

QLD MEN'S HEALTH REPORT CARD 2019

RATING THE STATE OF MALE HEALTH IN QUEENSLAND





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TAKING ACTION FOR MEN'S HEALTH



In April 2019 the Federal Government published the National Men's Health Strategy (2020-2030).

The Strategy calls on all levels of government to take action to address the unique needs of men and boys in the policies they develop, the programs and services they deliver and the initiatives they fund.

One of the guiding principles that underpins this Strategy is that the actions we take to improve men and boys' health must address the "gender inequality issues faced by men".

According to researchers at the University of Canberra, the majority of Australians support equality between men and women, but are concerned that men and boys are increasingly excluded from measures to improve gender equality.

The solution to this problem is not to stop working to improve the lives of women and girls, but to increase our efforts to tackle the issues facing men and boys.

One of the barriers to improving men's health is that there is very little research highlighting the gender inequality issues that men and boys face.

The 2019 Men's Health Report Card series is a first attempt to bring some of these issues together and measure how well each State and Territory is doing for men and boys.

Our sons are less educated than our daughters. Our brothers die younger than our sisters. Our fathers are more likely to die at work than our mothers. Our male friends are more likely to die by suicide than our female friends.

The facts are compelling.

The 2019 Men's Health Report Card for Queensland highlights 10 key areas where men and boys are not faring as well as women and girls.

The intention of this report is to inspire key stakeholders across Queensland to focus more time, money and energy on improving the lives and health of men and boys in alignment with the National Men's Health Strategy (2020-2030).

By taking collective action on the gender issues that impact men and boys, we can create a healthier future for men and a healthier future for everyone.

STILL DYING YOUNGER

Australia is one of the world’s healthiest countries, yet men die six years younger than women on average.

In 2017, the median age of death for men in Australia was 79.1 years, with women living to 85.1 years on average.

Men in Queensland are dying younger than men in Victoria, South Australia, New South Wales, the ACT, Tasmania and Western Australia, but living longer than men in the Northern Territory.

QLD men are also dying 6.1 years younger than women across the state, whose average age of death is 83.9 years (compared with 77.8 for men).

The good news is that the average age of death for men in QLD has risen by 1.1 years in the past decade, from 76.7 years in 2007 to 77.8 years in 2017.

Looking to the future, the life expectancy of boys born in QLD in 2015-2017 is 80 years. This varies from area to area with boys in Brisbane West expected to live 7.5 years longer than boys in the Queensland Outback (84.3 years compared with 76.8 years).

“MEN IN QUEENSLAND DIE 6.1 YEARS YOUNGER THAN WOMEN”

The widest regional gap in life expectancy in QLD is the 9.6 years between boys born in QLD Outback and girls born in Brisbane West (86.4 years compared with 76.8 years).

Overall, men in QLD are seventh in our league table of longevity across Australia, based on the average age of death for men and women in each State and Territory in 2017.

LONGEVITY

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	VIC	SA	NSW	ACT	TAS	WA	QLD	NT
MALE	80.5	79.7	79.6	78.4	78	77.8	77.8	63.2
FEMALE	85.7	85.8	85.5	85.2	84.2	84.4	83.9	66.3

Table 01: Median age at death by sex, State and Territory (2017). Source: ABS



MEN OF GOOD HEART

Heart disease is the biggest killer of Australian men. In QLD, 11 people a day die from heart disease.

Four out of five people who die of heart disease before the age of 65 are men. In total, 8 men aged under 65 die from heart disease every week in QLD.

Men also account for nearly 80% of the years of life lost to heart disease in QLD every year.

When compared with women of the same age in QLD, heart disease kills:

- 3.8 times more men aged 35-44
- 5.1 times more men aged 45-54
- 3.5 times more men aged 55-64
- 2.5 times more men aged 65-74

“4 IN 5 HEART DISEASE DEATHS UNDER 65 ARE MEN”

For people aged 75 and over, the number of men and women who die from heart disease in QLD is almost equal.

Overall, the rate of heart disease in men is 88.3 per 100,000, which is higher than the national average of 78.7.



Men in QLD are less likely to die from heart disease than men in the NT and TAS, but die younger than men in NSW, SA, VIC, the ACT and WA.

In terms of our league table of male heart disease, men in QLD are currently in *sixth* place.

