

MEN'S HEALTH REPORT CARD 2019

RATING THE STATE OF MALE HEALTH IN AUSTRALIA



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 highlights 10 key areas where men and boys are not faring as well as women and girls and rates how each State and Territory is performing in key areas.

The facts are compelling.

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 intention of this report is to inspire key stakeholders across Australia 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).

This report focuses on average statistics for males and females in Australia and highlights some of the key gender inequalities that men and boys experience. It doesn't measure the inequalities that exist between different groups of men, such as the many gaps that exist between Indigenous and non-Indigenous men.

The Australian Men's Health Forum welcomes more investment into men's health research to ensure that data is made available on all the priority groups identified in the National Men's Health Strategy.

By taking collective action on the gender issues that impact men and boys of all backgrounds, 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.

The good news is that the average age of death for men in Australia has risen by 1.6 years in the past decade, from 77.5 years in 2007 to 79.1 years in 2017.

Looking to the future, a boy born in 2015–2017 can expect to live to the age of 80.5 years and a girl would be expected to live to 84.6 years compared to 47.2 and 50.8 years, respectively, in 1881–1890.

Life expectancy varies from area to area. Men and boys born in the Northern Territory Outback, for example, can expect to die 15 years

younger than women and girls born in North Sydney & Hornsby (72.8 years compared with 88 years).

“MEN DIE 6 YEARS YOUNGER THAN WOMEN”

Both our gender and the place where we are born play a role in determining how long we will live on average.

Our longevity table uses data on the median age of death by sex in 2017 to rank each State and Territory.

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 men and women in Australia. On average, 50 people a day die from coronary heart disease

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

Men also account for more than 80% of the years of life lost to heart disease in Australia every year.

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

- 3.9 times more men aged 35-44
- 4.7 times more men aged 45-54
- 4.1 times more men aged 55-64
- 2.8 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 Australia is almost equal.

Since April 2019, Australians aged 45 years and over and Indigenous Australians from 30 years, can see their local GP for a heart check funded by Medicare.

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



This provides a new opportunity for the health service to reach out to those men who are at highest risk of dying prematurely from heart disease.

Some of the risk factors for heart disease that can be targeted in prevention work include smoking, weight, inactive lifestyles, cholesterol, blood pressure and unhealthy diet.

Our league table on heart health uses data on the number of male deaths per 100,000 in each State and Territory in 2017, ranging from 72.8 deaths per 100,00 in Western Australia to 102.3 deaths per 100,000 in the Northern Territory.

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. Nearly a third of men (31.6%) and a quarter of women (25.9%) die from cancer every year.

Nationally cancer kills nearly 500 males and 400 females a week, with men and boys accounting for 56.4% of all cancer deaths. Closing that gap would save the lives of around 5,000 men a year.



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 rates for people aged 50-74 (2016-2017). Source: AIHW

“1 IN 3 MEN DIE OF CANCER”

Each year, the Government screens nearly seven million Australians for cancer: 91% are women and 9% are men. In 2015-2016, around \$409m was spent on cancer screening with an estimated 7% of this targeted at male cancer.

The current position on screening male-specific cancers such as prostate cancer is that the harms outweigh the benefits. One area where more time, money and resources could be specifically targeted at men is bowel cancer screening.

Bowel cancer is the third leading cause of cancer deaths in men and women in Australia. It kills nearly 200 men and 160 women every month. Bowel cancer can be detected and treated early through the National Bowel Cancer Screening Program.

At present more men die from bowel cancer and more women are screened for bowel cancer. Screening rates vary by age, gender and geography from just 18.7% for men aged 50-54 in the Northern Territory to 60.1% for women aged 70-74 in South Australia.

Our league table on cancer prevention uses screening rates for men aged 50-74.

PREVENTING MALE SUICIDE

Suicide is a gendered issue. On average, it kills eight people a day in Australia, six men and two women.

While women are consistently reported to experience more suicidality (i.e. feeling suicidal, thinking about suicide and attempting suicide), men are three times more likely to take their own lives.

According to Suicide Prevention Australia, global evidence shows that the mental illness approach to suicide prevention isn't working. What's needed is a collaborative approach that addresses the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.

