

Men's Health Plan 2009-2012

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Functional Sub group Clinical/ Patient Services - Governance and Service Delivery
Population Health - Health Promotion

Summary The NSW Men's Health Plan draws direction from the National Health Priorities and builds on achievements made under the NSW men's health policy, Moving Forward in Men's Health. The NSW Men's Health Plan 2009-2012 aims to guide the NSW health system in providing health care, health promotion and information which appropriately addresses the health needs of men and improves their health outcomes.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Community Health Centres, NSW Ambulance Service, Public Health Units, Public Hospitals

Audience All staff of NSW Health

Distributed to Public Health System, Divisions of General Practice, NSW Ambulance Service, NSW Department of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

NSW MEN'S HEALTH PLAN 2009-2012

PURPOSE

NSW Health recognises that gender has a significant impact on health. Men and women as a consequence of their gender, have different health outcomes and needs. The NSW Men's Health Plan 2009-2012 complements the NSW Women's Health Plan 2009-2011. It aims to guide the NSW Health system in addressing the specific health needs of men and boys.

The new Men's Health Plan outlines work for the NSW health system which will guide the planning and delivery of services and health promotion programs for men living in New South Wales. Full details and guidance is provided in the attached Plan document.

MANDATORY REQUIREMENTS

Mandatory actions under the *NSW Men's Health Plan 2009-2012* are required across three categories of work including:

- provision of health care, health promotion and information which addresses the specific health needs of men;
- expanding the evidence base in providing health care to men and boys; and
- assisting the NSW Department of Health in monitoring and evaluating initiatives under the Plan.

IMPLEMENTATION

The Department of Health will monitor and provide support and guidance to Area Health Services in implementing the following actions under the *NSW Men's Health Plan 2009-2012*.

Area Health Services must:

1. Nominate a sponsor for the NSW Men's Health Plan from the Area Health Service executive;
2. Nominate one Aboriginal and one non-Indigenous Area wide men's health coordinator responsible for promoting the implementation of the NSW Men's Health Plan, and who will report directly to the Area executive sponsor for men's health;
3. Develop a work plan to implement initiatives under the NSW Men's Health Plan;
4. Establish and maintain an Area men's health network to assist implementation of Area Men's Health initiatives and provide input into the service planning process;
5. Participate in the NSW Men's Health Plan 'engagement';
6. Participate in the bi-annual men's NSW Health forums;

7. Provide Area representation at the twice-yearly meeting of the NSW Health Men's Health Coordinator Network; and
8. Provide an annual report to the Department of Health detailing progress made in implementing the Area's men's health initiatives under the NSW Men's Health Plan 2009-2012, according to the reporting template to be provided by the Department.

(The full implementation plan is listed in the NSW Men's Health Plan 2009-2012 document attached, section 5, page 14.)

REVISION HISTORY

Version	Approved by	Amendment notes
November 2009 (PD2009_077)	Deputy Director-General Strategic Development	New Plan issued under previous NSW Men's Health Policy – Moving Forward in Men's Health (1999) (not released through the Policy Distribution System)

ATTACHMENTS

1. NSW Men's Health Plan 2009-2012.

NSW Men's Health Plan 2009-2012



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Contents

1	Introduction	2
2	Sex, gender and health.....	3
3	NSW Men’s Health Policy Context	5
4	Priorities for Action.....	8
5	Implementation	13
6	Glossary	14
7	References.....	15

Section 1

Introduction

Most people will recognise that men and women are different in many areas of their lives.

The *NSW Men's Health Plan 2009–2012* recognises that gender, as with biology, is a partial but important explanation of different health outcomes. Not only do men (and women) experience life differently, but they think, perceive, react, respond, and communicate differently about their life, and their health. Being male brings with it a distinct mix of biology, learned behaviours, cultural expectations and values that affect the way men and boys value themselves, how they relate to others, and how they respond to especially stressful points of transition throughout the life course. These factors, along with other facets of an individual's social identity, such as age, work and socio-economic status have a powerful influence on men's capacity to achieve and maintain good health. Men as a group experience poorer health and have shorter average life expectancies than do women. Men have higher rates of mortality and morbidity in mental health, cardiovascular disease, diabetes, injuries and cancer. Men access health services at a lower rate than women, and have fewer hospital separations, but longer stays and more intensive and costly interventions.

The *NSW Men's Health Plan* recognises that in order to improve the health of the community generally, it is important to improve the health of men (and boys). To do this it is necessary to appreciate the unique ways this diverse group approaches their health, and the problems they face in accessing the health services they need in a timely way. NSW Health acknowledges that gender is as much about men as it is about women, and it is as applicable to mainstream services as much as it is to targeted programs. Health services need to find more positive and effective ways to reach and engage with men, especially those with the poorest health, so that all men and boys have the best opportunity to reach and maintain optimal health.

Health services need to consider the particular needs of specific groups of men and boys in planning the delivery of health services, strategies and initiatives, and use targeted interventions for those groups of males most at risk of poor health, including: Aboriginal males; older men, particularly those with cancer or cardio-vascular disease; men who are economically and socially disadvantaged; young men; refugees; and males from culturally and linguistically diverse (CALD) backgrounds.