HEART HEALTH

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	WA	ACT	VIC	SA	NSW	QLD	TAS	NT
MALE DEATH RATE	72.8	74.1	76	77.3	86.2	88.3	93.6	102.3
FEMALE DEATH RATE	38	45	40.9	41.3	65.5	50.4	47.3	52.4

Table 02: Standardised death rate for ischaemic heart disease per 100,000 population (2017). Source: ABS

BEATING MALE CANCER

Cancer is a leading cause of poor health in Australia. One in two men will be diagnosed with cancer before their 85th birthday and in QLD nearly a third of men (33.2%) and a quarter of women (27%) die from cancer every year.

Nationally cancer kills nearly 500 men and 400 women a week. Closing that gap would save the lives of around 5,000 men a year.



“1 IN 3 MEN DIE OF CANCER”

In QLD, cancer kills 110 males and 80 females every week with men and boys accounting for 57.7% of all cancer deaths.

Bowel cancer is the third leading cause of cancer deaths in QLD, killing around 500 men and 400 women each year. Bowel cancer can be detected and treated early through the National Bowel Cancer Screening Program.

Screening rates vary from region to region. In general, screening programs are better at reaching women, with 43.2% of women aged 50-74 accessing screening compared with 39.4% of men.

In QLD, 39.2% of men and 42.3% of women access screening for bowel cancer. The number of people accessing screening increases with age, with fewer than three in 10 men (27.5%) aged 50-54 in QLD being screened compared with more than one in two women (54.3%) aged 70-74.

In terms of our league table of male cancer, based on the National Bowel Cancer Screening Program, men in QLD are currently in *sixth* place.

CANCER PREVENTION

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	SA	TAS	ACT	WA	VIC	QLD	NSW	NT
MALE PARTICIPATION	44	44	41.7	41	41	39.2	36.6	27.2
FEMALE PARTICIPATION	45.1	48.8	45.1	45	45.4	42.3	39.8	29

Table 03: National Bowel Cancer Screening Program participation for people aged 50-74 (2016-2017). Source: AIHW

PREVENTING MALE SUICIDE

Suicide is the leading killer of men under the age of 55 in Australia. It takes the lives of eight people a day, six men and two women.

Nationally, three in four suicides are men.

This pattern is repeated in QLD. In 2017 there were 804 deaths by suicide, 609 male suicides and 195 female suicides.

Every week, an average of nearly 12 men die by suicide in QLD, with men accounting for 75.7% of suicides.

Overall, the rate of male suicide in QLD is 23.3 deaths per 100,000 people, which is higher than the national average of 18.5 per 100,000.

Men in QLD are less likely to die from suicide than men in the NT and TAS, but more likely to die than men in WA, SA, NSW, the ACT and VIC.

In our league table of male suicide prevention around Australia, QLD is currently in *sixth* place.

MALE SUICIDE

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	VIC	ACT	NSW	SA	WA	QLD	TAS	NT
MALE SUICIDE RATE	15.3	16.1	16.1	19.6	21.8	23.3	23.8	25.9
FEMALE SUICIDE RATE	5.1	5.2	5.1	6.8	7.7	6.9	7	12.2

Table 04: Standardised death rate for intentional self-harm per 100,000 population (2017). Source: ABS



