Department of Health

health

Improving men's health and wellbeing: strategic directions

State Government Victoria

Improving men's health and wellbeing: strategic directions

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- Victorian Farmers Federation
- Women's Health Victoria
- WorkSafe Victoria.

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Statement from the Secretary

The *Victorian Health Priorities Framework 2012–2022* sets out the Victorian Government's commitment to transform the health system over the next decade. The framework recognises that some groups, including men, have specific health needs that require a better informed and planned response. Developing *Improving men's health and wellbeing: strategic directions* is an important step in fulfilling the government's broader commitment.

Men in Victoria have many and varied roles in families, business and the broader community that strengthen the social fabric of our state. While Victorian men, on average, continue to do well on economic indicators such as earnings and employment, they have comparatively poorer health outcomes when compared with women.

High levels of avoidable illness and premature death among Victorian men cause substantial costs to men themselves, their families and the broader community. *Improving men's health and wellbeing: strategic directions* provides policy leadership to improve men's health across four key action areas:

- increasing our understanding of men's health issues
- improving the ability of the health system to respond to men's health needs
- strengthening preventive health interventions targeting men
- focusing attention on a number of priority conditions.

Implementing the action areas will involve coordinated effort from a wide range of stakeholders across the health, community and business sectors. An important focus will be boosting the capacity of existing government programs to specifically address men's health needs as part of their day-to-day business.

I would like to thank the groups and individuals who contributed their time and effort to help the department develop the strategic directions. It is an important document that will improve the responsiveness of our health system and equip Victorian men to better manage their own health.

Dr Pradeep Philip
Secretary
Department of Health

The case for action

The *Victorian Health Priorities Framework 2012–2022* (VHPF) commits to developing a health system that is responsive to people's needs. This includes diverse populations groups with specific needs that require particular attention. *Improving men's health and wellbeing: strategic directions* will support the department and health service providers to achieve the goals of the VHPF.

Although men fare better than women on economic indicators such as income and employment progression, in health they continue to face poorer outcomes across a range of key indicators.

Health areas of concern for men include: lower life expectancy; higher rates of avoidable and premature mortality; and higher mortality from most common causes of death such as cancer, coronary heart disease, diabetes, suicide and injuries. Men are more likely to face lifestyle health risks such as smoking, alcohol and drug abuse, poor nutrition and being overweight or obese, as well as having poorer engagement with health services.

Each time a man dies prematurely or experiences significant ill health this leads to personal tragedy in the lives of Victorian families as well as a broader loss to our community and economy.

Sex, gender and health

Health service delivery and planning is often 'gender-neutral', reflecting an implicit (and often incorrect) assumption that interventions will be equally successful for men and women. Interventions developed for one sex are potentially problematic when applied to the other.

The health of men and women is affected by important differences in exposure to health risks, health behaviours and knowledge, service responsiveness and gender norms, and biological differences between the sexes.

In addition to gender being an important determinant of health in its own right, negative impacts on men and women can be compounded through interactions with other factors such as socioeconomic status, employment, housing, environment and ethnicity. These factors can result in differences in health needs and outcomes between groups of men. Aboriginal[1] men, for example, experience significant health disadvantages.

1 Throughout the document, the term Aboriginal is taken to include people of Aboriginal and Torres Strait Islander descent.

Men’s health outcomes

By international standards, Victorian men, on average, have excellent health outcomes. They have one of the highest life expectancies in the world (80.3 years in 2011) and the highest in Australia after the Australian Capital Territory. However, men’s life expectancy is 4.3 years less than that of Victorian women and there remains considerable scope for improvement across many other indicators.

In 2011, coronary heart disease was responsible for the greatest number of male deaths, followed by lung cancer, stroke, and dementia/Alzheimer's (see Table 1). Coronary heart disease was also responsible for the greatest number of male life years lost,[2] followed by suicide, lung cancer, transport accidents, and accidental poisoning.[3] Men had higher mortality rates and life years lost than women for all conditions in table 1 other than dementia/Alzheimer's.

Table 1: Leading causes of death by number of deaths and years of potential life lost (YPLL) for Victorian males in 2011

Number of deaths		Years of potential life lost (YPLL)	
Rank	**Underlying cause of death**	**Rank**	**Underlying cause of death**
1	Coronary heart disease	1	Coronary heart disease
2	Lung cancer	2	Suicide
3	Stroke	3	Lung cancer
4	Dementia and Alzheimer's	4	Transport accidents
5	Chronic lower respiratory diseases	5	Accidental poisoning
6	Prostate cancer	6	Bowel cancer
7	Diabetes	7	Blood and lymph cancer
8	Bowel cancer	8	Cirrhosis and other liver diseases
9	Blood and lymph cancer	9	Stroke
10	Diseases of the urinary system	10	Brain cancer
11	Heart failure and complications	11	Diabetes
12	Suicide	12	Liver cancer
13	Influenza and pneumonia	13	Chronic lower respiratory diseases
14	Pancreatic cancer	14	Pancreatic cancer
15	Falls	15	Melanoma and other skin cancers