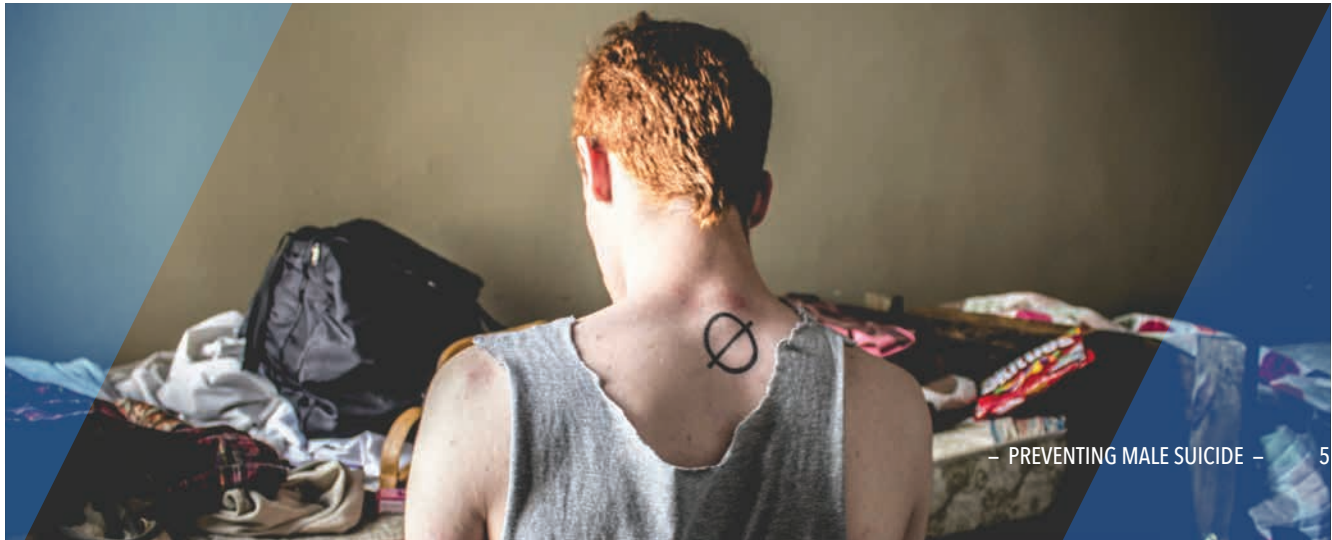
This is particularly true for male suicide prevention.

A range of Australian research has found that over half of all male suicides: 78% of male farmer suicides and 83% of suicides in older men, were not predominantly associated with a mental health diagnosis.

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



What this tells us is that to be effective, suicide prevention strategies need to look beyond mental illness and consider the life events that can increase men's (and women's) risk of suicide.

Based on coronial reports, male suicides in Australia are:

- twice as likely to be linked to bereavement
- 3.5 times more likely to be linked to relationship issues
- 4 times more likely to be linked to child custody issues
- 5 times more likely to be linked to pending or recent unemployment
- nearly 9 times more likely to be linked to legal issues
- 12 times more likely to be linked to money issues.

“3 OUT OF 4 SUICIDES ARE MEN”

Suicide is the leading killer of men under the age of 55 in Australia. The National Men's Health Strategy (2020-2030) calls on “all levels of government” to “address the unique needs of men and boys to all dimensions of their work”.

This principle needs to be applied to male suicide prevention.

Our league table of male suicide around Australia uses data on the rate of death per 100,000 men comparing different States and Territories.