CREATING A HEALTHIER FUTURE FOR MEN AND BOYS

A CONCEPTUAL FRAMEWORK FOR TAKING ACTION TO IMPROVE MEN AND BOYS' HEALTH

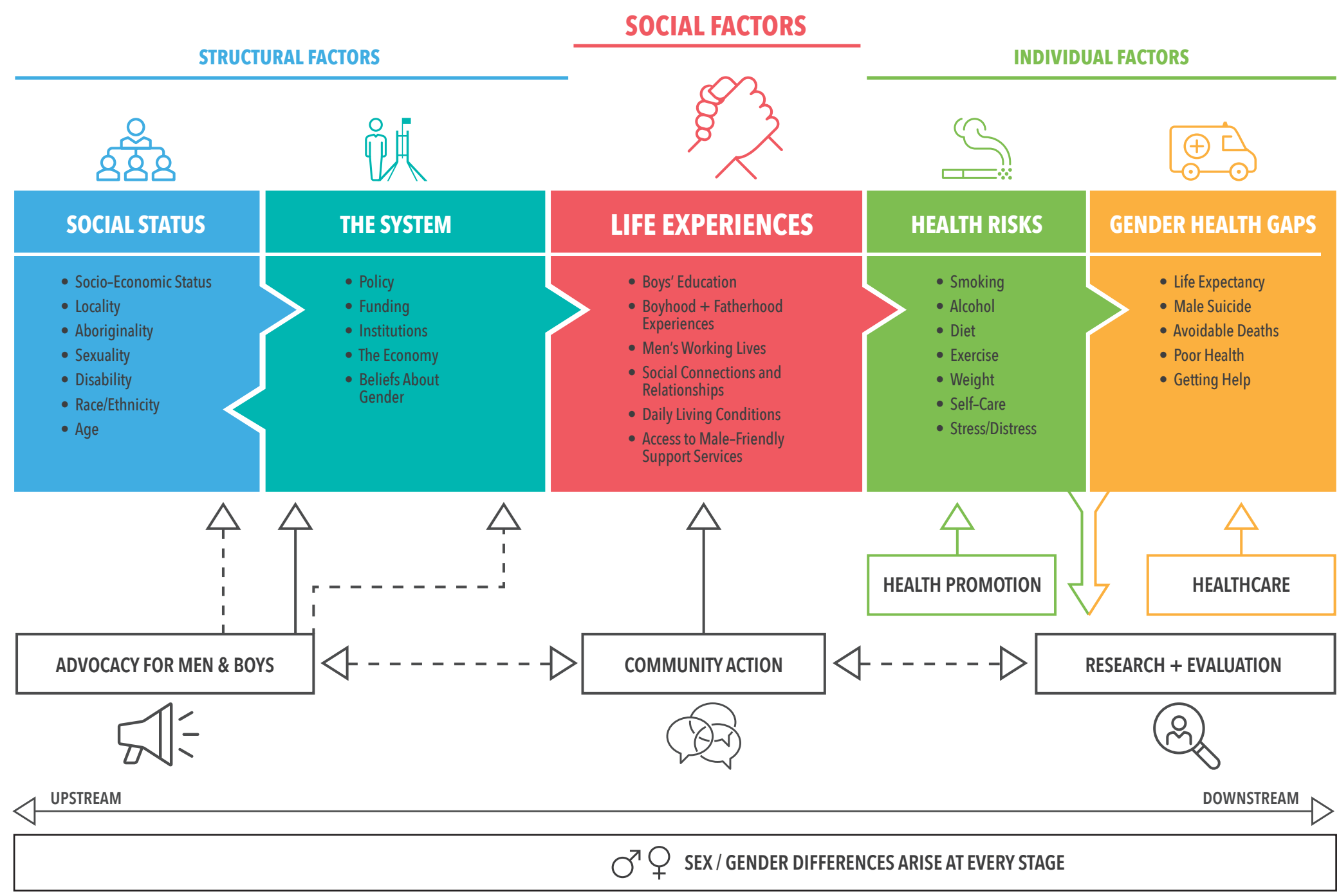
FRAMEWORK FOR A HEALTHIER FUTURE

When tackling a complex social issue, such as improving men's health, a conceptual framework can help us to create a map of the many different factors that are at play. Most people understand that having a detailed and accurate map can help us plan the best route to a chosen destination.

In a similar way, creating a conceptual framework around an issue like men's health, helps us to understand the territory we are operating in and map out a range of pathways we could take to try and tackle the issue.

Our Framework for a Healthier Future builds on the work of existing conceptual frameworks and introduces two additional features that are generally overlooked:

- It places a specific focus on the factors that are known to shape men and boys' health;
- It acknowledges the fact that there are many different views about gender issues.



