

Review of the National Men's Health Action Plan

Healthy Ireland–Men (HI-M)

2017–2021

A Policy Submission by Men's Development Network CLG



Men's
Development
Network

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Review of the National Men’s Health Action Plan: Healthy Ireland-Men (HI-M) 2017-2021

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Section I – Introduction

As a national organisation which advocates for transforming masculinities, a feminist and intersectional approach to advance the changing of norms and behaviours and to promote gender equality,¹ Men’s Development Network welcome the opportunity to provide a written submission reviewing the National Men’s Health Action Plan, ‘Healthy Ireland-Men (HI-M) 2017-2021’.²

This written submission is informed by three key features:

- Our organisation’s 25 years of practice in engaging with men and boys across Ireland in relation to their health and wellbeing,³ their social, emotional, and interpersonal development⁴ and our client support programmes for male perpetrators⁵ and victims/survivors⁶ of domestic violence.
- Our experience as Coordinating and Managing Partner of Engage National Men’s Health Training Programme.⁷
- Men’s Development Network is Ireland’s only member-organisation within MenEngage Alliance International.⁸ We also serve on the Steering Committee of MenEngage Alliance Europe⁹ and have close relationships with global gender equality institutes such as Equimundo Center for Masculinities and Social Justice.¹⁰ As a result, Men’s Development Network bring practical knowledge of the national and international best practices for engaging with men and boys in relation to their health and wellbeing through a transforming masculinities approach which is strengths-based and evidence-based.

Section II – Up-to-date Statistics on Overall Male Life Expectancy and Healthy Life Years in Ireland

Ireland is experiencing an ageing population. Between 2009 and 2019, there was a 35.2% increase in the number of people in Ireland aged 65 or over. This means that there will be significant growth in the

¹ For further information, see: <<https://mensnetwork.ie/>> accessed May 24th, 2022.

² ‘National Men’s Health Action Plan, Healthy Ireland-Men (HI-M) 2017-2021’ (HSE, 2016) <<https://www.mhfi.org/HI-M.pdf>> accessed May 23rd, 2022.

³ Men’s Development Network is the Managing and Coordination Partner of the Engage National Men’s Health Training Programme. See: <<https://mensnetwork.ie/mens-health/>> and <<https://engagetraining.ie/>> accessed May 24th, 2022.

⁴ For information on our developmental methodologies for engaging with men and boys and current national programmes for men, see: <<https://mensnetwork.ie/development-programme/>> accessed May 24th, 2022.

⁵ The MEND Programme works with male perpetrators of domestic violence in supporting men to end their violent or abusive behaviour and become non-violent and respectful within their intimate partner relationships. MEND operates across 8 counties in Ireland and also delivers the national CHOICES Programme. See: <<https://mensnetwork.ie/mend/>> accessed May 24th, 2022.

⁶ The Male Advice Line is the national freephone service for male victims/survivors of domestic abuse and violence <<https://mensnetwork.ie/male-advice-line/>> accessed May 24th, 2022.

⁷ ‘Health’ < <https://mensnetwork.ie/mens-health/>> accessed May 25th, 2022.

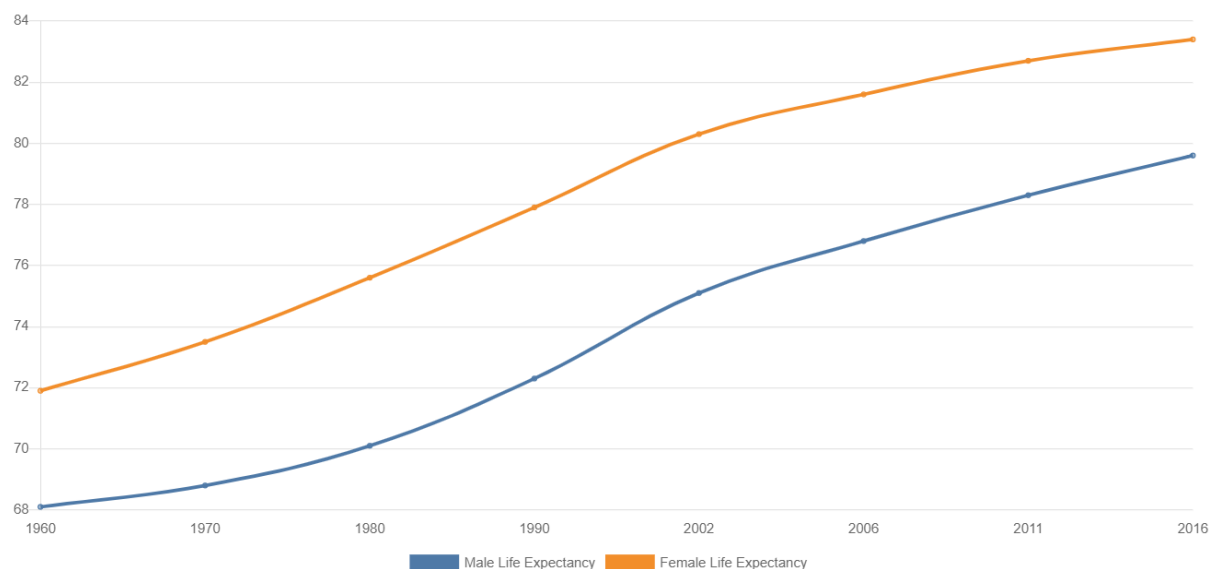
⁸ ‘MenEngage Alliance’ <<https://menengage.org/>> accessed May 24th, 2022.