The NSW Men's Health Plan draws direction from the *National Health Priorities* and builds on the achievements made under the previous *NSW Men's Health Policy — Moving Forward in Men's Health*.

The *Men's Health Plan* identifies priorities that aim to:

1. Build the health system's capacity to make health services and information 'male friendly' so that all men have equitable access to the best possible health care available;
2. Reduce the incidence of cancer among men by improving cancer care and information and by encouraging men to have regular check ups, self screen and lead healthier lives;
3. Support more effective approaches to health promotion information and campaigns for obesity, smoking, excessive drinking and unsafe sexual behaviour;
4. Promote actions to support and increase the resilience of men during especially stressful points of transition across the life course; and
5. Increase the participation of men in programs and activities designed to prepare them for being a father and to encourage them to take an active and positive role in parenting.

Sex, gender and health

Definition of Men's Health

The definition of 'men's health' used in this document is: **any issue, condition or determinant that affects the quality of life of men for which different responses are required in order for men and boys to experience optimal social, emotional and physical health.**¹ 'Health' is defined as the 'state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity'.²

Sex and Gender

Sex refers to biology or the anatomical and physiological differences between females and males.³ Biological sex means that males and females each have a set of health issues across the lifespan that are not experienced by the other sex, or are more common to one sex, or affect one sex differently to the other. This creates the need for services that target men (or women) or may be primarily used by men (or women).

While sex is a biological fact that is the same in any culture, gender is expressed through the interplay of biological sex with particular social and cultural expectations about manlike and womanlike behaviours.³ **Gender** is a product of the norms and social customs that determine male and female roles and shape the learned behaviours, relationships, attitudes and expectations that society ascribes to men and women.³ The social arrangements in which people live are one of the strongest influences on a person's social identity and the choices they make. In combination, this influences a range of socially determined factors like occupation, income levels, educational attainment, and other significant determinants of health.

The *NSW Men's Health Plan* recognises that living in a particular social context in metropolitan or rural NSW influences men's capacity to access the health care and information that they need as well as the choices they make, knowingly or unintentionally, about their health. Cultural expectations on men both enable and limit opportunities to maximise health, as does the relative availability and accessibility of preventive and treatment services. Men access and use prevention and health promotion services in different ways to women. Men, as a group, experience poorer health than women across a range of significant

health indicators. They have the highest rates of exposure to risk factors such as smoking, substance abuse, physical inactivity and poor nutrition.

What are the health issues for NSW men?

There are pragmatic reasons why improving health outcomes for men and boys should be an important objective for the NSW health system. Although women are still expected to live longer than men, this difference is decreasing. The median age of men in NSW will increase from 37 to 41 years over the next 15 years. From the Report of the Chief Health Officer (2008) it can be seen that the population of men is increasing as the difference between the numbers of men and women continues to decrease; from 98.2 males per 100 females in 2006 to 98.7 males for every 100 females by 2026. In 2005, females made up 55% of the NSW population aged 65 years or more, and 64% of the population aged 80 years or more, however by 2026 these proportions will be 53% and 58% respectively.⁴

These demographic trends together with an observed tendency for older men to use health care more, particularly to address cardio-pulmonary health matters, will pose a significant challenge to the NSW health system. Particular focus is required now to address the factors which will best assist to improve long-term outcomes related to men's heart and lung health.

Cancer

Cancer remains the leading cause of disease burden in Australia.⁵ Cancer in males is detected at a later point in the progression of the disease, and so is not as amenable to treatment.⁶ Prostate cancer was the leading cause of new cases of cancer and the fourth cause of cancer death in NSW in 2004.⁷ The incidence of Melanoma, which is highly preventable, is of particular concern for men in rural areas.

Cardiovascular disease

In 2004, the men's age adjusted death rate from cardiovascular diseases was 42% higher than for women, the rate of coronary heart disease was 75% higher, and the rate of strokes was 10% higher.⁸

Depression

Six million working days are lost annually due to **depression**.⁹ Nearly 80% of the 1,881 suicide deaths in Australia in 2007 were males.¹⁰ In spite of this, women were significantly more likely than males to see a psychiatrist (54.8% female, 45.2% male) or a GP (60.5% female, 39.5% male)¹¹ for mental health-related matters in 2004–2005.

Sexually transmitted diseases

The rates of **sexually transmissible diseases** are increasing for men. Chlamydia increased from 35.2 reported diagnoses per 100,000 males in 1997 to 185.1 in 2006.¹² Males constituted 89% of the 1,562 cases of gonorrhoea notified in NSW in 2005¹³. The rate for syphilis was 6.7 per 100,000 in men compared with 0.5 per 100,000 in women. A survey of males and females aged 16–59 years in 2001–2002 identified that only 45% of males always used a condom with casual heterosexual partners.¹⁴

Men at increased risk

The starting point for the **NSW Men's Health Plan** is a range of preventable health problems that disproportionately affect particular groups of men. For each of the issues highlighted, the Plan pays particular attention to those groups of men that are affected more than others, such as Aboriginal men, older men, young men, men in rural areas, refugee men, men from CALD backgrounds and homosexual men.

Aboriginal men will live an average of 18.9 years less than non-Aboriginal men. Refugee men experience significant physical and mental health issues due to poor diet, identity loss, trauma related to torture and depression.

