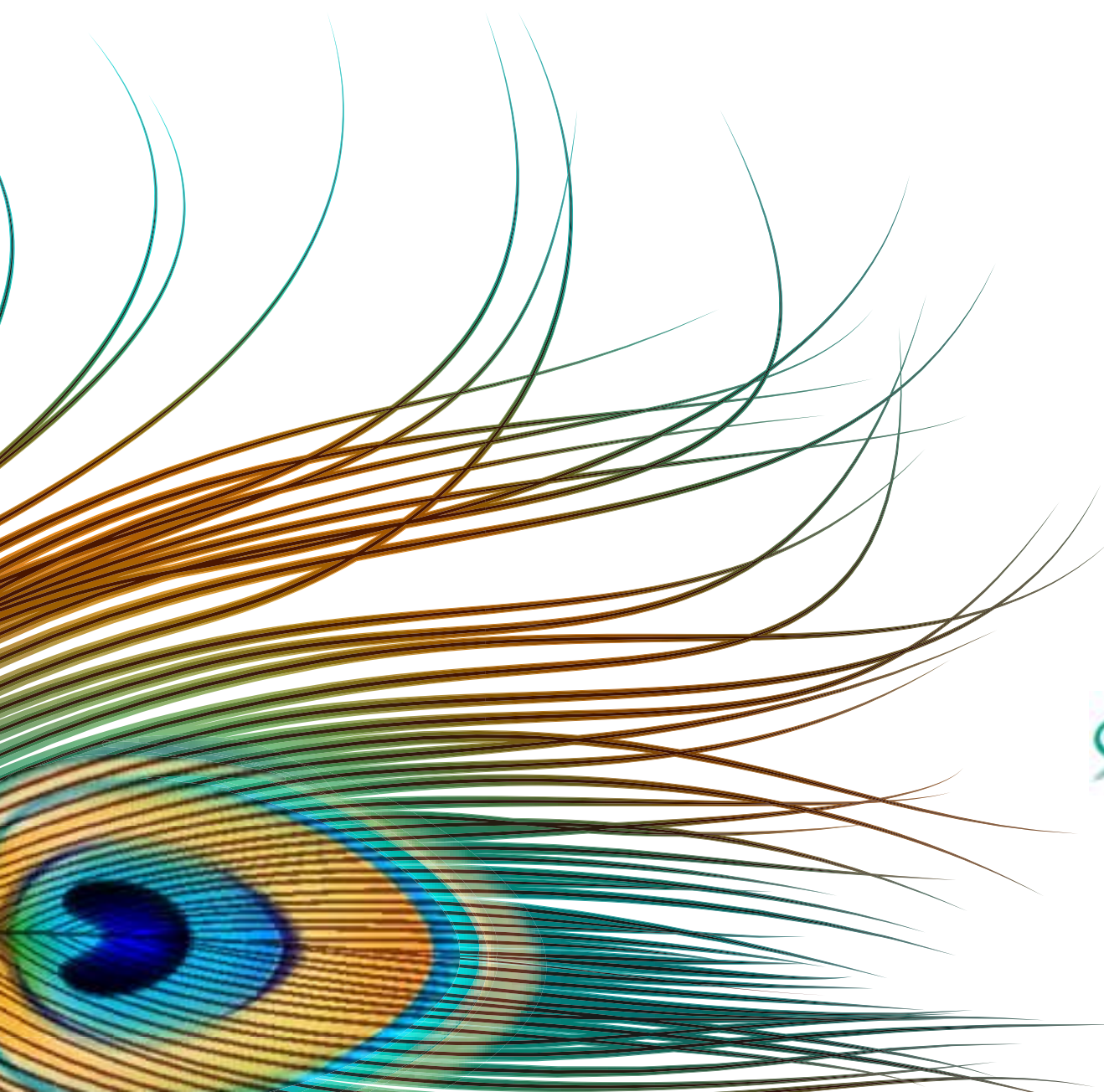


NATIONAL MEN'S HEALTH ACTION PLAN

# HEALTHY IRELAND - MEN HI-M 2017-2021

Working with men in Ireland to  
achieve optimum health and wellbeing



# Contents

<b>Foreword</b>	i
<b>Abbreviations</b>	iii
<b>Executive Summary</b>	1
<b>Part 1: Preamble</b>	3
Ireland's pioneering role in men's health policy development	3
National Men's Health Policy Review	4
The rationale for maintaining a specific focus on men's health	4
Evidence supporting gender-specific or 'men-friendly' approaches	5
Building on the momentum and key milestones achieved to date	6
<b>Part 2: National Men's Health Action Plan; Healthy Ireland - Men     [HI-M] 2017-2021</b>	9
<b>Appendices</b>	
Appendix 1: Key NMHPAP milestones in the context of the Healthy Ireland policy framework	15
Appendix 2: Potential cross-sectoral impact of HI-M 2017-2021	16
Appendix 3: Impetus and background to policy development	19
Appendix 4: National Men's Health Policy Review	21
Appendix 5: The rationale for maintaining a specific focus on men's health	25
Appendix 6: National and international publications and presentations	29
Appendix 7: Membership of the National Men's Health Policy Implementation Group	41
Appendix 8: Existing policy that will be supported by actions from HI-M 2017-2021	43

## Foreword

Ireland was the first country in the world to adopt a National Men's Health Policy, and other countries are now building upon the pioneering spirit and practical learning from the Irish experience. The publication of this Action Plan for Men's Health [Healthy Ireland - Men 2017-2021 (HI-M 2017-2021)] is a significant and important step in continuing the momentum and progress that has been achieved in the area of men's health policy in Ireland in recent years.

There remains an urgent need to maintain a specific focus on men's health. This is grounded in continued sex differences in life expectancy and mortality, health inequalities between different sub-populations of men, a substantial body of evidence supporting a gender-specific approach to engage more effectively with men, and the imperative to build on progress achieved to date. Underpinning this progress has been an explicit focus on gender-specific strategies related to community engagement, capacity building, partnership and sustainability.

In response to the key recommendations of an independent Review of the previous National Men's Health Policy and Action Plan [NMHPAP 2008-2013], HI-M 2017-2021 adopts a focused and strategic approach to address many of the key health topics and themes under the Framework of Actions highlighted in Healthy Ireland and the HSE priority areas.

The same theoretical and philosophical principles that underpinned the NMHPAP 2008-2013 continue to provide a basis from which to advance men's health in the context of HI-M 2017-2021. Since publication of the NMHPAP 2008-2013, there has been a breadth of evidence supporting and informing the need for a gender-specific approach across a diverse range of topics, settings and target male population groups. This evidence, along with ongoing men's health work, provides a platform from which to progress and build momentum in the years ahead.

HI-M 2017-2021 is relevant to a wide audience - policy makers, service providers, health and allied health professionals, and to those who work with men in the community and voluntary sectors - and sets out a new vision and roadmap for men's health that can play a pivotal role in supporting the implementation of Healthy Ireland.



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## Abbreviations

CHBR	Centre for Health Behaviour Research (in Waterford Institute of Technology)
DAFM	Department of Agriculture, Food and the Marine
DoES	Department of Education and Skills
DoH	Department of Health
DoJEI	Department of Jobs, Enterprise and Innovation
DoSP	Department of Social Protection
E.G.	Exempli Gratia (for example)
FCSE	Family Communication and Self-Esteem
FSP	Farm Safety Partnership
GAA	Gaelic Athletic Association
GM	Gender Mainstreaming
GP	General Practitioner
HBSC	Health Behaviours in School-aged Children
HI	Healthy Ireland
HI-M	Healthy Ireland - Men
HSA	Health and Safety Authority
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
ICS	Irish Cancer Society
IHF	Irish Heart Foundation
IMSA	Irish Men's Sheds Association
IPH	Institute of Public Health
ITC	Institute of Technology Carlow
LGBT	Lesbian, Gay, Bisexual and Transgender
LSP	Local Sports Partnership
MDN	Men's Development Network
MHFI	Men's Health Forum in Ireland
MHW	Men's Health Week
MoM	Men on the Move
NCMH	National Centre for Men's Health (in the Institute of Technology Carlow)
NMHP	National Men's Health Policy
NMHPAP	National Men's Health Policy and Action Plan
NMHPIG	National Men's Health Policy Implementation Group
NOSP	National Office for Suicide Prevention
NYCI	National Youth Council of Ireland
PA	Physical Activity
PE	Physical Education
SEG	Socio-Economic Group
SI	Sport Ireland
SPHE	Social, Personal and Health Education
WIT	Waterford Institute of Technology

## Executive Summary

Ireland became the first country in the world to publish a National Men's Health Policy [NMHP] in 2009 and has been to the forefront, internationally, in advancing men's health at a research, policy and advocacy level. Underpinning its approach to men's health policy development and implementation has been an explicit focus on gender-specific strategies related to community engagement, capacity building, partnership and sustainability. Much of the work to date has revolved around excellent partnerships between the statutory, community/voluntary and academic sectors, resulting in a strong evidence base. Although ostensibly a men's 'health' policy, the Policy has had an explicit focus on mainstreaming men's health across a broad spectrum of policy areas (within and outside of health) and contributing to more effective implementation of other policy areas.

There remains a strong rationale for maintaining a specific focus on men's health. This is grounded in: continued sex differences in life expectancy and mortality; health inequalities between different sub-populations of men; a substantial body of evidence supporting a gender-specific approach; and the imperative to build on the momentum and key milestones achieved in men's health over the past ten years. The New Public Sector Equality and Human Rights Duty provides a mandate for maintaining a policy focus on men affected by marginalisation (e.g. Traveller men, ethnic minority men and gay men).

In June 2014, the Department of Health [DoH] and the Health Service Executive [HSE] commissioned a Review of the Policy, with a view to informing the future direction of men's health policy in Ireland aligned to the key themes of Healthy Ireland [HI]. The Review concluded that, overall, the Policy had made a significant contribution to advancing men's health in Ireland and paid tribute to the significant progress that had been achieved in: (i) promoting an increased focus on men's health research in Ireland; (ii) developing health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives; (iii) building social capital within communities for men; and (iv) the development and delivery of men's health training for health and other professionals. The Review also paid tribute to the significant progress that had been achieved in developing sustainable alliances and partnerships in the area of men's health involving statutory, community and voluntary, and academic sectors. Notwithstanding what it saw as the ambitious scope and breadth of policy recommendations, the Review recommended that there should be a continued dedicated national focus on men's health in Ireland to ensure that the momentum and traction that has been achieved to date is not lost. The Review also recommended the development of a revised and more focused Action Plan for men's health that should make explicit links to other health policy areas and clearly demonstrate how addressing men's health will support the effective implementation of Healthy Ireland.

The same theoretical and philosophical principles that underpinned the previous Action Plan continue to provide a basis from which to maintain this ongoing agreed approach to men's health policy implementation and from which to advance men's health in the future. The revised Men's Health Action

Plan [Healthy Ireland - Men 2017-2021: HI-M 2017-2021] sets out a new vision and roadmap for men's health in the years ahead. The Plan works in tandem with existing structures and programmes within the HSE and is designed to contribute to more effective implementation of programmes and services by mainstreaming men's health across a broad spectrum of policy areas. Four Themes (T) and twenty-eight Actions (A) have been identified under HI-M 2017-2021. These Themes and Actions have been framed with due regard to the key health topics and themes under the Framework of Actions highlighted in Healthy Ireland and the HSE priority areas.

T1: Establish appropriate governance structures that are aligned with Healthy Ireland to oversee the implementation of HI-M 2017-2021.

T2: Contribute to 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 - with a particular emphasis on addressing health inequalities between different sub-populations of men.

T3: Build capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level.

T4: Ensure that research continues to underpin the development of men's health practice in Ireland and contributes to the Healthy Ireland agenda.

## Part 1: Preamble

### **Ireland's pioneering role in men's health policy development**

Ireland has been to the forefront internationally in advancing men's health at a research, policy and advocacy level<sup>1</sup>. As the first country in the world to develop a National Men's Health Policy and Action Plan [NMHPAP 2008-2013]<sup>2</sup> Ireland's pioneering role in men's health policy development has been described by the British Medical Journal as 'a particular source of inspiration for other countries'<sup>3</sup>. Through its implementation to date, a number of significant milestones have been achieved in the context of the Healthy Ireland Policy Framework (see Appendix 1). Crucially, Ireland's NMHPAP 2008-2013 has also provided a vision and a framework for action that enabled the field of men's health to develop in synergy with other policy areas within and beyond the health sector<sup>4</sup>. Underpinning this approach has been an explicit focus on gender-specific strategies related to community engagement, capacity building, partnership and sustainability. Much of the work to date has revolved around excellent partnerships between the statutory, community/voluntary and academic sectors, resulting in a strong evidence base. Having a NMHPAP has also resulted in men's health being more visible and occupying a more prominent place in public discourse<sup>4</sup>.