⁹ ‘Men’s Development Network and MenEngage Alliance Europe’ <<https://mensnetwork.ie/menengage/>> accessed May 24th, 2022.

¹⁰ ‘Promundo: Healthy Masculinity, Gender Equality’ <<https://promundoglobal.org/>> accessed May 24th, 2022.

age cohort of the population of people with increased requirements for medical care. While gender is a highly influential factor in health outcomes, it is one factor among many. The National Men’s Health Policy recognises that men are not a homogenous group.¹¹ There are a myriad of differences within gender categories such as social class, education, age, employment status, race, ethnicity, sexual orientation, disability, and housing status, among others.¹² While life expectancy is of itself an important measure of public health, it is also important to examine quality of life as a key factor.

The 2019 Health in Ireland Report begins with a positive tone stating that life expectancy continues to improve in Ireland. Male life expectancy has increased by 3 years and female life expectancy by almost 2 years since 2007. The gap between the life expectancy of men and women also continues to narrow, with the latest available data showing this gap now at its lowest point since the 1950’s with women’s life expectancy 3.6 years more than males.¹³ In fact, life expectancy in Ireland has increased by decades over the last hundred years.



September 29, 2020 11:00:00 UTC

Irish Life Expectancy from Birth 1960 to 2016¹⁴

Population ageing can be seen as a key measure of success in public health, yet it brings with it several challenges as such shifts in demographics fundamentally alter the requirements of public health services.

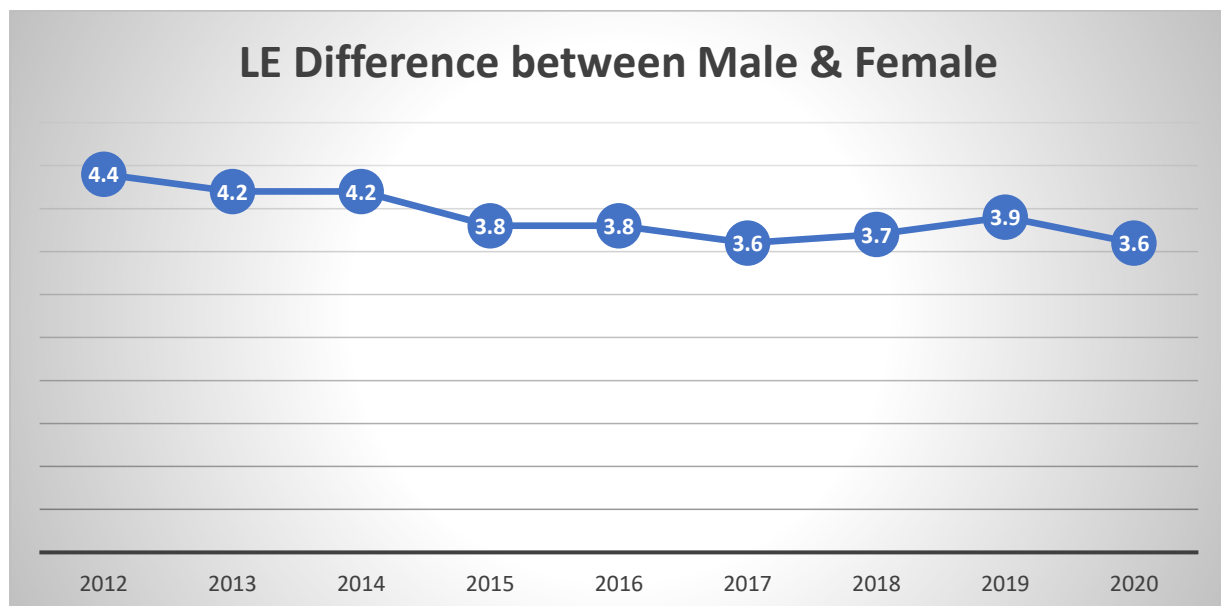
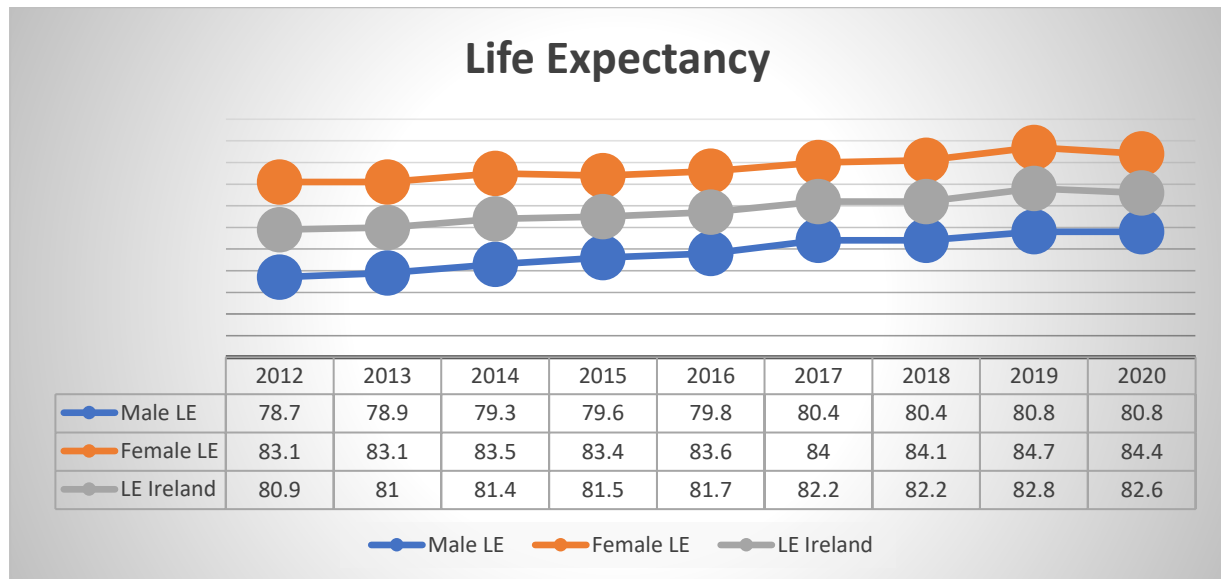
¹¹ ‘National Men’s Health Policy 2008-2013’ (Department of Health, 2008) at page 19 <<https://www.mhfi.org/menshealthpolicy.pdf>> accessed May 24th, 2022.