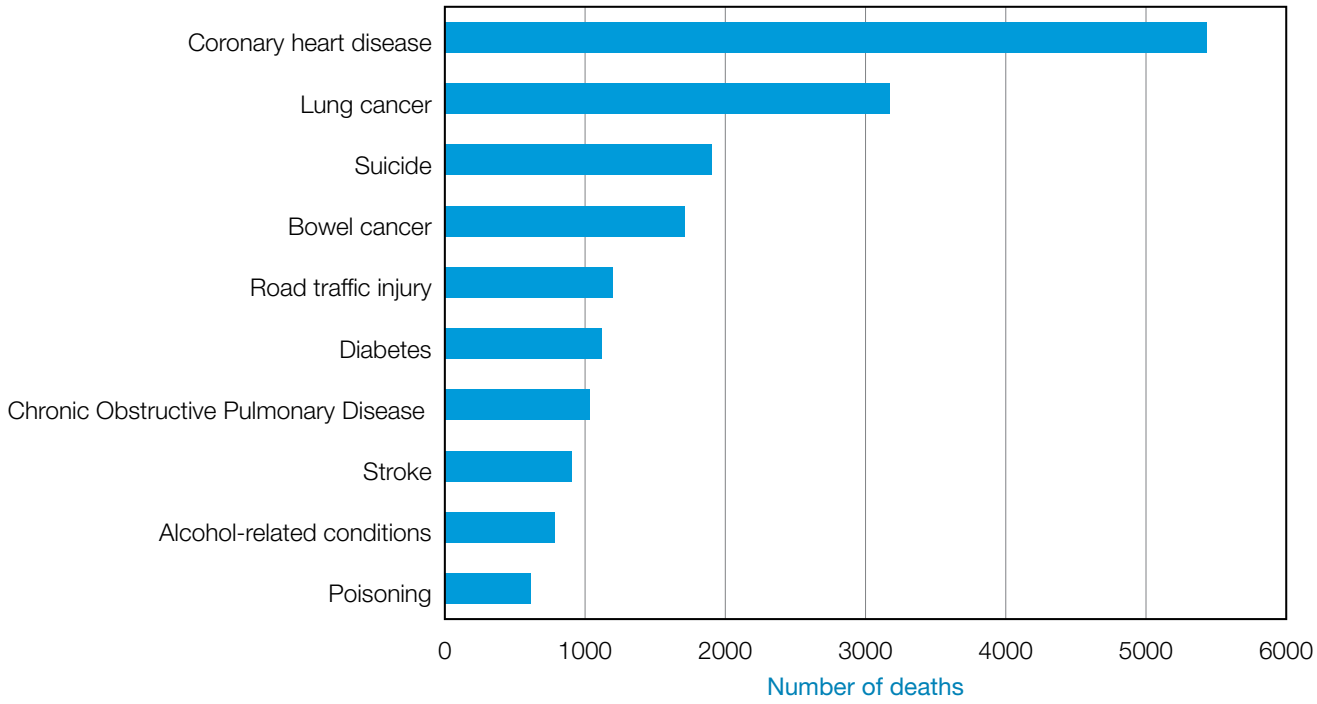
2 Life years lost is based on the ABS measurement of 'years of potential life lost'. This is a measure of premature mortality, calculated on the difference between the age of death and age 78 (the median in 2001).

3 ABS 2013, *Causes of death, Australia, 2011*, cat. no. 3303.0, Commonwealth Government of Australia, Canberra; Becker R, Silvi J, Fat DM, L'Hours A and Laurenti R 2006, 'A method for deriving leading causes of death', *Bulletin of the World Health Organization,* vol. 84, no. 4, pp. 297–301.

Avoidable mortality

Between 2002 and 2006 the three leading causes of avoidable mortality for men were coronary heart disease, lung cancer and suicide (see figure 1). Overall the male rate of avoidable mortality was approximately 75 per cent higher than for women. Men have higher rates of mortality than women for all conditions shown in figure 1; however some conditions have particularly high gender disparities. Coronary heart disease, suicide, road traffic injuries, alcohol-related conditions and poisoning all have avoidable mortality rates for men that are two to three times higher than for women.

Figure 1: Ten leading causes of avoidable mortality for Victorian males, 2002–2006[4]



4 Department of Health 2006, *Victorian health information surveillance system,* State Government of Victoria, Melbourne.

Ill health

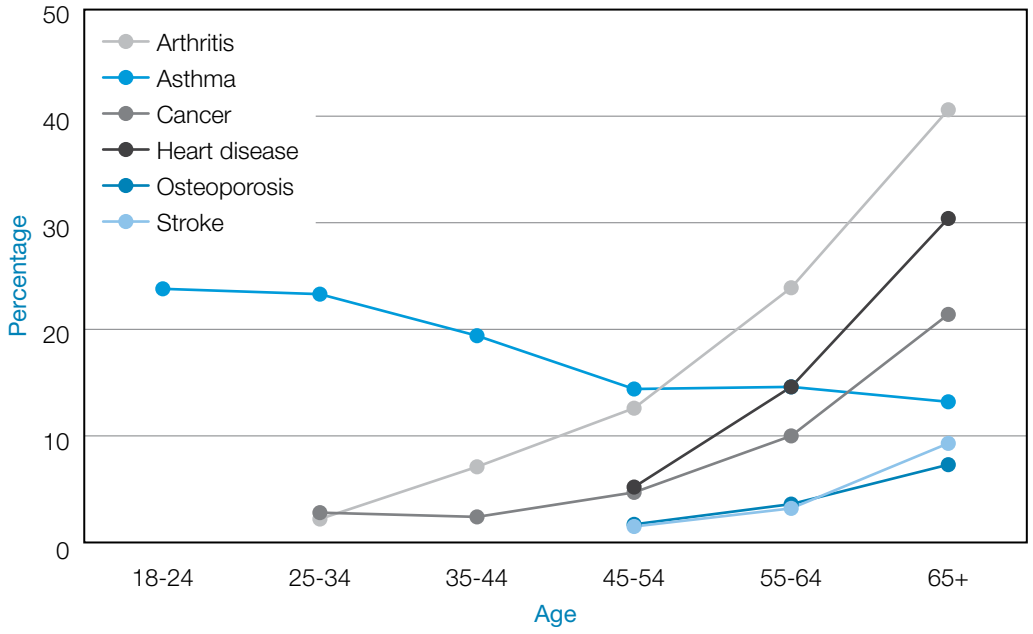
Important differences also exist in ill health and disability experienced by men and women, with some conditions being higher among men and others among women. As Table 2 shows, in 2010, men were more likely to report living with heart disease, stroke and diabetes, equally as likely to report living with cancer, but less likely to report having arthritis or asthma. Overall, in 2010 Australian men recorded a healthy life expectancy (years lived without a disability) at birth of 68.8 years, and Australian women 71.8 years.[5]

Table 2: Victorian men and women living with selected chronic diseases in 2010[6]

	Male percentage	Female percentage
Cancer	7.1	7.1
Heart disease	8.4	5.4
Stroke	2.5	1.7
Diabetes	6.4	4.6
Asthma	18.1	23.3
Arthritis	14.4	22.8

Among younger men, asthma is the most common of these diseases, affecting 24 per cent of men aged 18–24 years and around 23 per cent of men aged 25–54 years. Arthritis is the most common chronic condition among men over 55 years, affecting 24 per cent of those aged 55–64 years and 41 per cent of those 65 years and over (see Figure 2).

Figure 2: Prevalence of selected chronic diseases among Victorian men by age group, 2010



5 Salomon J A, Wang H, Freeman M K, Vos T, Flaxman A D, Lopez A D, Murray C J L 2012, 'Healthy life expectancy for 187 countries, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010', *The Lancet,* vol. 380, no. 9859, pp. 2144–62.

6 Department of Health 2012, *Victorian population health survey report 2010: selected findings,* State Government of Victoria, Melbourne.

What are the contributing factors?

Although biological differences between the sexes appear to be partly responsible for differences in men's and women's health outcomes, modifiable social factors are the major cause. Key factors that particularly affect men's health are discussed below.