The positioning of men's health in such broad terms within NMHPAP 2008-2013, was a clear statement of the cross-sectoral and inter-departmental responsibilities associated with promoting men's health, but also drew attention to the potential gains and benefits to other sectors and government departments of working in partnership to support men's health (see Appendix 2). In the context of the Department of Jobs, Enterprise and Innovation, for example, a man's inability to live a full and productive life is a considerable burden to the economy in terms of associated healthcare costs and loss of workplace productivity. Increasing the uptake of parental leave by fathers is crucial in terms of a broader gender-relations approach to equality in the workplace, and to childcare and domestic labour within the home (Department of Jobs, Enterprise and Innovation). The Department of Education and Skills has a critical role to play in nurturing boys' self-esteem and communication skills from an early age, to enable them as adults to have acquired a language for expressing emotional distress and to be more open about seeking help, particularly for emotional problems. Notwithstanding the challenges associated with inter-departmental work<sup>5</sup>, continued efforts are needed to promote men's health in the future through synergies with other government departments. A more detailed overview of the impetus and mandate for developing a NMHPAP is outlined in Appendix 3.

<sup>1</sup> Richardson N. & Carroll P. (2009). Getting men's health onto a policy agenda - charting the development of a national men's health policy in Ireland. *Journal of Men's Health: Vol 6, No 2*; 105-113.

<sup>2</sup> Department of Health and Children (2009). *National Men's Health Policy: Working with men in Ireland to achieve optimum health and wellbeing*. Hawkins House, Dublin.

<sup>3</sup> White A., McKee M., Richardson N., De Visser R., Madsen S.A., de Sousa B., Makara P. & Zatonski W. (2011). Europe's men need their own health strategy. *BMJ* 343:d7397-11.

<sup>4</sup> Richardson N. (2013). Building Momentum, Gaining Traction: Ireland's National Men's Health Policy - 5 Years On. *New Male Studies* 2(3):93-103.

<sup>5</sup> Baker P. (2015). Review of the National Men's Health Policy and Action Plan 2008-2013: Final report for the Health Service Executive. Available at: <http://pbmenshealth.co.uk/wp-content/uploads/2015/05/Ireland-Mens-Health-Policy-Review.Final-Full-Report.2015.pdf>

## National Men's Health Policy Review

The Department of Health [DoH] and the Health Service Executive [HSE] commissioned a Review in June 2014 to consider the overall implementation of the NMHPAP 2008-2013 and to inform the future direction of men's health policy in Ireland aligned to the key themes of Healthy Ireland. The Review<sup>5</sup> (see summary of Review findings in Appendix 4) concluded that, overall, the NMHPAP 2008-2013 had made a significant contribution to advancing men's health in Ireland:

*"... the NMHPAP has made a significant and important contribution to making the issue of men's health more prominent and providing a framework for action."* (Baker, 2015, p6<sup>5</sup>)

In order to build upon this success and momentum, the Review recommended the development of a revised and more focused Action Plan for men's health that should make explicit links to other health policy areas, and should clearly demonstrate how addressing men's health would support the effective implementation of Healthy Ireland.

## The rationale for maintaining a specific focus on men's health

There remains a pressing need for a continued policy focus on men's health. Many of the challenges identified for men in the NMHPAP 2008-2013 are still in evidence today. There continues to be significant differences in health outcomes; not just between men and women, but also between different populations of men (see Appendix 5). Many men have struggled to adapt to and cope with rapid societal change, particularly with more difficult transitions associated with economic recession. Although the rate of unemployment has, overall, been decreasing<sup>6</sup>, high rates of unemployment remain a stark reality among young men<sup>7</sup>. Labour market vulnerability and lack of security of job tenure - particularly among lower socio-economic groups of men - are increasingly associated with social exclusion and adverse health outcomes<sup>8</sup>. For example, ethnic minority groups of men are particularly prone to labour market discrimination<sup>9</sup>. Access to affordable housing has become an issue for an increasing percentage of the population<sup>10</sup>. Increasing divorce rates and changes to family structures<sup>11</sup> pose particular challenges to those men affected by such change. And yet, there is increasing evidence of boys' and men's capacity to adapt and cope with change. For example, the exponential growth in Men's Sheds in Ireland is indicative of more typically marginalised or isolated men being proactive by joining a Shed to seek

<sup>5</sup> Baker P. (2015). Review of the National Men's Health Policy and Action Plan 2008-2013: Final report for the Health Service Executive. Available at: <http://pbmenshealth.co.uk/wp-content/uploads/2015/05/Ireland-Mens-Health-Policy-Review.Final-Full-Report.2015.pdf>

<sup>6</sup> Eurostat [http://ec.europa.eu/eurostat/statistics-explained/index.php/Unemployment\\_statistics](http://ec.europa.eu/eurostat/statistics-explained/index.php/Unemployment_statistics)

<sup>7</sup> Eurostat [http://ec.europa.eu/eurostat/statistics-explained/index.php/Unemployment\\_statistics#Youth\\_unemployment\\_trends](http://ec.europa.eu/eurostat/statistics-explained/index.php/Unemployment_statistics#Youth_unemployment_trends)

<sup>8</sup> The Institute of Public Health in Ireland (2011). Facing the challenge: The impact of recession and unemployment on men's health in Ireland. [www.publichealth.ie/document/facing-challenge-impact-recession-and-unemployment-mens-health-ireland](http://www.publichealth.ie/document/facing-challenge-impact-recession-and-unemployment-mens-health-ireland)

<sup>9</sup> Kingston G., McGinnity F. & O'Connell P.J. (2013). Discrimination in the Irish Labour Market: Nationality, Ethnicity and the Recession [www.ucd.ie/geary/static/publications/workingpapers/gearywp201323.pdf](http://www.ucd.ie/geary/static/publications/workingpapers/gearywp201323.pdf)

<sup>10</sup> National Economic and Social (2014). Review of Irish Social and Affordable Housing Provision. Paper No 10 [http://files.nesc.ie/nesc\\_secretariat\\_papers/No\\_10\\_Review\\_of\\_Irish\\_Social\\_and\\_Affordable\\_Housing\\_Provision.pdf](http://files.nesc.ie/nesc_secretariat_papers/No_10_Review_of_Irish_Social_and_Affordable_Housing_Provision.pdf)

<sup>11</sup> Central Statistics Office (2012). Profile 5: Households and Families [www.cso.ie/en/census/census2011reports/census2011profile5householdsandfamilies-livingarrangementsinireland](http://www.cso.ie/en/census/census2011reports/census2011profile5householdsandfamilies-livingarrangementsinireland)

solace, share skills, and work towards a common purpose<sup>12</sup>. There has been increasing evidence of high profile men in areas such as sport and entertainment speaking out about health issues and being advocates for other men. There is also promising evidence of separated/divorced fathers finding ways to maintain open lines of communication with their children. According to the most recent Health Behaviours in School-aged Children [HBSC]<sup>13</sup> survey, between 1998 and 2010, there was a statistically significant decrease in the percentage of 10-17 year old boys who reported currently living with both their mother and father (91.6% in 1998 and 73.7% in 2010). Despite this, there was, over the same period, a significant increase in the percentage of boys who reported finding it 'easy'/'very easy' to talk to their mother (70.9% - 80.9%) and to their father (54.3% - 73.2%). Nevertheless, these ongoing challenges faced by men are a timely reminder of the need to maintain a policy spotlight on men and to recognise the substantive differences in health needs between different categories of men. Indeed, the New Public Sector Equality and Human Rights Duty<sup>14</sup> provides an important mandate for maintaining a policy focus on men affected by marginalisation (e.g. Traveller men, ethnic minority men or gay men).

## Evidence supporting gender-specific or 'men-friendly' approaches

In the design and delivery of services and programmes, it is crucially important to consider how men actively construct beliefs, attitudes and behaviours that can impact upon many different aspects of their health. Since publication of the NMHPAP 2008-2013, there has been a breadth of evidence supporting and informing the need for a gender-specific approach across a diverse range of topics, settings and target male population groups. Examples of this include the publication of significant national research reports on topics such as cancer<sup>15</sup> and suicide prevention in young men<sup>16,17</sup>; the rollout and evaluation of ENGAGE<sup>18</sup> and other national men's health training programmes<sup>19,20</sup>; the development of toolkits and best practice guidelines on how to effectively engage men<sup>21,22</sup>; the development and dissemination of health information booklets targeted at different population groups of men<sup>23,24,25</sup>; and the development and co-ordination of a broad range of health awareness raising initiatives in conjunction with National Men's Health Week<sup>26</sup> (See Appendix 6 for a complete list of research outputs since publication of

<sup>12</sup> Wilson N.J. & Cordier R. (2013). A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and wellbeing. *Social Care in the Community* 21(5):451-463.

<sup>13</sup> Kelly C., Gavin A., Molcho M. & Nic Gabhainn S. (2012). The Irish Health Behaviours in School-aged Children (HBSC) study 2010. Dublin: Department of Health.

<sup>14</sup> Equality and Rights Alliance (2015). New Public Sector Equality and Human Rights Duty: [www.eracampaign.org/uploads/A%20New%20Public%20Sector%20Duty%20March%202015.pdf](http://www.eracampaign.org/uploads/A%20New%20Public%20Sector%20Duty%20March%202015.pdf)

<sup>15</sup> Clarke N., Sharp L., O'Leary E. & Richardson N. (2013). An examination of the excess burden of cancer in men. Institute of Technology Carlow.

<sup>16</sup> Richardson N., Clarke N. & Fowler C. (2013). Young Men and Suicide Project. A report from the Men's Health Forum in Ireland.

<sup>17</sup> Grace B., Richardson N. & Carroll P. (2014). Engaging Young Men: A report commissioned by the National Office for Suicide Prevention. Institute of Technology Carlow.

<sup>18</sup> Richardson N., Brennan L., Carroll P. & Lambe B. (2013). 'Engage': National Men's Health Training Programme and Resource Pack. Men's Health Forum in Ireland.

<sup>19</sup> Fowler C., Richardson N., Brennan L., Murray F. & Carroll P. (2015). 'Connecting with Young Men': Engaging Young Men National Training Programme and Resource Pack. Men's Health Forum in Ireland.

<sup>20</sup> Men's Development Network (2013). 7 Key Questions Training.

<sup>21</sup> Lefkovich M., Richardson N. & Robertson S. (2015). Engaging men as partners and participants: guiding principles, strategies, and perspectives for community initiatives and holistic partnerships. Institute of Technology Carlow.

<sup>22</sup> McCarthy M. & Richardson N. (2011). Best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting: A resource booklet for health care professionals working with obese men in the primary care setting. Centre for Men's Health, IT Carlow.

<sup>23</sup> Richardson N. & Osborne A. (2013) Staying fit for farming (a health booklet for farmers).

<sup>24</sup> An Post (2011). Male Minder (a health booklet for An Post staff).

<sup>25</sup> Carroll P. (2011). 'Men's Health Matters': A practical guide to healthcare for men. Carlow County Council.

<sup>26</sup> See: [www.mhfi.org/mhw/about-mhw.html](http://www.mhfi.org/mhw/about-mhw.html)

the NMHPAP 2008-2013). These, together with a number of ongoing developments in men's health, provide an important blueprint for evidence-based and gender-sensitive practice in the future. The field of men's health in Ireland is, therefore, strongly positioned to support the implementation of key Actions in Healthy Ireland by reaching men through this evidence-based and gender-sensitive practice.

#### **Building on the momentum and key milestones achieved to date**

As the first country in the world to publish a National Men's Health Policy [NMHP], Ireland has led the way in the area of men's health and has achieved significant milestones to date. There is a strong rationale for retaining a policy focus on men's health. Considerable momentum has been generated; particularly through the development of evidence-based and gender-sensitive practice, strong working partnerships, and capacity building at community level. The continuation of a NMHP can only serve to build on this momentum:

*'The publication of NMHPs in Ireland and Australia represent a significant landmark in the ongoing evolution of the field of men's health. The policies provide a clear blueprint and an unequivocal evidence base for tackling men's health in each country... It can be concluded from an Irish and Australian perspective, that having a NMHPAP advances the case for men's health in three important ways: (i) it provides a vision, identity and branding for men's health within the wider health policy framework; (ii) it provides a framework for action on men's health and points towards a more systematic approach to tackling key priorities identified for men's health in each country; and (iii) it provides an important resource for practitioners, policy makers and advocates who wish to further advance men's health work.'* (Richardson and Smith, 2011, p431<sup>27</sup>)

In order to build upon the success and momentum gained through implementation of the NMHPAP 2008-2013, this follow-up National Men's Health Action Plan 2017-2021 has been developed with an explicit focus on supporting the implementation of Healthy Ireland [HI] and will, hereafter, be referred to as HI-M 2017-2021. While it is incumbent on the HI-M 2017-2021 to support health behaviour change and to promote health-affirming changes to men's attitudes and approach to their health, it is fundamentally important to continue to create supportive environments, to promote gender-competent services, to expand partnerships and inter-sectoral engagement, and to strengthen community action to support men's health. The same theoretical and philosophical principles that underpinned the previous Action Plan continue to provide a basis from which to maintain this agreed approach to men's health policy implementation and from which to advance men's health in the future.

This Preamble (Part 1) has contextualised the impetus and background to men's health policy development in Ireland, the key findings from the NMHPAP 2008-2013 review, and the rationale for maintaining a policy focus on men's health. Part 2 sets out a new vision and roadmap for men's health

in the years ahead in the form of HI-M 2017-2021. It responds to the clear recommendation from the NMHPAP 2008-2013 Review for a more focused Action Plan which is aligned to the key thematic areas of Healthy Ireland. The Plan works in tandem with existing structures and programmes within the HSE, and is designed to contribute to more effective implementation of programmes and services by mainstreaming men's health across a broad spectrum of policy areas. HI-M 2017-2021 comprises four thematic areas and key actions that link to existing policy areas within and beyond the health sector. The composition of the group tasked with the development of HI-M 2017-2021 is outlined in Appendix 7.