¹² *ibid*

¹³ ‘Health in Ireland: Key Trends 2019’ (Department of Health, 2019) at page 1.

¹⁴ CSO Irish Life Tables VSA 33 Period Life Expectancy

The Figure below shows life expectancy from 2012 to 2020 based on Eurostat data¹⁵ which demonstrates how overall life expectancy is increasing, yet the rate of increase is higher for men, which means the gap between female and male life expectancy is shortening.



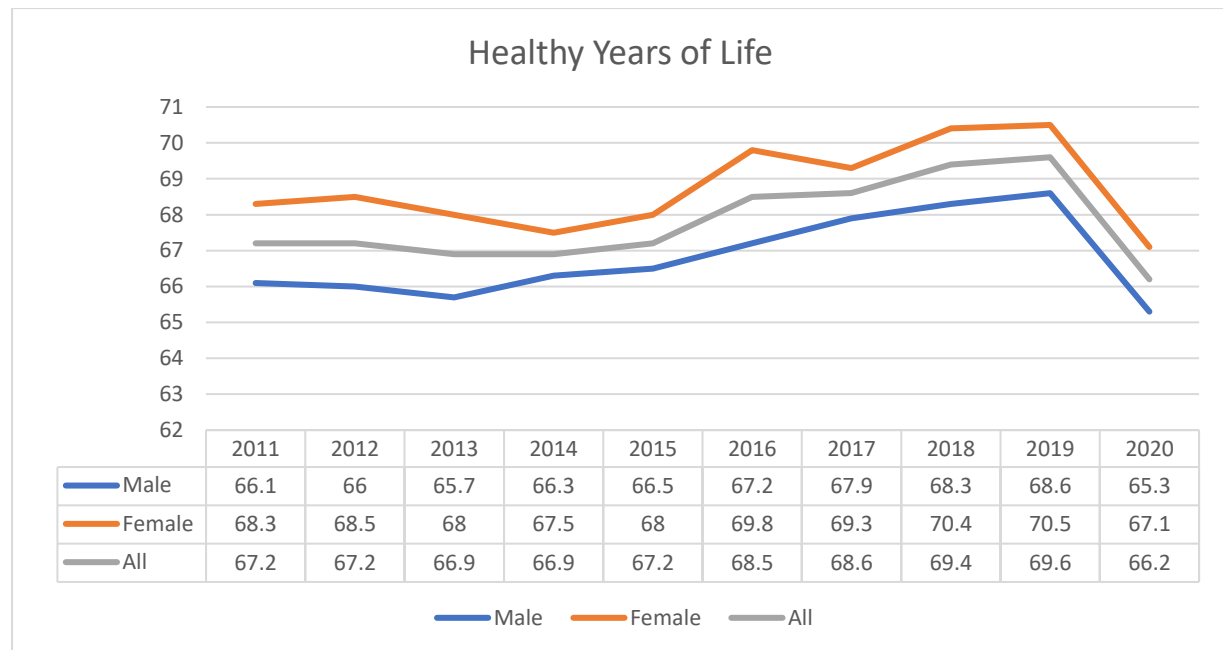
The above Figure shows the rate of change in life expectancy between men and women since 2012. While 2020 saw a slight decrease in this rate, the overall trend is that the gap between male and female life expectancy is closing.