ACTIONS

- | | | | | |
|--|---|--|---|--|
| ADVOCACY FOR MEN & BOYS <ul style="list-style-type: none">• Develop narratives and messages that make the case for action on men's health• Give voice to the health and social needs of men and boys• Make the case for more resources for men's health | STRATEGIC PARTNERSHIPS <ul style="list-style-type: none">• Develop men's health policies / put men's health in all policies• Promote theories on sex, gender and health that translate into best practice• Build strategic partnerships, frameworks and networks | COMMUNITY DEVELOPMENT <ul style="list-style-type: none">• Build community awareness of the social factors that shape men's health• Develop community support for action on men's social issues• Work to expand the availability of male-friendly services | HEALTH PROMOTION / HEALTH CARE <ul style="list-style-type: none">• Identify risk factors in men for targeted health promotion• Identify links between social factors and individual factors• Identify opportunities for advocacy work, partnerships and men's health campaigns | RESEARCH / EVALUATION <ul style="list-style-type: none">• Identify specific outcomes for targeted intervention (e.g. male suicide rates)• Undertake gender impact assessments to ensure resources reach both men and women• Evaluate interventions to help identify best practice |
|--|---|--|---|--|

THE ROAD TO NOWHERE

Transport accidents kill around four people a day in Australia and three of them are men and boys.

In QLD, transport accidents kill four men and boys every week.

There were 314 road deaths in QLD in 2017 (228 male and 86 female).

In Queensland, men and boys account for:

- 2 in 3 car occupant deaths (95 of 153 fatalities)
- 3 in 4 pedestrian deaths (36 of 47 fatalities)
- 85% of cyclist deaths (6 of 7 fatalities)
- 9 in 10 motorcyclist deaths (51 of 58 fatalities)

In total, 72.6% of people who die in transport accidents in QLD are male, with men and boys accounting for 73.2% of the years of life lost to transport accidents in QLD every year.

Road deaths are the second biggest killer of boys and young men in QLD after suicide. Transport accidents kill three young people (aged 15-24) a month in QLD and 67.6% are boys and young men (25 of 37 fatalities in 2017).

Men and boys in QLD are more likely to die on the roads than males in VIC and in NSW, but less likely to die in transport accidents than men and boys in SA, TAS, WA, the NT and the ACT.

In our league table of road safety, QLD is currently in *third* place.

ROAD SAFETY

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	n/a
STATE / TERRITORY	VIC	NSW	QLD	SA	TAS	WA	NT	ACT
MALE DEATH RATE	6.2	6.7	9.4	11	11.5	12.2	22.9	n/a
FEMALE DEATH RATE	2.4	2.3	3.4	2.7	n/a	2.8	n/a	n/a

Table 05: Standardised death rate for transport accidents per 100,000 population (2017). Source: ABS



DYING TO WORK



The world of work has a major impact on everyone’s lives and health and can promote and prevent good health.

Research shows that while work can impact everyone’s health, the health risks and health benefits of work have a more profound impact on men. The reasons for this include the fact that men are more likely to be employed, work full time, be their household’s main earner and work in high risk environments.

Men spend twice as many hours in paid work as women, doubling their exposure to the risks and benefits of work. For example, men account for 72% of work-related disease and two in three serious claims for workers’ compensation.

In 2017, 45 workers were killed at work in QLD and 95.6% (43 fatalities) were men.

The rate of workplace fatalities in QLD is 1.9 fatalities per 100,000 people. This places QLD *sixth* in our league table of the safest places to work.

“95.6% OF WORKPLACE DEATHS IN QLD ARE MALE”

SAFEST PLACES TO WORK

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	ACT	VIC	WA	NSW	SA	QLD	TAS	NT
NUMBER MALE DEATHS	0	33	19	56	14	43	5	6
% MALE DEATHS	0%	91.7%	95%	90.3%	100%	95.6%	100	85.7%
DEATH RATE PER 100,000	0.4	1.1	1.5	1.6	1.7	1.9	2	5.1

Table 06: Work-related traumatic injury ‘worker’ fatalities by state/territory of death (2017). Source: Safe Work Australia

DAD’S THE WORD

The evidence that involved dads positively influence their children’s health, social success and academic achievements is compelling and robust. Involved fatherhood has also been linked to improvements in men’s and women’s health.

To date, we have identified three possible ways to compare levels of father involvement across Australia. None of these measures are entirely satisfactory, but we hope their inclusion in this report will help start a conversation about the health and social benefits of involved fatherhood.