The Report of the Chief Health Officer (2008) shows that compared to men living in cities, those **men living in remote parts of the State** are more likely to: die prematurely, and from causes classified as 'potentially avoidable'; be hospitalised for conditions that can be avoided through prevention and early management; and be more likely to commit suicide. Men in rural areas also have greater difficulty in getting health care when they need it.

Nine of the top ten **determinants of health risk** are behavioural, and therefore **preventable**. These are risks that are associated with smoking, high body mass, high blood pressure, high blood cholesterol, physical inactivity, alcohol, occupational exposures, illicit drugs, and diets low in fruits and vegetables. While these risks are common to both men and women, in all but one category of behaviour (physical inactivity) men experience the greatest burden of associated disease. For example, more men (57.5%) than women (42.3%) are overweight or obese; more men (19 per 100,000) than women (13 per 100,000) die from diabetes; and the risk of alcohol related morbidity is 10 times higher in men (6.5%) than in women (0.6%).¹⁵

NSW Men's Health Policy Context

Men's Health Policy

The *NSW Men's Health Plan* promotes international, national and NSW directions and priorities for men's health which reflect the growing acknowledgement that gender is a significant determinant of health. The World Health Organisation (WHO) in its landmark paper '**Levelling Up**' calls for governments to address gender inequalities in health.¹⁶ To date, several countries have developed men's health policies. Two countries, Canada and the United Kingdom, have in recent years enshrined gender equity in legislation.

In 2008, the Australian Government announced the proposal to develop Australia's first ever **National NSW Men's Health Policy**. The Policy will '*have a particular focus on reducing barriers that men experience in accessing health services, tackling widespread reticence amongst men to seek treatment, improving male friendly health services and raising awareness of the range of preventable health problems that disproportionately affect men and which result in generally poorer health outcomes for Australian men.*' The first step in this process is the development of a discussion paper. The Australian Government is committed to engaging states and territories, health service providers and consumers in the policy's development.

The NSW State Plan sets out a number of health priorities that are relevant to the goal of improving men's health, especially mental health, reducing obesity, smoking, illicit drug use, risky drinking and avoidable hospitalisations. The NSW State Health Plan also reinforces the national health reform agenda and the **National Health Priority Areas** that will guide the development of the NSW public health system.

The NSW Government's '**Moving Forward in Men's Health**' (1999) was the first policy in Australia to recognise that improving health outcomes for men was a legitimate and important focus for policy development. Moving Forward provided the impetus for current NSW Health initiatives, such as:

1. A NSW Men's Health Policy framework that includes a dedicated NSW Men's Health Policy position within the NSW Department of Health, appointment of men's health coordinators in each Area Health Service, and a state coordinating committee;
2. The Men's Health Information and Resource Centre;
3. Allocation of funding which has assisted in the development of over 300 separate men's health initiatives in NSW;
4. The **NSW Health Gender Equity in Health (2000)** policy statement;
5. The **NSW Health Aboriginal Men's Health Implementation Plan (2003); and**
6. The **NSW Health and Equity Statement – 'In All Fairness' (2004).**

The policy directions in **Moving Forward** also created an environment that allowed Area Health Services across NSW to embark on a range of innovative health service and health promotion initiatives. These included the highly successful '*Pit Stop*' program, the Men's Educational Rural Van, and the International Men's Health Week Drink Coasters project.

The achievements in men's health policy in NSW over the last ten years were recognised by a review conducted by the NSW Department of Health in 2007. The review also identified a number of challenges for the future. These included the need for more resources focussed on the health needs of men, an expanded role for Area Health Service men's health coordinators, improved executive level sponsorship, and the need for stronger corporate structures to support an increased and sustained focus on men's health.

The **Men's Health Plan 2009–2012** aims to build on the work started under **Moving Forward in Men's Health**. The plan comes at a time of renewed interest in the health of Australia's men as a particular and legitimate focus for public health policy. The action it promotes over the next three years contributes to this emerging policy interest and affirms NSW Health's ongoing commitment to men's health in NSW.

Men's health partnerships

NSW Health has a longstanding partnership with the University of Western Sydney (UWS) to improve men's health through the Men's Health Information and Resource Centre (MHIRC). MHIRC is funded by NSW Health, based within UWS, and has been at the forefront of promoting better health outcomes for men in NSW for a decade. MHIRC's roles include to:

1. Coordinate annual International Men's Health Week Activities;
2. Research men's health issues associated with Aboriginality, older men, family and relationship breakdowns, and risk of suicide — this research has resulted in projects such as *'Listening to the stories of Male Suicide Attempters'*, the *'Pilot Longitudinal Study into Men's and Boys' Health'*, *'Engaging Men in Health Project'* and *'Evaluation of the 'Resilience in Men' (The Shed) project*;
3. Provide support to the network of Area Health Service men's health coordinators;
4. Develop training materials for health staff working with males in the health and welfare sectors including supporting the first male health specific course at the College of Nursing; and
5. Advocacy.

MHIRC's work was supported at the national level by the establishment of agencies, such as the Australian Centre of Excellence in Male Reproductive Health, which educate consumers and health professionals about male reproductive health, and 'Mensline', a 24-hour telephone counselling referral service for men and families with relationship concerns.

