



Building Momentum, Gaining Traction: Ireland's National Men's Health Policy- 5 years on

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Approaching the end of the 5-year timeframe of Ireland's national men's health policy (NMHP) represents a timely opportunity to reflect on the key successes and challenges associated with transitioning from policy development to implementation. The success of the NMHP can be attributed to strong governance and accountability measures, the exponential rise in men's health research and evaluation reports, the implementation of a comprehensive national men's health training programme, the development of a range of men's health information resources, the emergence of some promising workplace-based men's health promotion initiatives, the expansion of community-based men's health initiatives and the copperfastening of the Men's Health Forum in Ireland's position as the leading men's health advocacy organisation and co-ordinating body for Men's Health Week. The key challenges include translating cross-departmental and inter-sectoral recommendations into sustainable actions, limited funding opportunities, the ambitious scope and breadth of policy recommendations and actions; and ongoing issues with regard to managing expectation and maintaining momentum. Crucially, Ireland's NMHP has provided a vision and a framework for action that has enabled men's health to gain traction and to develop momentum that would otherwise not have been possible.

Key Words: men's health, policy, public health

Introduction

Despite men's very prominent and powerful presence throughout the ages at the centre of all matters to do with health, men have been conspicuously silent and largely non-reflective about defining or drawing attention to their own health needs. Whilst men have been the predominant players in the decision-making process affecting health research and health service policy and provision, men themselves have not argued, lobbied or campaigned in the same way that women have, for improvements to their health at a personal or individual level. It is against this backdrop, that men's health has largely been conspicuous by its absence at a health policy level. Indeed, Ireland (Department of Health and Children, 2009) and Australia (Department of Health and Ageing, 2010) are, to date, the only countries in the world to have published national men's health policies (NMHP). Ireland's NMHP was accompanied by a five-year Action Plan which is now in its fifth year.

Whilst the case for a policy focus on men's health in Ireland and Australia was multifaceted (Richardson and Carroll, 2009; Smith et al, 2009), the impetus and mandate for policy action was embedded in sex differences in health outcomes between men and women (Richardson and Smith, 2011). In Ireland, the early positioning of men's health within a 'health inequalities' framework (Balandá & Wilde, 2001), and thus on the grounds of a health inequity, provided legitimacy and leverage to advancing men's health on to a policy agenda (although, more broadly, the plausibility of such an approach is the subject of much debate – see Tsuchiya and Williams, 2005; Lohan 2007; Bates et al 2009; Smith et al 2009; Williams et al 2009). Nevertheless, it is interesting to note the absence of policy action in men's health elsewhere; especially among those countries with arguably a stronger case than Ireland or Australia. Within the European Union (EU) 27, for example, the gap in life expectancy between men and women ranges from 3.3 years in Iceland to 11.3 years in Latvia, with a clear East-West divide evident across Europe in terms of health outcomes for men in Eastern compared to Western countries (White et al, 2011a). This divide is particularly pronounced in relation to premature mortality. Whilst men in the EU have more than twice as many deaths per year as women throughout the working ages (15-64 years), men in Eastern Europe contribute disproportionately to this difference.

Yet, in both national and European health policy, men and "masculinity" are largely taken for granted (White et al, 2011b, p1).

This paper will reflect on the key milestones and challenges to date in transitioning to men's health policy implementation in Ireland with a view to informing a wider public health debate on the merits, or otherwise, of targeting men as a specific population group for the strategic planning of health. This is important, not least because of the apparent inertia towards men's health policy development elsewhere. The Action Plan that accompanied Ireland's NMHP encompassed a broad range of policy recommendations and actions (Department of Health and Children, 2009; p 107-126). Section 2 will provide an overview of the principal successes and key milestones achieved to date, while Section 3 will consider the major obstacles and challenges encountered in transitioning to policy implementation.

