



GLOBAL ACTION ON  
MEN'S HEALTH

# DELIVERING MEN'S HEALTH



A GUIDE FOR POLICYMAKERS AND  
SERVICE PROVIDERS

Interim report from Global Action on Men's Health

## GLOBAL ACTION ON MEN'S HEALTH

Global Action on Men's Health (GAMH) was established in 2013, launched during International Men's Health Week in June 2014 and registered as a UK-based charity in May 2019. GAMH brings together organisations and others with an interest in men's health in a new global advocacy network.

GAMH's mission is to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backgrounds.

Far too many men and boys suffer from health and wellbeing problems that can be prevented. Globally, male life expectancy at birth is just 70 years but poor male health is not recognised or tackled by global health organisations or most national governments.

GAMH wants to see:

- Global health organisations and national governments address the health and wellbeing needs of men and boys in all relevant policies
- Men and boys encouraged and supported to take better care of their own health as well as the health of their partners and children
- Health practitioners take greater account of the specific needs of men and boys in service delivery, health promotion and clinical practice
- Other agencies and organisations, such as schools and workplaces, helped to be more aware of their significant impact on the health of men and boys
- Sustained multi-disciplinary research into the health of men and boys
- An approach to health that fully recognises the needs of both sexes in policy, practice and funding and which promotes greater gender equality.

GAMH uniquely represents a wide range of organisations and individuals with experience of policy development, advocacy, research and service delivery. GAMH's focus is primarily on public health and the social determinants of health, it is concerned about a broad and cross-cutting range of men's health issues and has a strengths-based view of men and boys.

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## Let us know what you think about this report

This is an interim report. The final version, which will be much more comprehensive (for example, highlighting 10 rather than six ways to improve men's health), is scheduled for publication in September 2021.

So please tell us what you think about this report so we can make sure that the guide is as useful as it can be to policymakers and service providers.

Send your comments by 20 August 2021 to [office@gamh.org](mailto:office@gamh.org).

# INTRODUCTION

It is increasingly recognized that something needs to be done about men's health. The COVID-19 pandemic has been a truly horrific experience for the world but it has helped to focus greater attention on the health of men, especially their often very poor underlying health. Men's high rates of hypertension, diabetes, lung disease and other long-term health problems have left them vulnerable to serious COVID-19 disease and death. It has become clearer than ever that action is needed to protect men against COVID-19 and any similar future pandemic diseases but also to improve their health generally. Too many men have died too young for too long. Better men's health would not only be good for men themselves but also for their partners, families, health services, workplaces and the wider economy.

But policymakers and service providers who want to tackle men's health have lacked easily-accessible and user-friendly evidence, information and guidance about how to do so. There is now a significant body of robust academic and other evidence about how to deliver appropriate policies and services that lead to measurable and sustained improvements in the health of men but this has not been translated into a format that can form the basis of decision-making about policies and services. *Delivering Men's Health* is a resource that aims to fill this gap.

This resource is not aimed at researchers, advocates and organisations already working in the men's health field. Instead, it is a practical guide, aimed at policymakers and service providers who want to take action but are not necessarily knowledgeable about gender and health generally or men's health specifically. It gathers and presents information from a multinational and mostly recent range of sources. It covers interventions in policy development, health information provision, sports- and community-based initiatives, self-management programmes for men, and workplace, digital and primary care services. The resource includes case-studies that highlight examples of good practice and programmes that address many of the key issues that impact on men's health. It provides a clear signpost to the steps that need to be taken to make a difference.

This is an interim report that summarises the evidence reviewed so far. It is being published to mark International Men's Health Week in June 2021. Global Action on Men's Health's members and other experts will be consulted on its content and their views will be reflected in the final, much fuller report, scheduled for publication in September 2021. The final report will be published alongside a searchable database containing the papers, reports and other evidence on which it is based. GAMH will also incorporate the report's findings into a new online training programme for policymakers and service providers. This programme will also be hosted on the GAMH site and delivered with both study-alone and live interactive options.

# REPORT SUMMARY

- Men's health globally, nationally and locally is far poorer than it should or could be.
- There are significant variations in male health outcomes between and within countries. Income and race are two key factors that impact on male health.
- The COVID-19 pandemic has hit men very hard – over two million men worldwide died by June 2021.
- Systematic action to improve men's health, had it been taken before the pandemic, would have significantly reduced its impact.
- While there have been some calls to action on men's health by the World Health Organisation (WHO) and others, the delivery of men's health policies and programmes has been very limited.
- A male-targeted response is essential – it is morally right, would save money and be good for women's health, and there is now good evidence about what works.
- Policymakers and service providers at all levels must now take action on six fronts:
  - Be positive about men rather than treat them as simply 'a problem'
  - Introduce health policies that address men specifically and also include men in all relevant health policies
  - Meet men 'where they are' – in workplaces, sports clubs, in communities, barbershops and online
  - Recognise the differences between men and target action accordingly
  - Use 'male-friendly' language when communicating with men
  - Regularly publish data on men's health to provide a guide to where action is needed and to judge its effectiveness.