In recent years, new partnerships have emerged and now there are a wide range of organisations outside NSW Health that provide health information and support for particular groups of men, including: local 'Men's Sheds'; OM:NI (Older Men: New Ideas), TAFE, local councils, Divisions of General Practice, and Aboriginal Medical Services. While these organisations play important roles in promoting the health of men and boys, MHIRC remains the key state men's health agency in NSW, and a fundamental partner in implementing the actions of the **Men's Health Plan 2009–2012**.

Figure 1: Conceptual foundation for the Men's Health Plan 2009–2012

Vision

Men in NSW have access to quality health services, information and the support they need to achieve and maintain the highest possible levels of health and wellbeing.

Principles

- Value the experience and ideas of men and provide opportunities that encourage their involvement in developing a more accessible and responsive health system.
- A social and holistic view of health recognises that the risk of disease and poor health outcomes are influenced by a range of social and economic determinants.
- The diversity of the men of NSW is valued and should be reflected in approaches to program development and service delivery.
- All populations, including men, have a right as health care consumers to access appropriate services and information which recognises and provides for their needs.
- A focus on prevention and early intervention together with the provision of high quality treatment services is critical in improving the health and wellbeing of men.
- Effective service responses and health promotion must be based on data, research and evaluation that acknowledges the lived experience of men.
- Health services that recognise and are flexible to the needs of men will take action to address workforce development, health promotion and systems of health service delivery and planning.
- Continuing to build existing and new partnerships inside and outside the NSW Health System will strengthen the planning and delivery of services that promote men's health and wellbeing.

Goals

- Improve the physical and mental health of men in NSW, particularly those with the poorest outcomes.
- Build the capacity of the health system to respond in a meaningful way to the needs of men.
- Develop and deliver health policies and services which take into account the social determinants of men's health, in particular gender and biological factors.
- Achieve a better understanding of the impact of gender on health.

Priorities for Action

- More accessible, appropriate health care for men.
- Better cancer awareness, early detection and intervention.
- More effective health messages for men, (less obesity, less smoking, less risk drinking and less unsafe sex).
- Better mental health and wellbeing.
- Better prepared, more involved fathers.

Priorities for Action

The following priorities are fundamental to the goal of advancing men's health in NSW over the next three years. The actions under each priority area will be either the collective responsibility of NSW Health (which includes the Department of Health, the Area Health Services and other Public Health Organisations) or will be implemented by the NSW Department of Health in collaboration with other government and non-government agencies, as required.

1. More accessible, appropriate health care for men

Actions that aim to build health services' capacities to adopt more effective 'male friendly' approaches to the provision of health services and information.

2. Better cancer awareness, earlier intervention

Actions that aim to reduce the incidence of cancer among men by improving cancer care and information and by encouraging men to have regular check ups, self screen and lead healthier lives.

3. More effective health messages for men (less obesity, smoking, risk drinking, unsafe sex)

Actions that promote 'male positive' approaches to health promotion and information.

4. Better mental health and wellbeing

Actions that aim to support and increase the resilience of men during especially stressful points of transition in their lives, such as relationship breakdowns, loss of loved ones, unemployment, adolescence and retirement.

5. Better prepared, more involved fathers

Actions that aim to increase the participation of men in programs and activities designed to prepare them for being a father and to encourage them to take an active and positive role in parenting.

4.1 PRIORITY FOR ACTION: More accessible, appropriate health care for men

Individuals have better health outcomes when their health care needs are identified early and they are referred to services that can support them to improve and maintain their health. Actions that support men to seek timely access to a GP and community health services will mean that chronic conditions are detected earlier in their progression so that their onset can be prevented. Seeing a GP, for example, on a regular basis will ensure that men receive health promotion messages, know about their health risks

and what they need to do to maintain good health.

This priority highlights the need for services to be 'male friendly' to ensure that all men have equitable access to the best possible health care available. This involves building a knowledge base and taking a strengths-based approach to men and boys. It means involving men in service and program planning and ensuring that factors such as their work arrangements, socio economic status, age, ethnicity, sexuality and cultural history, which influence how men relate to their health are considered.¹⁷

The actions for this priority will have particular benefits for Aboriginal men, men who work long hours in full-time employment, those who live in rural and remote areas; young men, and men who are or from CALD backgrounds.

ACTIONS

1. MHIRC will build a virtual knowledge 'warehouse' which collects and analyses the available evidence on what makes health services appropriate and accessible for men. This will include strategies to build the capacity of health services to plan and deliver health care which addresses the specific health needs of men.
2. NSW Health will participate in the development process for the new National NSW Men's Health Policy.
3. NSW Health and MHIRC will investigate options to provide a web portal (single point of entry) for people seeking information online about services for men, men's health policies, Area Health Service projects, statistics and research.
4. MHIRC will identify opportunities to extend its current website to host health promotion information and web-based learning on men's health for NSW Health staff.
5. The specific health needs of both men and women will be reflected in NSW data reports (such as the Chief Health Officer's Report) and will become standard considerations in health service delivery planning.

