NSW MEN’S HEALTH REPORT CARD 2019
RATING THE STATE OF MALE HEALTH IN NEW SOUTH WALES
TAKING ACTION FOR MEN’S HEALTH
STILL DYING YOUNGER
MEN OF GOOD HEART
BEATING MALE CANCER
PREVENTING MALE SUICIDE
CREATING A HEALTHIER FUTURE FOR MEN AND BOYS
THE ROAD TO NOWHERE
DYING TO WORK
DAD’S THE WORD
IMPROVING BOYS’ EDUCATION
DEVELOPING MALE-FRIENDLY SERVICES
BUILDING MEN’S ECONOMIC SECURITY
STRATEGIC SUPPORT FOR MEN’S HEALTH
WORKING TOGETHER FOR MEN’S HEALTH
REFERENCES
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.

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 2019 Men’s Health Report Card for New South Wales 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 New South Wales 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.
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 New South Wales are living longer than men in the Northern Territory, Western Australia and Queensland, Tasmania and the ACT, but die younger than men in South Australia and Victoria.

NSW men are also dying 5.9 years younger than women across the state, whose average age of death is 85.5 years (compared with 79.6 for men).

The good news is that the average age of death for men in NSW has risen by nearly two years in the past decade, from 77.9 years in 2007 to 79.6 years in 2017.

Looking to the future, the life expectancy of boys born in NSW in 2015-2017 is 80.3 years. This varies from area to area with boys in North Sydney & Hornsby expected to live 8.9 years longer than boys in the Far West & Orana (85.3 years compared with 76.4 years).

Heart disease is the biggest killer of Australian men. In NSW, 16 people a day die from heart disease.

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

Overall, the rate of heart disease in men is 86.2 per 100,000, which is higher than the national average of 78.7.

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

In terms of our league table of male heart disease, men in NSW are currently in fifth place.
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 NSW nearly a third of men (30.9%) and a quarter of women (25.1%) 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.

Bowel cancer is the third leading cause of cancer deaths in NSW, killing around 700 men and 600 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 NSW, only 36.6% of men and 39.8% of women access screening for bowel cancer. The number of people accessing screening increases with age, with only 1 in 4 men (25.3%) aged 50-54 in NSW being screened, compared with 1 in 2 women (49.3%) aged 70-74.

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

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 NSW. In 2017 there were 880 deaths by suicide, 683 male suicides and 197 female suicides.

Every week an average of 13 men die by suicide in NSW, with men accounting for 77.6% of suicides.

Overall, the rate of male suicide in NSW is 16.1 deaths per 100,000 people, which is lower than the national average of 18.5 per 100,000.

Men in the NSW have the joint second lowest rate of suicide in Australia, alongside men in NSW.

We placed NSW third in our league table of male suicide prevention as ACT has a higher percentage of male suicides (77.6% compared with 75.9%).

CANCER PREVENTION

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

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

MALE SUICIDE

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

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.

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.

• Socio-Economic Status
• Locality
• Aboriginality
• Sexuality
• Disability
• Race/Ethnicity
• Age

• Policy
• Funding
• Institutions
• The Economy
• Beliefs About Gender

• Boys’ Education
• Boyhood + Fatherhood Experiences
• Men’s Working Lives
• Social Connections and Relationships
• Daily Living Conditions
• Access to Male-Friendly Support Services

• Smoking
• Alcohol
• Diet
• Exercise
• Weight
• Self-Care
• Stress/Distress

• Life Expectancy
• Male Suicide
• Avoidable Deaths
• Poor Health
• Getting Help

ADVOCACY FOR MEN & BOYS

• 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

• 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

• 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

• 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

• 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

SEX / GENDER DIFFERENCES ARISE AT EVERY STAGE

UPSTREAM

• Socio–Economic Status
• Locality
• Aboriginality
• Sexuality
• Disability
• Race/Ethnicity
• Age

• Policy
• Funding
• Institutions
• The Economy
• Beliefs About Gender

• Boys’ Education
• Boyhood + Fatherhood Experiences
• Men’s Working Lives
• Social Connections and Relationships
• Daily Living Conditions
• Access to Male-Friendly Support Services