### Our partnership with the Men's Health information and Resource Centre

Global Action on Men's Health is working with the **Men's Health Information and Resource Centre** (MHIRC) at the University of Western Sydney to promote and disseminate this resource.

MHIRC runs **MENGINE**, The Male Health Clearinghouse, which provides information on approaches that have demonstrated success in working in male health.

# THE MEN'S HEALTH CHALLENGE

Men's health globally, nationally and locally is far poorer than it should or could be. Men have the potential to live long and healthy lives but far too many die far too young.

- A boy born in Hong Kong or Switzerland in 2018 can expect to live for over 80 years while a boy born in the same year in Lesotho or Central African Republic can expect to die 30 years sooner.

Similar variations can also be seen within countries, even wealthy ones.

- In the [United Kingdom](#), there is an 11-year gap in male life expectancy between an affluent part of London (where men live for 85 years on average) and a deprived part of Glasgow (where they live for 74 years). At the [neighbourhood level](#), the life expectancy gap in England between the best and worst areas stretches to 22 years.
- There are similar variations linked to race. In the USA, [life expectancy](#) for black males is eight years lower than for white males.

There are inequalities for specific conditions too.

- Suicide provides a good example of a health issue where the [outcomes for men](#) are particularly bad. There were an estimated 817,000 deaths globally from suicide in 2016 and most were in men. The age-standardised mortality rate for suicide was 16 per 100,000 for men compared to 7 for women.
- Men are particularly vulnerable to [cancer](#). The global age-standardised incidence for all cancers combined is 222.0 for men and 186.0 for women. The mortality rates are 120.8 for men and 84.2 for women.
- Prostate cancer is now the second most frequently-diagnosed cancer worldwide and the most frequently-diagnosed cancer in over half of the countries in the world. Mortality rates are falling in most high-income countries but have risen in many other countries reflecting different levels of access to diagnosis and effective treatments.

None of these huge disparities is either necessary or justifiable.

The COVID-19 pandemic has hit men very hard. Men are much more likely than women to become seriously ill and require intensive care.

- Over two million men have died worldwide following an infection,

accounting for almost 60% of all deaths.

- Men generally die from COVID-19 at younger ages than women, so much so that, in the USA, the estimated [national years of potential life lost \(YPLL\)](#) rate attributable to the pandemic is almost 90% higher for males than females.
- [Lower-income](#) and [racial and ethnic minority men](#) have also fared much worse than other men. This is also highly likely to be the case for [gay, bisexual and transgender men](#).

COVID-19's toll on men has several causes.

- Men have a naturally weaker immune response to the virus.
- Men are more likely to have an underlying condition – such as hypertension, diabetes or lung disease – that puts them more at risk.
- Prevention guidelines on handwashing, mask-wearing and social distancing have not been effective at reaching men and they have lower vaccination rates.
- Many men have jobs, such as taxi or bus driving, that are more likely to expose them to the virus.

Had systematic action to improve men's health been taken before the pandemic struck, COVID-19's impact on men would have been far smaller.

- Fewer men would have had an underlying condition that puts them at greater risk.
- Pandemic-response policies would have been informed from the outset by an understanding of sex and gender that recognized men's specific needs.
- Health promotion campaigns could have drawn on past experience of targeting men successfully.

There have been some calls for action on men's health at the international level.

- Prior to the pandemic, the World Health Organisation (WHO) recommended that greater attention be paid to men's health in work to deliver the [Sustainable Development Goals](#) and [Universal Health Coverage](#).
- The WHO-Europe regional office issued a [men's health strategy](#) in 2018 and, in 2019, the WHO's regional office for the Americas (PAHO) published a report on [masculinities and health](#).
- The UNAIDS' report, [Blind Spot](#) (published in 2017), made a series of recommendations for the improved delivery of HIV/AIDS services to men.

But the actions taken to date in terms of the delivery of 'real-world' men's health projects and programmes by health systems across the world have not matched the scale of the problem. The opportunities for health improvement offered by the knowledge and insights now available from a growing body of research and practical experience have not yet been seized.