6. NSW Health will seek the input and feedback of men in health service planning and health care delivery.
7. NSW Department of Health marketing/ promotion programs aimed at men will be informed by the available evidence on what works to engage men. This will include the use of strengths based approaches to engage men in health marketing programs.
8. NSW Health will develop appropriate partnerships with other human service agencies, NGOs and GPs, to more effectively target services to men with the poorest health, in particular Aboriginal men, men from lower socio economic backgrounds, men who live in rural areas, young men, men from CALD backgrounds, older men and men who are carers.

The Men's Educational Rural Van (MERV)

MERV is Greater Western Area Health Service's mobile, men's health check-up and information service that travels to men's workplaces and community sites and events. MERV addresses the difficulty of men accessing health services by offering a versatile, flexible, men's health specific service. Since its inception in June 2005, over 2100 men have accessed the program at over 58 local worksite or community sites. Almost 50% of men visiting MERV are aged 41–60 years and 35% of men visiting MERV have not seen a GP in the past year for a full health check up. Feedback from evaluation forms completed by men accessing the van show that:

- 83% of men accessing MERV for a second time had followed the majority of recommendations made from their first visit.
- 98% found the program worthwhile and effective in raising men's health awareness.
- 97% would visit the van if it returned to their workplace
- Work, time, attitude, fear and pride were seen as the most common barriers for men to access health services.
- 100% of men surveyed found staff informative and helpful.

4.2 PRIORITY FOR ACTION: Better cancer awareness, early detection and intervention

This priority aims to reduce the incidence of cancer among men by improving cancer care and information and by encouraging men to have regular check-ups, self-screen and lead healthier lives.

Men experience a higher overall rate of cancer than females, and are more likely to die as a result of cancer. While this higher mortality is partly due to the type of cancers most prevalent in either sex, other sources of evidence suggest that cancers in males are detected at a later point in the progression of the disease, and so are not as amenable to treatment.¹⁸

Many cancers are preventable e.g. most colorectal cancer can be prevented by reducing dietary fat, eating two serves of fruit and five serves of vegetables, increasing fibre intake and being physically active.¹⁹ Only 52.0% of men compared to 60.9% of women consume the recommended two serves of fruit,²⁰ and only 7.2% of men compared to 13.0% of women eat the recommended five serves of vegetables.²¹

Melanoma ranks third overall in terms of cancer incidence in males and is also **highly preventable**. In 2006, there were 3,559 new cases of melanoma in NSW; 2,171 were in males. Of the 454 deaths from melanoma in 2006, 301 were male. If current trends continue, it is estimated that by 2011, there would be 2,454 new cases and 360 deaths. The rates of melanoma were significantly higher than the NSW average in North Coast and Hunter New England Area Health Services. Young men are also at a greater risk of developing melanoma and less likely to practice sun protective behaviours.²²

The prostate is the most common site of cancer in Australian men and the second leading cause of male cancer deaths, after lung cancer.²³ More men die annually from prostate cancer than do women from breast cancer,^{24,25} and while the incidence of prostate cancer is greatest in older men, it still occurs in men in their 50s.

Testicular cancer is the second most common form of cancer among men aged 18–39.²⁶ Self-screening for testicular cancer is simple²⁷ and when detected early can be easily treated.

The actions for this priority will have particular benefit for those men who are overweight or obese, smoke, drink too much, and don't see a doctor for regular check-ups.

ACTIONS

9. NSW Health will work with the NSW Cancer Institute to promote opportunities to adopt:
 - A male gender-sensitive perspective for the five priorities in the NSW Cancer Plan;
 - Strategies to engage men to reduce the incidence of cancer; and
 - Strategies that consider men's particular needs in cancer service planning, including barriers that prevent men from accessing services.
10. NSW Health will work with the NSW Cancer Institute to promote opportunities for the development of standard clinical referral pathways to ensure care is appropriate, effective and coordinated.

11. The Department of Health will work with the Cancer Institute to publish fact sheets on cancers that especially affect men — testicular cancer, prostate cancer, melanoma — to inform men in a range of languages about the action they can take to make them less susceptible to cancer.
12. NSW Health will work with the Cancer Institute to improve support services available to men with, and recovering from, cancer, particularly colorectal, testicular and prostate cancers. (Priority 3 of the Cancer Plan.)
13. NSW Health and the Cancer Institute will identify strategies and promulgate information to better support men who care for a partner with cancer.

4.3. PRIORITY FOR ACTION: More effective health messages for men (less obesity, smoking, risk drinking, unsafe sex)

This priority aims to promote use of 'male positive' approaches to encourage men to make better-informed choices about their health. Developing a deeper understanding of what influences health behaviours will enable health services to better target and engage men with health promotion and information strategies. Taking a preventative and early intervention approach to health risk behaviours in men, particularly obesity, smoking, excessive drinking and unsafe sexual behaviour is vital in order to improve their health outcomes.

In 2008, 60.0% of men compared to 45.7% of women were classified as overweight or obese. More men than women were classified as overweight or obese in all age groups.²⁸

The declining incidence of mortality due to lung cancer in males is attributed to decreasing tobacco smoking rates among men over the last 50 years. However, males continue to smoke on a daily basis at higher rates than women, 19.7% for males compared to 17.2% females.²⁹ Smoking rates are significantly higher amongst Aboriginal men³⁰ and among certain CALD groups.³¹

Strategies that specifically target and engage men to reduce health risks like smoking, eating foods high in saturated fats and high blood pressure stand the best chance of improving men's health outcomes, especially rates of male cardiovascular mortality.