FATHERHOOD INVOLVEMENT

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	ACT	VIC	NSW	SA	WA	QLD	TAS	NT
FATHERS NOT REGISTERED	2	1.9	3.4	2.8	4	5.4	3.7	14.6
EX-NUPTIAL BIRTHS	26.2	30.1	31.5	36.2.	37.8	42.3	50.5	57.6
LONE PARENT FAMILIES	13.2	15.5	20.5	20.3	17.9	20.4	24.5	22.7

Table 07: Rate of confinements by nuptiality (2017); Proportion of children aged under 15 years living in lone-parent families (2011). Source: ABS

“1 IN 5 CHILDREN LIVE IN LONE-PARENT FAMILIES”

The first measure, is the number of births in 2017 where the biological father was not acknowledged on a child’s birth certificate. In QLD, 5.4% of children born each year have a father who isn’t acknowledged on their birth certificate. This is the second highest rate in Australia.

The second measure is the proportion of children born outside of marriage, which is now around one third of births nationally. In QLD, two in five births (42.3%) occur outside of marriage, the third highest rate nationally.

The third measure is the proportion of children living in lone-parent families in each State and Territory, as a majority of these families are headed by mothers. In QLD, one in five children (20.4%) are living in lone-parent families. This is the fourth highest rate in the country.

In future, we may look to compare how much parental leave fathers are taking, how many dads are primary carers, how many hours dads spend on childcare and how involved separated dads are in their children’s lives.

Based on the data we’ve used this year, QLD is currently placed *sixth* in our table of fatherhood involvement nationwide.

IMPROVING BOYS’ EDUCATION

Education is one of the key social factors that shape our lives and our health. Lower levels of education can be linked to shorter life expectancy, poorer physical and mental health, lower wages, higher risk of unemployment and greater exposure to crime.

In general terms, the better your education the better your health (and the longer you stay at school, the longer you’ll live). As far as boys are concerned, the education system across Australia delivers better results for girls at every stage.

In QLD, the latest NAPLAN results for Year Five students found that boys are:

- 1.7 times more likely to be below minimum standards reading
- 2.2 times more likely to be below minimum standards writing
- 1.2 times more likely to be below minimum standards numeracy

“40% MORE QLD BOYS FAIL TO COMPLETE YEAR 12”

BOYS’ EDUCATION

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	ACT	VIC	SA	NSW	QLD	TAS	WA	NT
BOYS / GIRLS WRITING	11.6% / 5.3%	9.3% / 3.7%	19.4% / 9.5%	12.4% / 5.2%	17.1% / 7.8%	20.9% / 7.4%	19.4% / 9.5%	43.4% / 33.4%
MALE / FEMALE DROP OUT	9.4% / 4.9%	19.4 % / 11%	13.6% / 4.7%	27.8% / 19.5%	14.2% / 10.1%	30.9% / 22.4%	17.5% / 12.3%	37% / 32.7%
MALE WORKFORCE	27.4%	26.9%	28.1%	25.2%	24.8%	28.5%	23.5%	26.3%

Table 08: Percentage of Year 5 students below national standard (2018); Apparent percentage of students not retained from Year 10 to Year 12 (2018); Percentage of male in-school staff, full-time equivalent (2018). Sources: NAPLAN / ABS

Boys in QLD are also 40.6% more likely than girls to drop out of school before the end of Year 12. The latest data on the number of men working in schools in QLD found that just one in four (24.8%) teaching staff are male.

Overall, we placed QLD *fifth* in our boys’ education league table, ahead of the NT, WA and TAS, but behind the ACT, VIC, SA and NSW.



DEVELOPING MALE-FRIENDLY SERVICES

The statistics outlined in this report portray an alarming landscape in the state of men and boys' health. The good news, however, is that Australia is a world leader in developing male-friendly approaches to working with men and boys.

The National Men's Health Strategy supports this approach by making the provision of "male-centred information, programs & services" its guiding principle.

But what does a male-friendly approach to men's health look like? Some of the common ingredients that have been shown to make services more accessible to men are listed below:

- they target men directly – not patients, not parents, but men!
- they go where men already are
- they make use of male-friendly activities
- they use male-friendly language
- they take a strengths-based approach that is positive about men.

You'll find some or all of these characteristics built into the design of male-friendly services around Australia. Here we provide eight examples of good practice representing every State and Territory in Australia.

The Men's Health Educational Rotary Van (MHERV)

MHERV is custom-built caravan with two consulting rooms and a dedicated registered nurse who travels around the state of New South Wales. It targets regional and rural men directly, offering free health screenings to cover approximately 2,000 men a year in over 50 communities. It goes where rural men are, often targeting male-friendly events like country shows.