A further set of questions when considering life expectancy relates to that of quality of life for years lived. Although Irish life expectancy has been increasing in the last decade, this raises questions as to the quality of life lived during these extra years. Healthy Life Years, also referred to as disability-free

¹⁵ Eurostat Life Expectancy at Birth By Sex (Online Data Code TPS00208)

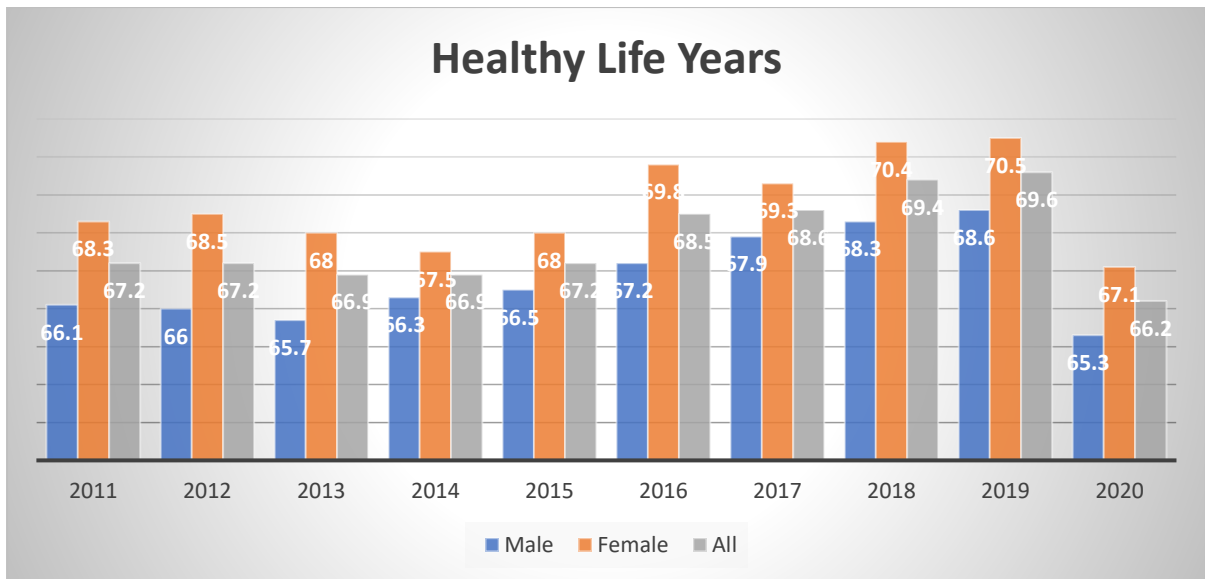
life expectancy, refers to the number of years a person can expect to live in good health without major forms of disability which limit their quality of life and their ability to do what they want. Healthy life years thus describes the period for which a healthy condition is defined by the absence of limitations in functioning/disability.

In 2019 according to Eurostat¹⁶ the healthy life years figure for Irish males was 68.6. This is significantly higher than the EU average figure which stood at 64.2, the highest Healthy Life Years country was Sweden with 73.8 and the lowest was Latvia with 52.2.



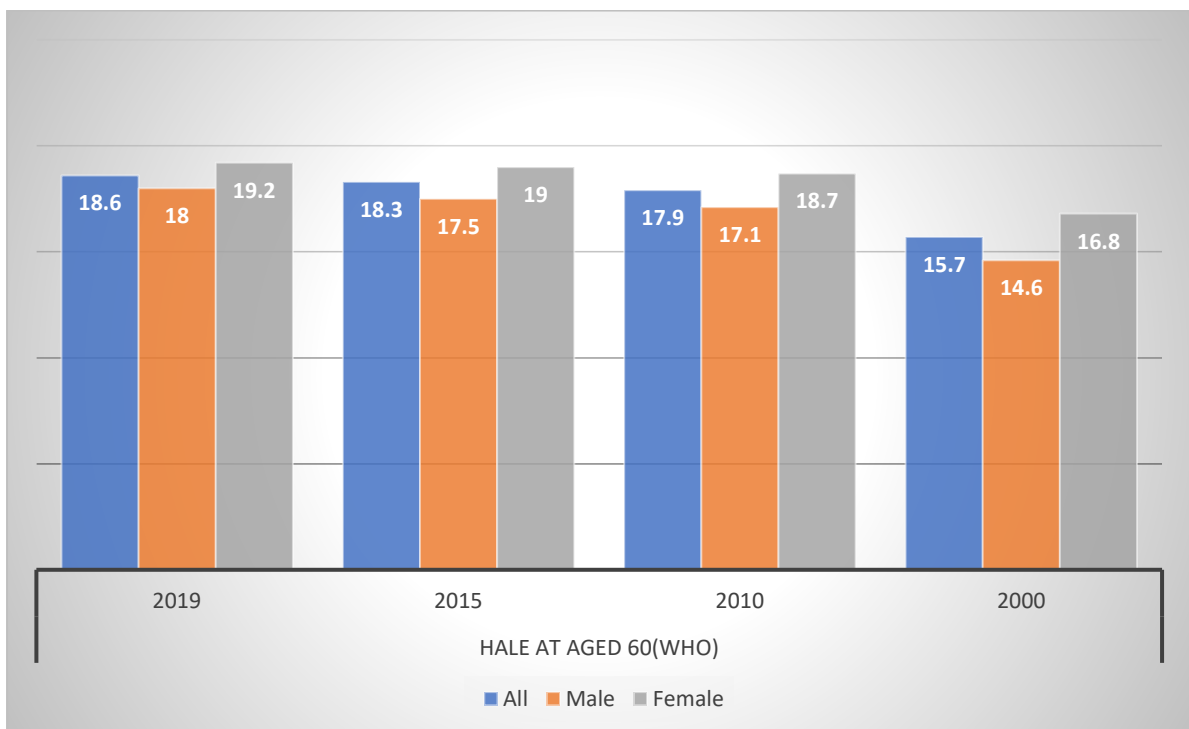
In Ireland from 2014 up to 2019, there was an uninterrupted upward trend in Male healthy life years as it rose from 66.3 to 68.6. There was however a sharp decline in the year 2020 as it fell back to 65.3 years.

