



**NATIONAL MEN'S
HEALTH ACTION PLAN**
HEALTHY IRELAND - MEN (HI-M)
2024-2028

**WORKING WITH MEN IN
IRELAND TO ACHIEVE OPTIMUM
HEALTH AND WELLBEING**



An Roinn Sláinte
Department of Health





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Foreword

The publication of this Health Service Executive (HSE) Action Plan for Men's Health [Healthy Ireland - Men 2024-2028 (HI-M 2024-2028)] is a significant and important step in continuing the momentum and excellent progress that has been achieved in the area of men's health practice in Ireland in recent years. Ireland was the first country in the world to adopt a National Men's Health Policy, and while other countries have built on the pioneering work and practical learning from the Irish experience, there is a clear need for us to sustain and continue to build upon the existing body of work, particularly with regard to addressing health inequalities.

In recent years, Women's Health has seen significant investment and focus in Ireland and that is to be welcomed and supported in tandem with the work set out in this plan. Indeed, the Plan calls for an increased focus on healthy masculinities, as the basis for boys and men to be more actively engaged in caring for their own health and in the pursuit of gender equality. By developing a relational approach to gender, this allows us to develop thinking and action which is mutually beneficial in terms of women's and men's health and wellbeing. By recognising the reciprocal nature of women's and men's health, it becomes clear that policy measures designed to improve men's health can impact not just on men's lives, but can have a positive influence on the lives of women and children, and on society as a whole.

There remains an urgent need to maintain a specific focus on men's health. While men's health overall has improved, men still have a lower life expectancy than women and higher mortality rates for the leading causes of death such as heart disease, cancer and suicide. There are also significant disparities between different sub-populations of men. It is heartening to see colleagues across the HSE working in collaboration with partner organisations, to address the priority topic areas. The field of men's health, in particular, has had an explicit focus on addressing health inequalities by engaging groups often deemed to be 'hard to reach.'

Significant progress has been made in recent years on the back of the outgoing Healthy Ireland - Men Action Plan and I would like to acknowledge the broad network of stakeholders who sustained ongoing efforts and developed new initiatives in the lifetime of that plan. Underpinning this progress has been an explicit focus on gender-specific strategies related to community engagement, capacity building, partnership and sustainability. Work with farmers, older men and men in the construction sector are just three areas which have seen significant focus and engagement in recent years.

In response to the key recommendations of an independent review of the previous Healthy Ireland - Men Action Plan, this new Plan will target and support, in particular, those subgroups of men with the poorest health outcomes. The Plan aligns with the key priorities of Healthy Ireland and Sláintecare by adopting 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.

One of the key strengths of the work in the area of men's health in recent years has been the focus on research and the gathering of evidence to build a credible and robust programme of work which can leverage ongoing investment. This evidence, along with ongoing men's health work, provides a platform from which to progress and build momentum in the future. HI-M 2024-2028 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 in Ireland in the years ahead.

Dr Philip Crowley

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Abbreviations

DAFM	Department of Agriculture, Food and the Marine
DE	Department of Education
DoH	Department of Health
DOJ	Department of Justice
GAA	Gaelic Athletic Association
gbMSM	Gay, Bisexual and Men who have Sex with Men
GP	General Practitioner
HI	Healthy Ireland
HI-M	Healthy Ireland - Men
HPV	Human Papillomavirus
HSE	Health Service Executive
HSE H&W	Health Service Executive Health and Wellbeing
HSE NCCP	Health Service Executive National Cancer Control Programme
HSE SHP	Health Service Executive Sexual Health Programme
HSE SI	Health Service Executive Social Inclusion
HSE TFI	Health Service Executive Tobacco Free Ireland
ICS	Irish Cancer Society
IHF	Irish Heart Foundation
IMSA	Irish Men's Sheds Association
IPH	Institute of Public Health
IPV	Intimate Partner Violence
KPI	Key Performance Indicators
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex (the + signifying inclusivity to all sexual and gender identities)
MDN	Men's Development Network
MECC	Making Every Contact Count
MHFI	Men's Health Forum in Ireland
MHiN	Men's Health in Numbers
MHW	Men's Health Week
MoM	Men on the Move
MSM	Men who have Sex with Men
NCCP	National Cancer Control Programme
NCMH	National Centre for Men's Health (South East Technological University)
NGBs	National Governing Bodies (Sports)
NMHP	National Men's Health Policy
NMHPAG	National Men's Health Policy Advisory Group
NMHPAP	National Men's Health Policy and Action Plan
NOSP	National Office for Suicide Prevention
NSS	National Screening Service
NTHAP	National Traveller Health Action Plan
SETU	South East Technological University
SHCPP	Sexual Health and Crisis Pregnancy Programme
SPHE	Social, Personal and Health Education
STI	Sexually Transmitted Infection



Part 1: Context

THE RATIONALE FOR MAINTAINING A SPECIFIC POLICY FOCUS ON MEN'S HEALTH

1.1.1 INTRODUCTION

There remains a strong rationale for a continued policy focus on men's health. Many of the challenges identified in previous Men's Health Action Plans are still in evidence today. Whilst there have been improvements to men's health overall, men still have a lower life expectancy than women and have higher mortality rates for the leading causes of death such as heart disease, cancer, and suicide. A key challenge is to tackle the significant differences in health outcomes between different population groups of men. Under key initiatives to promote health, the Department of Health Statement of Strategy (2023-2025)¹ stresses the need **'to continue to focus on the health needs of men, in particular, marginalised and disadvantaged men.'** The Sláintecare Action Plan also identifies that **'the health needs of men, in particular marginalised and disadvantaged men, require a gender specific approach to reduce overall health inequalities.'**² Addressing these disparities requires targeted interventions and awareness campaigns tailored to men's specific health needs. The Health Service Executive (HSE) commissioned a review of Healthy Ireland - Men (HI-M) 2017-2021 which concluded that there remained **'a compelling case for further sustained and systematic action'**. A number of factors underpin this case for maintaining a specific policy focus on men's health ...

1.1.2 SEX DIFFERENCES IN LIFE EXPECTANCY

A report commissioned by the Men's Health Forum in Ireland - 'Men's Health in Numbers'³ (MHIN) shows that whilst male life expectancy in the Republic of Ireland is increasing, and that the gap between male and female life expectancy continues to narrow, male life expectancy remains 3.6 years lower than female life expectancy (80.5 v 84.1 years; Table 1). It is also worth noting that, within the European Union, the gap in male-female life expectancy remains much more pronounced in less well-off compared to more well-off countries (e.g. Latvia 9.9 years, Sweden 3.3 years⁴). Addressing this social gradient in health therefore remains a key challenge for men's health policy.

Table 1: Life expectancy (years), males, NI, RoI and EU, 2007 and 2018

	2007		2018	
	At birth	At age 65	At birth	At age 65
EU-28	76	16.9	78.3	18.2
Highest	79.0 (Sweden)	18.4 (France)	81.2 (Italy)	19.7 (France)
RoI	77.3	17.0	80.5	19.1
NI	76.1	16.8	78.7	18.3
Lowest	64.5 (Lithuania)	12.6 (Latvia)	70.1 (Latvia)	14.1 (Latvia)

Source: Eurostat Tables TPS00208 and TEPSR_SP330

1.1.3 IMPROVING HEALTHY LIFE EXPECTANCY IN THE CONTEXT OF AN AGEING POPULATION

Healthy Life Expectancy (HLE) - an indicator of the average number of years a person can expect to live in good health - is particularly useful when considering quality of life, as well as planning for the provision of health and other services in the context of an ageing Republic of Ireland population. Between 2020 and 2051, the proportion of the population aged 70+ is set to double (9.2% to 18.8%) and the proportion of the population aged 80+ to almost treble (2.9% to 8.2%). Whilst the MHiN report shows a gap of just 2 years in HLE between males and females in the Republic of Ireland (Table 2), it noted a much wider variation in HLE at birth across the EU-28, ranging from 51.0 (Latvia) to 73.7 (Sweden) for males (a difference of 22.7 years), and from 53.7 (Latvia) to 73.4 (Malta) for females (a difference of 19.7). Focusing on HLE is particularly important (i) in terms of adopting public health policy aimed at extending HLE among lower socio-economic groups in particular; and (ii) in the context of an ageing Republic of Ireland population, the importance of maintaining good health with ageing takes on even greater importance.

Table 2: Healthy Life Expectancy at birth (years), males and females, EU-28, NI and RoI, 2018

	MALE	FEMALE
EU-28	63.4	63.8
Highest EU28	73.7 (Sweden)	73.4 (Malta)
RoI	68.4 (3 rd highest in EU-28)	70.4 (3 rd highest in EU-28)
NI (2016-18)	59.7	60.8
Lowest EU-28	51.0 (Latvia)	53.7 (Latvia)

Source: Eurostat Table hlth_hlye, NISRA (2018a)

1.1.4 TARGETING INTERVENTIONS TO THOSE MALE POPULATION GROUPS MOST IN NEED

A focus on aggregated life expectancy differences between males and females masks significant within sex disparities according to socio-economic circumstances. As Table 3 from the MHiN report shows, in the Republic of Ireland in 2016-17, the life expectancy at birth for males living in the most deprived areas was 79.4 years, compared with 84.4 years for those living in the most affluent areas (a difference of 5 years).

Table 3: Life expectancy (years), by deprivation, males, ROI, 2016

	REPUBLIC OF IRELAND	MOST DEPRIVED	LEAST DEPRIVED	DEPRIVATION GAP
Life expectancy at birth	82.0	79.4	84.4	5.0
Life expectancy at age 65	19.9	18.5	21.5	3.0

Source: CSO (2019a)

It is, therefore, crucially important to consider how sex and gender differences intersect with broader socio-economic and demographic factors to shape health outcomes in men. For example, research has consistently shown that males have lower educational attainment than females, which means that females are more likely to go into higher education, thus impacting on the future graduate workforce. CSO data shows that in Q2 2023, 65% of females held a third level qualification compared to 58% of males⁵.