<sup>27</sup> Richardson N. & Smith J. (2011). National men's health policies in Ireland and Australia: what are the challenges associated with transitioning from development to implementation. *Public Health* 125(7):424-432.



## Part 2: National Men's Health Action Plan Healthy Ireland - Men [HI-M] 2017-2021

With due regard to the Healthy Ireland Policy Framework, the four themes (T) identified for action under the HI-M 2017-2021 are as follows:

- T1: Establish appropriate governance structures that are aligned with Healthy Ireland to oversee the implementation of HI-M 2017-2021.
- T2: Contribute to 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 - with a particular emphasis on addressing health inequalities between different sub-populations of men.
- T3: Build capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level.
- T4: Ensure that research continues to underpin the development of men's health practice in Ireland and contributes to the Healthy Ireland agenda.

These Themes have been framed with due regard to the key health topics and themes under the Framework of Actions highlighted in Healthy Ireland and the HSE priority areas. HI-M 2017-2021 will continue to build upon the key NMHPAP 2008-2013 outputs achieved to date (see Appendix 1). There will also continue to be an explicit focus on gender-specific and men-friendly strategies related to community engagement, capacity building, partnership and sustainability.

In keeping with a key recommendation from the NMHPAP 2008-2013 Review, there will also be a specific focus on dove-tailing with other health policy areas. Figure 1 provides an overview of the links between Healthy Ireland and HI-M and the specific points of intersection between HI-M and other government departments, and between HI-M and priority areas identified within Healthy Ireland. Men's health, therefore, will continue to be defined in such terms as: nurturing positive masculinities among boys [Department of Education and Skills - DoES]; promoting safe and health-promoting work practices among farmers [Department of Agriculture, Food and the Marine - DAFM]; using the workplace as a setting in which to promote men's health and optimal work-life balance for men [Department of Jobs, Enterprise and Innovation - DoJEI]; and tackling isolation and disconnection among more marginalised and lower Socio-Economic Group (SEG) men [Department of Social Protection - DoSP]. The specific points of intersection and overlap between HI-M 2017-2021 and existing policy are outlined in Appendix 8. This is a critically important and core element of HI-M - the mainstreaming of men's health across a broad spectrum of policy areas and the capacity of men's health policy to contribute to more effective implementation of other policy areas. It should be acknowledged that HI-M 2017-2021 will continue to

provide a gender lens to inform ongoing and new health and social policy development, to contribute to the effectiveness of new policy development, and to ensure that the health needs of men will be optimally met.



Figure 1: HI-M as a vehicle for mainstreaming men's health across a broad policy spectrum

**T1 Establish appropriate governance structures that are aligned with Healthy Ireland to oversee the implementation of HI-M 2017-2021**

'Governance and Policy' and 'Monitoring, Reporting and Evaluation' are among the key themes of Healthy Ireland's Framework of Actions. Building upon the successful governance structures that underpinned the implementation of the NMHPAP 2008-2013 (see Appendix 1), and taking account of the cross-sectoral approach of HI-M 2017-2021, it is proposed to broaden and extend the composition of the existing National Men's Health Policy Implementation Group. In keeping with current HSE governance structures related to the Implementation Plan for HI, it is proposed to change the status of this group to a Men's Health Action Plan Advisory Group. The following Actions are proposed in relation to governance structures for HI-M 2017-2021:

	Action	Lead Agent	Partners
1.1	Develop an Annual Men's Health Business Plan that aligns to the HSE's Implementation Plan for HI	HSE	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA, NOSP
1.2	Appoint a National Men's Health Action Plan Advisory Group that includes a broad representation of stakeholders aligned to the priorities of HI, to advise on the implementation of HI-M 2017-2021	HSE	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA, NOSP
1.3	Appoint a men's health representative on all priority programme committees in the HSE to ensure the integration of men's health policy on these programmes	HSE	IPH, ICS, IHF, MHFI, MDN, NCMH
1.4	Produce an Annual Report that documents the progress of the HI-M 2017-2021 implementation for submission to the DoH and the HSE and to be posted on the DoH website	HSE	DoH, NCMH
1.5	Produce an Annual Men's Health Communications Plan that documents and profiles key activities and outputs in men's health	HSE	IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
1.6	Host a National Men's Health Website that provides and maintains up-to-date access to both national and international men's health publications and reports	MHFI	NCMH

**T2 Contribute to 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 - with a particular emphasis on reducing health inequalities between different sub-populations of men**

Among the key goals of Healthy Ireland's Outcomes Framework are: 'increase the proportion of people who are healthy at all stages of life' and 'reduce health inequalities'. The Actions defined under Theme 2 are designed to address key lifestyle issues (physical activity, diet, alcohol consumption and smoking) and to promote positive mental health and wellbeing, by adopting a life course approach and having a particular focus on those sub-populations of men most in need:

	Action	Lead Agent	Partners
2.1	Implement and evaluate Men on the Move to increase the proportion of men who are physically active and to improve their overall biopsychosocial health	CHBR	HSE, NCMH, Local Sports Partnership Network, MDN, SI
2.2	Support IMSA with the implementation of the Quality Assessment and Outcomes Framework for Men's Sheds in Ireland	IMSA	HSE, NCMH
2.3	Support the GAA with the implementation and ongoing evaluation of the Healthy Clubs Initiative	GAA	HSE, NCMH
2.4	Support the implementation of the 'Connecting for Life' Implementation Plan by developing and implementing new initiatives (e.g. with middle-aged men) that promote positive mental health and resilience among at risk groups of men	NOSP / HSE	NCMH, MDN, MHFI
2.5	Support the HSE's Plan for Wellbeing and Mental Health by continuing to implement and expand existing initiatives (e.g. Engaging Young Men, Mojo Project, 7 Key Questions) to promote positive mental health and resilience among at risk groups of men	NOSP / HSE	NCMH, MDN, MHFI
2.6	Develop and implement new initiatives targeted at engaging Traveller men, with a particular focus on mental health and resilience building	HSE	NOSP, MDN
2.7	Support the implementation of the Men and Cancer Report recommendations with a particular focus on cancer and health literacy (focusing on the cancer information needs of men over 40 years of age and from lower socio-economic groups)	ICS / HSE	NCMH
2.8	Implement the Farmers Have Hearts evaluation recommendations in the future roll-out of cardiovascular risk screening targeted at men	IHF / HSE	NCMH
2.9	Support those tasked with implementing the National Sexual Health Strategy and SPHE in schools, with a particular focus on promoting increased self-awareness and emotional intelligence among boys and young men	HSE / DoES	MDN, CHBR
2.10	Contribute to the development of the 'Healthy Workplace Framework' and support the implementation of workplace health promotion initiatives with a particular focus on men	HSE / DoH	NCMH

**T3 Build capacity with those who work with men and boys to adopt a gender competent approach to engaging men and boys at both an individual and an organisational level**

Healthy Ireland calls for more effective ways to empower people and communities to improve and take responsibility for their own health. Men are often deemed to be 'the problem', or 'hard to reach' by service providers and, as a result, many men may be reticent to access health services. Historically, men have not commonly mobilised around health issues (in the same way that other groups have), often making it challenging for men to articulate their health needs. Thus, better approaches to meaningfully addressing men's health are increasingly being called for that support practitioners to effectively engage with men and that promote men's greater use of services.

	Action	Lead Agent	Partners
3.1	Deliver ENGAGE training - via the ENGAGE Trainers' network - to frontline service providers (including the up-skilling of Trainers to deliver Units 1-5 as stand-alone Units)	MDN	HSE, NCMH, MHFI
3.2	Expand the number of ENGAGE Unit 6 Trainers and continue to support existing Trainers to deliver the programme to frontline service providers	MHFI	HSE, MDN, NCMH
3.3	Deliver training to frontline service providers within the community and voluntary sectors to engage more effectively with marginalised groups of men	MDN	MHFI
3.4	Support the HSE's plan for tackling health inequalities by prioritising those sub-populations of men most in need through the implementation of HI-M 2017-2021	HSE	MDN
3.5	Support the implementation of the National Gender Mainstreaming (GM) Framework	HSE	MDN, MHFI, NCMH
3.6	Co-ordinate Men's Health Week (MHW) annually and expand the MHW partnership network established to date	MHFI	HSE, MDN
3.7	Contribute to the implementation of Goal 6 of the National Farm Safety Partnership Action Plan (2016-2018) to promote improved health and wellbeing among the farming community	NCMH	HSE
3.8	Develop a training programme to support those in the youth sector to facilitate the development of self-awareness and emotional intelligence among young men	NYCI / CHBR	MHFI

**T4 Ensure that research continues to underpin the development of men’s health practice in Ireland and contributes to the HI agenda**

Among the key themes identified in the Healthy Ireland Framework are ‘research and evidence’ and the need for ‘robust evidence to continually inform practice’. The NMHPAP 2008-2013 Review highlighted research, and the knowledge transfer of research into practice, as a key success (see Appendix 4). It is imperative that research and evaluation continue to underpin men’s health work.

Action	Lead Agent	Partners
4.1 Provide research support to priority programmes in the HSE to ensure that all men’s health work continues to be underpinned by empirical evidence	NCMH / CHBR	HSE
4.2 Support practitioners with the evaluation of men’s health projects and programmes in accordance with best practice	HSE	NCMH
4.3 Ensure that knowledge transfer via training, training materials and resources, toolkits, presentations, reports and academic papers, informs future practice in the area of men’s health	HSE	NCMH
4.4 Expand post-graduate research in men’s health to develop evidence underpinning best practice and to contribute to the knowledge base in this field	HSE	NCMH, CHBR, Wider 3rd Level sector