¹⁶ Eurostat Healthy life years at birth by sex (Online Data Code: TPS00150)



It isn't exactly clear as to why this happened, although the likelihood is that it is related to the onset of the Covid-19 pandemic.

A further measure of healthy life years is that of the HALE or Health Adjusted Life Expectancy, this figure is calculated by adjusting life expectancy figures to account for years lived in less than perfect health conditions. It is calculated by taking the average life expectancy figure and subtracting from it a number which represents the number of years living with a disability. This figure is then multiplied by a further weighting figure which is calculated according to the effect of the disability.



These figures which are taken from the World Health Organisation¹⁷ show how HALE measurements in Ireland have been increasing since 2000 with Male measurements of HALE increasing by 3.4 years in this period.

Section III – Overall Positive Aspects of the HI-M 2017-2021 Action Plan

Through our role in implementing key actions highlighted as part of HI-M, Men's Development Network begin by highlighting the overall positive aspects of HI-M. Following on from the National Men's Health Policy 2008-2013, theoretical and philosophical principles have underpinned the development and implementation of HI-M which include (a) adopting a gendered and gender-relations approach to men's health (b) adopting a social determinants approach (c) adopting a community development approach (d) adopting an intersectoral and interdepartmental approach (e) tackling men's health from a strengths-based approach and (f) supporting men to be more active agents for their own health.¹⁸ These principles remain fundamental to the design and delivery of future men's health policies, practices and programmes beyond implementation of HI-M 2017-2021.

Additional enablers of success throughout the four-year lifespan of the HI-M action plan which Men's Development Network would like to highlight are the sustainable interdisciplinary partnerships and the model of training in relation to men's health in Ireland. Since prior to the introduction of the National Men's Health Policy in 2008, key relationships have developed between academia, the public health system, Government Departments, civil society organisations within the community and voluntary sector based on principles of dedication and commitment to the work, trust, teamwork, and mutual understanding. Men's Development Network have thoroughly enjoyed working with these partners across different skillsets such as research, health promotion, governance and community development through the Engage National Men's Health Training Programme as well as the overall implementation of HI-M. The programme's cascade model and focus on building the capacity of service providers in relation to gender's implications on men's health, wellbeing, and ability to access services. The relationships built through Engage and the focus on training service providers with a brief to engage with men and boys remains integral to future men's health policies and action plans and Men's Development Network remain committed to this field of work.

A final key ingredient which has enabled success in promoting men's health and wellbeing through HI-M's window of implementation has been the steadfast commitment to a research and evidence-based approach to programme design, delivery, and evaluation. Evidence-based policy making is a good public policy practice and there has been a discernible shift towards an evidence-based approach to

¹⁷ Global Health Observatory data repository <<https://apps.who.int/gho/data/view.main.HALEXv>> accessed May 31st, 2022

¹⁸ 'National Men's Health Policy 2008-2013' (Department of Health, 2008) at pages 19-24 <<https://www.mhfi.org/menshealthpolicy.pdf>> accessed May 24th, 2022.

policy formulation in recent decades.¹⁹ This evidence-based approach is reflected in the design of the National Men's Health Policy 2008-2013 and further exemplified in the development of new Engage National Men's Health Programme training modules²⁰ designed and delivered during the lifespan of HI-M, underpinned by sound academic research.²¹ In future national policies, action plans, programmes or awareness raising campaigns, Men's Development Network urge continued adequacy of resources for research and delivery in the area of men's health and wellbeing.

Section IV – Recommended Changes for future Men's Health Policies and Action Plans Based on the Experience of the HI-M 2017-2021 Action Plan

Considering the positive aspects of HI-M, it is essential to highlight some of the core challenges and critiques of HI-M identified by Men's Development Network. Our ambition in raising these critiques is based on our own reflective practice as a learning organisation and who were part of the formulation of the HI-M action plan. Our aim is to support the independent review and inform the findings of the independent evaluation process. The recommendations are based on our reflective learnings and are highlighted in the spirit co-design and co-production, to be harnessed for the purposes of further developing more robust and coherent frameworks, policies, action plans and programmes which benefit the lives of men in their communities and optimise their health and wellbeing opportunities and outcomes across Ireland.