Disparities in health outcomes can be even more pronounced in relation to particular male population groups. For example, in 2008, the life expectancy at birth for Traveller men was 61.7 years, which is similar to the life expectancy of the general population in 1945-47. Moreover, the life expectancy at birth for Traveller men had not changed between 1987 and 2008. Notwithstanding the complex web of factors that underpins these differences, a recent survey undertaken by the National Cancer Control Programme⁶ found that 46% of Traveller males are smokers, more than double the national average. Indeed, awareness of the risks of smoking was found to be lower amongst Traveller males, indicating the need for more Traveller-specific and culturally appropriate interventions to promote smoking and vaping cessation amongst male Travellers.

Gay, bisexual and other men who have sex with men (gbMSM), also have particular health needs. For example, alcohol use disorder (AUD) in Ireland disproportionately affects men who have sex with men (MSM)⁷, whilst the prevalence of recreational drug use is also higher among MSM than in the general population in Ireland⁸. These factors are associated with an increased rate of transmission of sexually transmitted infections (STIs) in Ireland⁹ in recent times. For example, among gbMSM, the rate of gonorrhoea

notifications increased by 36% from 2022 to 2023¹⁰. A recent report¹¹ also found that mental health and wellbeing have declined amongst the LGBTQI+ (lesbian, gay, bisexual, transgender, queer/questioning and intersex – the + signifying inclusivity to all sexual and gender identities) population in recent years. More broadly, these examples underline the urgent need to deliver more targeted, gender specific, and culturally appropriate interventions to address the complex and intersecting challenges impacting particular sub-groups of men, particularly more marginalised and disadvantaged population groups of men.

1.1.5 TACKLING THE LEAD CAUSES OF MALE DEATHS BY ENGAGING MEN IN LIFESTYLE AND HEALTH BEHAVIOUR CHANGE

Table 4 (MHiN) outlines that, in 2018, the four main causes of death among males in the Republic of Ireland were: neoplasms (invasive cancers, 31.5%); circulatory system diseases (29.6%); respiratory system diseases (12.5%); and external causes of injury and poisoning (5.7%).

Table 4: Leading causes of death, males, RoI, 2008 to 2018

Cause of death (ICD-10)	% OF DEATHS					
	2008	2010	2012	2014	2016	2018
Neoplasms (C00-D48)	30.4	30.5	31.3	32.5	31.6	31.5
Diseases of the circulatory system (I00-I99)	34.4	34.0	32.0	29.9	30.5	29.6
Diseases of the respiratory system (J00-J99)	11.4	10.7	11.3	11.5	12.3	12.5
External causes of injury and poisoning (V01-Y89)	8.4	8.4	7.6	7.4	6.0	5.7

Source: CSO *Vital Statistics* series

Notably, both the incidence and mortality rates for each of these causes of death are higher in males. For example, cancer, as the leading cause of death among males, is worthy of further scrutiny. Annually in Ireland, 13,075 males are diagnosed with invasive cancer. The cancer incidence rate in Ireland is 697 cases per 100,000 males and 534 cases per 100,000 females per year. Estimated age-standardised mortality rate from cancer is 219 per 100,000 females, but 335 per 100,000 males. The risk of dying of cancer was about 34% higher for men than for women¹². Prostate cancer remains the most common cancer in men, whilst the biggest causes of cancer deaths in men are lung (21%), prostate (12%) and colorectal (11% - see Table 5). Lung and Bowel are two cancers that can be effectively targeted through primary prevention interventions (e.g. promotion of Bowel Screen), but can be overlooked by men’s health advocacy groups’

tendency to focus predominantly on male specific cancers – for example, whilst lung cancer accounts for one in five deaths from all cancers in males, testicular cancer accounts for just 0.1%. This is not to imply that efforts to promote early detection of testicular cancer are not important. Rather, the focus of such efforts needs to be proportionate to those cancers that cause more deaths and can be prevented. These efforts also need to account for gendered aspects of cancer risk, such as male outdoor workers’ higher risk of developing skin cancer. Thus, a specific focus on preventing cancer and improving early diagnosis of cancer in men is required. Early diagnosis is associated with better cancer outcomes, reduced complexity of care for patients and lower cancer care costs.

Table 5: Incidence and deaths from cancer, Republic of Ireland, 2019-2021

	INCIDENCE RATES	DEATHS BY CANCER
Prostate	3,980 (30%)	623 (12%)
Colorectal	1,466 (11%)	582 (11%)
Lung	1,386 (11%)	1,081 (21%)
Melanoma	608 (5%)	103 (2%)
Testes	169 (1.3%)	5 (0.1%)

Source: National Cancer Registry Ireland (2023), Cancer in Ireland 1994-2021: Annual statistical report of the National Cancer Registry. NCRI, Cork, Ireland.

Notwithstanding the impact of the broader determinants of health, it is well established that poorer lifestyle and health behaviours underpin men’s higher death rates from chronic diseases such as cancers and cardiovascular disease. The most recent Healthy Ireland (HI) survey¹³ highlights continued disparities in lifestyle and health behaviours between men and women:

- **Smoking:** Men are more likely to smoke than women (21% v 15%). In the youngest age group (15-24), 22% of men and 17% of women are current smokers (both showing a 3-point increase from the 2022 survey¹⁴. The differential is widest among those aged 25 to 34, where just under a third (29%) of men and 15% of women are smokers.
- **Drinking:** Some 43% of males who drink alcohol drink alcohol more than once a week, compared to 34% of female drinkers. Men are three times more likely to binge drink than women (37% v 12%). Data from the 2022 HI survey reported that men are also significantly more likely than women to drink alone (16% v 7%)¹⁴.

- **Overweight/Obesity:** Data from the 2022 HI survey revealed that men are more likely than women to report being overweight or obese (63% v 50%). The gap in the proportion of men and women reporting a normal weight widens with age, with an 18-point gap among those aged between 55 and 64 (22% of men and 40% of women in this age group report a normal weight).
- **Use of Sunscreen:** A large gender gap exists in terms of usage of sunscreen of at least factor 30. In the 2022 survey, three-quarters (75%) of women report using this regularly during the summer, compared to half (49%) of men.
- **Use of health services:** Women are more likely than men to have visited a GP (83% v 70%) in the past 12 months. Data from the 2022 HI survey showed that women are also more likely than men to have visited a dentist (55% v 43%) in the past 12 months. We also know that men are less likely than women to seek preventive care and undergo regular health screenings¹⁵. This can result in delayed diagnosis and treatment of health conditions, leading to poorer health outcomes. By promoting preventive care, engagement with screening programmes, awareness of signs and symptoms of disease, and encouraging help-seeking in men who may have symptoms, it might be possible to achieve early detection and improved outcomes from diseases such as cancer.

These findings underline the importance of more targeted and gender-specific approaches to engaging men in lifestyle and health behaviour change, and timely help-seeking for symptoms. Evidence from programmes such as Men on the Move¹⁶, the Farmers Have Hearts Cardiovascular Health Programme¹⁷, Sheds for Life¹⁸, and On Feirm Ground¹⁹ demonstrate that such approaches are highly effective in engaging so-called ‘hard-to-reach’ population groups of men in adopting and sustaining positive health behaviour change. The importance of targeting lifestyle modification early in life among those men engaged in health-damaging behaviours has been well recognised²⁰. Continued efforts are, therefore, needed to target early years’ lifestyle interventions among boys and young men. For example, early intervention has also been identified as a key priority in relation to reducing deaths from road traffic accidents (4 times higher in males²¹) with young male drivers being a demographic of particular concern. A recent synthesis review commissioned by the Road Safety Authority called for more targeted measures in this area and pointed to the ‘multiple interacting risk factors that converge to increase risk’ among this cohort²².

1.1.6 MAINTAINING A GENDER SPOTLIGHT ON MEN'S HEALTH

Since the publication of Healthy Ireland - Men 2017-2021, 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 (see Appendix 1 for a complete list of research outputs associated with HI-M 2017-2021). It is crucially important to build on this platform by maintaining a gender spotlight on men's health. Nowhere is this more important than in relation to the area of mental health and suicide. Sex and gender differences are particularly pronounced in relation to deaths from suicide (3/4 times higher in males²³). It is noteworthy that females have higher reported rates of suicide ideation, self-harm and suicide attempts²⁴, as well as higher rates of common mental health problems such as anxiety and depression²⁵. This 'gender paradox in suicide'²⁶ reflects men's increased likelihood to use more lethal methods for suicide, their lower likelihood to engage with service providers around their mental health and/or to be formally diagnosed with a mental health problem, leading to under-reporting of suicide ideation, self-harming behaviours and suicide attempts by men²⁷.

Socialised expectations of stoicism, self-reliance, and risk-taking may discourage men from seeking help for mental health issues. Ongoing men's health initiatives such as CAIRDE²⁸ (targeting construction workers) and On Feirm Ground²⁹ (targeting farmers) are essential in terms of increasing awareness and access to mental health resources tailored to the needs of specific population groups of men. By adopting a relational approach to gender, we begin to address policy and service delivery measures that are equitable for both men and women. For example, the HPV vaccine for boys not only protects females from cervical cancer, but protects males from HPV related cancers such as penile, ano-rectal, throat and mouth cancers.

1.1.7 RIPPLE EFFECTS OF FOCUSING ON MEN'S HEALTH

Men's health is also closely linked to the health and wellbeing of their families. Fathers play a crucial role in family health outcomes, including maternal and child health³⁰. Promoting men's health can have positive ripple effects on the health of their partners, children, and communities³¹. Increasing numbers of men are engaging in caring responsibilities. In 2022, 117,536 males provided unpaid care³². This represents 39% of people providing unpaid care. This is particularly noteworthy as, traditionally, men have tended not to be viewed as nurturing beings or seen as having any capacities to develop as carers³³. Overall, focusing on men's health is essential for promoting gender equity in healthcare, reducing health disparities, and improving the wellbeing of individuals, families, and communities³⁴.