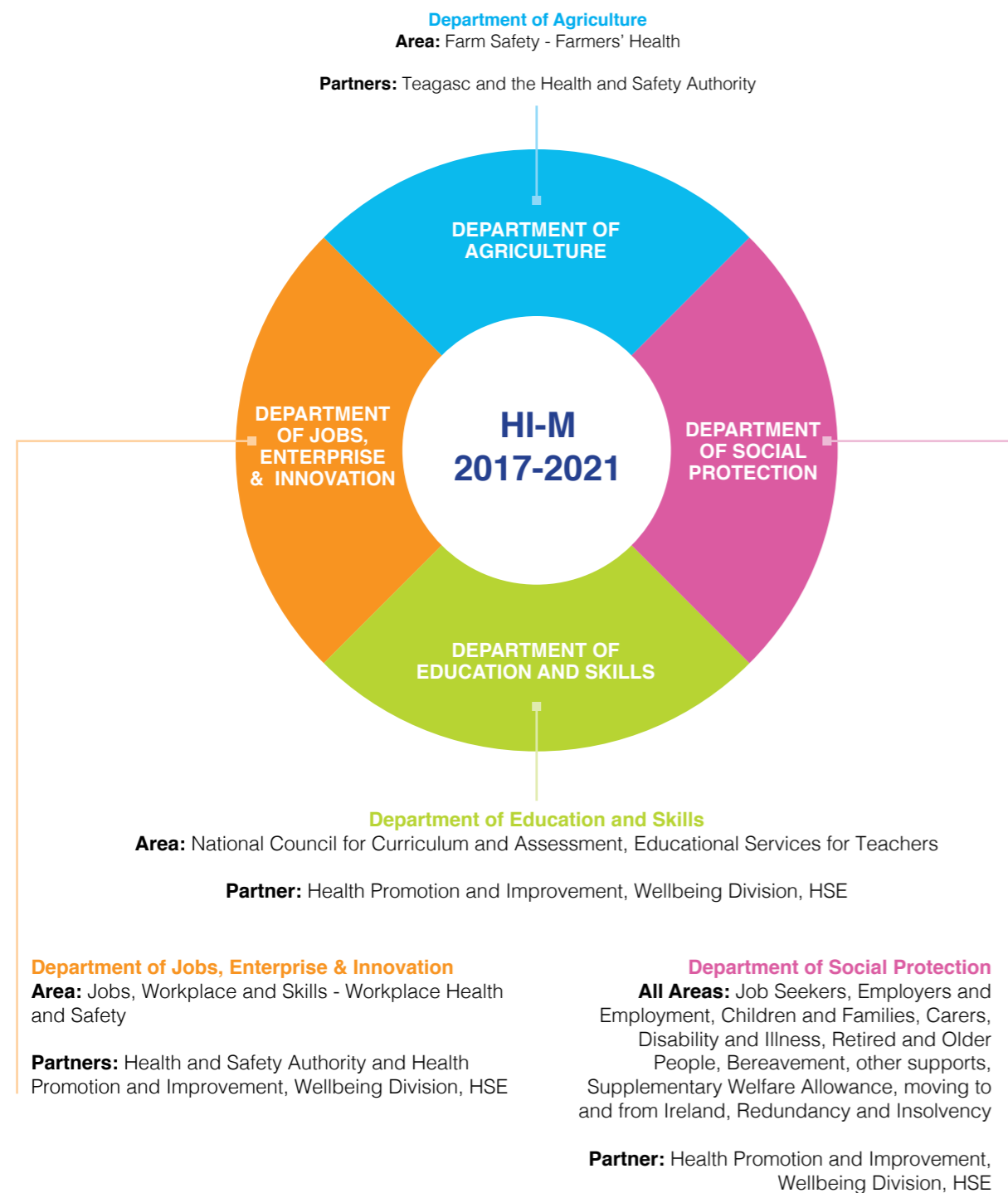
## Appendix 1

### Key NMHPAP 2008-2013 milestones in the context of the Healthy Ireland policy framework

HI Theme	Key NMHPAP Milestones
1. Governance	<ul style="list-style-type: none"> <li>i. National Implementation Steering Group in place (co-chaired by the HSE and the Department of Health) with meetings quarterly</li> <li>ii. Explicit links to Gender Mainstreaming Framework</li> <li>iii. Annual progress reports completed 2009-2013</li> <li>iv. Explicit focus on evaluation with regard to men’s health programmes</li> <li>v. External review published</li> </ul>
2. Partnerships and cross-sectoral work	<ul style="list-style-type: none"> <li>i. Key implementation stakeholders: HSE, MDN, MHFI, NCMH, CHBR</li> <li>ii. Key alliances and partnerships established: NOSP, Irish Cancer Society, Irish Heart Foundation, Institute of Public Health, GAA</li> <li>iii. Men’s health embedded in a range of cross-sectoral work: suicide prevention, GAA Healthy Club Project, National Farm Safety Partnership, gender mainstreaming, obesity, physical activity, SPHE (schools), workplace, community sector</li> <li>iv. International leader with strong international links</li> </ul>
3. Empowering people and communities	<ul style="list-style-type: none"> <li>i. Men’s Health Week, co-ordinated and evaluated by MHFI, is now firmly established as an annual and prominent event and adopts a cross-sectoral, all-island approach</li> <li>ii. Men’s health is embedded in a number of workplace settings. Examples include: Safefood (‘Truck Drivers’), HSE/IHF (‘Farmers Have Hearts’), An Post (‘Male Minder’)</li> <li>iii. Strong links to community sector: <ul style="list-style-type: none"> <li>• Men’s Development Network adopts a lead role at national level and has developed a range of resources</li> <li>• Men’s Sheds - over 300 sheds now established; Quality Assurance and Outcomes Framework being developed for Sheds</li> <li>• Larkin Centre’s Men’s Health and Wellbeing Programme - Toolkit published 2015</li> <li>• Men on the Move physical activity programme - run in partnership with 8 county sports partnerships</li> <li>• Carlow Men’s Health Project - a range of resources published</li> </ul> </li> </ul>
4. Health and health reform	<p>Men’s health training:</p> <ul style="list-style-type: none"> <li>i. ENGAGE (National Men’s Health Training Programme) developed and delivered to a range of health professionals (GPs, Nurses, community workers etc.); training resource pack completed; three Train the Trainer programmes delivered [n=57 Trainers throughout Ireland]; 62 training days delivered by Trainers to 810 service providers; process and outcome evaluation reports completed</li> <li>ii. Connecting with Young Men (national training programme focused on young men and mental health) developed; training resource pack completed; Train the Trainer programme delivered to 17 Trainers; roll-out of training from Autumn 2015; process and outcome evaluation reports completed</li> <li>iii. 7 Key Questions (national training programme targeting community sector) ongoing delivery by MDN; training resource pack completed</li> </ul>
5. Research and evidence	<p>Men’s health work underpinned by a strong evidence base:</p> <ul style="list-style-type: none"> <li>i. A range of significant men’s health reports published</li> <li>ii. NCMH a contributing centre to the first State of Men’s Health in Europe report</li> <li>iii. A range of peer-reviewed and non-peer reviewed publications published</li> <li>iv. Extensive number of conference presentations given</li> </ul>
6. Monitoring, reporting and evaluation	<ul style="list-style-type: none"> <li>i. NMHP related funding conditional on monitoring and tracking outputs and key deliverables</li> <li>ii. Focus on translating research into practice - a number of effective practice guidelines and toolkits have been developed</li> <li>iii. A range of evaluation reports produced</li> </ul>

## Appendix 2

### Potential cross-sectoral impact of HI-M 2017-2021



**Figure 2:** Overview of the potential cross-sectoral impact of HI-M 2017-2021

Farm Safety is identified within the Department of Agriculture as one of the core functions under the Customer Service strategic area. Farmers' health is a core element of the National Farm Safety Partnership's Farm Safety Action Plan. Teagasc and the Health and Safety Authority [HSA] play a key role in the implementation of this Plan. In light of recent findings regarding the health of farmers<sup>28</sup>, HI-M 2017-2021 can support the work of the Farm Safety Partnership (along with other partners such as the Irish Heart Foundation) to continue to work together to improve the health of farmers in Ireland.

Within the Department of Jobs, Enterprise & Innovation [DoJEI], 'Workplace Health and Safety' is an area for action under the strategic area 'Jobs, Workplace and Skills'. The Health and Safety Authority is responsible for the administration of workplace health and safety administration law in Ireland and, as such, is a key partner in the promotion of men's health in the workplace. HI-M 2017-2021 can play a key role in supporting the HSA and more broadly the DoJEI in achieving its objectives with respect to improving the working environment to promote the health and wellbeing of men. In addition, given the significance of employment to a man's health, the role of the DoJEI in the area of education and skills development to ensure the professional development and, therefore, employability of men is critical to the health and wellbeing of men in Ireland. HI-M 2017-2021 can support the DoJEI to engage men for this purpose and to ensure that the delivery of such education and training is gender sensitive. Finally, the NMHPAP 2008-2013 identified the workplace as a key setting in which to promote men's health, and this remains a priority for HI-M 2017-2021.

Income and social capital are key determinants of health. Through the numerous benefit schemes and back to education and training initiatives offered (both community and education setting based) by the Department of Social Protection [DoSP], many men are supported to return to education, training and/or employment, to contribute to their communities, and to financially support themselves and their families. All of these mechanisms directly and indirectly positively impact upon the health and lives of men in Ireland. HI-M 2017-2021 can support the efforts of the DoSP to engage those men most in need of the initiatives offered. In particular, HI-M 2017-2021 can continue to train those working with men in communities and in frontline services to ensure that services and training/education offered are gender sensitive.

The health of men is strongly influenced by behaviours in boyhood. There have been calls from a variety of sectors for early years interventions that support the development of positive health practices and, in particular, the development of positive masculinities and emotional intelligence among boys and young men. The Department of Education and Skills [DoES] has a crucial role to play in this regard. In particular, teachers and those who work with young men in out of school settings require support to deliver Social, Personal and Health Education [SPHE] effectively to boys and young men. It is crucially

<sup>28</sup> Van Doorn D., Richardson N. & Osborne A. (2015). Farmers Have Hearts Evaluation: A report commissioned by the Irish Heart Foundation. Institute of Technology Carlow.

important that boys' uptake of SPHE and Physical Education [PE] as short courses at Junior Cycle is carefully monitored to ensure that young men are availing of these courses and, consequently, being equipped with the life skills these courses provide while at school. It is equally important that the DoES works closely with the National Council for Curriculum and Assessment [NCCA] and applies a gender lens to its review of the Junior Cycle reform to ensure that the learning needs of boys are being met by the reformed Junior Cycle. HI-M 2017-2021 provides a mechanism to support the up-skilling of teachers to deliver SPHE effectively to boys and also to apply a gender lens to educational and curriculum related reviews.

## Appendix 3

### Impetus and background to policy development

The impetus for developing the NMHPAP 2008-2013 was rooted in concerns about disparities in health outcomes between men and women and between different populations of men, an increased awareness of the need for a more gender-specific approach to health policy, as well as an expanding grass-roots men's health field in Ireland. The NMHPAP 2008-2013 was developed following an extensive research and consultation process (Figure 3). The need for a specific policy focus on men's health was identified in Ireland's National Health Strategy in 2001<sup>29</sup>. This prompted the Department of Health and Children to fund a three year men's health research project ('Getting Inside Men's Health'<sup>30</sup>), the findings of which were launched at the first National Conference on men's health in Ireland which took place in December 2004. An inter-departmental and multi-sectoral Steering Group was appointed to oversee the development of the NMHPAP 2008-2013. Under the terms of reference of the Steering Group, an extensive and nationwide consultation process was undertaken with all relevant stakeholders. The findings from this consultation process, together with an extensive review of the evidence underpinning the issues raised, were then translated into concrete policy recommendations and actions which addressed a broad range of men's health issues across a number of government departments<sup>31,32</sup>.

Whilst the case for a policy focus on men's health was multifaceted, clearly, the impetus and mandate for men's health policy action in Ireland was embedded in sex differences in health status between men and women (life expectancy, mortality etc.). However, the NMHPAP 2008-2013 was also grounded in: (i) an acknowledgment of diversity within the category men '*with due regard, in particular, to the social determinants of men's health*'; (ii) an explicit recognition of the need for a gendered approach to men's health; and (iii) a wider grass-roots development within men's health which contributed a 'bottom up' as well as a 'top down' approach to policy development. It was within this broad determinants of health context, and with due regard to the gendered nature of men's health, that a male health issue was defined in the NMHPAP 2008-2013 as:

*'...any issue that can be seen to impact on men's quality of life and for which there is a need for gender-competent responses to enable men to achieve optimal health and wellbeing at both an individual and a population level'. (Department of Health and Children, 2009, p17<sup>33</sup>)*

<sup>29</sup> Department of Health and Children (2001). Health Strategy - Quality and Fairness. A Health System for You. Department of Health and Children, Hawkins House, Dublin.

<sup>30</sup> Richardson N. (2004). Getting Inside Men's Health. Health Promotion Department, South Eastern Health Board, Kilkenny.

<sup>31</sup> Department of Health and Children (2009). National Men's Health Policy Reference Document. Available at: [http://health.gov.ie/wp-content/uploads/2014/03/reference\\_document.pdf](http://health.gov.ie/wp-content/uploads/2014/03/reference_document.pdf)

<sup>32</sup> Richardson N. & Carroll P (2009). Getting men's health onto a policy agenda - charting the development of a national men's health policy in Ireland. Journal of Men's Health: Vol 6, No 2; 105-113.

<sup>33</sup> Department of Health and Children (2009). National Men's Health Policy: Working with men in Ireland to achieve optimum health and wellbeing. Hawkins House, Dublin.

In keeping with the approach of defining men's health in broad terms, a number of key theoretical and philosophical principles informed the development of the NMHPAP 2008-2013. These same principles remain valid for the new Men's Health Action Plan. The NMHPAP 2008-2013:

- was firmly positioned within existing government policy (inter-sectoral / inter-departmental) and invested in an extensive consultation process to develop strong partnerships with existing policy across a number of government departments;
- placed a firm focus on the gendered nature of key men's health issues (e.g. alcohol, obesity, mental health, access to services) and promoted men's health within a mainstreamed equality agenda with a gender focus;
- adopted a social determinants approach;
- targeted interventions at both an individual and a population level;
- incorporated a community development approach;
- focused on prevention as well as cure;
- adopted a strengths perspective;
- sought to support men to become more active agents and advocates for their own health.



**Figure 3:** Key steps in the evolution, development and implementation of Ireland's NMHPAP 2008-2013 (see Richardson and Carroll, 2009<sup>34</sup> ; Richardson and Smith, 2011<sup>35</sup>)

In terms of implementation, a National Men's Health Policy Implementation Group (NMHPIG) had responsibility for overseeing the implementation of the NMHPAP 2008-2013. Members of the NMHPIG were also represented on a National Gender Mainstreaming Framework<sup>36</sup>. An independent evaluation of the policy was published in April 2015 (Baker, 2015<sup>37</sup>).

<sup>34</sup> Richardson N. & Carroll P. (2009). Getting men's health onto a policy agenda - charting the development of a national men's health policy in Ireland. *Journal of Men's Health: Vol 6, No 2*; 105-113.

<sup>35</sup> Richardson N. & Smith J. (2011). National men's health policies in Ireland and Australia: what are the challenges associated with transitioning from development to implementation. *Public Health* 125(7):424-432.

<sup>36</sup> Health Service Executive (2012). *Equal but different: A framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery*. National Women's Council.

<sup>37</sup> Baker P. (2015). *Review of the National Men's Health Policy and Action Plan 2008-2013: Final report for the Health Service Executive*. Available at: <http://pbmenshealth.co.uk/wp-content/uploads/2015/05/Ireland-Mens-Health-Policy-Review.Final-Full-Report.2015.pdf>

## Appendix 4

### National Men's Health Policy Review

#### Approach Taken

The Review<sup>38</sup> adopted a pragmatic approach with the aim of providing an accessible and practical assessment of the NMHPAP 2008-2013. The methodology mainly comprised a national and international literature review, in-depth one-to-one interviews with 30 key stakeholders, a qualitative focus group (with men at a community centre in Dublin), and an online survey of key respondents (which generated over 180 responses).

#### Principal Findings of the Review

The Review concluded that, overall, the NMHPAP 2008-2013 had made a significant contribution to advancing men's health in Ireland. Specifically, the Review highlighted significant progress in relation to four of the NMHPAP 2008-2013's strategic aims:

- Promoting an increased focus on men's health research in Ireland.
- Developing health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives.
- Building social capital within communities for men.
- The development and delivery of men's health training for health and other professionals.