Recommendation 1 (a) – Outline of Total Available Resources to Deliver on the National Men's Health Action Plan

The implementation period of HI-M 2017-2021 has ended a critical juncture in improving and sustaining men's health and wellbeing in Ireland. Although the Action Plan contained four key themes and thirty actions to be taken in implementing the goals,²² it does not include an overall budget, or an outline of the total financial resources dedicated to the delivery of the Action Plan. Men's Development Network recommend the inclusion of a high-level budgetary figure and year-by-year budgets as part of any future national policies or action plans on men's health and wellbeing. An outline of the total available resources to deliver on future policies or action plans will provide clarity and certainty for all relevant stakeholders.

Recommendation 1 (b) – Implementation of Equality Budgeting

The National Men's Health Policy 2008-2013 recognised that *"the burden of ill-health and mortality is borne, in particular, by men from lower socio-economic groups"*.²³ In line with the social determinants

¹⁹ Tom Ferris, 'The Need for Good Public Policy Practices' (Public Affairs Ireland, 2015) <<https://pai.ie/1735-the-need-for-good-public-policy-practices/>> accessed May 24th, 2022.

²⁰ 'On Feirm Ground' <<https://mensnetwork.ie/ofg/>> accessed May 22nd, 2022.

²¹ 'On Feirm Ground' A Formative Evaluation to Inform the Design of a Bespoke Farmers' Health Training Programme' <<https://www.mhfi.org/OFGexecutive.pdf>> accessed May 23rd, 2022.

²² 'National Men's Health Action Plan, Healthy Ireland-Men (HI-M) 2017-2021' (HSE, 2016) at pages 9 and 11-15 <<https://www.mhfi.org/HI-M.pdf>> accessed May 23rd, 2022.

²³ 'National Men's Health Policy 2008-2013' (Department of Health, 2008) at page 1 <<https://www.mhfi.org/menshealthpolicy.pdf>> accessed May 24th, 2022.

approach, the Policy recognised that “*social and economic factors, including poverty, are key determinants of the health status of men... By recognising diversity within men, this policy acknowledges the right of all men in Ireland to the best possible health, irrespective of social, cultural, political, and ethnic differences*”.²⁴

The human right to health is a universal right recognised as essential in ensuring an adequate standard of living through instruments of Customary International Human Rights Law²⁵ and binding treaties.²⁶ However, in applying a human rights-based approach to the recognition and realisation of this right, a substantive equality framework is required given that it:

- (1) Seeks to redress disadvantage
- (2) Counters prejudice, stigma, stereotyping, humiliation, and violence based on a protected characteristic
- (3) Enhances voice and participation – countering social and political exclusion
- (4) Accommodates difference and achieves structural change.²⁷

As a method to promoting substantive equality for men’s health and wellbeing, Men’s Development Network urge adoption of Equality Budgeting in future men’s health policies and action plans to advance substantive equality in realisation of the Right to Health. The Equality Budgeting model ringfences funding for cohorts of men most at risk of/experiencing marginalisation, as recognised in the National Men’s Health Policy.²⁸ Equality Budgeting is a substantive equality measure and human rights-based approach to supporting realisation of the Right to Health. In the words of the UN Committee on Economic, Social and Cultural Rights: “*The Right to Health imposes three types or levels of obligations on states... the obligations to respect, protect and fulfil. In turn, the obligation to fulfil contains obligations to facilitate, provide and promote*”.²⁹

According to the Government of Ireland:

“*‘Equality Budgeting’ involves providing greater information on the likely impact of budgetary measures across a range of areas such as income, health, and education, and how outcomes differ*

²⁴ ‘National Men’s Health Policy 2008-2013’ (Department of Health, 2008) at page 2 <<https://www.mhfi.org/menshealthpolicy.pdf>> accessed May 24th, 2022.

²⁵ Within Customary International Human Rights Law, see Article 25 of the Universal Declaration on Human Rights (UN, 1948): ‘*Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family...*’

²⁶ See Article 12(1), International Covenant on Economic, Social and Cultural Rights (UNGA, 1966): ‘*The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions...*’

²⁷ Sandra Fredman, ‘Substantive Equality Revisited’ I.Con (2016), Vol.14 No.3 at page 727.

²⁸ For insight into the mutually supporting nature of Equality Budgeting and the social determinants approach in the National Men’s Health Policy, see Annex 1.

²⁹ CESCR General Comment 14, ‘The Right to the Highest Attainable Standard of Health (Article 12)’ (OHCHR, 2000) E/C.12/2000/4 at paragraph 33.

across gender, age, ethnicity and so on. Equality Budgeting helps policy-makers to better anticipate potential impacts in the budgetary process, thereby enhancing the government's decision-making framework."³⁰

Following successful pilot programmes, Equality Budgeting has expanded within Government since 2019, two years after the adoption of the HI-M Action Plan. The OECD Scan on Ireland's Equality Budgeting found that it was a relatively successful measure³¹ which can be improved by moving beyond performance budgeting and by linking with other robust policy tools such as expanding *ex-ante* poverty proofing policies.³² These measures are therefore complementary to the National Men's Health Policy's alignment with strategies on social inclusion that target poverty reduction in Ireland and seek to tackle health inequalities.³³

The development of a National Men's Health Policy is to be heralded for its innovation and providing sound foundations upon which to base initiatives supporting men's health and wellbeing. However, further innovation is needed. The Department of Health is represented on Government's Equality Budgeting Interdepartmental Network and commits to implementing Equality Budgeting within their policies.³⁴ The HSE have always supported the work of Engage and Men's Development Network which allowed our organisation to build partnerships across disciplines towards building a more comprehensive response to the needs of men and service providers across Ireland. However, Men's Development Network recommend the introduction of an equality budget embedded within future men's health action plans as a more systemic and holistic approach to respect, protect and fulfil the health and wellbeing of the diversity of masculinities in Irish society.