The actions for this priority will have particular benefit for Aboriginal men, older men, young men, young homosexual men who experience higher rates of HIV infection than the general population and men who are less likely than the general population to see themselves as being overweight or obese and to seek medical help for these conditions.³²

ACTIONS

14. The Department of Health will work with MHIRC to identify and promulgate information on strategies and activities that are most effective in reducing male health risk behaviours associated with obesity, smoking and risk drinking.
15. Promote partnerships between the Department of Health, Area Health Services and MHIRC to:
 - Conduct health promotion campaigns (e.g. during International Men's Health Week), to increase men's awareness of health and healthy choices at high profile locations frequented by men such as workplaces, festivals and sporting events.
 - Develop resources that promote healthy messages about obesity, smoking, excessive drinking and unsafe sexual behaviour among Aboriginal men, refugees, men in rural areas, men from CALD backgrounds, younger and older men.

International Men's Health Week Drink Coasters. Extract of the 2005 SWAHS evaluation of International Men's Health Week.

'One publican spoke about a group of regulars who sit at the same table in the main bar each afternoon from 4pm. The coaster suggesting men 'hug their kids' reduced one male to tears, the others then supported him by hugging him as well as talking to him and comforting him. This led to a long conversation about children and how men dealt with separation; all the men were separated. The publican was called over and got involved in the discussion, about how other men who frequent the hotel deal with the issue of children, and said that others in the bar became involved in the discussion too. He has never seen anything like it in his bar before.' (The SWAHS Men's Health Newsletter, Number 4 August 2005)



4.4 PRIORITY FOR ACTION: Better mental health and wellbeing

This priority aims to support and increase the resilience of men during especially stressful points of transition in their lives, such as relationship breakdowns, loss of loved ones, unemployment, adolescence and retirement.

Depression is a highly preventable and treatable condition, especially when interventions are made early. Effective and appropriate early intervention can also prevent many suicide deaths. Apart from being significant indicators for suicide, depression and social isolation are also recognised as risk factors for heart disease that are as important as other behavioural factors such as smoking, obesity and high blood pressure combined.

The actions for this priority will have particular benefit for groups of men that have the highest rates of suicide, such as Aboriginal men, men aged 25–45, men aged 30–35 years living in rural areas, men who experience relationship breakdown, men in financial hardship and those who experience other traumatic life events.

ACTIONS

16. NSW Health and MHIRC will identify, collate and promulgate information on health programs that have succeeded to engage and sustain men's mental health during key points of life transition.
17. MHIRC will identify and develop and promulgate training resources to help health staff to:
 - Develop skills to assist them to improve the mental health and wellbeing of men and boys; and
 - Better engage with all men, especially Aboriginal men, refugees, men in rural areas, men from CALD backgrounds and older men.
18. NSW Health with MHIRC will identify and work in partnership with programs that aim to nurture protective factors against suicide risk across the lifespan, such as with Health Promoting Schools, Healthy Ageing Projects, 'Men's Sheds' and the Central Coast Community Infrastructure project.

4.5 PRIORITY FOR ACTION: Better prepared, more involved fathers

This priority aims to increase the participation of men in programs and activities designed to prepare them for being a father and to encourage them to take an active and positive role in parenting.

Studies in fatherhood and reproductive health have found that parenthood and contact with children can have a positive effect on men's health. Fathers who live with their children develop less negative health behaviours, such as different forms of drug abuse.³³

The health outcomes of women and their children are also improved when their male partners are actively involved in family life. The results of many studies indicate that fathers have an important function to play in many aspects of their child's and partner's health. A number of psychological benefits have been documented for children as a result of better relationships with their fathers³⁴ — fathers may talk in a more adult way with their children; some research suggests they question more and demand explanations thus preparing the child for communicating with other adults.³⁵

Men who are engaged and supported during pregnancy and birth of their child contribute to a more positive birth experience by the mother. Some studies have shown that men's presence at the birth can shorten labour and reduce epidural rates.³⁶

The actions for this priority will have particular benefits for fathers, women and children.

ACTIONS

19. The knowledge 'warehouse' developed and maintained by MHIRC will include available evidence on improving the participation of male partners in health appointments with services provided for women, children, adolescents and families. This may include data from current research, including the NSW '45 and Up' study.
20. NSW Health will identify opportunities to prepare men for fatherhood by including information for dads in health publications and programs such as breastfeeding, ante-natal and post natal parenting programs.
21. NSW Health will identify opportunities to include strategies and interventions that target fathers in programs such as the Aboriginal Maternal and Infant Health Service and Families NSW to engage fathers, e.g. male only discussion forums for expectant fathers.

22. NSW Health and MHIRC will identify and promulgate training that will improve the knowledge of health staff about the needs of fathers, how to better engage fathers in early childhood, and how to increase fathers' involvement in services provided for their children and families.
23. NSW Health and MHIRC will work in partnership with other government agencies to promote (e.g. during International Men's Health Week) flexible work practices for expectant fathers to participate in their partner's antenatal care, the birth experience and preparation for fatherhood and family life.