The Review also paid tribute to the significant progress that had been achieved in developing sustainable alliances and partnerships in the area of men's health, involving statutory, community/voluntary and academic sectors.

The number and scope of the specific policy recommendations and actions were also critically reviewed and adjudged to have been too extensive to have been achieved in the timeframe set. However, the limited resources available for implementation of the NMHPAP 2008-2013, in light of the unprecedented economic recession in Ireland at the time of its launch, were also a significant impediment to its implementation.

<sup>38</sup> Baker P. (2015). *Review of the National Men's Health Policy and Action Plan 2008-2013. Final report for the Health Service Executive*. Available at: [www.mhfi.org/policyreview2015.pdf](http://www.mhfi.org/policyreview2015.pdf)

In light of its achievements, the Review found very strong support for the continuation of a dedicated national policy on men's health. There was a fear that, without this, the momentum and traction that had been achieved through the NMHPAP 2008-2013 would be lost:

*'Crucially, Ireland's NMHP has provided a vision and a framework for action that has enabled men's health to gain traction and to develop momentum that would otherwise not have been possible. Men's health is now more visible and occupies a more prominent place in public discourse. Its legacy will ultimately be judged as much by its broader interface with other policy areas as by its success in relation to specific policy recommendations or actions.'*

(Richardson, 2013, p101<sup>39</sup>)

Most Review participants took the view that men's health ought, in the future, to be addressed within the governance and implementation structures of the Healthy Ireland policy framework. Indeed, Review participants noted that this could happen seamlessly on the basis that the Healthy Ireland policy framework was seen as highly consistent with the principles and approach taken to the implementation of the NMHPAP 2008-2013.

Specifically, the NMHPAP 2008-2013 adopted a governance structure in accordance with good practice (i.e. the NMHPIG) and progress was monitored internally and externally in a transparent manner - through the development of annual reports and commissioning of the Review<sup>40</sup>.

Partnerships and cross-sectoral work underpinned the approach to implementing the NMHPAP 2008-2013 at all levels. Key alliances and partnerships were established with a range of stakeholders that included, but was not limited to, the HSE, Men's Development Network [MDN], Irish Cancer Society [ICS], Irish Heart Foundation [IHF], Institute of Public Health [IPH], IT Carlow [ITC], Waterford IT [WIT], National Office for Suicide Prevention [NOSP] and the Men's Health Forum in Ireland [MHFI]. Through these partnerships, men's health has become embedded in a range of cross-sectoral work that includes areas such as suicide prevention, obesity, physical activity and Social Personal and Health Education [SPHE]. Indeed, Ireland has become a leader in the field of men's health policy, with strong international links that further support the implementation of work nationally.

<sup>39</sup> Richardson N. (2013). Building Momentum, Gaining Traction: Ireland's National Men's Health Policy - 5 years on. *New Male Studies* 2(3):93-103.

<sup>40</sup> The Review (2015) is available online at: [www.mhfi.org/policyreview2015.pdf](http://www.mhfi.org/policyreview2015.pdf)

Empowering people and communities is core to men's health policy in Ireland and is evidenced by a range of initiatives embedded at national level, within workplaces and across the community setting in particular. These include:

- The celebration of National Men's Health Week annually via an extensive partnership led by the MHFI<sup>41</sup>;
- Men on the Move - a community based physical activity programme that integrates multiple local services led by the Local Sports Partnerships [LSP]<sup>42</sup>;
- Development of Men's Sheds nationally (n=300) that are co-ordinated by the Irish Men's Sheds Association<sup>43</sup>; and
- Extensive work conducted and resources developed by the MDN as part of their national brief on community development for men in Ireland<sup>44</sup>.

Training has been key to initiating health and health reform. ENGAGE (National Men's Health Training Programme)<sup>45,46</sup> was developed to increase gender competency among those working with men and boys across a variety of sectors. It consists of six Units that are delivered as two distinct one day training programmes [Units 1-5; Unit 6 - Connecting with Young Men]. Five partners, with a view to standardising men's health training across the island of Ireland, developed these programmes. The MDN has also developed a national training programme ['7 Key Questions'<sup>47</sup>] specifically for those working with men and boys in the community sector .

The Review highlighted the significant progress made in relation to research and evidence in the field of men's health in Ireland. The establishment of the National Centre for Men's Health [NCMH] at ITC and its partnership with the Centre for Health Behaviour Research [CHBR] at WIT has significantly contributed to the volume of research and the generation of evidence that ran parallel with many of the initiatives arising from the implementation of the NMHPAP 2008-2013. Since its publication, a range of men's health reports<sup>48,49,50</sup>, peer reviewed<sup>51,52,53,54</sup> and non-peer reviewed papers have been published, and an extensive number of conference presentations have been given both nationally and internationally (see Appendix 6 for a complete list of research outputs, including conference presentations).

<sup>41</sup> See [www.mhfi.org/mhw/about-mhw.html](http://www.mhfi.org/mhw/about-mhw.html)

<sup>42</sup> Canavan L. (2013). Men on the Move Activity Programme - Evaluation Report. Available at: [www.mayosports.ie/media/Media,20875,en.pdf](http://www.mayosports.ie/media/Media,20875,en.pdf)

<sup>43</sup> See [www.menssheds.ie](http://www.menssheds.ie)

<sup>44</sup> See [www.mens-network.net](http://www.mens-network.net)

<sup>45</sup> Richardson N., Brennan L., Lambe B. & Carroll P. (2013). 'Engage': National Men's Health Training Programme and Resource Pack. Men's Health Forum in Ireland.

<sup>46</sup> Fowler C., Richardson N., Carroll P., Brennan L. & Murray F. (2015). Connecting with Young Men: Engaging Young Men National Training Programme and Resource Pack. Men's Health Forum in Ireland.

<sup>47</sup> Men's Development Network. 7 Questions training: [www.mensdevelopmentnetwork.ie](http://www.mensdevelopmentnetwork.ie)

<sup>48</sup> White A., de Sousa B., De Visser R., Madsen S.A., Makara P., Richardson N. & Zatonski W. (2011). The first state of men's health in Europe report. European Union, Brussels.

<sup>49</sup> Richardson N., Clarke N. & Fowler C. (2013). Young Men and Suicide Project. A report from the Men's Health Forum in Ireland.

<sup>50</sup> Grace B., Richardson N. & Carroll P. (2015). Engaging Young Men Project. A report on the mapping exercise conducted in Ireland in 2014. Dublin: Men's Health Forum in Ireland. Available at: [www.mhfi.org/EYMPmappingreport.pdf](http://www.mhfi.org/EYMPmappingreport.pdf)

<sup>51</sup> Carroll P., Kirwan L. & Lambe B. (2014). Engaging 'hard to reach' men in community based health promotion. *International Journal of Health Promotion and Education*, 52(3):120-130.

<sup>52</sup> Kirwan L., Lambe B. & Carroll P. (2013). An investigation into the partnership process of community based health promotion for men. *International Journal of Health Promotion and Education* 51(2): 108-120.

<sup>53</sup> Richardson N. & Carroll P. Getting Men's Health onto a Policy Agenda - Charting the Development of a National Men's Health Policy in Ireland. *Journal of Men's Health*, 6(2):105-13. 2009.

<sup>54</sup> Lefkovich M., Richardson N., Brennan L., Lambe B. & Carroll P. A process evaluation of a Training of Trainers (ToT) model of health training in Ireland. *Health Promotion International* [under review].



All funding relating to the NMHPAP 2008-2013 was conditional on careful monitoring, reporting and evaluation. In particular, there was a strong focus on translating research evidence into practice and, to that end, a number of effective practice guidelines<sup>55</sup>, toolkits<sup>56</sup> and health information booklets<sup>57,58,59</sup> have been developed and a range of evaluation reports produced. All of these have been made freely available and have been integrated into ENGAGE training. Appendix 1 provides a more detailed overview of how the NMHPAP 2008-2013 is aligned with the Healthy Ireland policy framework.

The Review recommended that there should be a continued dedicated national focus on men's health in Ireland to ensure that the momentum and traction that has been achieved through the NMHPAP 2008-2013 is not lost. The Review also recommended the development of a revised and more focused Action Plan for men's health that should make explicit links to other health policy areas and should clearly demonstrate how addressing men's health would support the effective implementation of Healthy Ireland:

*'Ireland was the first country to adopt a distinct national men's health policy. It now has an opportunity to continue its leadership in this field by being the first to mainstream men's health throughout the comprehensive approach to improving public health embodied in Healthy Ireland.'* (Baker, 2015, p8)

<sup>55</sup> Carroll P., Kirwan L. & Lambe B. (2013). Community Based Health Promotion for Men: A Guide for Practitioners. Waterford: Centre for Health Behaviour Research, Waterford Institute of Technology. Available at: [www.researchgate.net/publication/260479595\\_Community\\_Based\\_Health\\_Promotion\\_for\\_Men\\_A\\_Guide\\_for\\_Practitioners](http://www.researchgate.net/publication/260479595_Community_Based_Health_Promotion_for_Men_A_Guide_for_Practitioners)

<sup>56</sup> McCarthy M. & Richardson N. (2011). Best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting: A resource booklet for health care professionals working with obese men in the Primary Care Setting. Centre for Men's Health, IT Carlow.

<sup>57</sup> Carroll P. (2013). Men's Health Matters. A Practical Guide to Healthcare for Men. Carlow County Council.

<sup>58</sup> Richardson N. & Osborne A. (2013). Staying fit for farming (A health booklet for farmers). An Post (2011). Male Minder (A health booklet for An Post staff).

<sup>59</sup> An Post (2011). Male Minder (A health booklet for An Post staff).

## Appendix 5

### The rationale for maintaining a specific focus on men's health

#### Sex differences in life expectancy and mortality

Although male life expectancy in Ireland has increased by almost three years since 2003, and the gap between male and female life expectancy has narrowed over the same period, male life expectancy remains four and half years lower than female life expectancy (78.7 and 83.2 respectively), and men in Ireland continue to have higher death rates for most of the leading causes of death (Table 1) and at all ages (Table 2)<sup>60,61</sup>.

**Table 1:** Mortality by cause of death 2012<sup>62</sup>

Cause of death	Number of deaths		Deaths per 100,000		Male:Female ratio
	Men	Women	Men	Women	
<b>Circulatory Diseases</b>	4,656	4,611	205	199	1.0:1
<b>Malignant Neoplasms</b>	4,577	3,967	202	171	1.2:1
<b>Accidents</b>	633	323	28	14	2.0:1
<b>Suicide</b>	413	94	18	4	4.5:1

**Table 2:** Mortality by cause of death 2012<sup>63</sup>

Age Group	Males	Females	Male:Female ratio
<b>0-4</b>	87	75	1.2:1
<b>5-14</b>	10	9	1.1:1
<b>15-24</b>	68	22	3.1:1
<b>25-64</b>	275	167	1.6:1
<b>65-74</b>	1,934	1,177	1.6:1
<b>75 and over</b>	8,318	7,127	1.2:1

<sup>60</sup> Department of Health (2014). Health in Ireland. Key trends. Department of Health, Dublin 2. Available at: [http://health.gov.ie/wp-content/uploads/2014/12/JD605-DHC\\_Key-Trends\\_2014WEB\\_03.12.14.pdf](http://health.gov.ie/wp-content/uploads/2014/12/JD605-DHC_Key-Trends_2014WEB_03.12.14.pdf)

<sup>61</sup> Central Statistics Office (2014). Men and Women in Ireland Report. Available at: [www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2013](http://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2013)

<sup>62</sup> Central Statistics Office (Accessed 2016). Vital Statistics Annuals. Dublin: Central Statistics Office. Available at: [www.cso.ie](http://www.cso.ie)

<sup>63</sup> Central Statistics Office (Accessed 2016). Vital Statistics Annuals. Dublin: Central Statistics Office. Available at: [www.cso.ie](http://www.cso.ie)

In particular, suicide is an issue that continues to be a particular concern among men, with men being 4.5 times more likely to die by suicide than their female counterparts<sup>64</sup> - which is the largest sex mortality ratio (see Table 2).

We know that the broader social determinants significantly influence men's health outcomes<sup>65</sup> as well as how they engage with their health and manage themselves within health and social services. Against this backdrop, evidence suggests that underpinning men's higher mortality rates for chronic diseases are poorer lifestyle behaviours. The recent Healthy Ireland survey<sup>66</sup> highlights continued disparities in lifestyle behaviours between men and women:

- Overall alcohol consumption and frequency of binge drinking is higher in men than in women.
- Although smoking rates are declining, more men smoke (24%) than women (21%).
- The proportion of men who are overweight (43%) and obese (25%) is higher than for women (31% and 22% respectively).
- Men's diets are less healthy than women's diets.
- On a more positive note, men are much more likely to be physically active than women.

The Men and Cancer Report<sup>67</sup> attributed poor lifestyle behaviours as the principal cause of why men are at greater risk of getting cancer, dying from cancer, and having significantly lower survival than women (Figure 4). The report highlighted the urgent need for more targeted and gender-specific lifestyle interventions that target those sub-populations of men most at risk. Risk taking behaviours may also be a contributing factor to fatal accidents; the mortality rate for men from accidents is twice that of women<sup>68</sup>, whilst approximately four out of five fatalities from road accidents are male<sup>69</sup>.