Key Milestones to Date

Governance and accountability

The key to successful implementation of any policy are the issues of governance and accountability which together define the responsibilities and accountabilities of the involved partners (Bull et al 2004). Ireland's NMHP was accompanied by a 5-year Action Plan which clearly signposted specific recommendations and actions across a broad range of policy areas (Department of Health and Children, 2009, p111-132). Prior to publication of the NMHP, a series of bilateral meetings were held with key stakeholders (including other government departments') to reach final consensus on the final wording of the policy recommendations and actions within the Action Plan. In terms of implementation, it was anticipated that this process of negotiation and consultation with key stakeholders on finalising the Action Plan would have strengthened and consolidated the commitment of these stakeholders towards acting on their respective areas of responsibility, as well as forming the basis for future partnership and collaboration on key aspects of men's health policy. A NMHP Implementation

Group (co-chaired by the Department of Health and Children) was tasked with overseeing the implementation of the Action Plan and this group has convened four times per year since 2009 with a formal record being kept of proceedings from the meetings. The organisations² represented on the NMHP Implementation Group have formed the cornerstone for many of the key alliances and partnerships that have been instrumental in driving the men's health policy agenda in Ireland both before and after publication of the NMHP.

The authors of the policy (Dr Noel Richardson & Dr Paula Carroll) were seconded on a part-time basis from academic positions to act as secretariat to the Implementation Group. Part of their brief was to compile an Annual Progress Report to document progress on the policy recommendations and actions, with four reports (2009-2012) having been compiled to date. There is also a commitment to externally evaluate the policy at the end of its 5-year time frame. This monitoring and auditing function has served to maintain 'gentle' pressure on those tasked with implementing the policy to follow through on their areas of responsibility! Another key function of the NMHP secretariat has been to represent the voice of men's health on a broad range of cross-sectoral work, including key areas of NMHP such as obesity; cancer, suicide prevention, workplace health promotion, rural men's health, men's sheds, promoting men's health in sport settings and personal development programme for boys in schools. In keeping with good practice, the NMHP Implementation Group has placed an explicit focus on building a stronger evidence base in the area of men's health in Ireland with research and evaluation forming a key pillar of emerging work (See Table 1 for an overview of key research and evaluation reports that have been published since the NMHP launch).

Finally, a key aspect of governance with respect to NMHP implementation has been the alignment of the policy with a broader gender-mainstreaming framework (GMF) within the health services (Health Service Executive, 2012). This is in keeping with the NMHP's call for the positioning of men's health 'within a mainstreamed equality agenda with a gender focus' (Department of Health and Children, 2009, p20). Crucially, having a NMHP provided a blueprint for policy action on men's health that informed the GMF and ensured that men's health 'experts'³ contributed to the development of the GMF – thus overcoming previously defined difficulties with gender mainstreaming (GM) as being synonymous with women's health (Bates et al, 2009). Indeed, this can also be seen in practice by way of ongoing work in the development of GM toolkits and GM pilot projects which are being informed by both men's and women's health experts and practitioners. The positioning of men's health within a GMF is also important for three very practical reasons. One of the key markers of successful policy is integration with existing policy (Bull et al, 2004). A key function of the NMHP has been to apply a gender lens to existing and emerging policy areas. The NMHP is also increasingly being cited in funding applications from a broad cross-section of organisations, which also demonstrates the cross-fertilisation of the NMHP into other policy areas. Secondly, despite an exponential growth in men's health work in recent years, there is still a huge void between the breadth of policy actions called for in the NMHP and the resources available and number of dedicated practitioners working in the area of men's health to meet this demand. Thirdly, the launch of the NMHP coincided with the economic downturn and a contraction and rationalisation of available resources. With very limited ring-fenced funding, the potential of a new [men's health] policy to compete for a shrinking pot of public sector funds was also going to be limited.