The harsh light shone by COVID-19 on the state of men's health has prompted [calls for a new approach](#). It is now time for health services to 'build back better' and to intervene in ways that make real and measurable improvements.

This report will help policymakers, service providers and practitioners to do just that. It sets out some general principles that, if followed, will make a huge difference to men's health outcomes.

## Why act on men's health?

### A male-targeted response is essential

- Men, women and those of other genders experience health differently. To reach men effectively, health programmes and services must take full account of sex and gender differences.
- Men have many sex-specific issues such as prostate and testicular cancers, erection problems and testosterone deficiency, that require sex-specific responses.
- Men have a set of health beliefs and practices that are linked to male gender norms – these are scripts that men and boys learn as they grow up are expected to follow. Some of these can affect health negatively. A good example is the pressure on men to be 'strong and silent'. This makes it harder for men to ask for help, especially for mental health problems.
- Gender differences in employment – with men more likely to work full-time, for example – can create practical barriers to using services.

### It is morally right

- The [WHO Constitution](#) sees 'the highest attainable standard of health as a fundamental right of every human being' and implies a clear set of legal obligations on states to ensure the enjoyment of health for all people.

### It saves money

- Middle-aged Canadian males are more likely than females to smoke tobacco (26% v. 20%), consume hazardous or harmful levels of alcohol (15% v. 8%), and have excess weight (66% v. 47%), resulting in an [annual economic burden](#) that is 27% higher in males than females.
- If the prevalence of these risk factors was reduced modestly in males - a 1% reduction in the difference between men and women each year between 2013 and 2036 – there would be a cumulative cost saving of CAD 51 billion.



## Men's health is good for women's health

- This is most obvious in the area of sexual and reproductive health where safer sex practices by men would clearly prevent the transmission of a wide range of infections and their consequences. Greater male involvement in contraception would also help to reduce the number of unplanned pregnancies.

## We know what to do

- It is no longer possible to argue that not enough is known about how to improve men's health. Over the past decade in particular, a growing volume of peer-reviewed and published scholarship has emerged from academic institutions such as the [National Centre for Men's Health in Ireland](#), the [Centre for Research on Men's Health at Vanderbilt University](#) in the USA, and the [Men's Health Research Program](#) at The University of British Columbia in Canada.
- Research has been complemented by the practical expertise of men's health organisations and others in public health who share a concern about men and have developed and delivered targeted services.

# 6 WAYS TO IMPROVE MEN'S HEALTH

## 1. Be positive about men

Men are often perceived to be 'a problem'. Much of the research into and analysis of the causes of men's poor health essentially portrays them as the authors of their own destruction. Men are judged to be 'feckless' and 'reckless' and doing things – such as smoking, drinking too much and driving dangerously – that damage their own health and often the health of others as well. They fail to use the available health services or respond to health promotion messaging and campaigns. Essentially, they stick their heads in the sand and hope for the best.

But it is very important to remember that men do not always routinely act in ways that damage their health.

### 'Men, we are with you'

A positive and humane approach to men is exemplified by Prostate Cancer UK's '**Men, we are with you**' campaign.

Explaining the thinking behind the campaign, the charity says: 'We're celebrating men and the brilliant, silly, caring, selfless things they do that make them great. The things we miss when they're lost too soon.'

The centrepiece is a made-for-television video in which the actor Zoe Wanamaker, whose father Sam died from prostate cancer, reads lines from Hamlet.

'What a piece of work is a man  
How noble in reason  
How infinite in faculty  
In form, and moving, how express and admirable  
In action how like an angel  
In apprehension how like a god  
The beauty of the world  
The paragon of animals  
And yet to me, what is this quintessence of dust?'

The film includes short clips of real prostate cancer patients and their families and ends with the statement: 'One man dies every 45 minutes from prostate cancer.'

- A majority of men, around two-thirds, globally do not [smoke](#). Nor do most men drink alcohol at hazardous levels or use illegal drugs.
- Over three-quarters of men take enough [physical activity](#) to benefit their health.
- Millions of men around the world access primary and secondary healthcare services on a daily basis.

Many men do not conform to the norms of belief or behaviour expected of men. They do not neglect every aspect of their health, taking many unnecessary risks and refusing to use services. Moreover, not all male gender norms are [health-damaging](#) or 'toxic'.

- Men's role as providers and protectors for their families can encourage the adoption of better self-care.
- Many men's interest in physical strength and fitness can be beneficial to their health.
- Concepts such as 'bravery' and 'courage' can help men to face up to health issues and seek help when necessary.
- Some seemingly unhealthy practices can actually have positive aspects. For example, men drinking alcohol with other men provides friendship and social support that can be important for mental wellbeing.

