

# National men's health policy consultation response

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The Institute of Public Health welcomes the consultation process undertaken by the Department of Health and Children on a National Men's Health Policy. In our response we focus on how inequality impacts on Irish men's lives and how, as a consequence, ways to combat inequalities need to be at the heart of a health strategy for men.

## **The Institute of Public Health in Ireland**

The Institute of Public Health in Ireland aims to improve health in Ireland, North and South, by working to combat health inequalities and influence public policies in favour of health. The Institute's work is based on the premise that improving health and reducing health inequalities will be best achieved through taking a broad determinants of health perspective. It applies a holistic model of health which emphasises a wide range of determinants on health including social, economic, environmental and biological factors. The Institute also recognises the importance of accessible, effective and efficient health and social services in determining health and the quality of life experienced by people.

## **Inequalities and health**

Work undertaken by the Institute of Public Health in the context of the National Anti-Poverty Strategy (NAPS) has highlighted the relationship between health inequalities and poverty. Mortality and morbidity rates are closely linked with socio-economic status; a clear gradient in health has been demonstrated with those of lowest status carrying a disproportionate burden of ill health (Balanda and Wilde, 2001). Links between inequality and social capital have also been acknowledged with high levels of inequality appearing to reduce the quality of the social environment, which in turn is detrimental to health (Balanda and Wilde, 2004). Furthermore social networks appear to impact on the health of men and women in different ways, evidenced by the research findings that married men have higher recovery rates from myocardial infarction than unmarried men while the opposite case is true for women.

Inequalities also exist between the sexes in terms of life expectancy and morbidity. The average life expectancy at birth for Irish men is almost 6 years less than for Irish women (Department of Health and Children, 2003). A similar pattern exists throughout the European Union with an

average gap in life expectancy between the sexes of 6.3 years (Department of Health and Children, 2003). In Ireland, morbidity and mortality rates in all major diseases including cardiovascular disease, road traffic injuries and cancer are unequally distributed between the sexes with men carrying a disproportionately higher burden (Balanda and Wilde, 2001). Marked differences also exist in suicide rates between men and women; in 2002 almost five times more men than women committed suicide, with a large percentage of these deaths occurring in the 15-24 age group (CSO 2002).

It has been proposed that these gender differences in health may be partially explained by the differing ways in which men and women approach health, healthcare and disease (North Eastern Health Board, 2004). For example, men are less likely to discuss health and personal issues with friends than are women and they are also less likely to access healthcare services.

### **Building gender into policy considerations**

We endorse the position held by the Women's Health Council that gender should be recognised as a health determinant and seen to be as significant as social origin, economic situation and ethnic origin.

### **Recommendations for policy development**

The Institute recommends that the following points be taken into account in the formulation of a National Men's Health Policy:

- The growing acknowledgement that health is determined by many factors should be reflected in the actions identified to improve men's health. This implies a coordinated, cross-sectoral and multi-disciplinary response. The Department of Health and Children must take a lead role by identifying men's health as an area of responsibility within the department but also by recommending that the Health Services Executive identify men's health as an area of responsibility at national and regional level.
- Other government departments, for example Education and Science, Justice Equality and Law Reform, Enterprise Trade and Employment, Social and Family Affairs have roles to play in achieving better health for men. It is important that the contribution which each department can make is clearly identified. Identified actions should then form part of the relevant departments' core work plan.

- There is a need to be cognisant of gender differences in maintaining health and accessing healthcare services and using this knowledge when designing health services so as to make them gender appropriate. Obstacles and barriers to engaging with healthcare services need to be identified and action taken, particularly in primary care settings, to minimise or overcome these barriers.
- It is essential that further research takes place in order to gain a greater understanding of why men die younger than women and why such a marked difference exists in the health experiences of different groups of men
- Adequate funding must be made available to support the overall plan. Individual components of the plan should be costed as should the overall plan, which should have an initial time span of three years.
- Policy development will be enhanced by taking into account international developments in the area of men's health. It is particularly important to identify opportunities for all-island work in addressing this issue.

## References

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