1.2 BUILDING ON SOLID FOUNDATIONS AND SUSTAINING MOMENTUM IN MEN'S HEALTH POLICY IMPLEMENTATION

As the first country in the world to publish a National Men's Health Policy (NMHP) in 2009, Ireland has been at the forefront internationally in pioneering men's health policy. The leadership shown in this area clearly demonstrates a commitment to addressing the specific health needs of men and promoting gender-specific and gender transformative healthcare practices (see Appendix 2). The policy was informed by a specially commissioned men's health report 'Getting Inside Men's Health'³⁵ and an extensive consultation process. The follow-up Healthy Ireland - Men Action Plan, published in 2017 and closely aligned to the Healthy Ireland Strategic Action Framework, sought to consolidate a sustainable and inclusive approach to men's health through collaborative partnerships with healthcare providers, government agencies, community organisations and workplaces (see Figure 1).



Figure 1: Key milestones in men's health policy development in Ireland

Indeed, partnership has been the cornerstone of men's health policy implementation to date. The Men's Development Network (MDN; www.mensnetwork.ie) has worked with a broad range of partners through its range of programmes in supporting men to embrace healthier expressions of masculinity, challenge harmful stereotypes, and actively contribute to gender equality efforts. The Men's Health Forum in Ireland's (MHFI; www.mhfi.org) role in co-ordinating Men's Health Week (MHW) and expanding the partnership network that now actively engages in activities to support MHW, has been particularly noteworthy in raising the visibility of men's health in Ireland (see Figure 2).



Figure 2: Themes from International Men's Health Week

The National Centre for Men's Health (NCMH), within South East Technological University (SETU; www.setu.ie), has worked in partnership with wide-ranging stakeholders in conducting pioneering research on various aspects of men's health, informing evidence-based interventions, and shedding light on the unique health challenges that impact on men's health and wellbeing. This partnership approach to NMHP implementation has been instrumental in harnessing a collective effort and in optimising resources, training materials and toolkits to respond in a more targeted and culturally-appropriate way to the multifaceted needs of different population groups of men (see Figure 3 and Appendix 1).



Figure 3: Partnership working underpinning men's health programmes

Capacity building has been a key pillar of policy implementation to date. Capacity building at individual, partnership and community levels is a critical component of both the process and outcome of positive engagement with men. Building capacity among front-line service providers through the Engage programme has been an integral part of building gender specific service provision for different target groups of men (see Figure 4). Recent developments have included the merging of Units 1-7 into one over-arching men's health programme ('Connecting with Men') and the expansion of 'On Feirm Ground' to other agricultural professionals. The NMHP has also been instrumental in applying a gender lens to other policy areas, within and beyond the health sector. For example, the Department of Agriculture, Food and the Marine (DAFM) has recently funded an extensive programme of activities focused on farmers' mental health and wellbeing, informed by established NMHP principles and methodologies. These programmes reflect a much more holistic approach to the issue of farm health and safety, by accounting for the unique experiences and needs of farmers within the broader context of gender dynamics and farming masculinities.

Engage



Figure 4: Overview of key stages in the development of the ENGAGE men's health programme

The Policy has also provided leverage for policy change at a wider societal level. For example, the first National Men's Health Policy and Action Plan (NMHAP) called for the provision of statutory paternity leave, with pay, to new fathers. The introduction of the Paternity Leave and Benefit Act in 2016, and the Parents' Leave and Benefit Act in 2020, were significant steps forward in encouraging fathers to take a more active role in parenting and to provide greater support to their partners. Regrettably, however, in 2020, just over 50% of fathers in employment did not claim paternity benefit, up from 48.2% in 2019 - with significant variations across different industries, occupations, and socioeconomic backgrounds³⁶. This highlights how deep-rooted societal and cultural norms and workplace expectations might have discouraged some men from taking extended time off for childcare responsibilities, and underlines the importance of maintaining a gender spotlight on men (and men's health). Although a recent report on fatherhood in Ireland reported a shift in patriarchal gender attitudes relating to care and roles of men and women in the home, men still lag significantly behind women on hours spent on care and housework³⁷.

Calls for men to be more actively engaged in gender equality and combatting gender-based violence have gained increasing momentum in recent years. MDN's White Ribbon campaign engages men and boys in addressing the root causes of gender-based violence and creating a safer and more equitable society for all (see Figure 5). This is in line with the Council of Europe's commitment to involving men and boys

in stopping violence against women and girls³⁸. Whilst the issue of intimate partner violence (IPV) has been recognised as a gendered issue, disproportionately affecting women³⁹, it is important to also account for how men conceptualise and experience IPV⁴⁰. There is scope for HI-M 2024-2028 to support the implementation of the recent publication of the Domestic, Sexual and Gender-Based Violence strategy⁴¹ in striving for the promotion of healthy masculinities and a zero tolerance approach to gender-based violence. Healthy masculinities ‘are characterised by equality and respect, non-violence, reflection and self-awareness, emotional expression and vulnerability, and accountability.’^{42p6} Boys’ and men’s experiences in connection with others and in community is central to the context in which healthy masculinities develop. By facilitating experiences of growth-fostering relationships of empathy, mutuality, and empowerment, this can promote human capacities for vulnerability, connection, and compassion into healthy and flexible ways of being men in the world. These relational experiences are critical to prevention, health promotion, and social change efforts at the social, community, and systems levels⁴³.



Figure 5: Men’s Development Network’s White Ribbon Campaign

In summary, NMHP implementation to date has been a significant catalyst for the rollout of a broad range of men’s health initiatives and programmes, as well as providing a gender lens to Healthy Ireland and other policy areas. The key milestones and success factors provide solid foundations and a strong mandate for continued men’s health policy implementation through HI-M 2024-2028.

1.3 KEY PRINCIPLES UNDERPINNING IRELAND'S APPROACH TO MEN'S HEALTH POLICY

Policy implementation, to date, has been underpinned by a number of key principles that have evolved in response to key lessons learned in transitioning from policy development to implementation. These provide a robust and effective framework for improving men's health outcomes and promoting a healthier and more inclusive society. Among the key principles underpinning Ireland's HI-M 2024-2028 are ...

1.3.1 GENDER EQUITY: HI-M 2024-2028 recognises that gender plays a significant role in shaping health outcomes and aims to address the specific health needs and challenges faced by men (see Appendix 2). An equity-based approach to men's health seeks to identify and eliminate the root causes of health disparities among men by ensuring that healthcare services and interventions consider the diverse needs and experiences of different population groups of men - based on factors such as race, ethnicity, socioeconomic status, sexual orientation, age and geographical location. It also strives to promote a gender transformative approach to men's health by challenging more restrictive norms and attitudes surrounding masculinity and gender roles; challenging unequal power dynamics and engaging men as advocates for more equitable relationships between men and women; and celebrating more positive and healthy masculinities.

1.3.2 INTERSECTIONALITY: Addressing men's health from an intersectional perspective means understanding how health outcomes are shaped by the unique positioning of individuals within complex social systems of privilege and marginalisation⁴⁴. Adopting an intersectional approach helps us to better understand how societal norms, stereotypes and systemic inequalities are inherently linked and impact men differently, influencing their access to healthcare, willingness to seek help, and overall wellbeing^{45,46}. For example, a recent study that explored the sources of psychological distress among Traveller men affected by suicide in Ireland found that the intersection of structural inequalities, internalised racism, Traveller masculinities and strong historical associations between stigma and mental health/suicide within the Traveller community, lay at the heart of the heavy burden of suicide carried by Traveller men⁴⁷. By adopting an inclusive approach, healthcare professionals and policymakers can develop tailored interventions and support systems that effectively promote men's wellbeing and bridge the gaps in health outcomes across diverse male populations.

1.3.3 COMMUNITY DEVELOPMENT: A community development approach to men's health focuses on engaging and empowering local communities to address the specific health needs and challenges faced by men. Programmes such as 'Men on the Move', 'Farmers Have Hearts' and 'Sheds for Life' have demonstrated that sustainable

improvements in men's health can be achieved by involving the community as active participants in health promotion and decision-making processes. It encourages collaboration among healthcare providers, community organisations, local leaders and men, themselves, to identify health priorities and design targeted interventions. By leveraging the unique strengths and assets within the community, this approach aims to create supportive environments that promote positive health behaviours, mental wellbeing and access to healthcare services for men. A community development approach to men's health ensures that health initiatives are relevant, sustainable and effective, ultimately leading to improved health outcomes and a stronger, more resilient, community.

1.3.4 COLLABORATION AND PARTNERSHIPS: Allied to the principle of community development, HI-M 2024-2028 advocates for collaboration among a broad range of stakeholders, in pursuit of a comprehensive and coordinated approach to men's health. Collaboration and partnership working have been of paramount importance in men's health work to date, bringing together diverse stakeholders, expertise and resources to address the multifaceted challenges faced by different population groups of men. Partnership working harnesses a collective effort to identify health priorities, share knowledge and best practice, and develop evidence-based interventions, leading to more innovative and sustainable solutions. Together, these collaborative efforts can promote better access to healthcare services, encourage men to engage in health-promoting behaviours and create a supportive environment that prioritises men's health and wellbeing.

1.3.5 HEALTH PROMOTION: HI-M 2024-2028 emphasises the importance of health promotion and prevention, encouraging men to take an active role in maintaining their health through lifestyle changes and engagement with health services. Men work best with those who believe they are people of worth rather than a problem to be solved. Health promotion plays a vital role in improving the wellbeing of men and encouraging them to take proactive steps towards leading healthier lives. Given the higher prevalence of more adverse health behaviours among men, tailored health promotion efforts provided in settings that are accessible and welcoming to men, are essential to address their specific needs and encourage positive behaviour change. This is particularly important in relation to mental health promotion, given the unique challenges men face in seeking help for mental health issues.

1.3.6 EVIDENCE-BASED PRACTICE: HI-M 2024-2028 is grounded in research and evidence-based practice. It emphasises the importance of ongoing data collection and analysis to inform decision-making, programme development, and the delivery of effective and impactful programmes targeted at different population groups of men. Much of the focus of men's health research to date has been on knowledge transfer

and the practical application of more academic research findings to the real-world context of practice delivery.