Prick 'n A Pint

What could be more male-friendly than a pint down at the pub with your mates? Prick 'n A Pint is a Victorian project delivered to male-only groups over a pint (or non-alcoholic drink) in a pub. The 10 weekly sessions are guided by a GP in line with RACGP guidelines. The Prick (in case you wondered) is a blood test that is referred to throughout the program.

MATES In Construction

MATES In Construction is a workplace suicide prevention project that started in Queensland and has expanded all over Australia.



By focusing on a male-dominated industry, it takes its services where men already are. MATES is designed around the principle that providing help is a male strength. A central plank of the MATES' model is training and encouraging construction workers to offer support to co-workers who show signs of suicide risk.

Royal Flying Doctor Service (RFDS)

The Royal Flying Doctor Service (RFDS) in South Australia launched a male-friendly health prevention service in 2017. The service targets men directly by sending medical teams to outback events like rodeos, that attract a large male crowd. As well as being on hand to deliver first-aid, medical teams offer health checks to men which include measuring blood pressure and glucose levels. They also promote cancer awareness by providing guidance on how to check for testicular cancer and skin cancer.

First Track Pit Stop

The 'First Track Pit Stop' program is a classic example of a program that uses male-friendly language to improve men's health. Delivered by The Regional Men's Health Initiative, the program is built out of the back of a branded Ute that travels around regional WA. The service offers health awareness, a listening ear and a number of services themed around the servicing of a vehicle including waist measurement ('chassis'), blood pressure tests ('oil pressure') and coping skills ('shock absorbers').

The Blokes Book

The Blokes Book is a male-friendly guide to support services that have been doing the rounds since 2005, when it was developed by a network of men's workers in Western Sydney. There are now various versions of the book in circulation in Australia and New Zealand with the latest upgrade being created by Men's Resources Tasmania. The Tasmanian Blokes Book provides an extensive directory of information to help men deal with a range health issues and life crises.

StrongBala

The StrongBala Justice Program based at the Wurli-Wurlinjang Health Service in the Northern Territory recognises the fact that men's health is shaped by a broad range of social and cultural issues. StrongBala, which is based in Katherine, aims to give Indigenous men regular access to culturally appropriate holistic health, justice and drug and alcohol counselling services. It provides educational sessions through a personal development program and refers men to internal and external health providers and other agencies as required.

OzHelp

OzHelp is a leading provider of workplace well-being programs, based in Canberra and delivering nationally. It targets male-dominated workplaces and specialises in mental health and suicide prevention. The fear that revealing mental issues to an HR department could have career-limiting implications is very real and so OzHelp provides male-friendly tools such as its Workplace Tune Up, which are both personalised and private.

BUILDING MEN'S ECONOMIC SECURITY

Our health is closely linked to our economic wellbeing. Broadly speaking, the better your economic status, the better your health.

There are around two million men in Australia who are experiencing some form of economic insecurity. Having secure, well-paid work is one of the key ways to improve the health of our finances.

“2 MILLION MEN EXPERIENCE ECONOMIC INSECURITY”

In March 2019, 69.8% of men and 61.6% of women in QLD were participating in the labour force, with men accounting for 62% of people working full time and 29% of those working part time.

ECONOMIC SECURITY

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
STATE / TERRITORY	ACT	NSW	VIC	QLD	TAS	NT	SA	WA
UNEMPLOYMENT RATE	4.1	4.3	4.5	5.6	6.1	4.8	6.4	6.5
% UNEMPLOYED	55.8	54	51.4	49.5	48.6	58.7	57.5	59

Table 09: Trend male unemployment rate by State/Territory (March 2019) / Percentage of unemployed persons who are male (March 2019)



Men also account for half of those who are unemployed, with 55% of those looking for full-time work and 34% seeking part-time roles being male.

The number of men who are not in the labour force (NILF) rose by over 270% from 160,000 to 600,000 between 1978 and 2019. In the same period, the number of NILF women rose by just 32%.

As of March 2019, the male trend unemployment rate in QLD was 5.6%, the fourth highest in the country. Around half of unemployed people (49.5%) and the majority of unemployed people looking for full-time work (54.7%) are men.

Based on the male unemployment rate, we placed QLD **fourth** in our league table for economic security.

STRATEGIC SUPPORT FOR MEN'S HEALTH

All levels of government in Australia place greater focus on improving the lives and health of women and girls, than men and boys.

