promotion initiatives to increase health literacy, reduce risk and improve health and wellbeing within priority populations 	<p>Through a funding program, these demonstration projects would involve work in local 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</p>

Actions	Detail
	<p>wellbeing.</p> <p>An overarching evaluation framework would support the consistent high-quality conduct of project-level evaluations and support the collation and communication of findings at the local level and across all projects. This would inform understanding of the effectiveness, reach, feasibility and potential to sustain and spread good practice examples. The sharing of findings would then inform implementation of successful initiatives in other communities or settings.</p> <p>The outcomes from these investments would be optimised through the provision of training, coordination and mentoring support for successful grant recipients.</p>

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

Actions	Detail
<ul style="list-style-type: none"> Explore cross-government and cross-sector partnerships to improve the health of men and boys 	<p>Address structural and systemic barriers to men’s health through collaborative projects undertaken across government portfolio areas such as health-education, health-employment, health-justice, health-finance and across levels of government.</p> <p>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.</p> <p>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.</p>

Objective 2: Strengthen the capacity of the health system to provide quality care for all men and boys

Action area 2.1: Provide opportunities for health professionals to increase their understanding of men’s health issues and improve their practice

Actions	Detail
<ul style="list-style-type: none"> Introduce specialisation in men’s health in general practice 	<p>Review existing curricula (undergraduate and continuing professional development) and identify gaps in key elements of men’s health (referring to: 2010 National Male Health Policy; 2018 Evidence Review; priority populations and conditions outlined in this Strategy)</p>
<ul style="list-style-type: none"> Advocate for the inclusion of men’s health education modules into undergraduate medical, nursing and allied health curricula 	<p>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</p>
<ul style="list-style-type: none"> Develop training modules reflecting holistic evidence-based best practice approaches to men’s health and wellbeing across the life course 	<p>Develop online training modules for key topic areas in an accessible format and widely promote among the medical, nursing and allied health community</p>

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

Actions	Detail
<ul style="list-style-type: none"> Use existing literature review of evidence to assess the barriers to access in the health system for men and boys and strategies to increase engagement 	<p>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</p>
<ul style="list-style-type: none"> Develop a consumer engagement plan that guides best practice approaches that will enable meaningful non-tokenistic engagement with men and boys with a focus on priority population groups 	<p>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</p>
<ul style="list-style-type: none"> Establish demonstration projects that model meaningful and active engagement with men and boys to explore local and regional barriers to access to the health system and to co-design, trial and evaluate solutions to overcome those barriers and contribute to the applied evidence base for men’s health in Australia 	<p>Through a funding program, these demonstration projects would involve work in local 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: cultural safety; stigma; access issues (opening hours; availability of services/expertise; distance; cost; referral requirements); identify solutions such as the use of telehealth.</p> <p>As for Action Area 1.3, best practice consumer</p>

Actions	Detail
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engagement and a rigorous approach to evaluation and information sharing across projects would be required and enabled through the provision of training, coordination and mentoring support for successful grant recipients

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

Actions	Detail
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- Establish demonstration projects that implement population health approaches to engaging with men and boys in local communities in health education, prevention and early detection initiatives

Through a funding program, these demonstration projects would involve work across multiple settings such as primary care-led initiatives coordinated through Primary Health Networks that draw on practice IT systems to reach out to their population with information, promotion of health checks and screening tools tailored to age and life stage; schools-based or community-based information and engagement; mechanisms for bringing programs and services to local communities (mobile; visiting specialists; telehealth initiatives)

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 the demonstration project; communication skills training for health professionals around proactive approaches to creating dialogue and raising sensitive issues

As for Action Area 1.3 and 2.2, best practice consumer engagement and a rigorous approach to evaluation and information sharing across projects would be required and enabled through the provision of training, coordination and mentoring support for successful grant recipients