1.3.7 EMPOWERING MEN TO TAKE OWNERSHIP OF THEIR HEALTH: Notwithstanding the broader determinants of men's health, HI-M 2024-2028 seeks to establish more supportive environments to enable men to take more responsibility for and ownership of their own health. This approach involves engaging men as active participants in their own health, encouraging them to make informed decisions, and adopt healthier lifestyle and health behaviours. This can also be seen as tackling men's health from a strengths perspective, by acknowledging that men have inherent capabilities, resilience and resources that can be harnessed to promote positive health outcomes, and to foster a sense of empowerment and agency in men to take charge of their health. Through its Gatherings and Leadership Programme, MDN continues to support men in this way as a core part of its approach and practice to engaging service providers and volunteers with a brief for engaging men (<https://mensnetwork.ie/leadership-programme>).

1.3.8 LEADERSHIP: As the first country in the world to publish a men's health policy, Ireland assumed a strong leadership role in men's health. It is well established that effective governance and strong leadership - both top-down and at grass-roots level - are critical for driving the men's health agenda forward and maintaining accountability. Although the community of men's health workers in Ireland is relatively small, it comprises an effective and successful mix of individuals from the statutory, voluntary and academic sectors who have assumed a strong leadership role in expanding the breadth of men's health research and practice, and in working passionately to promote men's health.

1.4 HEALTHY IRELAND MEN (HI-M) 2017-2021 REVIEW

The Health Service Executive (HSE) commissioned a review of HI-M 2017-2021 to inform the future direction of men's health policy in Ireland. The Review (see summary of findings in Appendix 3) concluded that HI-M 2017-2021 was generally considered to have had a positive impact, contributing to the more effective implementation of programmes and services by mainstreaming men's health across a range of policy areas, and that there remained 'a compelling case for further sustained and systematic action'.

Acknowledging the significant gains made in men's health since the launch of the first Action Plan, the Review identified the key future challenge as the adoption of an intersectional approach that focuses particularly on those men experiencing

overlapping and multiple layers of disadvantage. The Review recommended that the new Action Plan should: be closely aligned to the Healthy Ireland (HI) Strategic Action Plan and Sláintecare; adopt an intersectional, equity-based approach; continue to be based on the principles underpinning the previous two Action Plans. The Review also called for increased funding to support the implementation of the new Plan and for a clear focus on addressing health inequalities by ring-fencing funding for those cohorts of men most at risk.

1.5 CONCLUSION

The achievements of men's health policy implementation to date provide a springboard for building momentum and retaining a continued focus on gender and men's health. However, whilst overall improvements in men's health outcomes are to be welcomed, there continues to be significant differences in health outcomes; not only between men and women, but between different population groups of men. As highlighted previously, there needs to be a specific focus on targeting those under-served sub-population groups most at risk and 'hard-to-reach'. The COVID-19 pandemic drew attention to the higher incidence of underlying conditions among certain population groups of men⁴⁸, thereby further underlining the need for an explicit focus on gender within the context of an equity-based, intersectional approach to men's health.

The continued strengthening of the evidence base around men's health (see Appendix 1) provides a rich tapestry from which to expand and upscale men's health interventions, as well as mainstreaming a gendered approach to programme and service delivery. The development of resources, toolkits and training materials have helped to fill in the gaps in terms of effectively engaging men in their health. Knowing 'what works', in what circumstances and with which target groups, has supported capacity building at a service and programme delivery level, as well as providing a platform from which to expand men's health work in the future.

Part 2: National Men’s Health Action Plan

HEALTHY IRELAND MEN (HI-M) 2024-2028

Continue to work with the Health and Wellbeing Priority Programmes, the National Office for Suicide Prevention (NOSP), the National Cancer Control Programme (NCCP) and the National Screening Service (NSS) to ensure that there is an explicit focus on tackling health inequalities and building health equity within all health promotion and prevention programmes.

With due regard to the Healthy Ireland Strategic Action Plan and Sláintecare, four themes are identified for action under HI-M 2024-2028.

Themes and Tasks

THEME 1

Address health inequalities and build health equity between different population groups of males by applying a gender lens and a life course approach to the priority programmes for Healthy Ireland - healthy eating and active living, wellbeing and mental health, positive ageing, alcohol, tobacco free, sexual health, and healthy childhood - as well as to cancer prevention, national screening programmes and suicide prevention.

	TASK	LEAD AGENT(S)	PARTNERS
1.1	Develop a men’s health toolkit to support the implementation of the HSE’s Priority Programmes by developing gender-specific approaches to existing programmes (e.g. HSE’s ‘Diabetes Prevention’ and ‘Living Well’ and ‘Healthy Food Made Easy’ programmes) and, where appropriate, to the development of new programmes.	HSE H&W	IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
1.2	Increase health literacy and raise public awareness of boys’ and men’s health through a range of promotional activities that are audience segmented, including school-based initiatives, National Men’s Health Week and International Men’s Day.	HSE H&W, MHFI	DoH, IPH, ICS, IHF, MDN, NCMH, IMSA, HSE NCCP, NSS, HSE TFI, HSE SHP, DE
1.3	Agree a plan for scaling up evidence-based men’s health programmes (e.g. Men on the Move, The Men’s Health and Wellbeing Programme ^{49,50} , Sheds for Life) that accounts for reach and sustainability, and that considers the scope of such programmes to act as a conduit for men to access local services and programmes.	HSE H&W	Local Sports Partnership Network, NGBs, IMSA, IHF, NCMH

	TASK	LEAD AGENT(S)	PARTNERS
1.4	Continue to support the implementation of NOSP's 'Connecting for Life', Ireland's national suicide reduction strategy, and the development of a successor strategy, by implementing evidence-based interventions for men known to be at greater risk of suicide - this includes using the CAIRDE project as a template for the development of resources to support workplaces (and potentially other settings) in promoting men's mental health and wellbeing, and in preventing suicide.	HSE H&W, NOSP, NCMH, MHFI	DoH, IPH, ICS, IHF, MDN, IMSA
1.5	Continue to support the HSE's Plan for Wellbeing and Mental Health 'Stronger Together' by (i) expanding the roll-out of the 'Minding your Wellbeing for Men' programme to support and inform male health and social care staff's engagement around their health and wellbeing, in line with the Healthy Ireland Implementation Plan focus on improving staff health and (ii) ensuring that there is a specific focus on campaigns to support young men to develop mental health literacy and emotional regulation skills.	HSE H&W	DoH, NOSP, Spunout, MHFI, NCMH, IPH, ICS, IHF, MDN, IMSA
1.6	Develop a plan to support farmer health and wellbeing, including the coordination of existing programmes (e.g. Farmers Have Hearts Cardiovascular Health Programme, On Feirm Ground, FarmConnect, Farming Minds, FarMHealth) as well as the development of new programmes.	DAFM, DoH, HSE H&W	IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA, HSE NCCP
1.7	Research, implement and evaluate cancer prevention and early detection initiatives with a focus on men, in conjunction with the HI-M Implementation Group.	HSE NCCP	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
1.8	Promote the health and wellbeing of Traveller men and boys through the implementation of the NTHAP.	HSE SI	Traveller organisations, HSE H&W, DoH, MHFI, MDN, NCMH, Traveller organisations, HSE NCCP
1.9	Explore the use of digital health tools, such as mobile apps or online platforms, to reach a broader audience and provide accessible health information and support, particularly for younger men or those living in remote areas.	HSE H&W	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA, HSE NCCP

	TASK	LEAD AGENT(S)	PARTNERS
1.10	Adopt a more targeted approach to engaging men with high rates of tobacco use by (i) incorporating increased representation of these subgroups of men into the National Quit campaign, (ii) integrating tobacco messaging and community engagement on tobacco into the annual Men's Health Week campaign and other targeted media campaigns, and (iii) engaging men in mixed gender groups and men only groups as part of the community based stop smoking programme, We Can Quit.	HSE TFI	DoH, MHFI, MDN, NCMH, HSE NCCP, IMSA
1.11	Implement and scale evidence-based initiatives aimed at preventing and reducing alcohol and other drug use problems in line with the Reducing Harm, Supporting Recovery 2017-2025 strategy and its successor strategy, targeting men known to be at a greater risk of substance use problems.	HSE SI, HSE H&W	Local Drug and Alcohol Task Forces
1.12	Develop tailored resources for fathers to support positive communication with their children on areas of health and wellbeing and parenting (including parenting alone/co-parenting fathers).	HSE H&W, HSE Public Health	HSE SHP, DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
1.13	In collaboration with strategic partners, identify key strategies to engage priority groups of men (e.g. migrant men, LGBTQI, disabled men, older men) in targeted and culturally-appropriate programmes.	HSE H&W	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, HSE NCCP, IMSA
1.14	Assess the feasibility of addressing the sexual health needs of older men in conjunction with the Irish Men's Sheds Association and other networks and partners.	HSE SHP, IMSA	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH
1.15	Adopt a targeted approach to engaging and reaching gbMSM in relation to their sexual health and wellbeing.	HSE SHP	DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, HSE NCCP

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.