Recommendation 2 (a) – Adherence to Good Public Policy Practices / The Need for a Whole of Government Commitment to National Men's Health Policy and Action Plan

The process of health-policymaking has four key actors: the content, the actors responsible for policy implementation, the processes, and the context.³⁵ Context refers to the political, social, and economic environment in which the actors work.³⁶ The making of public policy is inherently political as it is the process by which governments translate their political visions into programmes and deliver actions to deliver outcomes.³⁷ Upon adoption of the HI-M Action Plan, Government expressed commitment to the

³⁰ 'Equality Budgeting' (Department of Public Expenditure and Reform, 2021) <<https://www.gov.ie/en/policy-information/aec432-equality-budgeting/>> accessed May 29th, 2022.

³¹ 'OECD Scan: Equality Budgeting in Ireland' at page 3 <<https://www.oecd.org/gov/budgeting/equality-budgeting-in-ireland.pdf>> accessed May 28th, 2022.

³² *ibid* at page 4.

³³ 'National Men's Health Policy 2008-2013' (Department of Health, 2008) at page 20 <<https://www.mhfi.org/menshealthpolicy.pdf>> accessed May 24th, 2022.

³⁴ Supranote 22.

³⁵ Kent Buse, Nicholas Mays, and Gill Wait, 'Making Health Policy' (Open University Press, 2012) at page 8.

³⁶ *ibid*

³⁷ Tom Ferris, 'The Need for Good Public Policy Practices' (Public Affairs Ireland) <<https://pai.ie/1735-the-need-for-good-public-policy-practices/>> accessed May 29th, 2022.

Action Plan. In early 2020, a General Election took place³⁸ and a new coalition Government was formed based on agreed Programme for Government.³⁹ The Programme commits to promoting women's health⁴⁰ and children's health⁴¹ which are welcome and vital for the health and wellbeing of all. The Programme also refers to Healthy Ireland as the national action plan to help people live healthier and longer lives.⁴² However, the Programme makes no reference to the National Men's Health Policy or the HI-M Action Plan. Men's Development Network believe that it is vital as a good public policy practice for Government to express its commitment to men's health and wellbeing policies and practices which apply a gender-lens. It is equally important to adopt a Whole-of-Government Approach to future national policies and action plans. The three elements for a Whole-of-Government-Approach are in governance, policy making and public management.⁴³

Recommendation 2 (b) – Revision and Updating of National Men's Health Policy

To establish Government commitment to the National Men's Health Policy, Men's Development Network believe it is an opportune time to revise and update the National Men's Health Policy to match and meet the needs of present-day Irish society. It is almost a decade-and-a-half since the adoption of the National Men's Health Policy and as per Ferris, "*as circumstances change, evidence for policymaking needs to be updated and re-evaluated.*"⁴⁴ The present review of HI-M which this submission is prepared as part of is an aspect of this process and Men's Development Network recommend the revision and updating of the National Men's Health Policy, with Whole-of-Government commitment to the policy within a renewed implementation period of 2023-2028.

Recommendation 3 – Adoption of a Clear, Coherent, Concise Vision and Mission

Public policy sets out a vision for optimum levels of economic and social achievement and wellbeing of citizens and residents.⁴⁵ The HI-M Action Plan lacks a clear, coherent, and concise vision and mission statement for its implementation period and Men's Development Network recommend the adoption of a clear vision and mission statement within future action plans. Organisationally, Men's Development Network have always invited men into a process towards becoming their authentic selves and living

³⁸ 'President Signs Warrant for the Dissolution of the 32nd Dáil' (President of Ireland, 2020) <<https://president.ie/en/diary/details/president-signs-warrant-for-the-dissolution-of-the-32nd-dail>> accessed May 29th, 2022.

³⁹ 'Programme for Government: Our Shared Future' <<https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/>> accessed May 29th, 2022.

⁴⁰ *ibid* at page 47.

⁴¹ Supranote 32 at page 48.

⁴² Supranote 32 at page 48.

⁴³ Review of the Strategic Management Initiative/Delivering Better Government (PA Consulting, 2002) at pages 84-85, see Muiris MacCarthaigh, 'Reform of Public-Policy Making in Ireland', Journal of the Statistical and Social Inquiry Society of Ireland, Vol.XXLII, 2013, at page 90 <<http://www.tara.tcd.ie/bitstream/handle/2262/68199/maccarthaigh%202012-3%20ssisi.pdf?sequence=1&isAllowed=y>> accessed May 29th, 2022.