There is a comprehensive framework of activity at federal, state and territory level that ensures time, money and resources are focused not just on women's health, but on the social issues that shape women's health.

At a national level, the Office For Women works on three priority areas: women's economic security and workforce participation; women in leadership positions and preventing violence against women and children. The Office for Women funds six women's alliances representing women's organisations across Australia.

Other Government initiatives include a women's health strategy, a national plan to prevent violence against women, the Workplace Gender Equality Alliance and the Australian Human Rights Commission, which address sex discrimination against women.

Funding for health initiatives often overlooks men. In 2014 it was revealed that the National Health and Medical Research Council had invested four times more money into research on women's health than men's health. In 2015-2016, an estimated 93% of the \$409m we spent on cancer screening was targeted at women.

“WE NEED MORE FOCUS ON IMPROVING MEN'S LIVES”

This doesn't mean we should stop working to improve the lives of women and girls. It does mean there is much more we could be doing at a collective level to improve the lives and health of individual men and boys.

STRATEGIC SUPPORT

RANK	1 st	2 nd	3 rd	4 th	5 th	6 th	6 th	6 th
STATE / TERRITORY	WA	NSW	NT	VIC	SA	ACT	QLD	TAS

Table 10: Level of strategic support given to men's health (2019) Source: Australian Men's Health Forum

The Queensland Women's Strategy focuses on four key areas: participation and leadership; safety; economic security and health and wellbeing. It co-ordinates work to achieve gender equality involving government, business and the community.

Our league table on strategic support places WA in first place because of its comprehensive Men's Health and Wellbeing policy, with NSW a close second because of the development of its Men's Health Framework.

The NT is third because of the work of its Men's Health Strategy Unit since 2011. VIC comes fourth because its Gender Equality, Health and Wellbeing Strategy does place some focus on men and boys.

Fifth is SA for engaging Port Adelaide player Robbie Gray as a men's health ambassador.

We placed QLD in equal **sixth** place with TAS and the ACT, as we were unable to identify any significant strategic work focused on men and boys' health.



WORKING TOGETHER

There are many areas of life where men and boys in QLD are not faring as well as women and girls.

Men die 6.1 years younger than women; four in five heart disease deaths under 65 are men; three in four suicides are men; transport accidents kill four men and boys a week; 95.6% of workplace deaths are male; 40% more boys fail to complete year 12 and the number of men not in the labour force has risen by nearly 270% since 1978.

At the same time, we continue to invest less time, money and resources into improving the lives of men and boys, than women and girls.

The intention of the report card is to inspire key stakeholders across QLD to take collective action to tackle the gender issues that impact

MEN'S HEALTH REPORT CARD

RANK	ACT	VIC	NSW	SA	WA	QLD	TAS	NT
LONGEVITY	4	1	3	2	6	7	5	8
HEART DISEASE	2	3	5	4	1	6	7	8
CANCER	3	5	7	1	4	6	2	8
SUICIDE	2	1	3	4	5	6	7	8
ROAD SAFETY	n/a	1	2	4	6	3	5	7
WORKPLACE SAFETY	1	2	4	5	3	6	7	8
FATHERHOOD	1	2	3	4	5	6	7	8
EDUCATION	1	2	4	3	7	5	6	8
ECONOMIC SECURITY	1	3	2	7	8	4	5	6
STRATEGIC SUPPORT	6	4	2	5	1	6	6	3
OVERALL	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th

Table 11: 2019 National Men’s Health Report Card. Source: Australian Men’s Health Forum

men and boys, in alignment with the National Men’s Health Strategy (2020-2030).

This work needs to focus on men and boys in general, as well as targeting all of the the priority groups identified in the Strategy like Aboriginal and Torres Strait Islander men.

When compared with other States and Territories, the 2019 Men’s Health Report Card ranked QLD *sixth*.

By working together to improve the lives and health of men and boys, we can build on this position and help create a healthier future for everyone in Queensland.

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A photograph of a man and a young boy running on a sandy beach. The man, wearing a blue and white plaid shirt over a grey t-shirt, is smiling and holding the boy's hand. The boy, wearing a blue t-shirt and green shorts, is also smiling and running. The background shows the ocean and a clear sky. The image is framed by a teal and blue geometric design.

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