Objective 3: Build the evidence base for improving men's health

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
<ul style="list-style-type: none">Undertake a meta-analysis of existing men's health-related research and evaluation evidence	<p>A comprehensive review of qualitative and quantitative evidence of men's health related research and evaluation evidence with a focus on:</p> <ul style="list-style-type: none">Priority conditions and population groupsAustralian evidence where available and supplementation with international evidence where there are gapsStrategies, 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)
<ul style="list-style-type: none">Develop a National Men's Health Research Strategy that draws on 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	<p>The National Men's Health Research Strategy will summarise 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:</p> <ul style="list-style-type: none">That is across the continuum of research from: aetiology through to prevention, treatment, diagnosis and managementThat addresses risk factors for ill-health, priority conditions and population groups and include the impact of intergenerational trauma on the health of Aboriginal and Torres Strait Islander men and boysThat 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 interventionsThat 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 effortsThe 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
<ul style="list-style-type: none">• 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	<p>This would include:</p> <ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• 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	<p>This would include:</p> <ul style="list-style-type: none">• An 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 overarching evaluation framework for each of the demonstration project grant schemes (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

5 Achieving progress

With the effective implementation of the National Male Health Strategy 2020–2030, 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:

- Establish a governance structure for the Men’s Health Strategy that includes experts to oversee and drive implementation of the Strategy. This includes prioritising actions, determining the sector area responsible for particular actions and identifying key implementation partners, as well as tracking and monitoring progress;
- Develop a consumer engagement plan for implementation of the Strategy that includes meaningful engagement with men and boys from the priority population groups across all aspects of the Strategy;
- 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;
- Develop an evaluation framework that will enable monitoring and tracking of the Strategy’s progress;
- Review the Strategy at key intervals to assess progress and refocus priorities 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 Men's Health Strategy and should be addressed during project development. Their particular significance to men's health is indicated below:

National policies, strategies and frameworks	Particular significance to men's health
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Fifth National Mental Health and Suicide Prevention Plan (2017) and Implementation Plan (2017) 	<p>In 2014/15, around 1.5 million males aged 18 years and over self-reported a mental health or behavioural condition.²⁹</p> <p>Suicide was the tenth most common cause of death in males in 2016.¹⁰</p>
<ul style="list-style-type: none"> 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). ³⁰
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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. ^{31; 32}
<ul style="list-style-type: none"> National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 	As above
<ul style="list-style-type: none"> National Alcohol Strategy 2018-2026 (Draft) 	Alcohol intake is associated with an increased risk of over 200 chronic diseases, violence, assault and road accidents. ³³ More than half of all males aged 18 and over exceeded the single occasion risky drinking threshold at least once in the past year. ¹⁸
<ul style="list-style-type: none"> 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 disease and mental health.
<ul style="list-style-type: none"> National Digital Health Strategy (2018) 	
<ul style="list-style-type: none"> National Disability Strategy 2010-2020 	In 2015, 18% of Australian males were

National policies, strategies and frameworks	Particular significance to men's health
	reported as living with a disability. ³⁴
<ul style="list-style-type: none"> • National Drug Strategy 2017-2026 	The National Drug Strategy aims to prevent and minimise harms associated with alcohol, tobacco and other drug – all of which are more commonly consumed by men than women.
<ul style="list-style-type: none"> • National Framework for Action on Dementia 2015-2019 	Dementia is the third leading cause of death in Australian males. ³⁵
<ul style="list-style-type: none"> • National Framework for Communicable Disease Control (2014) 	Several types of STIs and blood-borne viruses are more commonly diagnosed in males than females.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • National Medicines Policy (2000) 	
<ul style="list-style-type: none"> • National Palliative Care Strategy (2010) 	
<ul style="list-style-type: none"> • National Road Safety Action Plan 2018-2020 	Around 1,000 males die in road accidents each year with road traffic accidents ranking 20 th in the top causes of total health burden in men. ^{36; 37}
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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. ¹²

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