

References

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WORTH THE PAPER THEY'RE WRITTEN ON? THE POTENTIAL ROLE OF NATIONAL MEN'S HEALTH POLICIES

By: Peter Baker

Summary: The Irish government was the first to introduce a national men's health policy. It ran for five years, from 2008–2013, and has recently been independently reviewed. The review found, overall, that the policy had a positive impact on men's health in Ireland. The conclusions of the review suggest that national strategies on men's health in individual European states, as well as in Europe as a whole, could be beneficial. Existing health policies should also take explicit account of the specific needs of both men and women.

Keywords: *Men's Health, Gender, Health Policy, Ireland*

Introduction

Men's health in Europe is unnecessarily poor. Life expectancy for women on average across European Union (EU) member states reached 82.2 years in 2012, compared with 76.1 years for men. The gap between the EU member states with the highest and lowest life expectancies was 7.6 years for women and 11.5 years for men.¹ Across all EU member states in 2011, the male mortality rate was nearly 60% higher than the female rate.

Professor Sir Michael Marmot, one of the world's leading authorities on the social determinants of health, has suggested that men's poorer survival rates across Europe

'reflect several factors – greater levels of occupational exposure to physical and chemical hazards, behaviours associated with male norms of risk-taking and adventure, health behaviour paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and, when they see a doctor, are less likely to report on the symptoms of disease or illness.'²

Men's health policy

Marmot believes that national governments should develop strategies that 'respond to the different ways health and prevention and treatment services are

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Note: Peter Baker was commissioned by the Health Service Executive in Ireland to lead the independent review of the National Men's Health Policy.

Box 1: Ireland's National Men's Health Policy 2008–2013: Where was progress made?

Most progress was made in four areas:

- Increasing the focus on men's health research
- Developing health promotion initiatives that support men to improve their health (see Box 2)
- Tackling social isolation and disadvantage in men through community development work
- Developing men's health training for health and other professionals

Progress was slower in seven areas:

- Establishing structures nationally and locally to support and monitor implementation of the policy
- Increasing the proportion of men working in education, the caring professions and community work
- Developing health services (especially in preventative health) which take men into account
- Developing policies that improve the health of men at home in their roles as husbands, partners, fathers and carers
- Improving the health and personal development of boys through work in schools and colleges
- Developing men's health initiatives at workplaces
- Increasing men's access to sport and recreation facilities.

experienced by men [and] women ... and [ensure] that policies and interventions are responsive to gender.²⁴ In a subsequent report on health inequalities in the UK, Marmot highlighted the fact that deprivation has a greater negative impact on men's health outcomes than women's and called for a greater policy focus on men's health to help tackle this.²⁵

Ireland: the first to act

The Irish government was the first in the world – and to date remains the only

government in Europe – to have responded to the health problems facing men with a dedicated National Men's Health Policy (NMHP).²⁶ This set out ten strategic aims – and 118 specific action points – for the period 2008–2013. Among the problems it aimed to tackle were male life expectancy five years below that of females, a steep social gradient in male mortality, and the second highest suicide rate in young men out of the 30 OECD member states.

As well as being the first comprehensive attempt to address men's health at a policy level, it moved beyond the traditional 'medical model' and was based on a social determinants approach. It advocated a 'whole-system' response, with roles for a wide range of government departments, non-governmental organisations, employers and others.

The focus of the NMHP was on prevention and the importance of supporting men through a community development approach. Significantly, it did not seek to blame men for their poor health and, instead, embraced an understanding of masculinities and the ways men are socialised to behave. It also aimed to support men to become more active advocates for their own health. The European Commission's report on the state of men's health across Europe called the publication of the NMHP 'a significant landmark'.²⁷

Making a difference?

But was the NMHP actually effective? What difference did it make to men's health in Ireland? And does it provide a template for the development of men's health in other European countries and perhaps beyond? An independent review of the NMHP, commissioned by Ireland's Health Service Executive and published in 2015, provides some answers to these important questions.²⁸

It was not possible for the review to assess the impact of the NMHP quantitatively. No clear time-framed performance indicator outcomes were established at the start of the NMHP and it was implemented during a period when, because of cuts in public expenditure, there was a dearth of official data on health behaviours and outcomes. Even if good data had been available,

it still would have been challenging to demonstrate a link between the NMHP specifically and any changes in men's health outcomes.

The wide range of health professionals, health service and government officials, men's health advocates and others consulted for the review were nevertheless overwhelmingly of the view that, overall, the NMHP made a significant and important contribution to making the issue of men's health more prominent in Ireland, to providing a framework for action, and to implementing many important new initiatives. However, it was also generally acknowledged that its impact had been stronger in some areas of activity than others and very weak in some (see Box 1).