• Smoking
• Alcohol
• Diet
• Exercise
• Weight
• Self-Care
• Stress/Distress

• Life Expectancy
• Male Suicide
• Avoidable Deaths
• Poor Health
• Getting Help

COMMUNITY ACTION

• Socio–Economic Status
• Locality
• Aboriginality
• Sexuality
• Disability
• Race/Ethnicity
• Age

• Policy
• Funding
• Institutions
• The Economy
• Beliefs About Gender

• Boys’ Education
• Boyhood + Fatherhood Experiences
• Men’s Working Lives
• Social Connections and Relationships
• Daily Living Conditions
• Access to Male-Friendly Support Services

• Smoking
• Alcohol
• Diet
• Exercise
• Weight
• Self-Care
• Stress/Distress

• Life Expectancy
• Male Suicide
• Avoidable Deaths
• Poor Health
• Getting Help

HEALTH PROMOTION

• Socio–Economic Status
• Locality
• Aboriginality
• Sexuality
• Disability
• Race/Ethnicity
• Age

• Policy
• Funding
• Institutions
• The Economy
• Beliefs About Gender

• Boys’ Education
• Boyhood + Fatherhood Experiences
• Men’s Working Lives
• Social Connections and Relationships
• Daily Living Conditions
• Access to Male-Friendly Support Services

• Smoking
• Alcohol
• Diet
• Exercise
• Weight
• Self-Care
• Stress/Distress

• Life Expectancy
• Male Suicide
• Avoidable Deaths
• Poor Health
• Getting Help

HEALTHCARE

• Socio–Economic Status
• Locality
• Aboriginality
• Sexuality
• Disability
• Race/Ethnicity
• Age

• Policy
• Funding
• Institutions
• The Economy
• Beliefs About Gender

• Boys’ Education
• Boyhood + Fatherhood Experiences
• Men’s Working Lives
• Social Connections and Relationships
• Daily Living Conditions
• Access to Male-Friendly Support Services

• Smoking
• Alcohol
• Diet
• Exercise
• Weight
• Self-Care
• Stress/Distress

• Life Expectancy
• Male Suicide
• Avoidable Deaths
• Poor Health
• Getting Help

RESEARCH + EVALUATION

• Socio–Economic Status
• Locality
• Aboriginality
• Sexuality
• Disability
• Race/Ethnicity
• Age

• Policy
• Funding
• Institutions
• The Economy
• Beliefs About Gender

• Boys’ Education
• Boyhood + Fatherhood Experiences
• Men’s Working Lives
• Social Connections and Relationships
• Daily Living Conditions
• Access to Male-Friendly Support Services

• Smoking
• Alcohol
• Diet
• Exercise
• Weight
• Self-Care
• Stress/Distress

• Life Expectancy
• Male Suicide
• Avoidable Deaths
• Poor Health
• Getting Help

UPSTREAM
**THE ROAD TO NOWHERE**

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

In NSW, transport accidents kill five men and boys every week.

There were 368 road deaths in NSW in 2017 (267 male and 101 female).

In NSW, men and boys account for:

- over half of pedestrian deaths (27 of 49 fatalities)
- 7 in 10 car occupant deaths (133 of 193 fatalities)
- 9 in 10 cyclist deaths (8 of 9 fatalities)
- 9 in 10 motorcyclist deaths (48 of 52 fatalities).

In total, 72.6% of people who die in transport accidents in NSW are male, with men and boys accounting for 78.6% of the years of life lost to transport accidents in NSW every year.

Young men and boys are particularly vulnerable to dying in transport accidents. In 2017, 70% of pedestrians under 15 who died in NSW were boys (7 of 10 fatalities).

Road deaths are also the second biggest killer of young men in NSW after suicide. Transport accidents kill four young people (aged 15-24) a month in NSW and 75% are boys and young men (35 of 47 fatalities in 2017).

Men and boys in NSW are less likely to die on the roads than males in the NT, WA, TAS, SA and QLD, but more likely to be killed in a transport accident that men and boys in VIC.