Whilst the arguments presented in this paper come out strongly overall in favour of a dedicated NMHP; realistically, embedding men's health within a mainstreamed equality agenda has the greater potential for men's health to gain traction within a broader policy landscape in the long term. Indeed, in certain policy areas, men will benefit disproportionately where they are at greatest relative risk - as is the case for whole-population initiatives in areas such as workplace health and safety, where men account for 95% of fatal accidents (White et al, 2011a). Likewise, from a gender relations perspective, many measures designed to improve men's health can, through the lens of a GMF, be advanced perhaps more strategically by highlighting the wider ramifications for the health of women and children. Whilst GM is certainly not without its problems (Bates et al 2009; Smith, Robertson and Richardson 2009), it does offer much potential to extend the reach of men's health policy, particularly if informed in the first instance by such policy. It should not therefore be a question of choosing one approach over the other, or proposing one approach as 'better' than the other, but rather recognising that a dual approach with NMHP and GMF working in tandem offers the greatest potential to advance men's health in the long-term.

Table 1 Key Research & Evaluation Reports linked to NMHP

Authors/Organisation	Title	Year	Focus
Evans D., Walshe K., Gillen P. & Connellan M.	'Farmers have Hearts' Project Evaluation	2009	An evaluation of a cardiovascular disease screening programme targeted at farmers
Men's Health Forum in Ireland	Evaluation of Men's Health Week	2009-2012	Men's Health Week evaluation reports: 2009 (Men and access to services); 2010 (Men and physical activity); 2011 (Supporting men through challenging times); 2012 (First instinct)
Dunne N., Richardson N. & Clarke C (National Centre for Men's Health; Institute of Technology Carlow)	The Larkin Centre: Men's Health and Wellbeing Programme Evaluation Report	2010	An evaluation of the Larkin Centre's Men's Health & Wellbeing Programme targeted at disadvantaged men in Dublin's inner city
Safefood	'Get your life in gear'	2010	An evaluation report of a lifestyle programme targeted at truck drivers
The Institute of Public Health in Ireland	Facing the challenge: The impact of the recession and unemployment on men's health in Ireland	2011	A research report on the impact of recession and unemployment on men's health in Ireland
McCarthy M. & Richardson N. (National Centre for Men's Health; Institute of Technology Carlow)	Best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting:	2011	A resource booklet for health care professionals working with obese men in the primary care setting
Kirwan L. Carroll P. & Lamb B. (Centre for Health Behaviour Research, Waterford Institute of Technology)	Engaging vulnerable men in community-based health promotion	2011	A practitioners guide to engaging vulnerable men in community-based health promotion work
Men's Development Network	Men's health: A review of the needs of Community Development Projects and Family Resource Centres in Ireland	2012	A research report on the barriers and challenges experienced by Community Development Projects and Family Resource Centres in engaging with men
Men's Development Network	Supporting men through challenging times	2012	A research report and resource booklet for engaging with unemployed men and with men affected by recession

Men's Development Network	Community-based health promotion for men – A guide for practitioners	2013	A resource booklet for health promotion work targeted at men in community settings
Men's Development Network	7 Key questions for men	2013	A resource booklet for establishing a men's group
Carragher L. (Irish Men's Sheds Association)	Men's sheds on Ireland: Learning through community contexts	2013	A research report on older men's experiences of participating in men's sheds in Ireland
Richardson N., Clarke C. & Fowler C. (National Centre for Men's Health; Institute of Technology Carlow)	Young men and suicide project. A report from the Men's Health Forum in Ireland	2013	A research report on young men and suicide commissioned by the National Office for Suicide Prevention (Republic of Ireland) and the Public Health Agency (Northern Ireland)
Clarke C., Sharp L., O'Leary C. & Richardson N. (National Centre for Men's Health; Institute of Technology Carlow)	An examination of the excess burden of cancer in men.	2013	A research report on men and cancer commissioned by the Irish Cancer Society