CREATING A HEALTHIER FUTURE FOR MEN AND BOYS

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

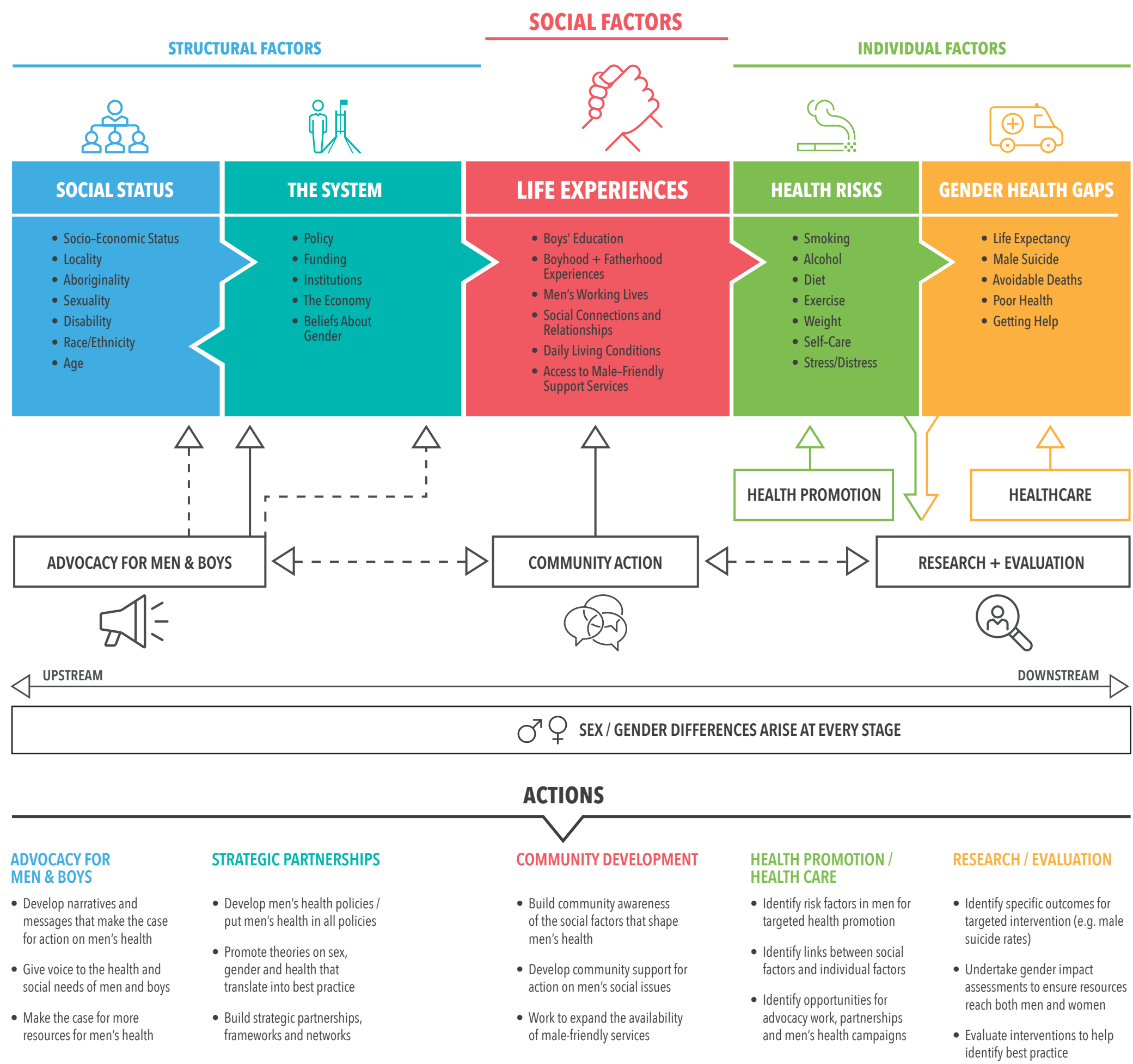
FRAMEWORK FOR A HEALTHIER FUTURE

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.



THE ROAD TO NOWHERE

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

There were 1,371 road deaths in Australia in 2017 (1,019 male and 352 female). Men and boys account for:

- 2 in 3 pedestrian deaths (123 of 187 fatalities)
- 7 in 10 car occupant deaths (494 of 725 fatalities)
- 85% of cyclist deaths (29 of 34 fatalities)
- 93% of motorcyclist deaths (205 of 220 fatalities)

In total, 74.3% of people who die in transport accidents in Australia are male, with men and boys accounting for 76.7% of the years of life lost to transport accidents.

Young men and boys are particularly vulnerable to dying in transport accidents. In 2017, three in four pedestrians under 15 who died in Australia were boys (20 of 27 fatalities).

Road deaths are also the second biggest killer of young men in Australia after suicide. Transport accidents kill four young people (aged 15-24) a week in Australia and nearly four in five of them are boys and young men (177 of 225 fatalities in 2017).

The National Men's Health Strategy (2020-2030) acknowledges the need for prevention strategies to decrease avoidable deaths and injuries from transport accidents. The Strategy also highlights the fact that men living in remote Australia are six times more likely to die in transport accidents than metropolitan men.

Our league table on road safety in Australia helps identify the areas of the country with the highest risk. We have used ABS data on death rates from transport accidents to rank each State and Territory.

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



“3 IN 4 ROAD DEATHS ARE MEN”

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 terms of workplace fatalities, 190 workers were killed at work in 2017 and 93% (176 of the 190 fatalities) of those workers were men.

The National Men's Health Strategy (2020-2030) acknowledges the need for prevention strategies that target work-related injuries. It also commits the Government to developing partnerships that deliver health promotion and intervention programs that reach out into workplaces, with an emphasis on targeting high-risk industries and the groups of men who are at highest risk.

Our league table of the safest places to work in Australia helps identify the areas of the country with the highest risk. We have used data from Safe Work Australia on workplace fatalities to rank each State and Territory.