Of course, a significant number of men do conform more closely to 'traditional' male gender norms. These men are likely to experience worse health outcomes as a result. But while any individual has some control over the decisions they make about their health, it is important to remember that it is very difficult for anyone to overcome by sheer act of personal will the impact of the social determinants of health, which include gender norms.

Men's health can also be affected by practical problems related to their gender.

- Men's work – for example, in construction, transport, agriculture and mining – often exposes them to a wide range of physical hazards.
- Men are more likely than women to work full-time and to travel further to their workplace. This can make it harder to access services with limited opening times.

Approaching men in a way that blames them for their poor health is unlikely to lead to successful engagement. This is more likely to alienate men and make it harder for them to improve their health practices and access services.

- The way men's health is discussed must be reframed. The notion that men are in some way 'deficient' should be ditched and the phrase 'toxic masculinity' never used.
- The practical problems facing men must be fully recognized and addressed.
- The impact of male gender norms must be taken into account, for example in the design and delivery of health promotion campaigns.

- Many men's [positive health practices](#) and strengths should be highlighted and the power of social norms used to encourage others to take better care of their health.

**KEY MESSAGE:**

**A MALE-POSITIVE APPROACH IS MORE LIKELY TO ENGAGE MEN AND ACHIEVE CHANGES IN HEALTH PRACTICES AND USE OF SERVICES.**

## Barriers to men's use of primary care services

Many men find conventional primary care services [difficult to use](#).

- Appointments may not be available at times men can easily attend because of long working hours.
- Men who lose income for time taken off for medical appointments may not prioritise their healthcare because of their role as a financial provider for their families.
- Some men are deterred by appointment booking systems and delays in seeing a clinician after an appointment has been made.
- Many men feel embarrassed or awkward about asking for help because admitting to a personal problem is goes against 'traditional' male gender norms.
- Men can find health settings 'too feminine': most [health promotion literature](#) available in clinic waiting rooms is aimed at a female rather than a male audience and community pharmacies often have prominent displays of women's beauty products.
- Some specific groups of men face additional barriers to accessing primary care, such as homeless or migrant men, men who have been recently released from prison, and gay men who have experienced homophobia from healthcare practitioners.

The consequences can be serious. Too many male health problems remain undetected or untreated for too long, potentially leading to hospitalisation and death.

- Men are more likely than women to be hospitalized due to [severe dental disease](#) because of barriers to help-seeking at a stage when their condition would be easier to treat.
- Men from several countries in [central and eastern Europe](#) have the highest blood pressures in the world. Among those with raised blood pressure, only 22–66% (depending on the country) have had their problem diagnosed by a healthcare worker and only 8–35% of men with raised levels are actually receiving treatment.
- Globally, and mainly because of a lack of engagement with primary care services, 25% of men with HIV are unaware of their status, 45% of [men with HIV](#) are not receiving anti-retroviral treatment, and 53% do not have a suppressed viral load.
- There is a similar picture for men with [tuberculosis](#) and for common [mental health conditions](#), such as depression and anxiety.

## 2. Introduce health policies that address men

Health policies that address men's health are very much the exception rather than the norm.

- Just four countries – Australia, Brazil, Iran and Ireland – have developed national men's health policies, as has one city (Quebec, Canada).
- WHO Europe published a men's health strategy for the 50+ countries in its region in 2018 but this has not yet prompted any action by its member states.
- Most health policies on specific issues – such as cancer, diabetes, mental health or COVID-19 – fail to include the specific needs of men and how they should be addressed.

The lack of a policy focus on men has meant that, in the vast majority of countries, there has been limited action on men's health and services have continued to be delivered without specific consideration of men's needs.

The reasons for the omission of men from policy are set out in GAMH's report, [\*From the Margins to The Mainstream: Advocating the inclusion of men's health in policy\*](#), published in 2020.

- Gender in general, and men's health in particular, is missing from the agendas of most global and national health organisations.
- Gender and men's health is not covered in medical and other professional training programmes.
- There is a lack of sex-disaggregated data which can inform decision-making.
- Men are often perceived to be responsible for their own health problems because of their 'reckless' behaviours.
- There is a reluctance to allocate limited resources to a group which is already too powerful and privileged.
- Most men's health organisations around the world lack the capacity to make an effective case for change.

National men's health policies are not a panacea. But where policies have taken account of men, they have led to changes in service provision and real and measurable improvements in men's health.