Research and evaluation

The NMHP (p46) stressed the importance of 'establishing a stronger evidence base to support the on-going development of policy and services for men.' As highlighted in the previous section, there has been an exponential rise in the number of research and evaluation reports since publication of the NMHP (see Table 1). This has been associated with both a top down and bottom up approach. In other words, more stringent criteria at a statutory/funding level has had the 'top down' effect of an increased focus on evaluating, monitoring and documenting emerging work in the field of men's health. There is also increasing evidence of research budgets or seeding grants being built in to the overall funding of men's health initiatives, and of more effective knowledge transfer from research to practice. At the same time, there has been a burgeoning interest in men's health at a societal level, which has translated into a 'bottom-up' momentum in men's health in academia and among non-governmental organizations (e.g. Irish Cancer Society; Men's Development Network; Men's Health Forum in Ireland). For example, recent significant reports in areas such as unemployment and men (The Institute of Public Health in Ireland, 2010), suicide and young men (Richardson, Clarke and Fowler, 2013) and cancer and men (Clarke et al, 2013) illustrate a strengthening of the evidence base and the application of a gender lens to key areas of men's health research. An important development has been the establishment of a National Centre for Men's Health (NCMH; as called for in the NMHP, p114) which to date has played a pivotal role in advancing and coordinating men's health research activities in Ireland. The NCMH was also a contributing Centre to the first State of Men's Health in Europe Report (White et al, 2011a)

Men's Health Training

Among the key priorities in the NMHP (p63) was the development of men's health training

targeted at front line service providers. In response to this policy mandate, a two-day men's health training programme ('ENGAGE'; Richardson et al, 2013) was developed with a view to increasing service providers understanding of best practice in engaging men with health and social services. The programme comprises five discrete modules and is based upon the authors' experience, evidence from academic and evaluation literature and an extensive 24-month pilot phase. A comprehensive Training Resource Pack has been developed which comprises training videos, PowerPoint presentations, hand-outs, lesson plans and a range of interactive group work tasks & role plays. These resources are available in hard copy, on usb and online. A 4-day residential 'Train the Trainers' programme has also been developed and was delivered in 2012. This cohort of Trainers (n=18) is currently delivering the programme in a range of different settings and two further cohorts of Trainers will be trained in 2013 and 2014. The programme is being evaluated with a view to having ENGAGE assigned a 'Quality' training mark that is nationally recognised.

Men's Health Information

The NMHP (p50) highlighted a 'knowledge deficit' with regard to Irish men's knowledge of basic health issues, which it attributed, in part, to men delaying to seek help from a medical practitioner because of failing to recognise symptoms of serious ill health. One of the successes of the NMHP has been the proliferation of specifically commissioned men's health literature targeted at men in different settings. The Irish Cancer Society (<http://www.cancer.ie/publications/reduce-your-risk#men>) and the Irish Heart Foundation ('A man's guide to heart health': http://www.irishheart.ie/media/pub/listen_to_your_heart_not_your_head_brochure.pdf) have been to the forefront in developing specifically commissioned men's health literature. Some workplaces have also been proactive in this respect, including An Post (the National Postal Service) with its men's health publication 'Male Minder' (<http://www.mhfi.org/anpost.pdf>); Safefood, with a range of publications as part of its 'Get your Life in Gear' programme (<http://www.safefood.eu/Professional/Food-Science/Resources/Truck-driver-lifestyle-programme---Get-Your-Life-i.aspx>); and a specifically commissioned men's health booklet for farmers ('Staying fit for farming'), commissioned by a coalition of farm organisations and due to be disseminated to 85,000 farm holdings in September 2013. Some community groups, such as the Carlow Men's Health Project, have also engaged in developing men's health literature ('Men's Health Matters': <http://carlowmenshealth.info/health-information/>). Finally, the MHFI has also been proactive in developing a range of promotional materials to highlight specific themes associated with Men's Health Week each year (see: <http://www.mhfi.org/mhw/mhw-image-pack.html>). Although it is difficult to gauge the wider impact of these initiatives, they represent a significant development in raising the profile of men's health in a variety of different settings.