THEME 2

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

	TASK	LEAD AGENT(S)	PARTNERS
2.1	Develop a plan to expand the delivery of the ENGAGE programme to frontline service providers and community facilitators from Sláintecare partner organisations, including consultation with advocates from new communities, and increased advocacy efforts for its integration into relevant third-level health and allied health professional programmes.	Engage Partnership Team (SETU, MDN, HSE H&W, MHFI)	DoH, Sláintecare Healthy Communities, IPH, ICS, IHF, IMSA
2.2	Expand the ENGAGE mentorship programme by developing a Mentor Resource Pack, recruiting and training new mentors, and offering regular continuous professional development (CPD) training to existing ENGAGE Trainers.	Engage Partnership Team (SETU, MDN, HSE H&W, MHFI)	DoH, IPH, ICS, IHF, IMSA
2.3	Implement Phase 2 of ‘On Feirm Ground’ with the DAFM and the DoH by rolling out the programme to vets and other potential agri-sector frontline service providers.	MDN	Engage Partnership Team (SETU, MDN, HSE H&W, MHFI), DoH, DAFM, IPH, ICS, IHF, IMSA
2.4	Utilise the men’s health evidence gathered to date to leverage support from other Government Departments to promote men’s health.	HSE H&W	Engage Partnership Team (SETU, MDN, HSE H&W, MHFI), DAFM DoH, IPH, ICS, IHF, IMSA
2.5	Support the DE to develop new resources that integrate a healthy masculinities approach into the delivery of SPHE programmes in schools.	DE, HSE H&W	HSE H&W, MHFI, MDN
2.6	Support Cuan to provide strategic direction and support the work of agencies such as the Men’s Development Network (MDN), the GAA Healthy Club Programme and Ruhama in relation to their development and delivery of a programme encompassing gender equality, healthy relationships and zero tolerance of sexual violence, targeting young men and women.	HSE SHP	HSE SI, DE, MDN, GAA Healthy Club, Ruhama
2.7	Support the IMSA to provide a national support network for Men’s Sheds and to support the implementation of Sheds for Life.	HSE H&W, DoH, IMSA	MHFI, MDN, NCMH

	TASK	LEAD AGENT(S)	PARTNERS
2.8	Expand and support the White Ribbon Campaign by targeting health service and health service partner workplaces in line with the Third National Domestic, Sexual and Gender-Based Violence Strategy (Action 7.2).	HSE H&W, HSE SI, MDN	DOJ, DETE, Cuan, DoH, IPH, ICS, IHF, MHFI, NCMH, IMSA
2.9	Develop resource materials that foster a shared understanding of and support for 'healthy masculinities' for those working with men and boys in youth, sporting, education, workplace, health and social care settings.	HSE H&W	DE, DETE, DoH, NGBs, Spunout, MDN, MHFI, NCMH

It is imperative that all future men’s health programmes and initiatives continue to be underpinned by a strong research and evidence base.

THEME 3

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

	TASK	LEAD AGENT(S)	PARTNERS
3.1	Identify opportunities for increased investment in men’s health research, including the regular collation of representative data on men’s health outcomes and attitudes towards masculinities and health, in order to track progress and to ensure that men’s health work continues to be underpinned by empirical evidence.	HSE H&W	NCMH, SETU and wider 3 rd Level sector
3.2	Review and audit on an ongoing basis the implications of emergent national health data (e.g. CSO, Sláintecare, HI) for men’s health policy and practice, with a view to establishing a standard set of stratifications with respect to men’s health, and to identify gaps or priorities in the delivery of programmes and services for men.	HSE H&W	NCMH, SETU and wider 3 rd Level sector
3.3	Conduct a follow-up evaluation of ENGAGE, including a focus on the impact on professional practice and service delivery at the local level.	HSE H&W	Engage Partnership Team (SETU, MDN, HSE H&W, MHFI), DAFM, wider 3 rd Level sector
3.4	Host an annual or biennial national conference on men’s health (and embed a men’s health component into other relevant conferences) to disseminate research findings, share information, maintain momentum and raise the profile of contemporary men’s health issues.	HSE H&W	MHFI, NCMH, SETU and wider 3 rd Level sector, DoH
3.5	Conduct regular follow ups to the ‘Men’s Health in Numbers’ report, that make routine data more informative with respect to men’s health and the health of particular populations of men, and that highlight the emerging men’s health issues which require tailored responses across the HSE’s Priority Programmes.	MHFI	NCMH
3.6	Review the implementation and impact of the Sheds for Life programme.	HSE H&W, DoH	IMSA, NCMH, SETU, 3 rd Level sector

Appropriate governance structures and resources are required to drive the implementation of HI-M 2024-2028.

THEME 4

Establish appropriate governance structures to resource and oversee the implementation of HI-M 2024-2028.

	TASK	LEAD AGENT(S)	PARTNERS
4.1	Establish a new <i>HI-M Implementation Group</i> . Review the terms of reference of the Group, paying particular attention to seeking endorsement of HI-M 2024-2028 within the Programme of Government and as part of a whole of Government commitment to the Plan.	HSE H&W, DoH	HSE NCCP, HSE SHP, HSE TFI, NOSP, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
4.2	Establish a HI-M Stakeholder Group (including practitioners working at the coalface) to guide and support the implementation of the Action Plan by tackling specific Actions within the Plan, as well as by sharing information and strengthening alliances and partnerships with partner organisations.	HSE H&W	HSE NCCP, HSE SHP, HSE TFI, NOSP, DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
4.3	Develop an Annual Men's Health Business Plan that closely aligns with the HI Strategic Action Plan, Sláintecare, and the HSE's Regional HI Plans.	HSE H&W	HSE NCCP, HSE SHP, HSE TFI, NOSP, DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA
4.4	Monitor the implementation of HI-M 2024-2028 and compile quarterly progress reports.	HSE H&W	HSE NCCP, HSE SHP, HSE TFI, NOSP, DoH, NCMH
4.5	Identify and ring-fence the necessary resources required to drive implementation of HI-M 2024-2028, including the establishment of local working groups, as well as the appointment of a Grade 8 National HSE lead for men's health and a Grade 7 HSE men's health co-ordinator in each of the six health regions.	HSE H&W	HSE NCCP, HSE SHP, HSE TFI, NOSP, DoH, IPH, ICS, IHF, MHFI, MDN, NCMH, IMSA



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List of Appendices

APPENDIX 1

Research Outputs 2017-2024

Book Chapters

- Richardson N., Smith J.A., Robertson S. & Baker P. (2019). Global Men's Health Policy in 'Men's Health Equity: A Handbook'. Routledge.

Peer Reviewed Publications

2024

- Daly, S., Carroll, P., Egan, T., Harrison, M., McGrath, A., Finnegan, L., Richardson, N., & Krustrup, P. (2024). The pre-adoption characteristics of men in a community-based social initiative: who wants a game of ball? *International Journal of Health Promotion and Education*, 1-15. <https://doi.org/10.1080/14635240.2023.2301700>
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- Roche E, Richardson N, Sweeney J, O'Donnell S. (2024). Workplace Interventions Targeting Mental Health Literacy, Stigma, Help-Seeking, and Help-Offering in Male-Dominated Industries: A Systematic Review. *Am J Men's Health*. Mar-Apr;18(2): doi: <https://doi.org/10.1177/15579883241236223>
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- van Doorn D., Richardson N., Meredith D., Blake C. & McNamara J. A sub-group analysis of the cardiovascular health status of male Irish cattle and dairy farmers: baseline health results of the Farmers Have Heart Cardiovascular Health Programme. *Journal of Rural Health* (pending 2024).

List of Appendices - APPENDIX 1 (continued)

- van Doorn D., Richardson N., Meredith D., Blake C. and McNamara J. Farmers Have Hearts Cardiovascular Health Program: applying gendered strategies through a partnership model to maximize reach of male farmers in cardiovascular health prevention (pending 2024).

2023

- Carroll P., Daly S., Egan T., Harrison M., Richardson N., Finnegan L., McGrath A., Krusturup P. (2023). Football Cooperative, a Community Based Physical Activity Social Initiative for Men: Protocol Paper for a Pragmatic Feasibility Trial. *Journal of Physical Activity Research*. Vol. 8, No. 1, pp 16-26. <http://pubs.sciepub.com/jpar/8/1/4>
- O'Donnell S., Lohan M., Oliffe J., Grant D., Richardson, N., & Galway K. (20023). Men's mental health and the arts: perceived benefits and dynamics of engagement, *Health Promotion International*, Volume 38, Issue 4, August, daad092, <https://doi.org/10.1093/heapro/daad092>
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- Bergin N. & Richardson N. (2020). ‘Sheds for Life’: getting the balance right in delivering health promotion through Sheds in Ireland. *Health Promotion International*: <https://doi.org/10.1093/heapro/daaa082>.
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- Kelly L., Harrison M., Richardson N., Carroll P., Robertson S., Keohane A. & Donohoe A. (2019). The impact of a gender-sensitised group-based physical activity intervention, Men on the Move (MOM), on the fitness and fatness profile of inactive men in Ireland: a pragmatic controlled trial. *European Journal of Public Health*, <https://doi.org/10.1093/eurpub/ckz100>
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- van Doorn D., Richardson N., Storey A., Osborne A., Cunningham C., Blake C. & McNamara J. (2018). Farming characteristics and self-reported health outcomes of Irish farmers. 68(3):199-202. *Occupational Medicine* <https://doi.org/10.1093/occmed/kqy065>
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- Saab M.M., Davoren M., Murphy A., Murphy D., Cooke E., Landers M., Fitzgerald S., Richardson N., Rovito M., Von Wagner C., Murphy M., Dahly D. & Hegarty J. (2018). Promoting men's awareness, self-examination and help seeking for testicular disorders: A systematic review of intervention studies. HRB Open Research May (1-15) <http://dx.doi.org/10.12688/hrbopenres.12837.2>

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- Keohane A. & Richardson N. (2017). Negotiating gender norms to support men in psychological distress. *American Journal of Men's Health* <https://journals.sagepub.com/doi/10.1177/1557988317733093>
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Reports/Policy Documents

- Hammersley C., Richardson N., Meredith D., McNamara J. & Carroll P. (2024). 'On Feirm Ground' Final Evaluation Report. Available at: <https://engagetraining.ie/app/uploads/2024/07/OFG-Final-Evaluation-Report.pdf>
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- Richardson N., Grace B., van Doorn D. & Curristin M. (2019). An evaluation of 'Mind your Mental Health': A report commissioned by the HSE. National Centre for Men's Health
- Grace B., Richardson N. & van Doorn D. (2019). An evaluation of Fit for Work and Life: A report commissioned by the Irish Cancer Society. National Centre for Men's Health
- McGrath A., Murphy N. & Richardson N. (2018). Men's Health and Wellbeing Programme at Place4U: Evaluation Report DOI: 10.13140/RG.2.2.32973.18409
- O'Donnell S. & Richardson N. (2018). The Middle-Aged Men and Suicide Project. A report commissioned by the Men's Health Forum in Ireland. Available at: <https://www.mhfi.org/MAMRMreport.pdf>
- Richardson N. & Yordi Aguirre I. (2018) Improving men's health in Ireland: Building capacity among frontline service providers to engage men. WHO best practice brief. Available at: <https://apps.who.int/iris/bitstream/handle/10665/345862/WHO-EURO-2018-3394-43153-60424-eng.pdf?sequence=3&isAllowed=y>

Educational Resources, Training & Toolkits

- Murray F., Richardson N., Brennan L. & Fowler C. (2022). Connecting with Men: ENGAGE National Men's Health Training
- Richardson N., Fowler C., Brennan L. & Murray F. (2021) "On Feirm Ground": National Farmers' Health Training Programme and Resource Pack. Institute of Technology Carlow
- Richardson N. & O'Donnell S. (2019). Erasmus + SSaMs (Sports Students as Mentors for Boys and Young Men). Contributing authors to development of Training resource and Train the Trainer resource materials. Available at: <https://sportsmentors.eu>
- Fowler C., Richardson N., Brennan L. & Murray F. (2018). 'Men in the Middle: Engaging middle-aged men in mental health: Unit 7 Engage National Men's Health Training. Ireland.