- A comprehensive, [independent review](#) of Ireland's first national men's health policy, which ran from 2008-2013, found that it was particularly effective in accelerating men's health research, developing new health promotion initiatives and community-based programmes, and in expanding training for health professionals. The review led directly to government adopting a second national men's health policy covering the period 2017-2021.
- [Brazil's men's health policy](#) has been adversely affected by a lack of funding, staff turnover in federal, state and municipal men's health teams, the lack of involvement of male service users, and a political climate increasingly hostile to gender-based policies and services.

Despite these problems, however, the policy has successfully improved fathers' active involvement in sexual and reproductive health initiatives and in pregnancy, birth and the overall care of children. The work with fathers has helped to improve men's use of primary care services and the adoption of healthier lifestyles. Many family health services have extended their opening hours to attract more working men. Training on men's health has also been made available to health professionals.

National men's health policies can identify the issue as a priority and create a vision and identity for men's health work. They can act as a blueprint and resource for service providers and practitioners. Policies can provide leverage for expanding men's health work and for its incorporation into other, specific areas of health policy, such as cancer, mental health or obesity.

There are some key ingredients of success for national policies.

- They must be developed through a comprehensive consultation process with a wide range of stakeholders, including men themselves. This will also help to ensure their continued engagement during the implementation phase.
- They should take full account of research and other evidence concerning men.
- Policies require sustained high-level support, including at a political level, effective governance, adequate 'ring-fenced' funding, and dedicated staff who can support implementation.

## Ireland's men's health policy

Ireland is one of only four countries to have developed national men's health policies. It also has had two: the first ran from 2008-13 and the second, *Healthy Ireland – Men*, was for the period 2017-21.

- The second policy was far more focused than the first, which had almost 120 actions which were not ranked by priority. The second policy contained a far more realistic – and achievable – 28 actions.
- The governance structures for *Healthy Ireland – Men* were aligned with those for Ireland's overarching public health policy, *Healthy Ireland*, to help ensure effective implementation.
- The policy aims to support the implementation of the priority programmes for *Healthy Ireland* - healthy eating and active living, wellbeing and mental health, positive ageing, alcohol, tobacco free, and healthy childhood.
- The policy has a particular emphasis on addressing health inequalities between different sub-populations of men.
- *Healthy Ireland – Men* aims to build the capacity of those who work with men and boys to adopt a gender-competent and male-friendly approach to engaging men and boys at both an individual and an organisational level.
- The policy contains a strong commitment to research that underpins the development of men's health practice in Ireland and contributes to the *Healthy Ireland* agenda.

- They should be practical, realistic and aligned with existing health priorities rather than freestanding and over-ambitious or idealistic.
- A commitment to action is required rather than just an acknowledgement of a problem. Clearly identifiable and achievable deliverables should therefore be an integral part of the policy.
- Training and guidance must be provided to those tasked with delivery.
- Independent non-governmental organisations with expertise in working with men should be supported and fully involved in policy implementation and delivery. These organisations can add expertise and energy and play the essential role of 'critical friend'.
- Men's health policies should, where appropriate, be systems-wide. For example, schools have a key role in improve men's health literacy by communicating about health risks and help-seeking to boys.
- A commitment to fund and develop further research is important and policies must be monitored, evaluated, reviewed and, where necessary, updated.

It is also important to include men's health in broader strategic health plans as well as in health policies concerning specific issues.

**KEY MESSAGE:**

**ACTIVELY CONSIDER DEVELOPING A MEN'S HEALTH POLICY AND ALSO INTEGRATING MEN'S HEALTH INTO OTHER HEALTH POLICIES WITH CLEARLY IDENTIFIABLE AND REALISTIC DELIVERABLES.**

## England's national suicide strategy

The United Kingdom government's **national suicide strategy** for England contains an explicit commitment to tackling male suicide.

- The strategy sets out to address the inequality that men remain the most at-risk group and are three times more likely to die by suicide than women.
- It takes into account factors that may impact men such as relationship problems, financial difficulties, alcohol/drug problems and other issues such as pressures on body image, especially in young men.

A range of actions were set out in an implementation workplan.

- Guidance was sent to local councils, which are responsible for the delivery of public health services, setting out that local plans should address high-risk groups such as men.
- Funding was made available for suicide prevention and reduction work for middle-aged men.
- Support for suicide prevention interventions with a local sports focus.
- A national campaign, run by an independent charity, has been funded with the aim of encouraging men to talk about mental health and to reduce stigma.

A similar approach could be taken in other areas of health policy.