Men's Health and the Workplace

The NMHP (p87) identified the workplace as a key setting in which to target specific men's health policy initiatives and drew attention to the potential links between promoting men's health in the workplace and increasing productivity. Whilst both recession and the absence of funding has curtailed the potential to address this area, there have been a number of initiatives that illustrate the scope to expand workplace men's health in the future. Among the more promising initiatives are; (i) An Post's (the Irish Postal Service) workplace health promotion initiative which, to date, has included interventions in health literacy, physical activity, alcohol and stress; (ii) Safefood's 'Get Your Life in Gear' programme targeted at truck drivers and including health checks, dietary advice and physical activity components (<http://www.safefood.eu/Professional/Food-Science/Resources/Truck-driver-lifestyle-programme---Get-Your-Life-i.aspx>); (iii) the HSE's Farmers have Hearts project (Evans et al, 2009) which included health screenings and lifestyle counselling (with follow-up) for farmers in agricultural settings; and (iv) a national telecommunications company's⁴ 'Health Net' project, which includes on site health checks and the provision of a range of on-line men's health resources. These initiatives are an indication of a growing interest in the workplace as a setting for men's health and a growing menu of initiatives and resources on which to base future workplace men's health initiatives.

Community-based Men's Health

Chapter 10 of the NMHP called for a strengthening of community action to support men's

health, particularly in relation to targeting more vulnerable or marginalised groups of men. This call to action has gained significant momentum during the lifetime of the NMHP, particularly in light of recession and the impact of unemployment on men's health (Institute of Public Health in Ireland, 2011). The Men's Development Network (MDN) has played a pivotal role in supporting and mentoring community and voluntary sector organisations nationally to engage with men effectively in their work and to achieve a partnership approach to community development work for men. MDN has worked in particular with ethnic minority men, unemployed men and with male perpetrators of domestic violence (<http://www.mensdevelopmentnetwork.ie/>). There has also been an exponential growth in Men's Sheds in Ireland since publication of the NMHP and the Irish Men's Sheds Association (IMSA) has, to date, supported the development of 135 Men's Sheds throughout the country (<http://menssheds.ie/>). A preliminary evaluation of men's sheds in Ireland points to significant gains in terms of a number of health indicators (Carragher, 2013). There have also been a number of other community-based men's health programmes. The Men's Health and Wellbeing Programme, run by the Larkin Centre (<http://www.larkinctr.com/education/mens-health.php>) in Dublin's inner city, runs for ten weeks and comprises four hours per week of cookery classes, health education classes and soccer/fitness training. The programme targets men from a very disadvantaged community and has proved hugely successful both in terms of effectively engaging so-called 'hard to reach' groups of men, and in terms of health and social capital outcomes achieved with the target community (Dunne, Richardson and Clarke, 2010). Other important initiatives include the North Leitrim Men's Group (<http://homepage.eircom.net/~nlmensgroup/>); community-based physical activity programmes for men in the west of Ireland (<http://www.mhfi.org/news/227-mayo-men-on-the-move.html>); and the Carlow Men's Health project (Kirwan et al, 2011; Kirwan et al 2013). This substantial level of activity in community-based men's health work is in keeping with two of the core principles of the NMHP – adopting a social determinants and a community development approach.

Men's Health Forum in Ireland & Men's Health Week

Among the challenges highlighted in the NMHP (p50) was to overcome what was described as the tendency towards negative and stereotypical portrayals of men and masculinity, in favour of 'more positive and holistic images of men's health'. The policy also stressed that maintaining media interest in men's health and achieving a high profile on men's health in public debate also needed to be underpinned by good quality information. One of the key successes of the policy has been the role played by the MHFI in meeting this need. Whilst MHFI has received funding through the NMHP specifically to co-ordinate men's health week, its impact has been much more far-reaching than that. Since publication of the NMHP, MHFI has become the conduit for keeping the public informed about all that is happening in men's health in Ireland. Its website (<http://www.mhfi.org/>) is now the repository for a broad range of publications, reports and resource materials. Through its excellent work in co-ordinating men's health week annually, it has not only succeeded in raising the profile and increasing public awareness of men's health, but has steadily increased the number of partners who now play an active role in promoting men's health week each year (<http://www.mhfi.org/mhw/mhw-2013.html#Planning>).