“93% OF WORKPLACE DEATHS 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.

“1 IN 5 FAMILIES ARE HEADED BY LONE PARENTS”

The first measure is the number of births in 2017 where the biological father was not acknowledged on a child’s birth certificate. In Australia, 3.5% of children born each year have a father who isn’t acknowledged on their birth certificate.

The second measure is the proportion of children born outside of marriage, which is now around one third of births nationally (34.5%).

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. Nationally, one in five families (19%) are headed by lone parents.

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.

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

IMPROVING BOYS’ EDUCATION

Education is one of the key social factors that shapes 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.

The latest NAPLAN results for Year Five students across Australia 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
- 1.3 times more likely to be below minimum standards numeracy

“50% MORE BOYS FAIL TO COMPLETE YEAR 12”

Boys in Australia are also 52.2% more likely than girls to drop out of school before the end of Year 12. The disadvantages faced by boys have been overlooked by policy-makers in Australia for decades.

The latest data on the number of men working in schools found that just one in four (25.7%) teaching staff in Australia are male. Workforce diversity policies commit education departments to create workplaces that reflect the diversity of their students, parents and the wider community. Yet the lack of men in schools is an issue that continues to be overlooked in initiatives to address workforce diversity.

Taking action to improve boys’ education and increase the gender diversity of school staff today, will help improve men and boys’ health tomorrow.

Our league table on boys’ education combines Year Five NAPLAN results, Year 12 retention rates and data on the proportion of male staff, to compare states and territories (with educational performance given a higher weighting).



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

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 of 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.

In March 2019, 71% of men and 60.5% of women were participating in the labour force, with men accounting for 62.8% of people working full time and 31.6% of those working part time.

The male unemployment rate is 5%, with men accounting for 53% of the 680,000 people who are unemployed, with 58.9% of those looking for full-time work and 39.3% seeking part-time roles being male.

The number of men who are not in the labour force (NILF) rose by around 180% from just over one million to 2.9 million between 1978 and 2019. In the same period, the number of NILF women rose by just 36%.

With the data available to us, we were not able to compare measures of economic insecurity such as income, savings, housing status and

superannuation. These figures would give us a much richer analysis of the economic security of men and women across Australia.

At present, there is a concerted effort at all levels of Government to identify and address the areas where women experience economic insecurity. There is currently no parallel drive to understand and address the gendered nature of the economic issues faced by men in Australia.

“2 MILLION MEN EXPERIENCE ECONOMIC INSECURITY”

We know, for example, that single males have lower levels of superannuation coverage than single females and men and women in couple relationships. Such facts are overlooked when the gender lens we apply to economic security only looks at the economic disadvantages faced by women.

The statistics we have used to create our league table of economic security and compare States and Territories are the male unemployment rate and percentage of unemployed people in Australia who are male.

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)



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 addresses 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”

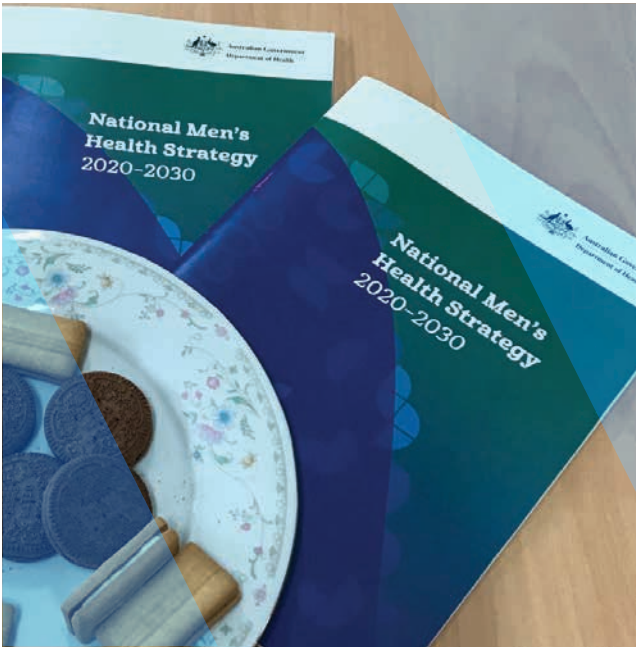
This doesn't mean we should stop working to improve the lives of women and girls. It does mean there is much more we could be doing at a collective level to improve the lives and health of individual men and boys.

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

The Northern Territory is third because of the work of its Men's Health Strategy Unit since 2011. Victoria comes fourth because its Gender Equality, Health and Wellbeing Strategy has some focus on men and boys.