Service usage patterns, preferences, and barriers

Men have lower rates of utilisation of most health services and programs, and when they are unwell they tend to access them at a later stage of an illness. This is partly due to services being less attuned to men's needs, and also the fact that men experience barriers that prevent them from engaging with health services, including:

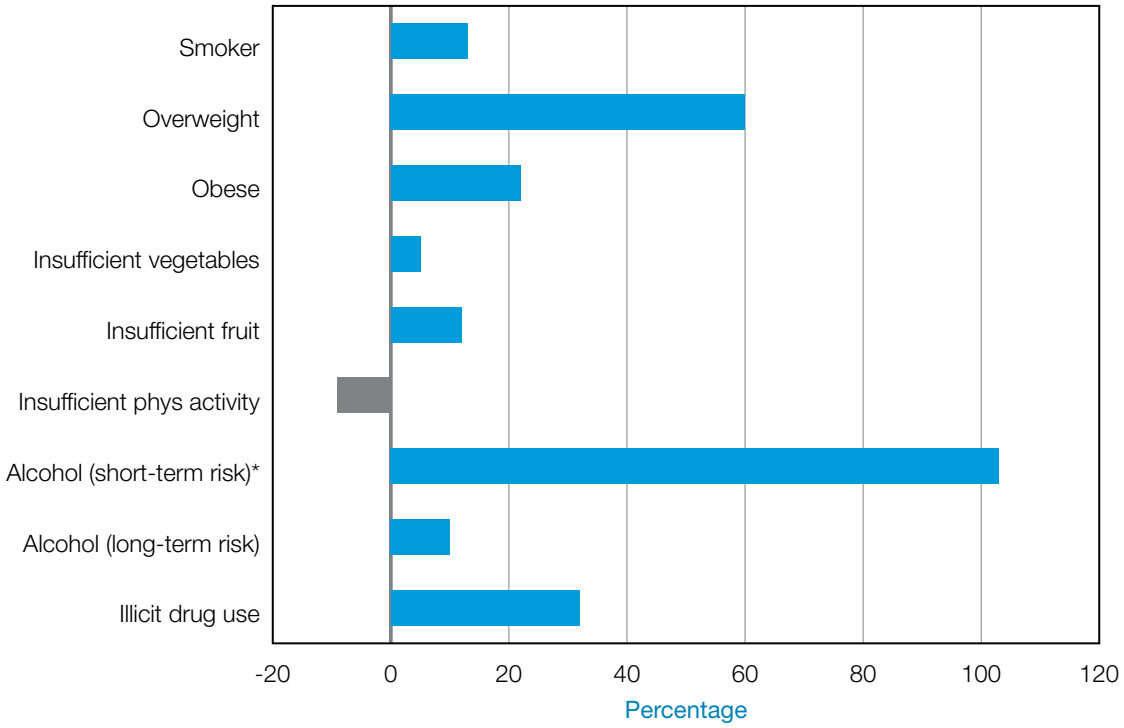
- anxiety about losing control or being vulnerable
- not wanting to show weakness
- concern about having a serious condition diagnosed
- differing attitudes to help-seeking (see page 10).

Other issues that have been identified include lack of out-of-hours appointments, dislike of long waiting times, feeling uncomfortable in waiting rooms and men perceiving that primary care is focused on women and children.

Lifestyle health risks and protective behaviours

Men generally have less-healthy lifestyles (see Figure 3) and adopt fewer health-promoting behaviours than women, partially due to social ideas about masculinity and gender roles. Victorian men are more likely to face a range lifestyle health risks such as smoking, alcohol and drug misuse, poor diet and nutrition and being overweight or obese.

Figure 3: Men's increased relative risk (compared with women) of selected lifestyle behaviours in Victoria, 2010[7]



* Drinks weekly or more frequently at levels associated with short-term risk

Men are more than twice as likely as women to have five or more risk factors for cardiovascular disease or diabetes, and they have a 45 per cent greater risk of being in the high or very-high risk categories for these diseases.

7 AIHW 2011, *2010 National drug strategy household survey report,* cat. no. PHE 145, Australian Institute of Health and Welfare, Canberra; Department of Health 2012, *Victorian population health survey report 2010: selected findings,* State Government of Victoria, Melbourne.

Knowledge and understanding of health and illness

Men's knowledge of health in general and of specific diseases (such as cancer, sexually transmissible infections and heart disease) and their risk factors (including nutrition and diet) is often poorer than that of women. Men are less likely to access, interpret and apply information to maintain and improve health. Men's lower health knowledge is affected by the lack of health promotion literature on chronic disease, physical activity, heart health and nutrition that is 'male friendly' or specifically targeted to men. When it does exist, it is often not in places where men will access it.

Influence of masculinities and gender roles

Socially constructed notions of masculinity including values such as stoicism, emotional suppression, independence and self-reliance appear to negatively affect many men's health behaviours. This can include: avoiding/delaying seeking help; being reluctant to discuss an illness; or putting up with discomfort.

Male peer-group norms can exert an unhealthy influence on health behaviours. Stronger identification with traditional notions of masculinity has been linked with higher levels of risk taking, drug use and road traffic injuries. However, men can also interpret elements of masculinity in health-enhancing ways, for example using services can help maintain strength or independence.

Help-seeking behaviours and social support

Men often have a more functional view of their bodies and thus can be less inclined to attend health services until their work, social or sexual functioning is directly affected. They are less likely to take a preventive approach to health, acknowledge health problems or seek help, and are more likely to delay when they do seek help for a condition.

Stigma (self-directed or perceived from friends, family, work colleagues) related to requiring help for physical or mental health problems can be a major barrier to men seeking help. Men also tend to have smaller social networks than women, fewer intimate friends, and are less likely to use these for informal support.

Emotional wellbeing

Men have lower awareness of depression and anxiety symptoms and are less likely to link issues such as insomnia, anger and irritability to emotional distress, or only after these reach crisis point. Maladaptive behaviours such as 'avoiding' or 'numbing', sometimes escalating to risk taking, violence and self-harm, are more common among men.

Coping mechanisms commonly adopted by men such as emotional repression and alcohol and substance abuse increase the risk of cardiovascular and other diseases. Men are also less likely to seek professional help and more likely to endorse alcohol as a coping mechanism.

Biological (sex-based) causes of illness

Some illnesses are sex specific, such as prostate cancer or erectile dysfunction, and hormonal and other biological differences between men and women can affect morbidity and mortality for non–sex specific diseases. Differences in sex hormones have been linked with men's higher rates of cancer and heart disease, but lower rates of osteoporosis. Such differences can also mediate the impacts of lifestyle risk factors. Being obese, for example, appears to be a greater risk factor for bowel cancer among men than women.