Conference Presentations

2022

- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. *'On Feirm Ground': Supporting rural men's wellbeing: Exploring a potential role for farm advisory staff.* WONCA World Rural Health Conference 2022, University of Limerick, Ireland
- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. Ireland, Agriculture and Manhood: *Masculinities, change and wellbeing in rural Ireland.* Men and Masculinities Conference, University of Washington Tacoma. Virtual Webinar, June 2022
- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. *'On Feirm Ground': Supporting rural men's wellbeing: learnings from across the pond.* Cornell University, CALS live session, The Dyson School of Applied Economics, Cornell University, Ithaca, New York. October, 2022
- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. *'On Feirm Ground: Supporting Male Farmer Wellbeing in Ireland.* Grand rounds session, Bassett Medical Center, Cooperstown, New York. Virtual Webinar, September, 2022

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- McGrath A., Murphy N. & Richardson N. Evaluating the impact and scalability of a community-based men's health promotion programme "Sheds for Life" in Irish Men's Sheds HEPA Europe-Nice, France. 3rd September 2022

2021

- McGrath A., Murphy N. & Richardson N. Sheds for Life: Proactively promoting and engaging men in the men's shed setting with physical activity and wellbeing Irish Physical Activity Research Collaboration conference - oral presentation. 12th January 2021
- Richardson N. Looking beyond men as 'the problem': effective strategies to engaging men. South Eastern Men's Health Forum (Northern Ireland) Webinar. March 2021
- Richardson N. 'Why' Men's Health? HSE Engaging Men Webinar series. April 2021
- McGrath A., Murphy N. & Richardson N. "Men will talk in the right environment" - working in partnership with Irish Men's Shed members to design and implement an appropriate programme model that engages men with health and wellbeing. American Men's Studies Association Conference 2021. 17th June 2021
- McGrath A., Murphy N. & Richardson N. Sheds for Life: A gender transformative men's health programme to promote positive ageing. Positive Ageing Knowledge Exchange - HSE webinar, 28th June 2021
- McGrath A., Murphy N. & Richardson N. 'The value of Men's Sheds' - Webinar for the Department of Agriculture Minnesota and the US Men's Sheds Association, 21st July 2021
- van Doorn D., Richardson N., Meredith D. & McNamara J. The Farmers Have Hearts Cardiovascular Health Programme: Engaging Irish male livestock farmers in a cardiovascular disease prevention programme. 2021 Nordic Meeting on Agricultural Occupational Health and Safety. Trondheim 6th - 8th Sept 2021
- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. 'That's me I am the farmer of the land': Exploring farming identities, masculinities and health in Ireland. 25th European Seminar on Extension and Education. Cavan, Ireland, June 2021
- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. 'On Feirm Ground: Supporting Rural Men's Wellbeing. HSE Health & Wellbeing series: The When of Men's Health. Virtual Webinar, November 2021
- Hammersley C., Richardson N., Meredith D., Carroll P. & McNamara J. 'That's me I am the farmer of the land': Exploring farming identities, masculinities and health in Ireland. 2021 Nordic Meeting on Agricultural Occupational Health and Safety. Trondheim, Norway, September 2021
- McGrath A., Murphy N. & Richardson N. Evaluating implementation of a community-based men's health programme "Sheds for Life" in Irish Men's Sheds. ISPAH 2020 - Vancouver 13th October 2021
- van Doorn D., Richardson N., Meredith D. & McNamara J. The Farmers Have Hearts Cardiovascular Health Programme: Engaging Irish male livestock farmers in a cardiovascular disease prevention programme. 2021 Nordic Meeting on Agricultural Occupational Health and Safety. Trondheim 6th - 8th September 2021
- van Doorn D., Richardson N., Meredith D. & McNamara J. Farmers Have Hearts Cardiovascular Health Programme: a settings-based health behaviour change programme targeted at cardiovascular disease prevention in Irish farmers. 11th IUHPE European Conference on Health Promotion 'Health Promotion: Transformative action in a changing Europe'. Virtual 15th-16th June 2021.

2020

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- van Doorn D., Richardson N., Meredith D., McNamara J., Osborne A. & Blake C. (2020). The Farmers Have Hearts Cardiovascular Health Programme: an outreach approach to engage farmers in cardiovascular health. Teagasc BeSafe Seminar 'From Research to Practice Supporting Farmer Health and Farm Safety'. Dublin 29th September 2020.
- McGrath A., Murphy N. & Richardson N. "Sheds for Life" - A Community based men's health promotion programme using gender sensitive strategies to engage hard to reach men in Irish Men's Sheds. American Public Health Association Annual Meeting and Expo - San Francisco (Virtual) - Oral presentation 28th October 2020
- McGrath A., Murphy N. & Richardson N. Sheds for Life: Insights into the impact of COVID-19 on wellbeing outcomes of Men's Shed members. International Men's Day HSE webinar - oral presentation, 19th November

2019

- McGrath A., Murphy N. & Richardson N. "Shedding light on men's health" - Evaluating the scalability of a community-based men's health promotion programme "Sheds for Life" through the application of implementation science (Academic Poster). SPHeRE Network 5th Annual Conference. Royal College of Surgeons, Dublin, 26th February 2019
- O'Donnell S. & Richardson N. Factors underpinning the high risk of suicide among middle-aged men in the Republic of Ireland. International Association for Suicide Prevention Conference, Derry, September 2019

2018

- Richardson N. Contemporary fatherhood. National Parenting Conference, Athlone IT. December 2018
- Richardson N. Looking beyond men as 'the problem': Effective strategies to engaging men. Cork City Partnership Conference. November 2018
- Richardson N. Ireland's National Men's Health Policy: Lessons learned in transitioning from policy development to implementation. National Men's Health Conference Brasilla, Brazil, November 2018
- Richardson N. The role of civil society in Men's Health Policy implementation. National Men's Health Conference Brasilla, Brazil, November 2018
- Richardson N. Shedding light on men's health: Men's Sheds in Ireland. American Public Health Association Conference. San Diego, November 2008
- Richardson N. Supporting Primary Healthcare providers to more effectively engage men: A case study from Ireland. WHO NCDs Conference, Sitges, Spain, May 2018
- Richardson N. & O'Donnell S. Middle-aged men and suicide in Ireland. National Men's Health Conference. Dublin, April 2018

2017

- Kelly L., Richardson N., Carroll P., Harrison M., Keohane A., Donohoe A. & Robertson S. Physical Activity and its relationship to health: An investigation of a 12 week community based physical activity intervention for adult men. 2017 All-Ireland Postgraduate Conference in Sport Sciences, Physical Activity and Physical Education. Institute of Technology Carlow, 21st April 2017

- Kelly L., Richardson N., Carroll P., Harrison M., Keohane A., Donohoe A. & Robertson S. Physical activity and its relationship to Health: An investigation of a community based physical activity intervention for adult men, aka 'Men on the Move'. International Society of Behavioural Nutrition and Physical Activity Conference 2017 Victoria, Canada, June, 2017
- Kelly L., Richardson N., Carroll P., Harrison M., Keohane A., Donohoe A. & Robertson S. An investigation of a community based physical activity intervention for adult men, 'Men on the Move'. 10th European Public Health Conference. Stockholm, Sweden, 1st - 4th November 2017
- Kelly L., Richardson N., Carroll P., Harrison M., Keohane A., Donohoe A. & Robertson S. 'Men on the Move': A community-based physical activity programme for adult men in Ireland. 8th Conference of HEPA Europe 2017. Zagreb, Croatia. 15th - 17th November 2017
- van Doorn D., Richardson N. and Osborne A. The impact of a workplace health screening programme on the health practices of Irish farmers. 10th European Public Health Conference 'Sustaining resilient and healthy communities'. 1st - 4th November 2017, Stockholm, Sweden.
- van Doorn D., Richardson N. & Osborne.A. Finding a space for health within the context of 'occupational risk' and farm policy: Ireland's 'farmers have hearts' workplace cardiovascular screening programme. 26th International Epidemiology in Occupational Health (EPICOH) Conference, 28th - 31st August 2017. Edinburgh UK.
- van Doorn D., Richardson, N. & Osborne, A. 'Farmers Have Hearts': Using the Mart as a setting in which to engage male livestock farmers in a health screening intervention. Health Promotion Conference, Promoting Health and Wellbeing in the Workplace, 15th June 2017, NUI Galway, Ireland
- Richardson N. (2017). 'Men's Health: Looking beyond men as 'the problem''. Keynote presentation at Nursing and Midwifery Conference UCC (November)

APPENDIX 2

Distinguishing between sex and gender

Sex and gender are distinct yet interconnected concepts. Sex typically refers to the biological characteristics that classify individuals as male or female. Gender, on the other hand, encompasses the social, cultural and psychological roles, behaviours, and identities that a society associates with being masculine or feminine. Whilst sex is often categorised as binary, gender is diverse and can transcend traditional boundaries. It is important to recognise that gender is a complex and multifaceted aspect of human identity that is influenced by both individual experiences and societal norms.