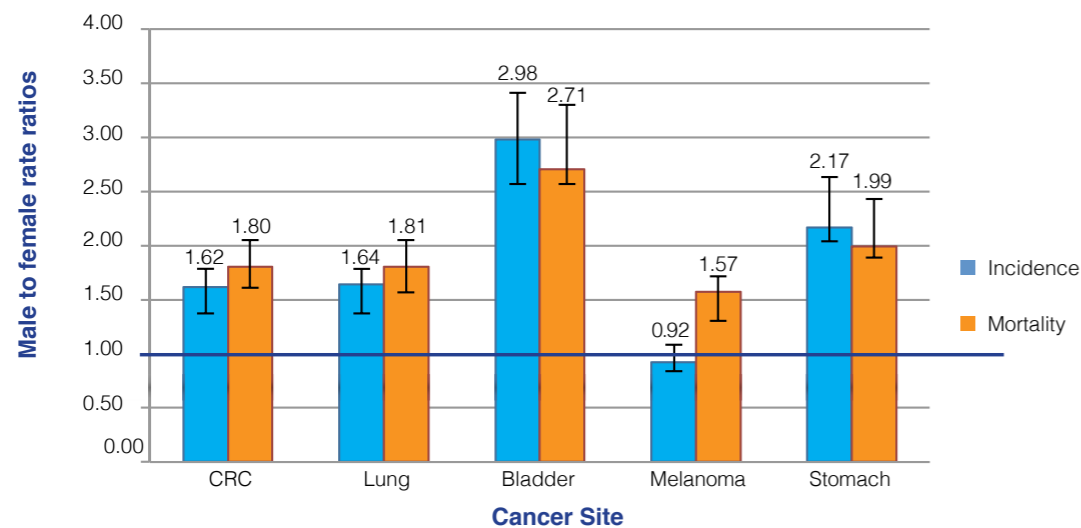


Figure 4: Incidence and mortality rate ratios for selected cancers 2006-2008

<sup>64</sup> Central Statistics Office (2016). Vital Statistics Annuals. Dublin: Central Statistics Office. Available at: [www.cso.ie](http://www.cso.ie)

<sup>65</sup> Layte R., Banks J., Walsh C. & McKnight G. (2014). Trends in socio-economic inequalities in mortality by sex in Ireland from the 1980s to the 2000s. *Ir J Med Sci*

<sup>66</sup> Department of Health (2015). Healthy Ireland Survey 2015: <http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf>

<sup>67</sup> Clarke N., Sharp L., O'Leary E. & Richardson N. (2013). An examination of the excess burden of cancer in men. Institute of Technology Carlow

<sup>68</sup> CSO (2014). Men and Women in Ireland Report. Available at: [www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2013/healthlist/health/#d.en.65117](http://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2013/healthlist/health/#d.en.65117)

<sup>69</sup> See: [www.rsa.ie/RSA/Road-Safety/Our-Research/Deaths-injuries-on-Irish-roads](http://www.rsa.ie/RSA/Road-Safety/Our-Research/Deaths-injuries-on-Irish-roads)

Men's use of services may also be a contributing factor to their health outcomes. According to the Quarterly National Household Survey (2011)<sup>70</sup>, with the exception of the 70+ age category, men had fewer GP consultations than women in the previous 12 months; women, on average, had 1.5 times more consultations than men (range 1.0 - 2.9 more female consultations; 70+ years and 25-34 years categories). Some 34% of men had no GP consultation in the previous twelve months compared with 19% for women (some 46% of males aged 18-34 years had no GP consultation in the previous 12 months).

The importance of targeting lifestyle modification early in life among those men engaged in health-damaging behaviours has been well recognised:

*'The seeds of death from degenerative conditions are probably sown in lifestyles established earlier.'*<sup>71p150</sup>

Health promotion and preventative efforts need, therefore, to start with boys. In recent times, there has been some good evidence of substantive positive change in boys' lifestyle behaviours. According to the HBSC survey of 11-17 year old children in Ireland<sup>72</sup>, there was, between 1998 and 2010, a statistically significant decrease in the percentage of boys who reported:

- that they currently smoke (21.2% → 11.9%);
- that they had ever been drunk (34.8% → 29.7%); and
- cannabis use in the last 12 months (14% → 10.2%).

Overall, the proportion of boys who report exercising four or more times a week (60%) has remained stable over time.

It is well established that lifestyle behaviours developed early in life are predictive of behaviours in adulthood<sup>73</sup>. Continued efforts are, therefore, needed to target early years lifestyle interventions among boys.

#### Health inequalities between different sub-populations of men

Whilst aggregated sex differences in life expectancy and mortality are important, it is however crucially important not to overlook the substantive differences in health status between different categories of men. For example, compared to men in the highest occupational classes, men from the lower

<sup>70</sup> Central Statistics Office (2011). Quarterly National Household Survey. Quarter 3, 2010. Health Status and Health Service Utilisation. Cork: Central Statistics Office.

<sup>71</sup> White A. & Holmes M. (2006). Patterns of mortality across 44 countries among men and women aged 15-44 years. *Journal of Men's Health and Gender*. Vol. 3, No. 2, pp.139-51.

<sup>72</sup> Kelly C., Gavin A., Molcho M. & Nic Gabhainn S. (2012). The Irish Health Behaviours in School-aged Children (HBSC) Study 2010. Dublin: Department of Health.

<sup>73</sup> Kelder S.H., Perry C.L., Klepp K.I. & Lytle L.L. (1994). Longitudinal tracking of adolescent smoking, physical activity, and food choice behaviours. *American Journal of Public Health*, Jul 84:7 1121-1126.

occupational classes have poorer health outcomes and experience significantly higher mortality rates<sup>74</sup>. Indeed, the gap between rich and poorer has been increasing rather than decreasing:

*'There is a significant gradient in mortality rates across SEG for both men [higher] and women with the absolute and relative differential between professional and manual occupational groups increasing between the 1980s and 2000s ...'* (Layte et al, 2014, p1<sup>75</sup>)

A report by the Institute of Public Health (2011)<sup>76</sup> on the impact of recession and unemployment on men's health in Ireland demonstrated strong causal links between recession, unemployment and declining economic conditions, and the health and wellbeing of men in Ireland. There is also a range of other sub-populations of men, for whom health outcomes are significantly worse than the general population of Irish men. For example, the 2010 All-Ireland Traveller Health Study<sup>77</sup> revealed that life expectancy for Traveller men was 15.1 years lower than their general population counterparts. In fact, at 61.7 years, life expectancy for Travellers was found to be at a similar level to that of the general population in the 1940s. In the context of Lesbian, Gay, Bisexual and Transgender [LGBT] groups, a recent report<sup>78</sup> raised grave concerns about higher levels of psychological distress related to victimisation and stigmatisation among LGBT people. This, in turn, was related to higher levels of self-harm and suicidality among LGBT people - and young LGBT in particular - when compared to their heterosexual counterparts. Recent studies also draw attention to high rates of cardiovascular disease<sup>79</sup> and a high prevalence of cardiovascular disease risk factors<sup>80</sup> among farmers and farm workers in Ireland. These examples underline the need for continued and targeted approaches to tackle the health needs of those sub-populations of men most in need in order to address health inequalities in Irish society.

<sup>74</sup> Farrell C., McAvoy H., Wilde J. and Combat Poverty Agency (2008). Tackling Health Inequalities - An All-Ireland Approach to Social Determinants. Dublin: Combat Poverty Agency / Institute of Public Health in Ireland.

<sup>75</sup> Layte R., Banks J., Walsh C. & McKnight G. (2014). Trends in socio-economic inequalities in mortality by sex in Ireland from the 1980s to the 2000s. *Ir J Med Sci*

<sup>76</sup> The Institute of Public Health in Ireland (2011). Facing the challenge: The impact of recession and unemployment on men's health in Ireland. [www.publichealth.ie/document/facing-challenge-impact-recession-and-unemployment-mens-health-ireland](http://www.publichealth.ie/document/facing-challenge-impact-recession-and-unemployment-mens-health-ireland)

<sup>77</sup> University College Dublin (2010). All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin.

<sup>78</sup> GLEN (2015). LGBT Self-Harm and Suicidality: An Overview of National and International Research Findings. Available at: [www.glen.ie/attachments/LGBT\\_Self-Harm\\_&Suicidality\\_-\\_an\\_overview\\_of\\_national\\_and\\_international\\_research\\_findings.pdf](http://www.glen.ie/attachments/LGBT_Self-Harm_&Suicidality_-_an_overview_of_national_and_international_research_findings.pdf)

<sup>79</sup> Smyth B., Evans D.S., Kelly A., Cullen L. & O'Donovan D. (2013). The farming population in Ireland: mortality trends during the 'Celtic Tiger' years. *Eur J Public Health*. Feb;23(1):50-5.

<sup>80</sup> Van Doorn D., Richardson N. & Osborne A. (2015). Farmers Have Hearts Evaluation: A report commissioned by the Irish Heart Foundation. Institute of Technology Carlow.

## Appendix 6

### National and international publications and presentations

#### Publication Type 2009-2016

#### Peer Reviewed Journal Publications

Lefkowich M. & Richardson N. Men's health in alternative spaces: Exploring Men's Sheds in Ireland (manuscript accepted for publication: Health Promotion International).

Osborne A., Carroll P., Richardson N., Doheny M., Brennan L. & Lambe B. From training to practice: the impact of ENGAGE, Ireland's national men's health training programme (manuscript submitted for publication: Health Promotion International).

Richardson N. & Carroll P. It's not rocket science - the case for a policy focus on men's health (manuscript submitted for publication: International Journal of Men's Health).

van Doorn D., Osborne A. & Richardson N. Farmers Have Hearts: the cardiovascular health status of a sub-group of Irish farmers (manuscript submitted for publication: Rural Health).

Grace B., Richardson N. & Carroll P. (2016). "...if you're not part of the institution you fall by the wayside": Service providers' perspectives on moving young men from disconnection and isolation to connection and belonging. *American Journal of Men's Health*; 1-13; doi 1557988316634088.

Lefkowich M., Richardson N., Brennan L., Lambe B. & Carroll P. (2016). A process evaluation of a Training of Trainers (ToT) model of health training in Ireland: Health Promotion International: doi.org/10.1093/heapro/daw056.

McCarthy M., Richardson N. & Osborne A. (2016). The role of primary care: men's perspectives on attempting to lose weight through a community-based dietician services. *New Male Studies*: 5(1):48-67.

Lefkowich M., Richardson N. & Robertson S. (2015). "If we want to get men in, then we need to ask men what they want": Pathways to Effective Health Programming for Men. Doi 1557988315617825.

Richardson N., Osborne A., O'Neill B., Griffin P., McNamara J., Roche C. & van Doorn D. (2015). 'Staying Fit for Farming: A health booklet designed for Irish Farmers'. *J Agromedicine* 20(3):381-5.

Carroll P., Kirwan L. & Lambe B. (2014). Engaging 'hard to reach' men in community based health promotion. *International Journal of Health Promotion and Education*, 52(3):120-130.

Kirwan L., Lambe B. & Carroll P. (2013). An investigation into the partnership process of community based health promotion for men. *International Journal of Health Promotion and Education* 51(2):108-120.

Richardson N. (2013). Building Momentum, Gaining Traction: Ireland's National Men's Health Policy - 5 years On. *New Male Studies*, 2(3):93-103.

**Publication Type 2009-2015**

**Peer Reviewed  
Journal  
Publications**

White A., de Sousa B., De Visser R., Madsen S.A., Makara P., Richardson N. & Zatonski W. (2013). Europe's missing men; the impact of life expectancy improvements on men's premature mortality. *The European Journal of Public Health*; 10. 1093:1-7.

White A., McKee M., Richardson N., De Visser R., Madsen S.A., de Sousa B., Makar P. & Zatonski W. (2011). Europe's men need their own health strategy. *BMJ*, 343:d7397-11.

White A., de Sousa B., Makara P., De Visser R., Madsen S.A., Raine G., Richardson N., Clarke N. & Zatonski W. (2011). Men's health in Europe. *Men's Health Journal*, 8(3):192-201.

White A. & Richardson N. (2011). Gendered epidemiology: Making men's health visible in epidemiological research. *Public Health*, 125(7):407-410.

Richardson N. & Smith J. (2011). National men's health policies in Ireland and Australia: what are the challenges associated with transitioning from development to implementation. *Public Health*, 125(7):424-432.

Richardson N. (2010). "The 'buck' stops with me" - reconciling men's lay conceptualisations of responsibility for health with men's health policy. *Health Sociology Review*, 20(2):419-436.

Smith J., Robertson S. & Richardson N. (2010). Understanding gender equity in the context of men's health policy development. *Health Promotion Journal of Australia*, 21(1):76-77.

Richardson N. & Carroll P. (2009). Getting men's health onto a policy agenda - charting the development of a national men's health policy in Ireland. *Journal of Men's Health*, 6(2):105-113.

Smith J., White A., Richardson N. & Robertson S. (2009). The men's health policy contexts in Australia, the UK and Ireland: Advancement or abandonment? *Critical Public Health*, 9(3-4):427-440.