Risk-taking behaviour

Men's higher rates of risk taking result in them being more likely to misuse drugs and alcohol, and undertake dangerous activities (including driving) while under the influence. They are more likely to participate in extreme sports and take physical risks (for example, diving head-first into water without checking the depth, or participating in violence), and take greater risks in everyday situations such as crossing roads.

Responses to treatments or interventions

Men and women can respond differently to treatments or interventions due to biological and social differences. This can include responses to drugs, surgery, or public health campaigns.

Occupational health risks and effects on service engagement

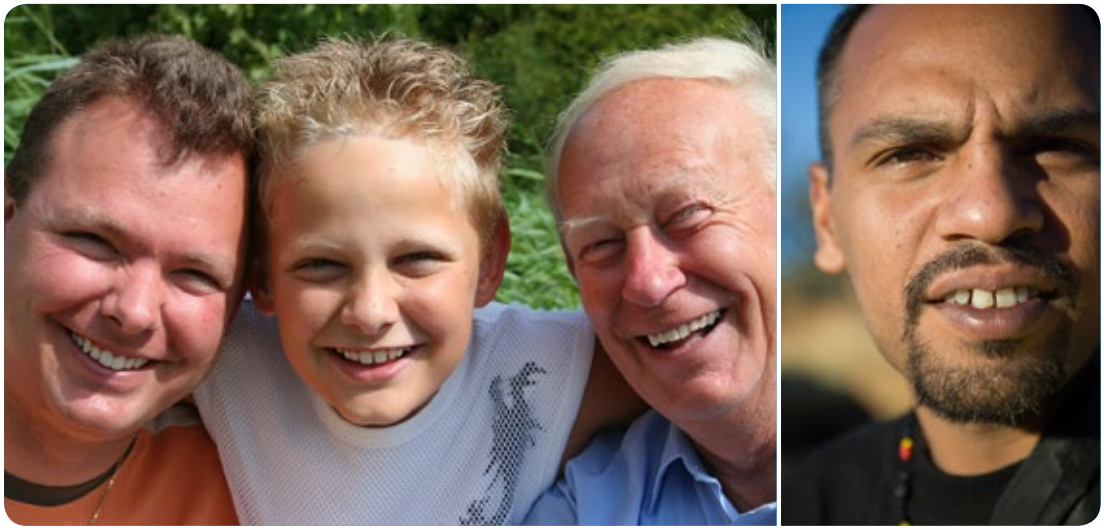
Men have a higher chance of working in dangerous workplaces and being killed or injured at work. They are more likely to work full-time or work very long hours, which can have direct health consequences as well as impeding their access to health services.

What we currently do

A wide range of health services across Victoria undertake activities that support the health and wellbeing of men. These include Department of Health funded agencies and community health services. Other stakeholders that play an important role include WorkSafe Victoria, sporting and recreational groups, local government, educational institutions and workplaces.

Men's health organisations such as Andrology Australia, Foundation 49, and MensLine provide information or services targeted specifically to men, while some broader health promotion organisations such as beyondblue are also highly effective at understanding and responding to the particular health needs of men.

Other health department activities targeting men include: ongoing work relating to prostate cancer research, treatment and care; health promotion and prevention in areas where men are over-represented, such as alcohol and drug abuse services; and support for men's sexual and reproductive health disorders.



Populations, partners and settings

Population groups

The strategic directions aim to improve the health status of all Victorian men, including men with the poorest health. Significant differences in health outcomes exist between groups of men. For example, men in the lowest socioeconomic group have much higher rates of avoidable mortality than men in the highest socioeconomic group. Although, men in the highest socioeconomic group[8] still have higher rates of avoidable mortality than women in all socioeconomic groups.

It is important to consider men's changing needs across the life course as well as population subgroups of men that have particular health needs, for example:

- Aboriginal men experience substantially lower life expectancy and poorer health than all other Victorian men and women, including higher rates of most chronic diseases[9]
- young men (15–34 years) have the highest rates of health-risk behaviours of any men and have avoidable mortality rates two to three times higher than women in this age group
- men of lower socioeconomic status have lower life expectancy than men of higher socioeconomic status, and higher levels of injury and many chronic diseases
- rural men experience higher rates of suicide, mortality due to road traffic injuries and many chronic diseases, as well as higher levels of social isolation and depression
- male prisoners and ex-prisoners experience high rates of many health conditions and have a death rate four times higher than men without a prison history
- gay, bisexual, transgender and intersex men experience negative health impacts due to discrimination, and have higher rates of depression, anxiety and suicide
- older men face an increased risk of a range of health conditions, and health risks relating to leaving paid work, social isolation and poor access to health information
- refugee men often experience physical and sexual trauma prior to arriving in Australia, and can face barriers to accessing health services.

The risk of poor health is multiplied for men who fall into more than one of these categories, for example young Aboriginal men from low socioeconomic backgrounds.

8 Socioeconomic status defined by SEIFA (Socio-Economic Indexes for Areas) – a product developed by the ABS that ranks areas in Australia according to relative socioeconomic advantage and disadvantage.
9 Koolin Balit sets out the Victorian Government's strategic directions for Aboriginal health over the next 10 years.

Partners

In many cases, partnership approaches with non–health related organisations can be an important element of a response focused on men. These can include:

- health services and peak bodies
- community and sporting groups
- employers and unions
- local government
- Commonwealth Government
- universities and research centres.

Settings

Given men's lower engagement with health services, the delivery of health interventions in non-traditional settings is an important approach that has proven highly effective across the continuum of care. This involves providing services within men's comfort zone. Settings can include:

- workplaces
- social, sporting and cultural groups and clubs
- recreational venues and public events
- welfare and employment agencies
- education and training environments.

Our plan for the future

Our vision for men's health and wellbeing is that men are better informed about how to take care of their own health and more likely to act on this information. They will know when and where to seek help, and be more aware of lifestyle-related risk factors. Health information and interventions to support men in caring for their health will be readily available and presented in ways that are relevant and appropriate for them.

The health system will be better equipped to respond to men's particular health needs, while recognising these may vary between groups of men. Health services, programs and interventions will routinely incorporate consideration of men's specific needs into their design, delivery and evaluation. Best-practice models for improving men's health will be used and understood widely, supported by a strong body of evidence.