The achievements of the NMHP were in large part due to its very existence (which validated and encouraged work in a previously overlooked field), the thorough pre-publication consultation process (which engaged a wide range of organisations and individuals), its holistic approach to men's health, and the commitment of a core group of individuals from the statutory and non-statutory sectors who took responsibility for co-ordinating its implementation. The involvement of several significant non-governmental organisations, including the Irish Cancer Society and the Irish Heart Foundation, was also important.

The NMHP was, however, published at a time of economic crisis. The impact of this on implementation cannot be underestimated. Although some government money continued to be provided for men's health work, including the annual Men's Health Week in June, this was not on a scale commensurate with the ambition of the NMHP.

Other implementation problems concerned the large number and scope of specific policy recommendations and actions, the lack of clearly-stated priorities, and the problem common to many jurisdictions of securing action across government departments. In Ireland, the latter problem was compounded by significant reorganisations within some departments and the loss of staff who had been closely involved in the initial development of the NMHP. There was also a lack of

Box 2: Health promotion with men in Ireland

One area of clear progress in implementation of the NMHP was the development of new health promotion initiatives. A wide range of male-targeted health information resources was produced, including by the Men's Health Forum in Ireland, the Irish Cancer Society, the Irish Heart Foundation, An Post (Ireland's postal service), and Saferood (the statutory body that promotes awareness and knowledge of food safety and nutrition issues in Ireland).

Evaluated health promotion pilot and longer-term programmes aimed at men included the Men on the Move initiative (which engaged men in sociable physical activity programmes), The Larkin Unemployed Centre's Men's Health and Wellbeing Programme (a ten-week intervention for men aged over 30 years in a disadvantaged part of Dublin) and Farmers Have Hearts (a cardiovascular health screening programme for rural men).

sustained high-level government official or ministerial support which could have helped drive progress on implementation.

Other countries

Two other countries, Australia and Brazil, have also introduced national men's health policies. Although the evidence suggests their outcomes, like those of the Irish policy, were mixed, many men's health researchers and advocates around the world now believe that dedicated and comprehensive national men's health policies represent the best way forward. In Europe, this view is taken by the Danish Men's Health Society, the Men's Health Forum (England and Wales) and the European Men's Health Forum.

This is despite evidence that progress in men's health can be made in the absence of a specific national men's health policy. In England and Wales, for example, the Men's Health Forum has successfully argued for the male perspective to be integrated into

cancer and mental health policy, as well as for men to be included within the national chlamydia screening programme and for the introduction of abdominal aortic aneurysm (AAA) screening for men. In Denmark, the government has recently allocated €1 million to develop initiatives with unskilled and unemployed men and additional funding for 'Men's Sheds'* in rural areas. Nevertheless, in England, Wales and Denmark, as well as Europe generally, the principal advocates for men's health still perceive progress to have been patchy and fragile and in need of underpinning by clear national strategies.

Most advocates also consider that progress should be made within a broader gender mainstreaming framework (GMF), and that attention must be paid to the health needs of both men and women. But there are concerns that a GMF alone is not able to drive sufficient action on men's health. This is primarily because 'gender' is still widely interpreted to refer to women alone and, where GMFs exist (as in Ireland), they have in practice proved difficult to implement. Because gender mainstreaming tends to be framed as a binary issue (male/female), there is an additional risk that it will overlook lesbian, gay, bisexual, transgender and intersex issues.

Where next?

The conclusions of the review of Ireland's NMHP point to a need for national strategies on men's health in individual European states, as well as for existing policies, whether on cancer, cardiovascular disease or obesity, to take explicit account of the specific needs of men. There is also a case for Europe as a whole to develop a strategy on men's health which takes account of the conclusions of the European Commission's report on men's health.⁵ This was published in 2011 but has not yet been followed up with any recommendations for action.

There are also obvious implications for women's health policy, as it would seem anomalous for gender-specific policy

to apply only to men. Women may live longer than men but they nevertheless still have a wide range of unmet health needs that require attention. The value of national women's health policies is an issue women's health advocates may wish to consider and, if there is support for this approach, there is potential for collaborative working between men's and women's organisations.

How men's health will be taken forward in Ireland, specifically now that the NMHP has come to an end, is still to be determined. The review found very strong support for the continuation of a dedicated national policy on men's health in order to maintain momentum. But it was also felt that men's health should now be addressed, in the form of a dedicated Men's Health Action Plan, within the country's new overarching public health policy, *Healthy Ireland*. This policy has the high-level political support and the governance and implementation structures that make it much more likely that it will successfully make progress through co-ordinated cross-sectoral activity.

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* Men's Sheds are defined as dedicated and friendly meeting places where men come together to undertake a variety of mutually agreed activities, with the aim of sharing skills, learning new ones and generally participating in group projects. The overall objective is to enhance the social connectedness and well-being of participating men.