**Conference  
Proceedings**

Robertson C., Archibald D., Avenell A., Douglas F., Hoddinott P., van Teijlingen E., Boyers D., Stewart F., Boachie C., Fioratou E., Wilkins D., Street T., Carroll P. & Fowler C. (2014). Systematic reviews and integrated report on the quantitative, qualitative and economic evidence base for the management of obesity in men. *Health Technol Assess.* 18(35), 1-424. Available at: [www.journalslibrary.nihr.ac.uk/\\_\\_data/assets/pdf\\_file/0019/118180/FullReport-hta18350.pdf](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0019/118180/FullReport-hta18350.pdf)

Carroll P. (2009). Engaging Vulnerable Men in Ireland. *Journal of Men's Health*, 6(3):273 no.182.

**Publication Type 2009-2015**

**Conference  
Presentations  
- Oral and  
Poster**

**Oral:**

Richardson N. (2015). Challenges and opportunities for men's health. Men's Health Symposium. Dublin, 15th April.

van Doorn D., Richardson N. & Osborne A. (2015). Farmers Have Hearts programme evaluation. Men's Health Symposium. Dublin, 15th April.

Carroll P., Lefkowich M., Richardson N., Brennan L., Lambe B. & Osborne A. (2015). ENGAGE. Ireland's National Men's Health Training Programme. Men's Health Symposium. Dublin, 15th April.

Carroll P., Kirwan L. & Lambe B. (2015). Engaging 'Hard to Reach' Men in Community Based Health Promotion. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Grace B., Richardson N. & Carroll P. (2015). Engaging Young Men Project: The design and evaluation of a training programme targeted at frontline service providers to engage more effectively with young men. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Keohane A., Richardson N. & Osborne, A. (2015). "...sometimes the things that worry people the most is the last thing they will talk about..." applying a gender lens to inform national suicide prevention interventions. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Lefkowich M., Richardson N. & Robertson S. (2015). If we want to get men in, then we need to ask men what they want. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Lefkowich M. & Richardson N. (2015). "I come to the Shed, I feel better about myself, I go home and treat my family in a better way": Exploring Masculinities and Men's Sheds in Ireland. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Richardson N., Brennan L., Lambe B. & Carroll P. (2015). Engage: Ireland's National Men's Health Training Programme - an interactive workshop. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Richardson N. (2015). Engage: Ireland's national men's health training programme. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Richardson N. (2014). Men's Sheds: Laying the foundations for men's health. Irish Men's Sheds Association National Conference. Dublin City University, November.

Barry M., Statham J., Barry-Murphy B., Brennan L. & Carroll P. (2014). Understanding Wellbeing in Changing Times: The Role of SPHE. SPHE Network Conference. Dublin, October.

Richardson N., Osborne A., O'Neill B., Griffin P., McNamara J., Roche C. & van Doorn D. (2014). Staying Fit for Farming: A health booklet designed for Irish farmers. 7th International Symposium: Safety and Health in Agriculture and Rural Populations: Global Perspectives, Saskatoon 19th-22nd October.

**Publication Type 2009-2015**

**Conference Presentations - Oral and Poster**

**Oral:**

Keohane A., Richardson N. & Osborne A. (2014). Applying a gender lens to a national suicide prevention social marketing campaign. Men, Health and Wellbeing: Critical Insights. Leeds Metropolitan University, 7th-8th July.

Richardson N. (2014). Engaging 'hard to reach' men. Men, Health and Wellbeing: Critical Insights. Leeds Metropolitan University, 7th-8th July.

Canavan L. & Carroll P. (2014). 'Men on the Move' activity programme: an evaluation. 18th Annual Health Promotion Conference. Applying the Principles of Health Promotion to Population Health Improvement. NUI Galway, June.

Carroll P., Kirwan L., Brennan L. & Lambe B. (2014). Community Based Health Promotion: A Guide for Practitioners. 18th Annual Health Promotion Conference. Applying the Principles of Health Promotion to Population Health Improvement. NUI Galway, June.

Doheny M., Osborne A., Richardson N., Lambe B., Brennan L. & Carroll P. (2014). Engage - Ireland's National Men's Health Training Programme. 18th Annual Health Promotion Conference. Applying the Principles of Health Promotion to Population Health Improvement. NUI Galway, June.

Richardson N. (2014). Tackling male obesity in the primary care setting. Royal College of General Practitioners' Conference. London, 30th April.

van Doorn D., Richardson N. & Osborne A. (2014). Health promotion and Irish farmers. Making an Impact 2014 Final. Higher Education Authority. Dublin City University, 12th March.

Richardson N. (2013). Overview of lifestyles and risk factors for men's health and directions for health promotion - Concepts, Research Projects and Best Practice Examples. European Public Health Conference. Brussels, 16th November.

Richardson N. (2013). A report on the excess burden of cancer among men in Ireland. Australian National Men's Health Conference. Brisbane, 22nd-25th October.

Richardson N. (2013). An overview of ENGAGE - Ireland's National Men's Health Training Programme. Australian National Men's Health Conference. Brisbane, 22nd-25th October.

Richardson N. (2013). Investigating the Impact of a Men's Health and Wellbeing Programme Targeted at Disadvantaged Men in Dublin's Inner City. Australian National Men's Health Conference. Brisbane, 22nd-25th October.

Richardson N. (2013). Young men and suicide. Irish College of General Practitioners' Summer School. Kilkenny, 20th June.

Richardson N. (2013). National Men's Health Policy: Key lessons learned in transitioning to policy implementation. National Men's Health Conference. Dublin, 13th June.

Richardson N. (2013). A report on the excess burden of cancer in men in the Republic of Ireland. Report Launch. Dublin, 11th June.

Richardson N. (2013). Men's Health Policy Context: The Irish Experience. Men's Health Symposium, EU Parliament. Brussels, 19th March.

**Publication Type 2009-2015**

**Conference Presentations - Oral and Poster**

**Oral:**

Richardson N. (2013). Men's health in the farming community. IOSH Conference. Dundrum, Co Tipperary, 13th March.

Richardson N. (2013). Why the excess burden of cancer in men? - An overview. Men and Cancer Symposium. London, 29th January.

Richardson N. (2013). The Young Men and Suicide Project. Report Launch. Dublin, 23rd January.

Richardson N. (2012). Challenging times for men - challenging times for masculinity. Profiling men's health in the south-east. Men's Development Network, 14th November.

Richardson N. (2012). Understanding men's health from a social determinants perspective. International Conference on Gender and Health. Montreal, Canada, 29th October.

Richardson N. (2012). An overview of the Men's Health and Wellbeing Programme in Dublin's inner city. Kelowna, British Columbia, Canada, 9th October.

Brennan L., Kirwan L., Lambe B. & Carroll P. (2012). An investigation into the partnership process of community based health promotion for men. Health Promotion Summer School: 'Embracing New Agendas for Health Promotion Action - Developing workforce competencies for effective practice'. NUI Galway, June.

Carroll P., Kirwan L. & Lambe B. (2012). Engaging vulnerable men in community based health promotion. Health Promotion Summer School: 'Embracing New Agendas for Health Promotion Action - Developing workforce competencies for effective practice'. NUI Galway, June.

Richardson N. (2012). Is there a need for gendered health policies? Gender and Health through Life. Copenhagen, Denmark, 14th June.

Richardson N. (2012). Inequalities and men's health? Turning the policy spotlight on men. Inequalities in Health Conference. UCD, 18th April.

Carroll P. (2011). Irish Sports Council PA Programme for Men. 9th March.

Richardson N. (2011). Men's health policy context in Ireland. Boys' and Men's Health Forum - hosted by Public Health Agency and Institute of Gender and Health Canada. Ottawa, Canada, 22nd November.

Richardson N. (2011). The first EU Report on Men's Health: What are the policy implications? Forum on EU Men's Health Report. Leeds Metropolitan University, 3rd November.

Richardson N. (2011). An overview of the current context of suicide incidence among young people in Northern Ireland. Suicide Prevention Conference. Queen's University Belfast, 20th October.

Richardson N. (2011). Men and addiction - Fatal Attraction (Effective smoking cessation). World Congress on Men's Health. Vienna, 3rd October.

**Publication Type 2009-2015**

**Conference Presentations - Oral and Poster**

**Oral:**

Richardson N. (2011). Missing Men: Findings from 'The State of Men's Health in Europe' Report. World Congress on Men's Health. Vienna, 2nd October.

Dunne N. & Richardson N. (2011). Male Minder: the impact of a specifically commissioned men's health booklet in the workplace. National Men's Health Conference. Perth, Australia, 20th September.

Richardson N. & Lambe B. (2011). Tackling male obesity in the primary care setting. Irish College of General Practitioners' Summer School. Kilkenny, 23rd June.

Richardson N. (2011). Counting the costs of accidents in men: Implications from the first EU report on men's health. International Conference on Occupational Health and safety. Kilkenny, 15th June.

Richardson N. (2011). Key findings of the first EU Report on Men's Health. EU Parliament, Brussels, 14th June.

Richardson N. (2011). Best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting. Weigh to Men's Health - Conference. Safefood, Belfast, 8th June.

Richardson N. (2011). The 'buck' stops with me - reconciling men's lay conceptualisations of responsibility for health with men's health policy. Men and Masculinities Conference. Quebec, Canada, 12th March.

Carroll P. & Lambe B. (2010). Brief Interventions and Men's Health. Health Promotion Summer School - Multidisciplinary Approaches to Men's Health. NUI Galway, 9th June.

Carroll P. (2010). Advocating for Men's Health: A Community Development Perspective. Panel Presentation at the 7th World Congress on Men's Health. Nice, October.

Dunne N. & Richardson N. (2010). Male Minder: the impact of a specifically commissioned men's health booklet in the workplace. Health Promotion Summer School. University College Galway, 11th June.

McCarthy M. & Richardson N. (2010). Best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting. Health Promotion Summer School. University College Galway, 11th June.

Carroll P. (2010). The Carlow Men's Health Project. Health Promotion Summer School - 'Multidisciplinary Approaches to Men's Health'. NUI Galway, June.

Clarke N. & Richardson N. (2010). An evaluation of the Larkin Centre's Men's Health and Wellbeing Programme. Health Promotion Summer School. University College Galway, 10th June.

Kirwan L., Carroll P. & Lambe B. (2010). Community based health screening targeting vulnerable men. Health Promotion Summer School - 'Multidisciplinary Approaches to Men's Health'. NUI Galway, June.

Richardson N. (2010). Men's health in Ireland: Key milestones to date, key challenges ahead. Health Promotion Summer School. University College Galway, 10th June.

**Publication Type 2009-2015**

**Conference Presentations - Oral and Poster**

**Oral:**

Richardson N. (2010). Men's Health in Ireland: The first National Strategy. Andrology Australia Conference. Sydney, 5th June.

Richardson N. (2010). Challenges to Engaging Men in Health Services. Man Matters Conference. Belfast, 18th May.

Kirwan L., Carroll P. & Lambe B. (2009). Developing a strategy to address the health needs of vulnerable men in Carlow. Postgraduate Presentation Day. Waterford Institute of Technology, December.

Carroll P. (2009). The Approach to Policy Development. European Men's Health Forum Network Meeting. Vienna, Austria, 9th-11th October.

Carroll P. & Brennan L. (2009). Managing the Reluctant Male Attender. Irish Congress of General Practitioners' Summer School. Kilkenny, June.

Carroll P. & Murray F. (2009). National Men's Health Policy 2008-2013. Regional Health Forum - Dublin North East, Committee Meeting. Meath, April.

Richardson N. (2009). Looking beyond the prostate: Reflecting on the paradoxes, dilemmas and challenges for men's health in the 21st Century. Inequalities and Health Forum. University of Limerick, 4th December.

Carroll P. (2009). Engaging Vulnerable Men in Ireland. Panel Presentation at the 6th World Congress on Men's Health. Vienna, October.

Richardson N. (2009). Men's Health in Ireland: The first National Strategy. Keynote presentation at 6th World Congress on Men's Health. Vienna, 10th October.

Richardson N. (2009). Men count too: Harnessing strength through challenging times. Clare Mental Health Week. Ennis, 6th October.

Richardson N. (2009). What does a Male-Friendly Practice look like? Irish College of General Practitioners' Annual Conference. Kilkenny, 23rd June.

Richardson N. (2009). National Men's Health Policy: Working with men in Ireland to achieve optimum health and wellbeing. Launch of men's health policy. Department of Health and Children, 28th January.

Carroll P. (2008). Putting the MAN back into Men's Health. Irish Congress of General Practitioners' AGM. Galway, May.

Carroll P. (2007). Turning the Spotlight on the 'Men' in 'Men's Health'. Irish Congress of General Practitioners' Summer School. Kilkenny, June.

Richardson N. & Carroll P. (2005). Getting men's health onto a policy agenda - challenges and opportunities. Keynote presentation at the 6th National Australian Men's Health Conference. Melbourne, October.

Carroll P. (2004). The Development of the National Men's Health Policy. 1st National Men's Health Conference. Wexford, December.

**Publication Type 2009-2015**

**Conference Presentations - Oral and Poster**

**Poster:**

van Doorn D., Richardson N. & Osborne A. (2015). Farmers Have Hearts. Using gender strategies to engage men in non-traditional health spaces. International Conference on Masculinities: Engaging Men and Boys for Gender Equality. New York, 5th-8th March.

Lefkowich M. & Richardson N. (2014). 'Shedding' Light on Men's Health: The Paradox of Politics, Privilege and Power in Global Health. Preliminary findings from the first exploratory qualitative study of Men's Sheds in Ireland. Global Health Summit. Toronto, 5th November.