### 3. Meet men 'where they are'

Many successful men's health initiatives have engaged with men in settings where men feel more comfortable and where they can access the service more easily rather than in traditional venues such as clinics.

There have been several well-established programmes linked to professional sport, for example, chiefly soccer but also rugby and hockey. Other successful initiatives have been delivered in workplaces, in local communities and digitally.

Taking services to where men are is important and can be very effective.

- More projects using this approach are needed and should be provided on a long-term basis.
- The success of this approach shows that the idea that men are not interested in their health is a myth.

But these types of intervention are unlikely to be deliverable on a scale that can have a significant impact on the male population as a whole. It is therefore essential that service providers learn the lessons from these projects and use them to improve men's access to and engagement with mainstream services.

- Primary care services can be made more accessible to men by [removing obstacles](#), such as broadening opening hours, and by utilizing digital technologies for making appointments and accessing information, advice, and consultations.
- Creating a more male-friendly ambience within traditional settings can make a difference, which should include the provision of male-interest magazines and male-targeted health information.
- Identifying and specifically reaching out to men who are under-using services can lead to a significant uptick in health appointment attendance.
- Pregnancy can provide another good entry point if they are encouraged to attend [antenatal services](#) with their female partners. While there, men can be offered preventative health and screening services.

Whatever the type of service, when promoting it to men, it is important to be clear that the service is for them. Telling a group which is unsure whether a service really is for them can have a positive impact.

#### **KEY MESSAGE:**

**EXPLORE THE POTENTIAL FOR DEVELOPING SERVICES THAT MEET MEN WHERE THEY ARE AND USE THE LEARNING TO IMPROVE MEN'S ACCESS TO MAINSTREAM SERVICES.**



## Football Fans in Training

One of the most comprehensively evaluated interventions using sport, **Football Fans in Training** (FFIT), delivers a healthy living and weight loss programme to men in Scotland.

- FFIT is specifically designed to appeal to men. It taps into many men's interest in soccer and their loyalty to their local team.
- The programme takes account of men's greater willingness to engage with weight management programmes with a strong emphasis on physical activity.
- FFIT is delivered by community coaches at 24 top professional soccer clubs to groups of men aged 35-65 who are obese or at high-risk of becoming obese.
- Participants attend 12 weekly sessions which combine time in the classroom with a training session.

The results have been impressive.

- After 12 months, FFIT participants lost an average of 5.6 kg compared to 0.6 kg for men in a control group.
- Participants' waist circumference fell by 7.3 cms compared to 2.0 cms for the control group.
- There were marked improvements in blood pressure, body fat, physical activity, diet, alcohol consumption and self-esteem.

## POWERPLAY

**POWERPLAY** is a good example of an effective workplace health intervention. It is specifically designed for men in male-dominated industries in northern British Columbia (Canada) and focuses on physical activity, healthy eating and wellbeing.

- Central to POWERPLAY are two six-week friendly competitions, including walking more than 2,775 kilometres, equivalent to the distance of the Great Northern Circle Route (a 10-day road trip through the wilderness).
- Health screening is also available and participants are given a 'playbook' (a small, spiral-bound book of information about each of the two challenges along with tips for increasing physical activity and healthy eating) and can attend 10 'toolbox talks'.
- Men participating in the programme report increases in physical activity and greater awareness of the importance of healthy eating.

## Men's health champions

**Men's health champions** are currently being trained in the United Kingdom.

- These are non-medical people trained to talk to their male peers about health issues and to signpost them to services when appropriate.
- Champions can help to normalize conversations about health and help-seeking and support men to make positive changes to their health and wellbeing.
- Health champions can operate in community settings such as voluntary groups (including Men's Sheds) but also in workplaces, gyms, faith organisations, and elsewhere.

## Barbershops

**Barbershops** are emerging as a site for effective community-based health promotion aimed at men.

- Barbershops have a particular cultural significance for many African American men, dating back to civil rights movement.
- They offer a safe space with opportunities for activities such as cancer screening, blood pressure and blood sugar checks as well as interventions on mental health, diet and exercise.
- In one **intervention**, held in 52 black-owned barbershops in Los Angeles (USA), black patrons with hypertension were supported by pharmacists to achieve significant reductions in blood pressure.
- In the United Kingdom, the **Lions Barber Collective** trains barbers to talk to their male clients about mental health issues with the aim of reducing suicides. An **evaluation** of participating barbers showed a marked increase in self-reported confidence following training in supporting clients with mental health problems, including suicide ideation..

## Digital solutions

The digital realm provides another useful setting for engaging men and there are an increasing number of projects using new technologies.