Key challenges in men's health policy implementation

Translating cross-departmental and inter-sectoral recommendations into sustainable actions.

Whilst the explicit purpose of Ireland's NMHP consultation process was both to consult and to strengthen existing networks in the area of men's health, one of the most difficult challenges in the transition to policy implementation has been to continue to strengthen and build on these networks and partnerships and to get buy-in across government departments on policy implementation (Richardson and Smith, 2011). Whilst the policy called for appropriate structures with regard to implementation at an 'inter-departmental' (p44) level, these did not materialise – resulting in a lack of governance structure to deal with cross-departmental planning. In this regard, men's health is no different to other policy areas that seek to garner cross-departmental support in terms of the struggles associated with leadership, accountability and governance issues. In the context of Ireland, this has been compounded by staff turnover within government departments and a range of reforms within the health services, which have undermined further the potential to build upon the relationships that were established during the consultation phase. Economic recession and financial crisis

has also been a critical factor in severely curtailing other government departments' capacity to fund new initiatives or to be amenable to what might be seen [men's health] as a non-core policy area.

Funding

From the point of view of timing, Ireland's NMHP missed the boat in terms of garnering significant ring-fenced funding to implement the policy Action Plan. The policy launch coincided with the economic downturn and a subsequent contraction and rationalisation of available resources. In particular, this rendered the implementation of some of the more costly NMHP measures such as the provision of statutory paternity leave (p121) and extending affordable and social housing schemes (p117) extremely unlikely, at least in the short-term. There are, however, a number of key points that should be considered in weighing up the extent to which [lack of] funding constitutes 'a failure' of Ireland's NMHP. The provision of appropriate funding is unquestionably a pre-requisite of successful policy implementation and Ireland's NMHP has 'suffered' because of this. That said, and as outlined in this paper, there has been considerable momentum across a range of NMHP issues, largely in spite of rather than because of funding. Whilst more could have been achieved, it is unlikely that these key milestones would have been achieved in the absence of a NMHP. Secondly, unlike other policy areas, men's health policy does not start with a green field site. As highlighted earlier, one of the key markers of successful policy is integration with existing policy and, in the context of men's health, the application of a gender lens to existing and emerging policy areas. Whilst in order to work, this process will inevitably have certain implications for funding, there is much that can be achieved in the absence of funding. At the same time, the publication of the policy has been the catalyst for increased men's health activity in other areas (e.g. health promotion; occupational and workplace health; community development projects). Finally, the absence of significant additional funding at the NMHP launch will be interpreted by many as a snub at men's health and that, policy or not, men's health is not being taken seriously at the higher government level. Whatever the merits of such an argument, it fails to account for the drastic and unprecedented fiscal situation in which Ireland found itself at the time of the NMHP launch and begs the question as to whether any other policy launched at such a time would have fared any better.