In our league table of road safety, NSW is currently in second place.

**ROAD SAFETY**

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

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, 62 workers were killed at work in NSW and 90% (56 fatalities) were men.

The rate of workplace fatalities in NSW is 1.6 fatalities per 100,000 people. This places NSW fourth in our league table of the safest places to work.

**SAFEST PLACES TO WORK**

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

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.

---

**RATING THE STATE OF MALE HEALTH IN NSW**

**‘1 IN 5 FAMILIES AREヘADED 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 NSW, 3.4% of children born each year have a father who isn’t acknowledged on their birth certificate. This is the fourth lowest level nationwide, after the ACT, VIC and SA.

The second measure is the proportion of children born outside of marriage, which is now around one third of births nationally. In NSW, three in 10 births (31.5%) occur outside of marriage, with only the ACT and VIC recording lower rates.

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 NSW, one in five children (20.5%) are living in lone-parent families. This is the third highest rate in the country after the NT and TAS.

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, NSW is currently placed third 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 NSW, the latest NAPLAN results for Year Five students found that boys are:

- 1.8 times more likely to be below minimum standards reading
- 2.4 times more likely to be below minimum standards writing
- 1.4 times more likely to be below minimum standards numeracy

Boys in NSW are also 42.6% 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 NSW found that just one in four (25.2%) teaching staff are male.

Overall, we placed NSW fourth in our boys’ education league table, behind the ACT, VIC and SA.

---

**FATHERHOOD INVOLVEMENT**

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

**BOYS’ EDUCATION**

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

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

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 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.

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.
Men also account for 54% of those who are unemployed, with 58% of those looking for full-time work and 40% seeking part-time roles being male.

The number of men who are not in the labour force (NILF) rose by around 150% from 371,000 to 941,000 between 1978 and 2019. In the same period, the number of NILF women rose by just 24%.

As of March 2019, the male trend unemployment rate in NSW was 4.3%, the second lowest in the country. More than half of unemployed people (54%) and the majority of unemployed people looking for full-time work (58.1%) are men.

Based on the male unemployment rate and the percentage of unemployed people who are male, we placed NSW second in our league table for economic security.

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

In March 2019, 70.6% of men and 59.9% of women in NSW were participating in the labour force, with men accounting for 62% of people working full time and 33% of those working part time.

ECONOMIC SECURITY

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

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

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.

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.

In NSW, the Women’s Strategy aims to improve the economic, social and physical wellbeing of women and girls by focusing the whole of government (and the whole community) on three priority areas: economic opportunity and advancement; health and wellbeing and participation and empowerment.

In contrast, work supporting men and boys is limited to the NSW Men’s Health Framework, which focuses on mental health and wellbeing, cancer, healthy living and chronic diseases and sexually transmissible infections (STI).

Despite this narrow focus on health, NSW is one of only two States and Territories to have produced a men’s health strategy and has been placed second behind WA in our league table on gender issues.

STRATEGIC SUPPORT FOR MEN’S HEALTH

<table>
<thead>
<tr>
<th>RANK</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>6th</th>
<th>6th</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE / TERRITORY</td>
<td>WA</td>
<td>NSW</td>
<td>NT</td>
<td>VIC</td>
<td>SA</td>
<td>ACT</td>
<td>QLD</td>
<td>TAS</td>
</tr>
</tbody>
</table>

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

“WE NEED MORE FOCUS ON IMPROVING MEN’S LIVES”
There are many areas of life where men and boys in Australia are not faring as well as women and girls. Men die 5.9 years younger than women; four in five heart disease deaths under 65 are men; three in four suicides are men; transport accidents kill five men and boys a week; 90% of workplace deaths are male; more than 40% of boys fail to complete year 12 and the number of men not in the labour force has risen by 150% 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 NSW 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).

When compared with other States and Territories, the 2019 Men’s Health Report Card ranked NSW third behind the ACT and VIC.

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 NSW.

### REFERENCES


### 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 | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th |

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

---

---
A HEALTHIER FUTURE FOR MEN AND BOYS

A HEALTHIER FUTURE FOR EVERYONE

AMHF.ORG.AU