- The Canadian website **QuitNow Men** is designed to have a look and feel that appeals to men aged 18-45 years by using masculine images, direct language, and content that includes interactive video dramas.
- Strong and positive messages are used to promote change, positive identities (such as being healthy and strong, are connected with being smoke free), and men's stories about quitting are included to show common challenges and create a community of mutual help.
- To reflect men's preferences for autonomous decision-making, the website is structured to offer men choices by providing an array of resources to map, monitor, and maintain their decision to quit.
- **Use of the website** has successfully supported men to quit smoking or to reduce their level of consumption.

## 4. Recognise the differences between men

Men are not a homogeneous group. They are not all the same.

- Men are differentiated by nationality, culture, social class, education, race, age, physical ability, sexuality and in many other ways.
- They may have been exposed as they grew up to a similar set of expectations about men and how they should behave but that is not the only characteristic that defines them and affects their health outcomes.

This means that an 'intersectional' or [equity-based](#) rather than a 'one-size-fits-all' approach is much more likely to work in men's health.

- Policies and programmes and policies should take account of overlapping areas of discrimination and disadvantage to ensure that those specific groups of men with the worst health outcomes receive a greater level of attention and support.
- Examples of particularly disadvantaged groups include men who are gay, bisexual and transgender, homeless, prisoners, low-income or unemployed, from a racial or ethnic minority, or disabled.

This does not mean that other men should be ignored. Interventions should be universal but their scale and intensity should be proportionate to the level of vulnerability and need.

### **KEY MESSAGE:**

**FOCUS ATTENTION ON THOSE GROUPS OF MEN FACING MULTIPLE DISADVANTAGES AND WITH THE WORST HEALTH OUTCOMES.**

## Engaging Aboriginal and Torres Strait Islander men in prostate cancer health programmes

In Australia, **Aboriginal and Torres Strait Islander** men are less likely to be diagnosed with prostate cancer than other men but are more likely to die within five years of diagnosis. Men in this community face many culturally-specific barriers to accessing health services.

A prostate cancer information and education programme for Aboriginal and Torres Strait Islander men is more likely to be effective if it is designed with the community in mind.

- Materials should provide factual information and deal with culturally sensitive issues appropriately.
- Programmes should deliver information through trusted people in the community including community leaders.
- Programmes should include culturally appropriate resources.
- Resources should include easy explanations, containing no jargon and include pictures.
- There is a strong oral tradition and values around 'telling' information and this should be incorporated where possible..

## Foot care for homeless men

**Best Foot Forward** is a project that aims to provide high-quality foot care for homeless men in the city of Bath (United Kingdom).

- Poor foot care and subsequent health-related problems are a particular problem for homeless people, the majority of whom are men who can feel particularly embarrassed about showing health practitioners their feet and who often only seek help when they are experiencing severe pain.
- Neglect can cause sore and painful ulcers which can sometimes lead to foot loss.
- Homeless people can find maintaining appointments a challenge and often impossible due to their personal circumstances.
- They lack access to facilities to carry out basic self-care such as soaking and washing their feet and changing their socks regularly.

Best Foot Forward offers a monthly drop-in foot clinic.

- The service is promoted by posters, outreach teams and word-of-mouth.
- A specialist foot health practitioner is available at the monthly drop-in session.
- Service users are able to drop in to wash and soak their feet and exchange their socks for a new pair.

Not only did the foot health of the men seen by the service improve but the contact provided an opportunity for the men to raise other health issues.

## 5. Use 'male-friendly' language

Many men's health initiatives have adopted 'blokey' names, such as [It's A Goal!](#) (a mental health project in the United Kingdom), [Pit Stop](#) (a health check service in Australia) and [Spanner in the Works?](#) (a health information website in Ireland). These services have sought to use male-friendly language linked to sport and machines to signal to potential users that they welcome men and are designed with men in mind.

- Some projects have gone further in the way language has been used to engage men. For example, in [psychological treatment](#), terms like 'dropping the baggage' and 'repairing' oneself have been used.
- Men may find it easier to talk about 'stress' than 'mental health' or 'depression'.
- When discussing weight loss, many men feel more comfortable talking about 'getting fit' than they do about 'going on a diet'.

The Men's Health Forum (Great Britain) has for the past 20 years produced a very wide range of [health information booklets](#) ('Man Manuals') published by Haynes, an iconic publisher of car maintenance manuals.