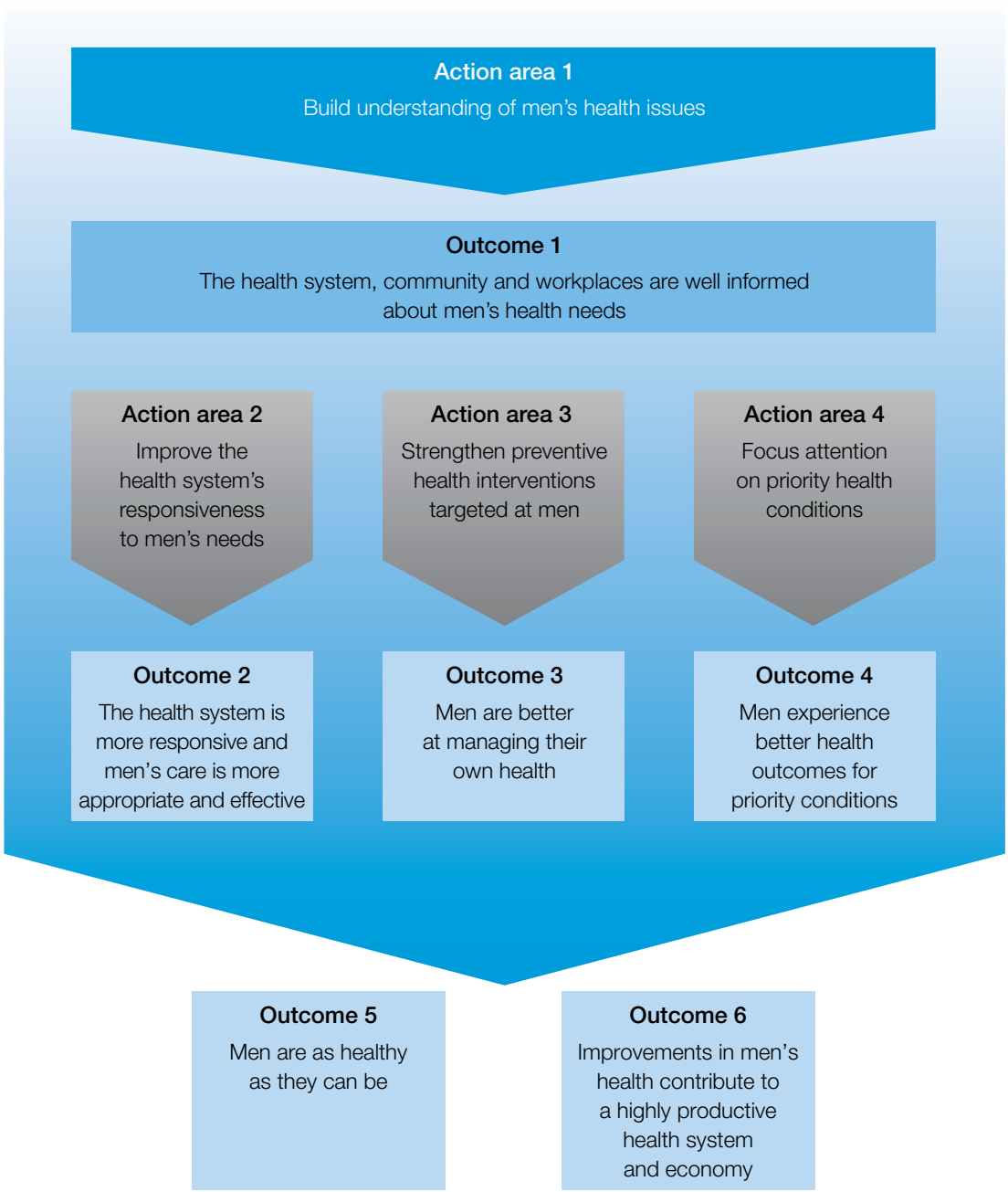
The department has identified four key action areas to achieve this vision:

1. **Build understanding of men's health issues** through development of a robust men's health knowledge base
2. **Improve the health system's responsiveness to men's needs** by adopting a gender-focus on men, boosting workforce capacity, using innovative service models and engaging men in the most appropriate settings
3. **Strengthen preventive health interventions targeting men** to increase health literacy[10] and strengthen men's ability to manage their own health and lead healthy lifestyles
4. **Focus on priority health conditions** for which men have significantly poorer health outcomes or are affected in substantially different ways:
   - coronary heart disease
   - cancer
   - diabetes
   - mental health
   - accidents and injuries
   - suicide
   - sexual and reproductive health
   - violence.

10 'Health literacy' refers to an individual's ability to obtain, understand and apply basic health-related information to make appropriate health decisions.

These action areas are intended to lead to a set of specific outcomes, as outlined in Figure 4. They are informed by the priorities of the Victorian Health Priorities Framework and its companion publications. An extensive process of consultation has been undertaken by the Department of Health since 2010, as well as a systematic review of evidence relating to health issues facing men and what works to improve men's health.

Figure 4: Action areas and outcomes supported



Responses across the action areas

Principles underlying work on men's health are that interventions should focus on all men, as well as considering those with the poorest health; that men should be involved in the design and delivery of healthcare relevant to them; and that responses should be informed by a strong evidence base and include monitoring and evaluation.

Key response types that will be required (in differing combinations) across the four action areas are listed below. Some of these will also be relevant to other population groups with particular health needs.

- **staff training and capacity building** to boost workforce capacity to understand and respond to men's health needs
- **changes to existing service or program models** to more effectively engage men
- **the development of initiatives or programs** that specifically target men
- **new ways of promoting services/programs** to men using a range of delivery channels
- **partnerships** with organisations that can assist in engaging with men, for example, sports groups, employers, unions, Centrelink, or welfare organisations
- **development or use of service/practice guides** focusing on men in relation to particular issues/conditions
- **development of printed/online consumer materials** that are specifically targeted to (or inclusive of) men
- **altering program names or the physical environment** to ensure they are more inclusive of men
- **use of outreach approaches** to provide information or services (across the continuum of care) to men in settings where men congregate and feel comfortable

Guidelines identifying more specific examples of activity that can be undertaken by a wide range of stakeholders in each action area are presented in the next sections.

Who will be involved?

A wide range of stakeholders will be involved in activities to improve men's health and wellbeing. This includes the Department of Health, health service providers, health research and policy organisations, community and business groups and various levels of government (see Table 3).