Scope and breadth of Policy Action Plan

One of the key challenges of policy development is to address the issue of 'competing needs' (Bull et al, 2004) and making difficult choices in terms of prioritising certain policy issues over others and managing expectations of different interest groups. Many such choices were made in the context of Ireland's NMHP (Richardson and Smith, 2011); nevertheless, the scope and breadth of the final policy document was, to say the least, ambitious – especially in light of the policy launch coinciding with the financial crisis. This raises some fundamental questions with regard to the political/economic aspects of policy formulation. Central among these is choosing between a more idealistic versus a pragmatic approach to policy – throwing in the kitchen sink versus cutting one's cloth to measure! Whilst the former approach runs the risk of failing to gain traction because of what might be seen as an unrealistic scope and breadth of policy issues, the latter can be criticised for framing a policy issue around boundaries that are too narrow and that exclude some fundamentally important elements. With hindsight, there may have been merit in scaling back the scope and breadth of the NMHP Action Plan to more realistic proportions. An alternative might have been to timeframe priorities within the Action Plan, thereby setting out wider boundaries as part of a vision for 'men's health' but acknowledging that a longer timeframe would be needed to make inroads on all areas.

Managing expectation and building momentum

One of the key challenges associated with policy is dealing with vested interests and managing expectation from policy consultation and development through to policy implementation. Whilst every attempt was made to ensure that there was transparency in sign-posting the choices that were made in framing the final policy document, it is equally important at the end of its 5-year timeframe, that the findings of the proposed NMHP external evaluation be published and disseminated widely. Particular attention will need to be paid to managing disappointment among those vested interest groups who may feel let down by the policy implementation. Perseverance and patience were the cornerstones in developing Ireland's NMHP (Richardson and Carroll, 2009) and continue to be a challenge in relation to policy implementation, particularly in terms of ongoing efforts

to garner inter-sectoral and cross-departmental support. In light of ongoing rationalisation and cut-backs across the public sector in Ireland, it is critically important to profile successes and to quantify the dividends gained by having a NMHP in order to build momentum for advancing men's health further. With a focus on effectiveness and efficacy carefully built into evaluation processes, the emergence of a stronger evidence base in men's health in Ireland can be the platform to build this momentum. There is still much scope to be more precise in quantifying the dividends realized by targeting men's health at a policy level, including at an overall population level and at an economic and environmental level. From a gender relations perspective, the impact and potential benefits that can accrue from a NMHP for women and children should, as highlighted earlier, also be carefully documented.

Conclusion

Approaching the end of the 5-year timeframe of Ireland's NMHP represents a timely opportunity to reflect on the key successes and milestones achieved to date as well as learning from some of the challenges in transitioning from policy development to policy implementation. Amongst the key positive outcomes include; the strong governance and accountability structures and procedures that are now in place for men's health; the exponential rise in research and evaluation reports that have contributed to a growing evidence base for men's health; the implementation of a comprehensive national men's health training programme; the development of a range of men's health information resources targeted at men in different settings; the emergence of some promising workplace-based men's health promotion initiatives; the expansion of community-based men's health initiatives targeted at vulnerable groups of men; and the copperfastening of the Men's Health Forum in Ireland's position as the leading men's health advocacy organisation and co-ordinating body for Men's Health Week. The key challenges encountered in transitioning to policy implementation include; difficulties associated with translating cross-departmental and inter-sectoral recommendations into sustainable actions; securing funding within a difficult economic climate; the ambitious scope and breadth of policy recommendations and actions; and ongoing issues with regard to managing expectation and maintaining momentum. Crucially, Ireland's NMHP has provided a vision and a framework for action that has enabled men's health to gain traction and to develop momentum that would otherwise not have been possible. Men's health is now more visible and occupies a more prominent place in public discourse. Its legacy will ultimately be judged as much by its broader interface with other policy areas as by its success in relation to specific policy recommendations or actions.

Footnotes

¹These included the Department of Social and Family Affairs; Department of Education and Science; Department of Enterprise, Trade and Employment; Department of Justice, Equality and Law Reform.

²This group comprised representatives from the Department of Health, the Health Service Executive, the Institute of Public Health in Ireland, the Irish Cancer Society, the Irish Heart Foundation, the Men's Health Forum in Ireland and the Men's Development Network.

³Representatives from the NMHP Implementation Group, the Men's Health Forum in Ireland and the Men's Development Network were part of the GMF Steering Group.

⁴In the interest of confidentiality, it is not possible to name this company.

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