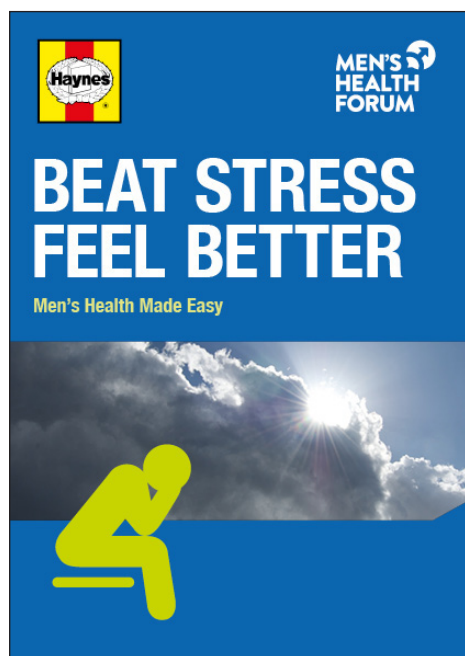
- Currently-available Man Manuals cover diabetes, stress, alcohol, healthy eating, cancer, sexual health, 'How to Live in a COVID World', penis health and many other issues.

- The Haynes branding, familiar to middle-aged and older men in particular, has helped give male users the confidence to look at and use the Manuals.
- The guides use gentle humour, in the text but also in specially-commissioned cartoons, to help break down men's psychological barriers to accessing health information.

It is important, however, to bear in mind that not all men respond to 'blokey' language or imagery and health information should avoid reinforcing stereotypes about men or traditional male gender norms.

**KEY MESSAGE:**

**USE APPROPRIATE 'MALE' LANGUAGE AND DESIGN TO ENGAGE MEN IN HEALTH SERVICES.**



## Talking to men about mental health

The Men's Health Forum (Great Britain) analysed the **language men used** when discussing mental health. The aim was to support the work of service providers and practitioners.

- There is no 'one size fits all' word or phrase for engaging men to talk about mental health - 'stress' probably comes nearest.
- There are differences in the language used between groups of men. For example, 'emotional' is a term roundly rejected by older men but endorsed by boys and young men. Broadly, 'stress', 'stressed out', 'overwhelmed' and 'overloaded' are preferred by older men while 'emotional', 'depressed' and 'anxious' are used by boys and young men.
- To engage men, the terms men prefer, rather than those in vogue at any given time in professional or academic circles, should be used.

## 6. Collect, analyse and publish the data

There is a dearth of sex-disaggregated health data and even less data about gender differences and health. But data is, clearly, essential to the development of good policy and practice. It can help to identify issues that require attention and be used to monitor the impact of policies and programmes.

- Data should be used to identify areas of need in men's health. Some of these will be highlighted by data comparing men and women, for example those that show higher rates in men, such as suicide.
- But there will also be areas where rates in men are lower than in women but where there is still a need for action. A good example is body image disorders – men are less likely than women to develop these but the proportion of males affected is still significant and they are often overlooked and under-served.
- Differences between different groups of men must be explored. An intersectional approach can help to identify specific groups of men who are most at risk and in need of support.
- Data must be made publicly available to help generate comment and analysis as well as to improve accountability.

Often, health reports include sex-disaggregated data, and may even highlight areas where men are doing badly, but not link the findings to recommendations for action. The European Commission's report on [the state of men's health in Europe](#), published in 2011, provides a clear example of this: it presents a wealth of data across virtually every aspect of men's health but contains not even one recommendation. Unsurprisingly, the Commission did not follow up the report with any proposed changes in policy or practice.

### **KEY MESSAGE:**

**WIDE-RANGING AND REGULARLY-UPDATED DATA ON MEN'S HEALTH IS ESSENTIAL, PROVIDING A GUIDE TO WHERE ACTION IS NEEDED AND TO ITS EFFECTIVENESS.**

## The Men's Health Report Card

A '**Men's Health Report Card**' has been published for the US state of Tennessee in 2010, 2012, 2014, 2017 and 2020. It analyses and presents key data about men's health in an accessible format, tracks progress over time and provides a clear indication of where action is needed.

The indicators included in 2020 Card include:

Age	Race	Alcohol use	Seat belt wearing
Physical activity	Obesity	Flu vaccination	Opioid use
Traumatic brain injury	Sexual health	The leading causes of death	

The Report Card provides a model that can be used elsewhere. Versions of the Card have been produced in **Australia** and **Ireland**.

# FURTHER READING

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GLOBAL ACTION ON  
MEN'S HEALTH

# DELIVERING MEN'S HEALTH



Delivering Men's Health - A Guide for Policymakers and Service Providers  
(Interim Report)

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