Table 3: Stakeholders potentially involved in activities to support men's health

	Stakeholder group
1. Health service providers	Health service providers in the following areas of practice: preventative health; primary, secondary and tertiary care; rehabilitation services; and palliative care
2. Health policy and research organisations	Health promotion organisations
	Peak health organisations
	Universities and other research centres
	Health partnership and coordination organisations
3. Welfare and advocacy organisations	Welfare organisations and agencies
	Cultural and Indigenous organisations
	Employment agencies
	Residential services
4. Community and business groups	Employers
	Business groups
	Professional associations
	Unions
	Consumer groups
	Educational institutions
	Community groups
	Sporting clubs and associations
5. Government	State Government
	Local Government
	Commonwealth Government

Action area 1: Build understanding of men's health issues

The development of a strong men's health evidence base will improve identification of areas of need and effective responses, and inform the development of programs or policies and direction of resources.

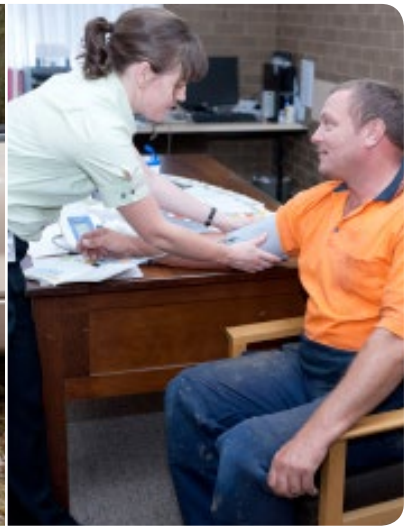
An improved men's health knowledge base and information and about good practice will allow health service providers to consider how patient pathways, clinical guidelines, service delivery models, and health promotion and prevention interventions can be adapted to optimise men's health outcomes.

Guidelines

Examples of activities to build understanding of men's health include:

	Key stakeholders*
Build the knowledge and evidence base	❶ ❷ ❺
• Improve understanding of how to make health services more appropriate and accessible for men	
• Undertake work to translate relevant medical research findings into clinical practice that will improve men's health	
Men's health information and resources	❶ ❷ ❸ ❺
• Develop and distribute resources to promote the use of best-practice models and interventions relevant to men's health	
• Develop tools such as a men's health planning guide to assist health services, programs and policies better understand and respond to men's health needs	
• Monitor research and distribute information regarding the role of diet and lifestyle modification in the prevention and management of chronic disease among men (particularly conditions outlined in action area 4)	
Workforce development	❶ ❷ ❹ ❺
• Include a greater focus on men's health within education and training for health and allied health workers	
• Work in partnership with accredited training providers, institutes and professional bodies to ensure that evidence-based training is developed and disseminated	

* 1 = health service providers, 2 = health policy and research organisations, 3 = welfare and advocacy organisations, 4 = community and business groups, 5 = government



Action area 2: Improve the health system's responsiveness to men's needs

Gender-neutral approaches in health services, policies and programs do not adequately recognise and respond to important differences in men's and women's health-related behaviours, attitudes and needs. As a result, healthcare provided to men and women is not as clinically appropriate or cost-effective as it could be. A strong body of evidence supports a gender perspective in health service delivery, health promotion and prevention as a means to improve health outcomes. Often this can take place within existing programs or interventions rather than requiring new stand-alone interventions targeting men or women.

Health services can better engage men by improving staff capacity to respond to men's differing health behaviours, providing more male-specific programs and interventions, and by being more proactive in reaching out to men, for example by offering services in non-traditional settings (a well-proven strategy).

* Photograph top right courtesy of WorkHealth

Guidelines

Evidence points to a number of strategies that could be used to improve the ability of the health system to respond to men's specific needs. Examples include:

	Key stakeholders*
Incorporate a gender perspective	❶❷❸❺
• Adopt a gender perspective in the design, delivery and evaluation of health services	
• Review existing policies, programs and interventions to ensure they effectively engage men and address their specific health needs	
• Ensure that gender guidelines and policies are fully inclusive of men with regard to the use of language, images, case studies and recommendations	
• Use a men's health planning guide and other gender tools to better understand and respond to men's particular health needs	
Implement strategies that support men's engagement with services	❶❷
• Make it easy for men to engage with health services, for example provide flexible appointment times, invitations and automatic reminders to attend and posters or information targeted to men in waiting rooms	
• Target men with information about health and health services as well as targeting men's partners and families with this information	
Encourage innovative service models	❶❺
• Encourage and reward the use of innovative approaches to engage men	
Community health	
• Alert Victoria's Primary Care Partnerships to the need to apply an appropriate gender lens during their strategic planning phases	
• Ensure the Community Health Integrated Program Guidelines which provide direction and set out best practice requirements for the delivery of the Community Health program, appropriately consider a gender overlay that incorporates men's health strategic directions	
• Reference the need for gender lens application in the revised guidelines for Primary Health Branch Funded Organisation Requirements	
• As men are less direct users of the NURSE-ON-CALL service than women, consider investigation of call patterns and trends to identify potential barriers to men accessing the service	
• Work with Networking Health Victoria (formerly General Practice Victoria) to highlight the importance of a gender lens application in service planning with Medicare Locals.	

* 1 = health service providers, 2= health policy and research organisations, 3 = welfare and advocacy organisations, 4 = community and business groups, 5 = government

Action area 3: Strengthen preventive health interventions targeting men

Health information and health promotion interventions need to be more effective at reaching men. Social attitudes, systems and environments need to be conducive to healthy lifestyles for men. Key areas of focus for interventions targeting men include:

- building men's health literacy and supporting them to manage and improve their own health
- supporting men to lead healthy lifestyles in areas such as diet and nutrition, tobacco, alcohol and other drug use and physical activity
- supporting men's health through economic and social participation, including connections with culture
- encouraging support of men's health through broader policy, legal and regulatory interventions that influence attitudes and norms.

In terms of lifestyle, Victorian men generally adopt fewer health-promoting behaviours, more frequently participate in risk-taking behaviours and, as discussed earlier, have a higher prevalence of most negative lifestyle factors. Men's health literacy is generally poorer than that of women and this deficit has been linked to unhealthy lifestyles and delays in seeking treatment due to not recognising symptoms.

Socially constructed notions of masculinity that can negatively affect some men's health-related behaviours are an important area of focus. A key approach is the use of 'gender-transformative programs' that seek to encourage men to critically reflect, question and challenge social norms, attitudes and institutional practices that create and reinforce detrimental male health behaviours.