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

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



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

WORKING TOGETHER FOR MEN'S HEALTH

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

Men die six years younger than women; four in five heart disease deaths under 65 are men; three in four suicides are men; transport accidents kill one thousand men and boys a year; 93% of workplace deaths are male; over 50% more boys fail to complete year 12 and the number of men not in the labour force has risen by 180% since 1978.

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

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

THE INTENTION OF THE REPORT CARD IS TO INSPIRE KEY STAKEHOLDERS ACROSS AUSTRALIA TO TAKE COLLECTIVE ACTION TO TACKLE THE GENDER ISSUES THAT IMPACT 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.

The Men's Health Report Card 2019 shows us that some States and Territories do a better job than others when it comes to keeping men healthy. More importantly, the report confirms that every State and Territory can do much more to improve the lives and health of men and boys.

By working together, we can build on the findings in this report and help create a healthier future for everyone in Australia.

REFERENCES

Page 1

Department of Health 2019, 'National Men's Health Strategy 2020-2030', Commonwealth of Australia, Canberra.

Evans, M et al 2018, 'From girls to men: Social attitudes to gender equality in Australia', 50/50 by 2030 Foundation at the University of Canberra.

Page 2

Australian Bureau of Statistics 2018, '3302.0 - Deaths, Australia, 2017', ABS, Canberra.

Australian Bureau of Statistics 2018, '3302.0.55.001 - Life Tables, States, Territories and Australia, 2015-2017, ABS, Canberra.

Page 3

Australian Bureau of Statistics 2018, '3303.0 - Causes of Deaths, Australia, 2017', ABS, Canberra.

Page 4

Australian Men's Health Forum 2019, 'Fact Sheet #4: Cancer screening statistics by sex and age', AMHF, Sydney.

Australian Bureau of Statistics 2018, '3303.0 - Causes of Deaths, Australia, 2017', ABS, Canberra.

Australian Institute of Health and Welfare 2018, 'National bowel cancer screening program: monitoring report 2018', AIHW, Canberra.

Page 5

Australian Bureau of Statistics 2018, '3303.0 - Causes of Deaths, Australia, 2017', ABS, Canberra.

Suicide Prevention Australia 2019, 'National policy platform', SPA, Sydney.

Potts, B et al 2016, 'Suicide in Queensland, 2011-2013: Mortality Rates and Related Data', Australian Institute of Suicide Research and Prevention, Brisbane.

Kunde, L et al 2017, 'Pathways to Suicide in Australian Farmers: A Life Chart Analysis', International Journal of Environmental Research and Public Health.

Almeida, OP et al 2016, 'Suicide in older men: The health in men cohort study (HIMS)', Preventive Medicine.

Page 6

Australian Men's Health Forum 2018, 'Framework for a healthier future: A conceptual framework for taking action to improve men and boys' health', AMHF, Sydney.

Page 8

Australian Bureau of Statistics 2018, '3303.0 - Causes of Deaths, Australia, 2017', ABS, Canberra.

Page 9

Safe Work Australia 2018, 'Work-related traumatic injury fatalities, Australia, 2017', SWA, Canberra.

Page 10

Levtov, R et al 2015, 'State of the world's fathers report: a MenCare advocacy report', Promundo, Rutgers, Save The Children, Sonke Gender Justice and the MenEngage Alliance, Washington DC.

Australian Bureau of Statistics 2018, '3301.0 - Births, Australia, 2017', ABS, Canberra.

Page 11

Australian Curriculum, Assessment and Reporting Authority 2018, 'NAPLAN Achievement in Reading, Writing, Language Conventions and Numeracy: National Report for 2018', ACARA, Sydney.

Australian Bureau of Statistics 2019, '4221.0 - Schools, Australia, 2018', ABS, Canberra.

Page 14

Australian Bureau of Statistics 2019, '6202.0 - Labour Force, Australia, Mar 2019', ABS, Canberra.

Page 15

Dunlevy S et al 2014, 'Men die earlier but women's health gets four times more funding', news.com.au. Available from: <https://www.news.com.au/lifestyle/health/men-die-earlier-but-womens-health-gets-four-times-more-funding/news-story/6bfc4ea7da62ad84743d7451de6de960>

Department of Health 2019, 'National Men's Health Strategy 2020-2030', Commonwealth of Australia, Canberra.

Western Australian Department of Health 2018, 'Draft WA Men's Health and Wellbeing Policy', Health Networks, Western Australian Department of Health, Perth.

Urbis 2018, 'NSW Men's Health Framework', ISBN: 978-1-76000-756-0, New South Wales Ministry of Health, Sydney.



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