**Building Better Dads: A course for expectant fathers
— North Coast Area Health Service**

In 2005, research on the needs of parents giving birth in the Byron and Ballina shires identified that there was an absence of support services for men having children. Through evidence-based research, a six session **pre** and **post-natal** course was developed and offered at Bangalow Community Health Centre from May 2007 and is ongoing. The course covers areas such as communication, baby bathing and nappy changing, relationships, breastfeeding, post-natal depression, generational fathering, sex, housework, baby safety and general men's health needs. Participant evaluations display marked improvements in ability and confidence in all these vital areas of fathering.

Section 5

Implementation

The NSW Department of Health will:

1. Promote and monitor the implementation of this Plan;
2. Provide NSW Men's Health policy advice to the Minister for Health and the senior executive of the NSW Department of Health and AHSs;
3. Continue to fund MHIRC to build the capacity of the NSW Health system to improve health care for men;
4. Co-host with MHIRC a men's health engagement tour visiting AHSs to outline and plan work under the NSW Men's Health Plan;
5. Work with MHIRC to ensure consistent online health information is available to men and service providers;
6. Support a meeting of Area men's health coordinators at least twice yearly;
7. Identify research priorities for men;
8. Co-host with MHIRC a biannual men's health forum to review progress and highlight best practice in the delivery of men's health care;
9. Review and revise the NSW Men's Health Plan three years after the date of its commencement; and
10. Promote a men's health award as part of the NSW Health Awards to recognise innovative initiatives that improve the health of men.

Area Health Services will:

1. Nominate a sponsor for the *NSW Men's Health Plan* from the Area Health Service executive;
2. Nominate one Aboriginal and one non-Aboriginal Area wide men's health coordinator responsible for promoting the implementation of the NSW Men's Health Plan, and who will report directly to the Area executive sponsor for men's health;
3. Participate in the NSW Men's Health Plan engagement tour;
4. Develop an implementation plan to implement initiatives under the NSW Men's Health Plan;
5. Establish and maintain an Area men's health network to assist implementation of Area Men's Health initiatives and provide input into the service planning process;
6. Participate in the bi-annual men's NSW Health forums;
7. Provide Area representation at the twice-yearly meeting of the NSW Health Men's Health Coordinator Network; and
8. Provide an annual report to the Department of Health detailing progress made in implementing the Area's men's health initiatives under the NSW Men's Health Plan 2009–2012, according to the reporting template to be provided by the Department.

Developing coordinating structures (HNEAHS)

Hunter New England Area Health Service has created a Men's Health Forum to advise the Area on priority areas for men's health. The Men's Health Forum has been mandated at Executive level and has Executive level sponsorship and participation.

Members of the Men's Health Forum (known as Men's Health Contacts) are drawn from eight Area Clusters, Hospital Group and other Area programs and clinical networks. There is a formal agreement that the 40 Men's Health Contacts devote four hours per week to Men's Health. An Area Men's Health Representative has also been appointed (0.2 FTE).

The Forum meets twice per year face-to-face, and is supported by e-mail groups and a Men's Health blog. Current priorities include:

- Supporting the establishment and maintenance of Aboriginal Men's Health and Well-Being Groups (at least one per Cluster);
- Assisting the implementation of the Pit Stop Program (three annually in each Cluster including at least one especially for Aboriginal men); and
- Advocating for men's health in the development and reorientation of Area Health Service Plans (e.g. Stroke Plan, Diabetes Plan and HIV and Related Programs).

Glossary

Sex: refers to biology or the anatomical and physiological differences between females and males.³

Gender: Refers to the difference between females and males but with the emphasis on social rather than biological factors. Implicit is the recognition that what constitutes 'women' and 'men' may be as much a product of socialisation as of biology. Beyond the biological level, most of the differences of consequence between women and men are referred to as gender differences.³

Men: For the purpose of this paper, a reference to 'men' includes boys.

Gender roles: Refers to the social roles that men and women occupy with different frequency. Cross-culturally, there are substantial variations in the roles considered appropriate for each gender. Gender roles must therefore be defined in terms of place and time.³

Gender stereotypes: refers to the psychological traits and behaviours that are believed to occur with differential frequency in the two gender groups e.g. men are more 'aggressive' and women are more 'emotional'.³

Masculinity/femininity: refers to the degree to which men and women have incorporated traits considered to be 'womanlike' or 'manlike' by their culture into their self-perception.³

Social determinants of health: These are the social factors, such as education, employment, place of residence, that combine to influence people's everyday lives, and help to explain why the most disadvantaged people in our community:

- Have the highest rates of exposure to risk factors such as smoking, substance abuse, physical inactivity and poor nutrition.
- Make the least use of prevention and health promotion services.
- Are more likely to die earlier and experience higher rates of illness and disability than people from the least disadvantaged groups.

Young men: For the purpose of this paper, a reference to 'young men' includes men and boys between the ages of 12–25.