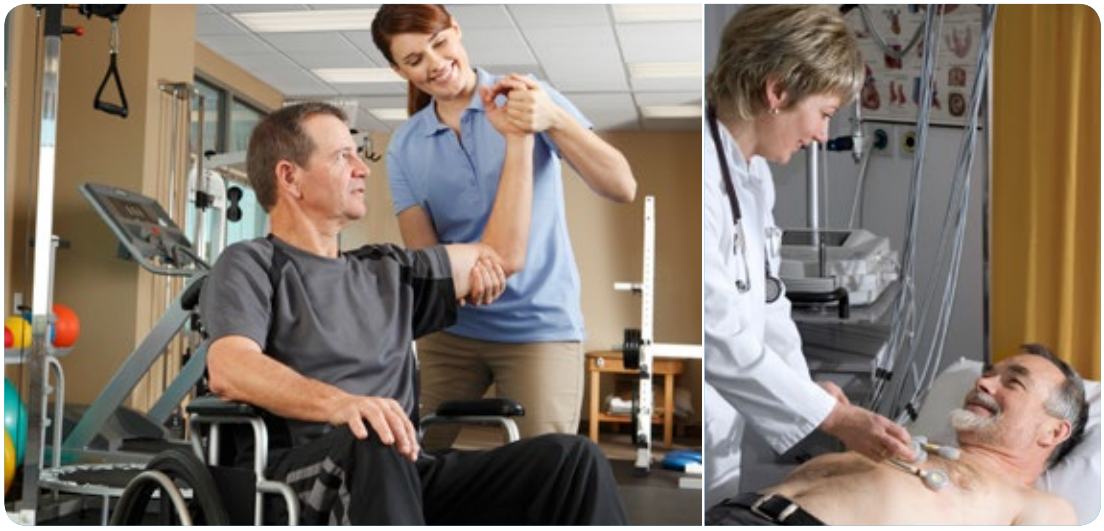
Community and workplace health promotion interventions that target men have been found to have strong potential to reduce men's high rates of avoidable mortality, chronic disease and illness.

Guidelines

A number of strategic approaches have been identified across these areas to improve men's health. Examples include:

	Key stakeholders*
Incorporate a gender perspective	❶ ❷ ❺
• Ensure preventive health interventions are informed by men's health research and include messages relevant to men	
• Undertake sex-disaggregated impact analysis to check that interventions are equally effective for men (given their population size, risk profile and so on)	
• Include a critical focus on masculine gender norms in interventions focused on men, particularly those related to help-seeking, alcohol consumption, risk-taking and behaviour change	
Encourage behaviour change	❶ ❷ ❺
• Use interventions with men that: – challenge and support – build knowledge and skills – change attitudes detrimental to health	
• Explore approaches that increase men's responsibility for their own health, for example, by linking this with issues that are important to men such as family	
• Support cultural change in relation to men's lifestyle risk factors such as alcohol and drug misuse and diet and nutrition	
Target key transition points in men's lives	❶ ❷ ❺
• Target health promotion activities during key transition points in men's lives such as starting or finishing high school, starting work, parenthood, relationship breakdown, leaving full-time work, or 'coming out'	
Go to where men are	❶ ❷ ❸ ❹ ❺
• Integrate interventions targeted to men into existing systems or events, for example targeting farmers at agricultural shows or young men via recreational or cultural activities	
Develop active partnerships	❶ ❷ ❸ ❹ ❺
• Work with key agencies to develop and distribute consistent evidence-based messages to men and subgroups of men	
• Invite community leaders from diverse communities who are taking active responsibility for their health to act as role models for men's health	
• Work with local government to improve men's health outcomes through the targeting of effort via public health and wellbeing plans	
• Coordinate activity to improve men's health across the primary health sector	

* 1 = health service providers, 2= health policy and research organisations, 3 = welfare and advocacy organisations, 4 = community and business groups, 5 = government



Action area 4: Focus attention on priority health conditions

The following eight health conditions have a major impact on the health and wellbeing of men in Victoria:

- coronary heart disease
- cancer
- diabetes
- mental health
- accidents and injuries
- suicide
- sexual and reproductive health
- violence.

These have been identified as priority conditions on the basis that they have a major impact on men's health, and either men have significantly poorer outcomes (coronary heart disease, cancer, diabetes, accidents and injuries, suicide) or men and women are affected in substantially different ways (mental health, sexual and reproductive health, violence).

Coronary heart disease, cancer, suicide, diabetes, and accidents and injuries are major contributors to the disparity between men's and women's health outcomes on many measures:

- Men's higher coronary heart disease mortality rates are the leading cause of the gender gap in life expectancy, standardised death rates, avoidable mortality and years of potential life lost; heart disease is also the leading cause of male deaths overall for each of these indicators.
- Men's higher rates of mortality due to lung cancer, bowel cancer and blood and lymph cancers are major contributors to the gender differences in standardised death rates, years of potential life lost and avoidable mortality, with lung cancer responsible for the greatest number of male deaths, followed by prostate cancer, then bowel cancer.
- Diabetes has a large and growing impact on Victorian men's ill health and mortality. Male rates of standardised mortality, lost life years and avoidable mortality due to diabetes are one-and-a-half to two times those of females. Men are also more likely to experience a number of diabetes risk factors and to have undiagnosed diabetes.
- External causes of mortality such as accidents, injuries and suicide contribute most to the gender gap in years of potential life lost due to the large numbers of young males affected, with the greatest disparities facing young men (25–34 years) who have a mortality rate over four times that of young women.

- Suicide is a major cause of premature death among Victorian men, and the leading cause of death among men aged 15–44 years. It has a highly gendered impact with around 3.1 male deaths for each female death.

In terms of mental health, socially constructed differences in men's and women's roles and responsibilities interact with biological differences to contribute to differences in the nature of mental health problems experienced by men and women, their help-seeking behaviour and responses from the health sector and broader society. For example, men report higher rates of substance-misuse disorders and childhood conditions, and often have an earlier onset of schizophrenia and poorer prognosis. Men with depression tend to present later and with more severe undiagnosed depression. Although around one in three men experiences an alcohol disorder, few seek help from services.

Men's sexual and reproductive health may be influenced positively or negatively by a complex set of factors related to sexual behaviours and experiences, physical and mental health issues, social and economic factors, and societal attitudes. Key issues for Victorian men's sexual and reproductive health include: higher rates of some sexually transmitted infections (STIs) including HIV; poorer knowledge about STIs and blood-borne viruses (except HIV); threat of violence and discrimination facing gay, bisexual, transgender and intersex men; experience of sexual violence and coercion; and sexual difficulties including erectile dysfunction, premature ejaculation and penile problems, and a range of disorders of the reproductive system including prostate disease, testicular problems and infertility.