Grace B., Richardson N. & Carroll P. (2014). Engaging Young Men Project. ACAMH Transitions and Youth Mental Health - 4th National One-Day Research Conference on Youth Mental Health. Cork, 10th October.

Keohane A., Richardson N. & Osborne A. (2014). Applying a gender lens to a national suicide prevention social marketing campaign. ACAMH Transitions and Youth Mental Health - 4th National One-Day Research Conference on Youth Mental Health. Cork, 10th October.

Doherty M., Osborne A., Richardson N., Lambe B., Brennan L. & Carroll P. (2014). Engage - Ireland's National Men's Health Training. Men, Health and Wellbeing: Critical Insights. Centre for Men's Health, Leeds Metropolitan University, July.

van Doorn D., Richardson N. & Osborne A. (2014). Farmers Have Hearts. Men, Health and Wellbeing: Critical Insights. Leeds Metropolitan University, 7th-8th July.

Carroll P., Kirwan L., Brennan L. & Lambe B. (2014). Men's Health Matters: A Practical Guide to Healthcare for Men. 18th Annual Health Promotion Conference. Applying the Principles of Health Promotion to Population Health Improvement. NUI Galway, June.

Richardson N. (2012). Turning the policy spotlight on men's health - lessons learned from Ireland. International Conference on Gender and Health. Montreal, Canada, 28th-30th October.

Kirwan L., Lambe B. & Carroll P. (2011). More than just a physical activity programme. Future perspectives for intervention, policy and research on men and masculinities: an international forum for the sharing and exchange of knowledge. Quebec, Canada, March.

**Book Chapters**

Shaw C., Lohan M. & Richardson N. (2015). Fathers and parenting. Learning on the job: Parenting in modern Ireland. Oak Tree Press.

Smith J.A., Richardson N. & Robertson S. Applying a gender lens to public health discourses on men's health (In Press).

**Other e.g. Blogs, Policy Documents etc.**

**Reports / Policy Documents:**

Grace B., Richardson N. & Carroll P. (2015). Engaging Young Men Project. A report on the mapping exercise conducted in Ireland in 2014. Dublin: Men's Health Forum in Ireland. Available at: [www.mhfi.org/EYMPmappingreport.pdf](http://www.mhfi.org/EYMPmappingreport.pdf)

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## Appendix 7

### Membership of National Men's Health Policy Implementation Group who oversaw the development of HI-M 2017-2021

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# Appendix 8

## Overview of existing policy that will be supported by Actions from HI-M 2017-2021

Policy Area	Existing Policy / Strategy / Framework	Recommendations	Actions	Actions from HI-M 2017-2021 that support existing policy
1	Changing Cardiovascular Health: National Cardiovascular Health Policy 2010-2019 <sup>81</sup>	Recommendation 3.1 (Prevention and Health Promotion)	Prioritise actions (and reach targets) that promote the health behaviour profiles underpinning cardiovascular health	A2.1 See Men on the Move Policy Area 7 A2.2 See Men's Sheds Policy Area 8 A2.8 Implement the recommendations of the Farmers Have Hearts evaluation in the future roll-out of cardiovascular risk screening (including broadening the reach of the programme to other male population groups)
		Recommendation 3.2 (Prevention and Health Promotion)	Inter-sectoral work should be given the priority it needs to deliver health-related benefit and reductions in inequality in cardiovascular health targets	A2.3 Support the GAA with the implementation and ongoing evaluation of the Healthy Clubs Initiative - which adopts an inter-sectoral approach to health promotion and disease prevention A3.1 Continue to support ENGAGE Trainers to deliver training to front line service providers (including the up-skilling of Trainers to deliver Units 1-5 as stand-alone Units) A3.6 Continue to celebrate MHW and to build upon the MHW partnership network established to date A3.7 Continue to support the National Farm Safety Partnership to promote improved health and wellbeing among the farming community
2	National Cancer Strategy 2006: A Strategy for Cancer Control in Ireland (Evaluation Panel Report 30th December 2014) <sup>82</sup>	Recommendation 3 (Prevention and Screening)	There should be a sustained emphasis on primary prevention and screening	A2.1 See Men on the Move Policy Area 7 A2.2 See Men's Sheds Policy Area 8 A2.3 See GAA Healthy Club Policy Area 1 A3.1 See ENGAGE Policy Area 1 A3.6 See National Men's Health Week Area 1 A3.7 See National Farm Safety Partnership Area 1
		Recommendation 9 (Research)	Develop a comprehensive infrastructure to facilitate research	A2.7 Support the implementation of the Men and Cancer Report with a particular focus on cancer and health literacy (focusing on the cancer information needs of men over 40 years of age from lower socio-economic groups)

<sup>81</sup> Department of Health and Children (2010)

<sup>82</sup> Department of Health (2015)

Policy Area	Existing Policy / Strategy / Framework	Recommendations	Actions	Actions from HI-M 2017-2021 that support existing policy
3	Tobacco Free Ireland Action Plan <sup>83</sup>	Recommendation 9.9: Offer help to quit tobacco use	Undertake targeted approaches for specific groups (including young people and lower socio-economic groups)	A3.6 See Men's Health Week Policy Area 1
		Recommendation 10.1: National and International Partnerships	Statutory and non-statutory agencies to work collaboratively to achieve policy aims	A2.1 See Men on the Move, Policy Area 7 re. a snowball effect on tobacco consumption A2.2 See Men's Sheds Policy Area 8 re. a snowball effect on tobacco consumption A2.3 See GAA Healthy Club Policy Area 1 re. a snowball effect on alcohol consumption A3.1 See ENGAGE Policy Area 1
4	National Drugs Strategy 2009-2016 <sup>84</sup>	Action 19	Develop a framework for the future design of targeted prevention and education interventions in relation to drugs and alcohol using a tiered or graduated approach	A2.1 See Men on the Move Policy Area 7 re. a snowball effect on alcohol consumption A2.2 See Men's Sheds Policy Area 8 re. a snowball effect on alcohol consumption A2.3 See GAA Healthy Club Policy Area 1 re. a snowball effect on alcohol consumption A3.1 See ENGAGE Policy Area 1
5	Steering Group Report on a National Substance Misuse Strategy <sup>85</sup>	Prevention Pillar 2	Further develop a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders	A2.2 See Men's Sheds Policy Area 8 re. a snowball effect on alcohol consumption A2.3 See GAA Healthy Club Policy Area 1 re. a snowball effect on alcohol consumption A3.1 See ENGAGE Policy Area 1

<sup>83</sup> Department of Health (2013)

<sup>84</sup> Department of Health (2009)

<sup>85</sup> Department of Health (2012)

Policy Area	Existing Policy / Strategy / Framework	Recommendations	Actions	Actions from HI-M 2017-2021 that support existing policy
		Prevention Pillar 5	Encourage the provision of alcohol-free venues with an emphasis on those most at risk (e.g. Youth Cafes, alcohol free music and dance venues and sports venues)	A2.3 See GAA Healthy Club Policy Area 1 A3.6 See Men's Health Week Policy Area 1
6	A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025 <sup>86</sup>	Step 6: Mobilise the health services to better prevent and address overweight and obesity through effective community-based programmes, training and skills development and through enhanced systems for detection and referrals of overweight and obese patients in primary care	6.7: Develop and integrate evidence-based, effective, community-based health promotion programmes targeted at high-risk groups within all community health organisations	A2.1 See Men on the Move Policy Area 7 A2.2 See Men's Sheds Policy Area 8 A2.3 See GAA Healthy Club Policy Area 1 A3.1 See ENGAGE Policy Area 1
		Step 8: Acknowledge the key role of physical activity in the prevention of overweight and obesity	8.3: Develop a specific physical activity plan to address the needs of severely overweight and obese individuals	A2.1 See Men on the Move Policy Area 7 A2.2 See Men's Sheds Policy Area 8 A2.3 See GAA Healthy Club Policy Area 1

<sup>86</sup> Department of Health (2016)

Policy Area	Existing Policy / Strategy / Framework	Recommendations	Actions	Actions from HI-M 2017-2021 that support existing policy
7	Get Ireland Active: A National Physical Activity Plan for Ireland <sup>87</sup>	Action Area 6: Sport and Physical Activity in the Community	A54: Strengthen and enhance the capacity of the LSPs to further develop locally-led plans and more long-term sustainable physical activity programmes  A55: Continue to support the work of the National Governing Bodies of sport in implementing programmes to promote physical activity	A2.1 Men on the Move [MoM] is a community-based physical activity [PA] programme targeted at previously inactive adult men. As part of the programme, men attend leader-led PA sessions weekly as well as one-off workshops on nutrition and wellbeing from HSE staff. They are provided with a PA and health information booklet, an IHF pedometer, and are invited to participate in a 5km event at the end of the programme.  A2.2 See Men's Sheds Policy Area 8 A2.3 See GAA Healthy Club Policy Area 1 A3.1 See ENGAGE Policy Area 1
		Action Area 7: Research, Monitoring and Evaluation	A59: Establish a research programme to inform policies aimed at improving physical activity levels in each of the target groups	A2.1 The MoM programme is, currently, being evaluated using a biopsychosocial approach up to 52 weeks from baseline (intervention n=490 men; comparison group n=420 men) with a view to informing a national approach to implementation. The findings will inform policy aimed at improving physical activity levels in previously inactive adult males.
8	Connecting for Life Ireland's National Strategy to Reduce Suicide 2015-2020 <sup>88</sup>	Goal 2	To support local communities' capacity to prevent and respond to suicidal behaviour	A2.3 See GAA Healthy Club Policy Area 1 A3.1 See ENGAGE Policy Area 1

<sup>87</sup> Department of Health (2016)

<sup>88</sup> Department of Health (2015)

Policy Area	Existing Policy / Strategy / Framework	Recommendations	Actions	Actions from HI-M 2017-2021 that support existing policy
8		Goal 3	To target approaches to reduce suicidal behaviour and improve mental health among priority groups	A2.1 See Men on the Move Policy Area 7 re. the social integration of a priority group and the positive effect on overall social and mental wellbeing A2.2 Support the IMSA and Men's Sheds with the implementation of a Quality Assurance and Outcomes Framework A2.4 Develop new initiatives (e.g. with middle-aged men) and support the wider roll-out of existing initiatives (e.g. Engaging Young Men, Mojo Project) to promote positive mental health and resilience among at risk groups of men A2.6 Develop new initiatives targeted at Traveller men, with a particular focus on mental health and resilience building A3.2 Expand the number of ENGAGE Unit 6 Trainers and continue to support existing Trainers to deliver training to frontline service providers A3.6 See National Men's Health Week Area 1 A3.7 See National Farm Safety Partnership Area 1
9	Positive Ageing - Starts Now The National Positive Ageing Strategy <sup>89</sup>	Goal 1	Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities	A2.1 See Men on the Move Policy Area 7 - current participants are up to 83 years of age A2.2 See Men's Sheds Policy Area 8 - Men's Sheds' participants are mostly older men A2.3 See GAA Healthy Club Policy Area 1
		Goal 4	Support and use research about people as they age to better inform policy responses to population ageing in Ireland	A4.2 Ensure that all men's health work is evaluated in accordance with best practice and that practitioners are supported to have evaluation built into their practice

<sup>89</sup> Department of Health (2013)

Policy Area	Existing Policy / Strategy / Framework	Recommendations	Actions	Actions from HI-M 2017-2021 that support existing policy
10	Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People <sup>90</sup>	Outcome 1	Children and young people are active and healthy with positive physical and mental wellbeing	A2.3 See GAA Healthy Club Policy Area 1 A3.3 Facilitation skills training is being delivered to 8 youth sector organisations which involves working intensively with 2 members of staff (n=8 residential days + 1 day), managers (1 day) and the whole staff (1 day) with a view to upskilling staff to develop self-awareness and emotional intelligence within the young men with whom they work. This training is also the subject of an evaluation with a view to informing future training to this sector and elsewhere
		Outcome 5	Children and young people are connected, respected and contributing to their world	A3.2 See ENGAGE Unit 6 Policy Area 8 A3.8 Continue to train those in the youth sector to facilitate the development of self-awareness and emotional intelligence among young men
11	National Youth Strategy 2015-2020 <sup>91</sup>	Outcome 1	Active and Healthy: Physical and Mental Wellbeing	A3.3 See facilitation skills training, Policy Area 10
		Outcome 5	Connected, Respected and Contributing to their World	A3.2 See ENGAGE Unit 6 Policy Area 8 A3.3 See support youth sector Policy Area 10
12	National Sexual Health Strategy 2015-2020 <sup>92</sup>	Action 4	Extension of HPV vaccine to adolescent boys and potential at-risk groups (e.g. MSM) to be considered	A3.6 Co-ordinate MHW annually and expand the MHW partnership network (through its advocacy work, MHFI to continue to inform the debate surrounding HPV vaccination for boys)
		Actions 6-12	Support the ongoing development of sexual health training and educational materials and resources targeted at parents, teachers and youth workers	A3.8 Train those in the youth sector to facilitate the development of self-awareness and emotional intelligence among young men

<sup>90</sup> Department of Children and Youth Affairs (2014)

<sup>91</sup> Department of Children and Youth Affairs (2015)

<sup>92</sup> Department of Health (2015). National Sexual Health Strategy. Hawkins House