In keeping with the World Health Organisation’s Gender Responsive Assessment Scale, a key priority of HI-M 2024-2028 is to build on the solid foundations to date in moving from ‘gender unequal’ or ‘gender blind’ approaches to health policy implementation, to ‘gender specific’ and ‘gender transformative’ approaches (see Figure 6).

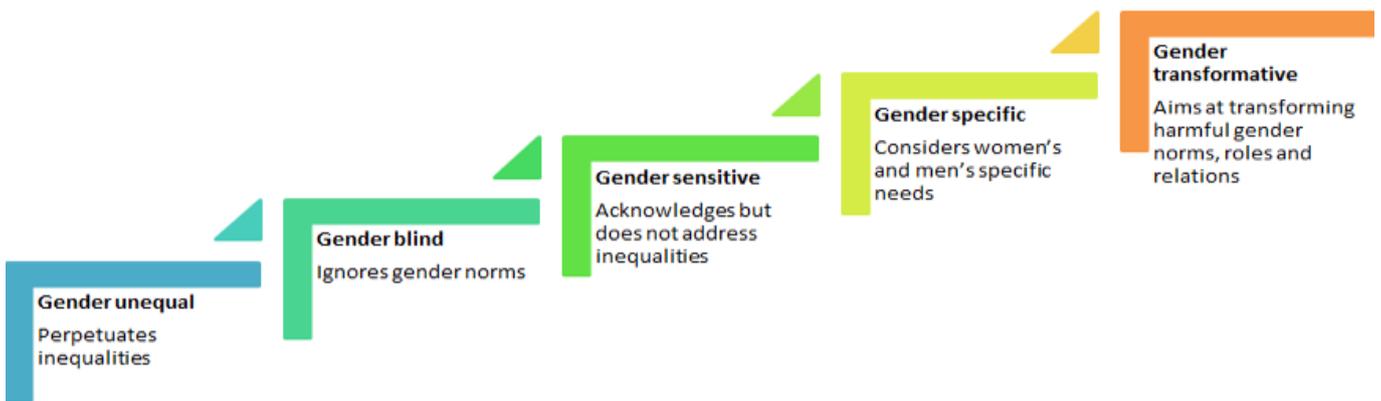


Figure 6: Gender Responsive Assessment Scale (World Health Organisation, 2018)¹

¹ World Health Organisation (2018). The health and wellbeing of men in the WHO European Region: better health through a gendered approach. Available at: <https://www.who.int/europe/publications/i/item/9789289053532>

APPENDIX 3

Independent review of Healthy Ireland Men 2017-2021 (Key Findings): For full report see Baker P. (2022) Independent review of Healthy Ireland Men 2017-2021. Global Action on Men's Health

APPROACH TAKEN

The external Review of Healthy Ireland Men (HI-M) 2017-2021 was conducted by Global Action on Men's Health and overseen by a Review Advisory Group comprising internationally renowned researchers in the field of men's health. The methodology adopted a pragmatic approach, which comprised an online survey, semi-structured interviews with key stakeholders (n=20), and a rapid literature review. Preliminary findings were presented online to a meeting of the Advisory Group to elicit further comments and views.

Specifically, the Review sought to:

- Identify key priorities for the next Action Plan.
- Propose clear recommendations to steer the development of the Plan.
- Consider which implementation strategies would be most effective.
- Highlight any current gaps in provision and the potential for targeting new groups/settings/areas of work.
- Suggest programmes where there would be potential to expand cost-effectively and scale-up existing evidence-based provision.
- Outline any challenges which may, potentially, arise.

PRINCIPAL FINDINGS OF THE REVIEW

CONTEXT

Within a wider context, the Review highlighted the greater visibility and changing landscape in relation to men's health internationally over the course of HI-M 2017-2021. For example, the increasing focus on men's health by the World Health Organisation and the Lancet Commission on Gender and Global Health bears testament to the increasing prominence of men's health in global health policy and practice. A key aspect of this has been the increasing attention to intersectionality and equity issues. Men's health advocates and researchers have, for many years, pointed out that men should not be regarded as a homogenous entity and that wide gaps remain in terms of health outcomes between different population groups of men. Despite significant overall improvements

in men's health in Ireland over the past 20 years, major inequalities persist between different groups of men. For example, men in the most affluent quintile live on average to 84.4 years, whereas men in the most deprived quintile, by contrast, live to 79.4 years. The challenge for the future is to adopt an intersectional approach that systematically tackles these inequalities and that focuses particularly on those men experiencing overlapping and multiple layers of disadvantage. Indeed, the COVID-19 pandemic drew attention to the higher incidence of underlying conditions among certain population groups of men, thereby further underlining the need for an intersectional approach.

IMPACT

HI-M 2017-2021 was generally considered to have had a positive impact, contributing to the more effective implementation of programmes and services by mainstreaming men's health across a range of policy areas.

Governance Structures

A National Men's Health Action Plan Advisory Group was created and met regularly. There was widespread acknowledgement and appreciation of members' expertise, experience, commitment and hard work, as well as the collegiate nature of the relationships between members. The Review noted the potential for expanding and diversifying membership of the Group, including the appointment of more senior (and influential) HSE or DoH personnel. Limited capacity and resources resulted in some shortcomings with regard to some governance issues (interim review, business planning, communication plans, annual reports); however, detailed records were maintained through the minutes of the Advisory Group and through the submission of regular progress reports to the HSE. The Men's Health Forum in Ireland maintained a comprehensive and up-to-date website, as well as a presence on several social media platforms, which was complemented by the regular appearance of men's health articles and communications in key internal HSE publications, such as Healthy Matters, and on the HSE's Health and Wellbeing Ezine, YouTube channel and Twitter channel.

Priority Programmes

The Review noted limitations in relation to the contribution of HI-M 2017-2021 to more effective implementation of programmes and services by mainstreaming men's health across other policy areas. It noted that mainstreaming 'was patchy', with many national and local policies still paying little or no attention to men's health. It concluded that such omissions were strongly linked to the under-resourcing of men's health work more generally. However, the Review noted that most of the Community Health Organisation (CHO) plans did refer to some specific actions on men's health. It was also clear that a range of specific men's health interventions referred to in HI-M 2017-2021 made a significant contribution to a number of key HI programmes, including Men on the Move

(now rolled out nationally), Farmers Have Hearts Cardiovascular Health Programme, Sheds for Life, and On Feirm Ground. The HSE Health and Wellbeing Annual Report 2021 contained a section dedicated to men's health, which highlighted the support HSE provides to the men's health sector and key areas of activity including the Engaging Men webinars, Men's Health Week, Sheds for Life, and the ENGAGE training programme. Overall, the Review concluded that men's health has impacted positively on several key areas of policy, but that it remains some distance from being fully mainstreamed. A key future challenge is to include more specific measures that are focused on achieving a cross-cutting approach to health policy more broadly.

Building Capacity

Capacity-building through the ENGAGE training programme was widely commended having, since its launch in 2012, succeeded in reaching well over 2,000 health and related professionals. During the lifespan of HI-M, two units have been added to the programme: 'Men in the Middle' (which focuses on how to engage middle-aged men) and 'On Feirm Ground' (which works with Agricultural Advisors to support the health and wellbeing of farmers). It was suggested that the latter provided an important template for extending the reach of ENGAGE beyond the health and community/voluntary sectors. The Review also identified Men's Health Week as an important contributor to capacity-building. With approximately 100 partners, the scale of external engagement was highlighted as a significant catalyst to men's health activities across a range of sectors. The 'Engaging Men' programme of webinars was also highlighted as attracting significant numbers of registrations and reaching many new stakeholders.

Research

There was broad consensus that research played an important role in supporting the implementation of HI-M 2017-2021 and in contributing to the Healthy Ireland agenda. In particular, the work of the National Centre for Men's Health at South East Technological University (formerly IT Carlow), was noted as being central to the research effort. The Review highlighted how the Centre has become an internationally-recognised research body which has, over many years, produced a wide range of academic papers and reports, trained a significant number of Masters and PhD students, and contributed to many conferences and seminars within Ireland and beyond. Guidance on working with specific groups of men or in different settings has also been produced alongside educational and training resources. It also noted the Centre's success in attracting external research funding, which brought added value to the wider programme of men's health work. Concerns were raised about the sustainability of the Centre if, and when, its current Director leaves, as well as the apparent disconnect between the production of robust research/evidence and its translation into tangible outcomes by senior decision-makers.

ENABLERS AND BARRIERS

The most commonly identified enablers were community-based initiatives (e.g. Men’s Sheds and work with sports clubs), research, training (specifically ENGAGE), the Men’s Health Forum in Ireland (MHFI), and general and nurse practitioners. The more modest targets set in HI-M 2017-2021 (28 action points v 118 in the previous action plan) was seen as an additional enabler, as it equated to a much more manageable and realistic target - even when taking into account the disruption caused by the COVID-19 pandemic.

The five most commonly identified barriers were:

- funding and resourcing of men’s health work;
- men’s attitudes and behaviours (including help-seeking and stigma);
- governance and leadership (specifically the lack of high-level support);
- the media (including a lack of support from the media and the negative impact of social media);
- COVID-19.

THE NEXT ACTION PLAN

Notwithstanding Ireland’s status as a ‘world leader’ in the field of men’s health policy, there remains ‘a compelling case for further sustained and systematic action’.

(a) Key priorities

The new Action Plan should:

- be closely aligned to the HI Strategic Action Plan and Sláintecare;
- adopt an intersectional, equity-based approach;
- continue to be based on the principles underpinning the National Men’s Health Policy 2008-13.

Recommendations

1	The next Action Plan should be developed as soon as is practicable.
2	Close alignment between the Action Plan, HI Sláintecare and NCCP is essential.
3	An intersectional, equity-based approach should be central to the development of the next Action Plan.
4	The Action Plan should be based on the core principles underpinning the National Men’s Health Policy 2008-13.