Violence has major impacts on the health and wellbeing of men, women and children in Victoria and has very distinct gender patterns. Men are more likely to be the victims of violence and physical abuse overall, while women are more likely to be the victims of domestic violence. Men are also more likely to be the perpetrators of violence, including in intimate relationships. Reporting sexual assault can be difficult for men, and most support options are located within women-oriented services, creating a further barrier to accessing support.

Guidelines

Examples of specific activities relating to each of the priority conditions include:

	Key stakeholders*
Coronary heart disease	❶ ❷ ❹ ❺
• Ensure coordinated cardiovascular and diabetes prevention programs for high-risk individuals, as well as broader population-based approaches, are informed by current men's health research and include messages relevant to men	
• Increase the use of cardiovascular disease absolute risk assessment for men, aged 45–74 years (35–74 years for Aboriginal men)	
• Increase the proportion of men aged 45–74 years having regular blood pressure and cholesterol tests by increasing awareness among men and health services of the importance of risk-factor management (35–74 years for Aboriginal men)	
• Improve the participation rate of men with existing coronary heart disease in secondary prevention programs such as cardiac rehabilitation	
• Increase the number of automated external defibrillators (AEDs) installed in community settings such as shopping centres, sporting grounds and workplaces	

	Key stakeholders*
• Improve the identification and management of men aged 45–64 years at high hereditary risk of developing coronary heart disease (35–74 years for Aboriginal men)	
• Increase the participation of younger men with a family history of coronary heart disease in genetic testing for heart disease	
• Increase the awareness among men and general practitioners (GPs) of links between erectile dysfunction and cardiac problems	
Cancer	❶ ❷ ❹ ❺
• Improve understanding of men's lower rate of participation in the National Bowel Cancer Screening Program and develop initiatives to increase this, including: – promote men's participation in bowel cancer screening through groups and organisations men are involved with – work with GPs to increase the provision of information on prevention and early detection of bowel cancer in men, including recommending biennial bowel cancer screening for all men over 50	
• Work with the primary care sector to increase hepatitis B immunisation, testing and treatment in populations at highest risk, such as immigrants, to reduce men's liver-cancer mortality	
• Explore potential survivorship models to provide improved support for men with prostate and other cancers	
• Ensure gender-aware support services and resources are available to men on diagnosis of themselves or their partners	
• Encourage men to have a discussion with their GP or specialist regarding the risks and benefits of PSA screening and prostrate cancer treatment	
• Improve understanding of why some men delay presenting with cancer symptoms	
Diabetes	❶ ❷ ❺
• Ensure coordinated cardiovascular-diabetes preventive programs for high-risk individuals, as well as broader population-based approaches, are informed by current men's health research	
• Increase men's awareness of key risk factors and the serious nature of diabetes	
• Tailor interventions to target men in groups with the highest diabetes rates (low socioeconomic status, Aboriginal, culturally and linguistically diverse)	
• Ensure that diabetes care and treatment services respond to men's differing health behaviours and needs	
• Increase men's lower rate of participation in diabetes prevention programs, such as the Life! program	
• Build the evidence base to better understand how lifestyle factors and biological sex differences interact and lead to men's higher diabetes mortality and morbidity	

	Key stakeholders*
Mental health	❶ ❷ ❹ ❺
• Develop initiatives targeted specifically at increasing men's mental health literacy	
• Strengthen protective factors and reduce risk factors for mental health through a collaborative approach to mental health promotion in key areas including tackling stress in the workplace	
• Increase awareness of men's differing mental health issues and presentation	
• Develop group-based experiential approaches to enhance men's empathetic and relational skills, which can be used in a wide range of settings such as sports and recreational clubs and men's sheds	
• Further develop the evidence base to gain an improved understanding of men's mental health in relation to: – risk factors – help-seeking and service engagement – effective approaches to cross-sectoral working – clinical guidelines and training	
Accidents and injuries	❶ ❷ ❹ ❺
• Encourage men to question social and peer attitudes supporting dangerous risk-taking	
• Increase men's awareness of the high rates of male death and disability due to accidents and injuries	
• Assist men, particularly young men, to differentiate between healthy and life-threatening risk taking	
• Work with local government community safety programs to encourage the adoption of strategies that reach and include men	
• Promote the adoption of sports injury prevention initiatives by local sporting groups, specifically those played primarily by men	
• Increase awareness of the dangers of noise-induced hearing loss among men and the community	
• Ensure that health promotion for older Victorians includes a focus on men's health needs such as risks of home injuries and falls	
Suicide	❶ ❷ ❺
• Increase the awareness of men's suicide risk factors and prevention strategies among health and community services and GPs	
• Work with community groups focusing on men to build awareness of suicide prevention and support services for men	
• Work to normalise men's expression of emotions such as anxiety, stress and sadness	
• Provide skills-based training to men including problem solving, stress management and coping mechanisms	
• Work with the Commonwealth Government as part of its Taking Action to Prevent Suicide commitment to develop men's suicide prevention activities to raise awareness, increase social inclusion, improve access to mental health services and foster partnerships at a local level	
• Develop the evidence base relating to factors that predict suicidality in men, risk factors and tipping points, as well as protective factors	

	Key stakeholders*
Sexual and reproductive health	❶ ❷ ❺
• Increase men's rate of STI testing, and uptake of necessary treatment, care and support	
• Ensure services typically oriented towards women are aware of and respond to men's differing health needs	
• Ensure sexual assault services understand and respond to the differing issues and needs of males, including refugee men who have been victims of sexual and gender based violence	
• Reduce stigma and prejudice to assist men to disclose sexual practices and orientations	
• Increase the awareness among men and GPs of links between chronic disease and reproductive health disorders such as erectile dysfunction	
Violence	❶ ❷ ❸ ❺
• Implement best-practice approaches at individual, community and population levels to change attitudes (among other men and women) that are tolerant of violence by and between men (complementing the focus on changing attitudes in Victoria's action plan to address violence against women and children)	
• Promote respectful and equitable relationships between men and other men, women, boys and girls, in schools, workplaces and communities	
• Support behaviour-change programs that encourage men to critically reflect on masculine norms around the use of violence towards other men or women	
• Improve the understanding of the nature and impacts of domestic violence experienced by men in heterosexual and same-sex relationships	

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Next steps

Successful implementation of the identified action areas will require the participation of a wide range of stakeholders and links to existing initiatives. The first step will be the establishment of a departmental coordination process to identify opportunities relating to each of the actions areas for the next three years, and to promote incorporation within activity planned or currently underway. As part of this work, broad indicators of improvements in men's health will be identified.