References

1. NSW Department of Health. (1999) *Moving Forward in Men's Health*. Sydney.
2. World Health Organisation. (1948) *Preamble to the Constitution of the World Health Organisation*, New York.
3. Berry, W.B., Segall, M.H., Kagitcibasi, C. (1980) *Handbook of Cross-Cultural Psychology*, Volume 3: Social Behaviour and Applications. Allyn & Bacon, Boston, p163.
4. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney. Available at: <http://www.health.nsw.gov.au>.
5. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney. Available at: <http://www.health.nsw.gov.au>.
6. National Health & Medical Research Council. (2007) Cancer dataset. Available at: <http://www.nhmrc.gov.au/>
7. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney. Available at: <http://www.health.nsw.gov.au>.
8. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney. Available at: <http://www.health.nsw.gov.au>.
9. Andrews G, Hall W, Teesson M, and Henderson S. (1999) *The Mental Health of Australians*. Mental Health Branch, Commonwealth Department of Health and Aged Care.
10. Australian Bureau of Statistics. (2009) *Information Paper: Causes of Death 2007*. Ref No:3303.0, p47.
11. Australian Institute of Health and Welfare, National Hospital Morbidity Database. Available at www.aihw.gov.au.
12. National Centre in HIV Epidemiology and Clinical Research. (2007) *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2007*, p16.
13. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney. Available at: <http://www.health.nsw.gov.au>.
14. Australian Institute of Health and Welfare. (2008) *Australia's Health 2008*, Cat.no.AUS 99, p 150.
15. Begg S, Vos T, Barker B. et al. (2003) *The burden of disease and injury in Australia*. Canberra: Australian Institute of Health and Welfare, in press. Available at www.aihw.gov.au/publications.
16. Whitehead, M, Dahlgren, G. (2006) *Levelling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health*. World Health Organization.
17. King, A. Sweeney, S & Fletcher, R. (2005) *A checklist for organisations working with fathers using the non-deficit approach*. Children Australia. Volume 30 No. 3.
18. Australian Institute of Health and Welfare & Australasian Association of Cancer Registries. (2006) *Cancer in Australia: an overview*. Cancer series no. 37. Cat. no. CAN 32, Canberra. Available at <http://www.aihw.gov.au/>
19. Tracey E, Alam N, Chen W, Bishop J. (2008). *Cancer in New South Wales: Incidence and Mortality 2006*. Cancer Institute NSW. Sydney, p81.
20. NSW Department of Health. (2009) Centre for Epidemiology and Research, *2008 Report on Adult Health from the NSW Population Health Survey*. Sydney, p66. Available at: <http://www.health.nsw.gov.au>.
21. NSW Department of Health. (2009) Centre for Epidemiology and Research, *2008 Report on Adult Health from the NSW Population Health Survey*. Sydney. p66. Available at: <http://www.health.nsw.gov.au>.
22. Tracey E, Alam N, Chen W, Bishop J. (2008) *Cancer in New South Wales: Incidence and Mortality 2006*. Cancer Institute NSW. Sydney, p152.
23. Tracey E, Alam N, Chen W, Bishop J. (2008) *Cancer in New South Wales: Incidence and Mortality 2006*. Cancer Institute NSW. Sydney, p194.

24. Australian Institute of Health and Welfare. (2006) *Australia's Health 2006*, Canberra. Available at <http://www.aihw.gov.au/publications>.
25. NSW Department of Health. (2008) Population Health Division, *The health of the people of New South Wales - Report of the Chief Health Officer 2008. Summary Report*. Sydney. Available at: <http://www.health.nsw.gov.au>.
26. National Cancer Statistics Clearinghouse, <http://www.aihw.gov.au/cancer/ncsch/index.cfm>
27. NSW Department of Health. (2009) Centre for Epidemiology and Research, *2008 Report on Adult Health from the NSW Population Health Survey*. Sydney, p207. Available at: <http://www.health.nsw.gov.au>.
28. NSW Department of Health. (2009) Centre for Epidemiology and Research, *2008 Report on Adult Health from the NSW Population Health Survey*. Sydney, p125. Available at: <http://www.health.nsw.gov.au>.
29. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney, p60. Available at: <http://www.health.nsw.gov.au>.
30. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney, p64. Available at: <http://www.health.nsw.gov.au>.
31. NSW Department of Health. (2008) Population Health Division. *The health of the people of New South Wales - Report of the Chief Health Officer*. Sydney, p64. Available at: <http://www.health.nsw.gov.au>.
32. Ringback Weitoft, G. (2003) *Lone parenting, socioeconomic conditions and severe ill health. Longitudinal register-based studies*. Thesis Department of Epidemiology and public health sciences, Umea: Umea universitet.
33. Sarkadi A; Kristiansson R & S Bremberg. (2004) *Faders betydelse for barns och ungdomars halsa: En systematisk oversikt av longitudinella studier, rapport 17* Statens Folkalsinstitut.
34. Tomasello, M, Cont-Ramsden, G. & Ewert, B. (1990) *Young Children's conversation with their mothers and fathers: differences in breakdown and repair*. *Journal of Child Language*, 17(1), p115-130.
35. Berry, L. (1988) *Realistic expectations of the labour coach*. *Journal of Obstetrics Gynaecologic and neonatal Nursing*. 17(5), p354-355.