(b) Implementation strategies

The Review proposed that new Action Plan should:

- Consider renaming the Advisory Group as the Implementation Group, Task Force or Action Group - to more accurately reflect the group's actual role.
- Consider broadening the membership of the Group to make it more inclusive (e.g. with respect to different sub-groups of men) and to bring in fresh perspectives and ideas. Other representatives might include CHOs, the operational arms of HSE Health and Wellbeing, the GAA, a member with clinical expertise, a workplace health representative, and the induction of younger people to ensure continuity and sustainability. Consideration should also be given to the inclusion of lay members (or a consultative sub-group of lay members) whose role would be to raise issues of concern and comment on activities and progress. The appointment of sub-groups could tackle specific issues. Whilst it was felt that a group charged with responsibility for implementing an HSE Action Plan (i.e. HI-M), should comprise HSE officials only, the value of maintaining the historic working relationships between the range of organisations currently represented on HI-M's Advisory Group also ought to be considered.
- Ensure that there is methodical and consistent reporting of the Group's activities and progress. Continue to include a men's health section in HSE Health and Wellbeing's annual report - both to track past activity and to flag future plans.
- Strive for higher level engagement with the group (i.e. have a HSE Assistant National Director or National Director to chair the Group) in order to ensure that men's health achieves greater prominence and profile, and has a cross-cutting impact into other major policies and programmes both nationally and locally. It was noted that the Women's Health Action Plan 2022-2023 Action Group is co-chaired by the Chief Nursing Officer, who is additionally designated as Women's Health Champion in the DoH.
- Develop a more focused and sustained communications plan to help increase awareness and raise the profile of the Action Plan.
- Consider more innovative and creative avenues to raise public awareness of men's health issues (e.g. using men's personal stories or testimonials to create an emotional engagement with men's health, especially when used to highlight specific issues of concern).
- Seek the support of NGOs to lead a communications campaign that encourages TDs and ministers to take a greater interest in men's health.

- Explore avenues to increase resourcing. Consider the inclusion of a ‘high-level’ budgetary figure to accompany the new Plan (including year-by-year budgets), as well as ‘Equality Budgeting’ to ring-fence funding for the cohorts of men at greatest risk of marginalisation. Consider the potential of alternative non-statutory funding sources (e.g. charitable foundations, commercial organisations with male markets) and the inclusion of a grants programme which aims to encourage collaborative working to deliver projects in line with the Plan’s objectives. Explore the feasibility of securing additional whole-time equivalent men’s health posts. Review the current disparities that exist in relation to the resourcing of men’s health and women’s health (€31 million additional funding for new development in women’s health was allocated in the 2022 Budget), with a view to prompting a commensurate response in terms of financial resources for men’s health.
- Ensure that an evaluation of the new Action Plan, with clear performance indicators and robust baseline measures, is embedded from the outset. The findings, together with those of previous reviews, could be shared internationally (especially with countries that have developed national men’s health policies) to help inform planning of men’s health work in Ireland into the future.
- Consider commissioning a bespoke research project, e.g. an up-to-date evaluation of ENGAGE, including a focus on the impact on professional practice and service delivery at the local level.

Recommendations

5	The Advisory Group should be appropriately renamed to reflect its focus on Action Plan implementation and it should publish and disseminate an annual report on its work. ‘Action Group’ is provisionally suggested.
6	A review of membership of the Action Group is required so that it becomes more representative, inclusive and sustainable once currently key individuals move on. Lay membership should be actively considered.
7	The Action Group should annually, or as appropriate, consider how the Action Plan might need to be changed to take account of changing circumstances.
8	At the start of the new Action Plan, consideration should be given to a briefing session to introduce it to all relevant policy group leads across the HSE and DoH. National Policy Leads should also be offered training on men’s health. This would make it more likely that men would be taken into account at a more strategic level.
9	Higher level support for the Action Plan is required; perhaps following the approach of the Women’s Health Action Plan which has an Action Group co-chaired by the Chief Nursing Officer.
10	The Action Group must be more firmly and formally locked into the HI governance structure.
11	A communications plan should be developed to improve both professional and public awareness of men’s health issues.

12	A funding strategy is required to bring new money into men's health to supplement that provided by HSE. An increase in HSE staffing dedicated to men's health would also be welcome. A whole-time equivalent senior-level National Men's Health Policy Lead would make a significant difference.
13	An evaluation of the new Action Plan should be included from its outset.
14	Men's health should be specifically highlighted as a responsibility of Health Promotion Officers in each CHO area, included in job descriptions, and baked into departmental and individual staff work plans.
15	Each CHO should also appoint a Lead Officer for Men's Health.
16	Consideration should be given to the creation of a Men's Health Practitioner Network to share good practice. An annual or biennial national conference on men's health would also help to share information, maintain momentum and raise the profile of the issue (it is understood that plans for a HSE men's health conference are already in train).
17	The long-term future and sustainability of the National Centre for Men's Health should be reviewed and planned for by HSE and South East Technological University.
18	Consideration should be given to the translation of robust research and evidence into decision-making about initiatives that produce tangible health outcomes.
19	A further evaluation of ENGAGE, focusing on its impact locally, would be helpful.

(c) Current gaps in provision and the potential for targeting new groups/settings/ areas of work

The five most commonly identified priorities from the review were (in order of priority):

- I. Mental health, including suicide and addictions (in particular alcohol).
- II. Addressing men's health behaviours by improving health literacy, education and awareness.
- III. Improving governance, including by higher-level support, alignment with other policy areas and prioritisation.
- IV. Promoting physical activity.
- V. Tackling health inequalities, including those affecting Travellers, men with disabilities and non-binary people.

The five most commonly identified gaps in provision were (in order of priority):

Workplaces, including farms.

- i. Workplaces, including farms.
- ii. Joint (ii) - Boys and young men.
- ii. Joint (ii) - Physical activity and sport.
- iv. Traveller men.
- v. Alcohol.

There were also calls for the next Action Plan to:

- take an equity-based, intersectional approach and to focus on those sub-groups of men with the worst health outcomes;
- consider placing a specific focus on a clinical issue (e.g. BowelScreen or prostate cancer screening); and
- promote gender-responsive actions to reduce smoking prevalence and to support an information campaign on alcohol aimed at men.

Recommendations

20	The new HI strategy, which is currently being developed, should specifically reference men's health and the ambition to make all policies and programmes gender-responsive.
21	The next Action Plan should, like HI-M, be closely aligned with HI and help to meet HI's objectives.
22	Greater alignment is needed between HI national and local policies and the Action Plan.
23	Further to Recommendation 3, which sets out the need for an underpinning intersectional, equity-based approach, the new Action Plan should, while engaging with the wider community of men, focus on tackling inequalities and focus on those sub-groups of men with the worst health outcomes. Such an approach would be well-aligned with HI's focus on healthy communities.
24	Members of the Action Group should be invited to attend meetings of other relevant policy and planning groups, although there will need to be a discussion of strategic priorities to take account of resource constraints. For the same reason, such engagement would only be feasible at the national level.
25	Men's mental health should be prioritised and the workplace (including farms) utilised as a key setting for engaging men. This would be well-aligned with HI's settings-based approach.
26	Consideration should be given to the inclusion of a clinical goal in the Action Plan, such as improving male uptake of BowelScreen. Consideration could also be given to the potential for prostate cancer screening in the light of recent research and recommendations from the European Association of Urology. Consideration should be given to a partnership with the HSE National Cancer Screening Programme.
27	The Action Plan should consider how it can contribute gender-responsive actions to the delivery of the HSE's Tobacco Free Ireland Programme.

(d) Programmes with potential for cost-effective expansion and scaling-up

The Sheds for Life programme evaluation found it to be a cost-effective initiative that effectively engages and enhances the wellbeing of Shed members. Findings from the Men on the Move study were instrumental in the decision of the HSE to scale-up its roll out nationally. The recent comprehensive evaluation of Farmers Have Hearts demonstrated the programme’s clear impact on cardiovascular health and recommended that a national roll-out should be considered.

Recommendations

28	The existing projects and programmes that have received positive evaluations should be scaled up for wider or national rollout.
29	The potential for introducing ENGAGE to other workplaces, building on the experience of On Feirm Ground, should be explored. The construction industry is a potential candidate.

Potential challenges

The focus on men’s health should not be seen as a binary choice between men’s health and women’s health - rather a balanced and complementary approach is both possible and preferable. With improving health outcomes for men, this might be seen as a case of ‘job done’. This underlines the importance of focusing on those populations of men most in need. Tragic events caused by male violence against women have the potential to turn opinion against work that appears to position men as victims and does not hold them to account for their anti-social, and sometimes violent and abusive, behaviour. The next Action Plan should ensure that it acknowledges the importance of gender equality and the need to tackle male violence, even if that is not an issue directly addressed in the Plan, and demonstrate the positive impact better men’s health can have on the health and wellbeing of women.

Recommendations

30	The new Action Plan must make clear its support for gender equality, women’s health and how ‘healthy masculinities’ can contribute to these objectives as well as reducing male violence.
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Conclusion

HI-M 2017-2021 has enabled the consolidation and continuation of the very positive work begun by the National Men's Health Policy. Despite the constraints imposed by limited resources and the COVID-19 pandemic, much has been achieved, including the development of men's health projects and programmes, the mainstreaming of men's health across other policy areas, capacity-building through the ENGAGE training programme, and world-class research led by the National Centre for Men's Health. There was particular praise for the experience, expertise and commitment of the Advisory Group. Some challenges were identified in relation to policy mainstreaming, governance and implementation, funding, and the translation of robust research and evidence into tangible outcomes. This report makes 30 recommendations for consideration in the development of the next Action Plan.

Ireland now has the highest average male life expectancy across all the member states of the European Union. Nevertheless, there is still important work to be done, in particular with men in those groups which are being left behind. While the wider population of men must not be overlooked, this is the particular challenge now facing the next phase of men's health work in Ireland and should be the focus of the new Action Plan.

APPENDIX 4

Membership of the National Men’s Health Policy Advisory Group who oversaw the development of HI-M 2024-2028

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