⁴⁴ Tom Ferris, 'Reflections on the Public Policy Process in Ireland' Administration, Vol.62, No.4, 2015 at page 98 <https://www.ipa.ie/_fileupload/Documents/PDF/publications/Reflections_onthe_PublicPolicy_Process.pdf> accessed May 29th, 2022.

⁴⁵ *ibid* at page 88.

their most authentic lives. This entails a life that is based on health and wellbeing awareness, positive actions for living a flourishing life and responding to the civic call to action to create a better world. At the heart of this invitation is a wellness and health model. In the context of developing future men's health policies and action plans, making sure such a vision is at the heart of its development, wording, promotion, and implementation is vital. This vision and mission must be transformative and based around a theory of change.

Recommendation 4 – The Need for More Targeted Actions and Interventions which Focus on the Sub-Populations of Men

The National Men's Health Policy notes that *“from a health perspective, it is crucially important to understand gender in the wider socio-cultural context of men's lives and to consider how gender interacts with factors such as social class, education, age, employment status, race, ethnicity, sexual orientation and disability”*.⁴⁶ Within HI-M, there are no mentions of social class, employment status, or race. Ethnicity is only mentioned in a footnote in the context of labour market discrimination,⁴⁷ gay men are referred to on three occasions and predominantly in brackets as an example or 'e.g.'.⁴⁸ The Travelling Community are also referenced in passing throughout HI-M but with only one clear action item targeted towards the health and wellbeing of Traveller men.⁴⁹

In this context, Men's Development Network focus on two examples in this policy submission: (1) Class and (2) Men from Ethnic Minority Subpopulations– as two key social determinants requiring a greater focus under future national policies and action plans for men's health and wellbeing. These two social determinants are purely illustrative of the need for greater focus on all subpopulations of men at greatest need of focus and targeted actions and interventions supporting good health and wellbeing and are not to be taken as an exhaustive list of the subpopulations who must be included in future national men's health policies from a substantive equality perspective.

The experience of HI-M demonstrates that targeted actions and interventions towards subpopulations, such as agricultural and farming men, can lead to research which highlights disadvantage experienced

⁴⁶ Supranote 11.

⁴⁷ 'National Men's Health Action Plan, Healthy Ireland-Men (HI-M) 2017-2021' (HSE, 2016) at page 4 <<https://www.mhfi.org/HI-M.pdf>> accessed May 30th, 2022.

⁴⁸ 'National Men's Health Action Plan, Healthy Ireland-Men (HI-M) 2017-2021' (HSE, 2016) at pages 1, 5 and 28. <<https://www.mhfi.org/HI-M.pdf>> accessed May 30th, 2022.

⁴⁹ 'National Men's Health Action Plan, Healthy Ireland-Men (HI-M) 2017-2021' (HSE, 2016) see Action 2.6. at page 12 <<https://www.mhfi.org/HI-M.pdf>> accessed May 30th, 2022.

by subpopulations,⁵⁰ accommodate difference or achieves structural change,⁵¹ as well in the delivery of programmes which seek to redress disadvantage⁵² and enhance voice and participation.⁵³

Recommendation 4(a) – Class and Lower Socio-Economic Groups

Class is a strongly determinative factor in life expectancy and health. In the Republic of Ireland in 2016-17, male life expectancy at birth in the most deprived areas was 79.4 years, compared with 84.4 years in the most affluent area. The wealthiest people live an extra 5 years on average than people from the most deprived areas in the country and were also less likely to develop cancer. Standardised mortality rates are also higher amongst this cohort with markers such as no educational attainment beyond primary school and doing ‘unskilled’ work increasing the likelihood of death.

There isn’t a considerable literature on life expectancy in Ireland according to social class, yet there are research papers released by the CSO following the census which examine mortality differentials according to various social class factors over the period of one year. These studies involve processes of data matching where figures from the vital statistics deaths file are matched to the data gathered as part of the census. In doing this it is possible to determine the dispersal of mortality within each of the various social and economic groupings. The groupings are divided into five main categories or quintiles which are differentiated according to levels of deprivation with the first quintile being the least deprived and the fifth quintile being the most deprived.

Due to the Covid-19 Pandemic, the 2020 census was postponed until 2022, the data used below is taken from the CSO studies done in the aftermath of the 2016 census⁵⁴.

Life Expectancy at Age	0	20	35	65
First Quintile (least deprived)	84.4	64.7	49.9	21.5
Second Quintile	83.2	63.4	48.9	20.7
Third Quintile	82.2	62.5	47.9	19.9
Fourth Quintile	81.9	62.2	47.7	20.1
Fifth Quintile (Most Deprived)	79.4	59.7	45.2	18.5
All Persons	82	62.2	47.6	19.9

⁵⁰ Conor Hammersley, Noel Richardson, David Meredith *et al*, ‘“That’s Me I am the Farmer of the Land”: Exploring Identities, Masculinities, and Health Among Male Farmers’ in Ireland’, (American Journal of Men’s Health, 2021) <<https://journals.sagepub.com/doi/pdf/10.1177/15579883211035241>> accessed May 30th, 2022.

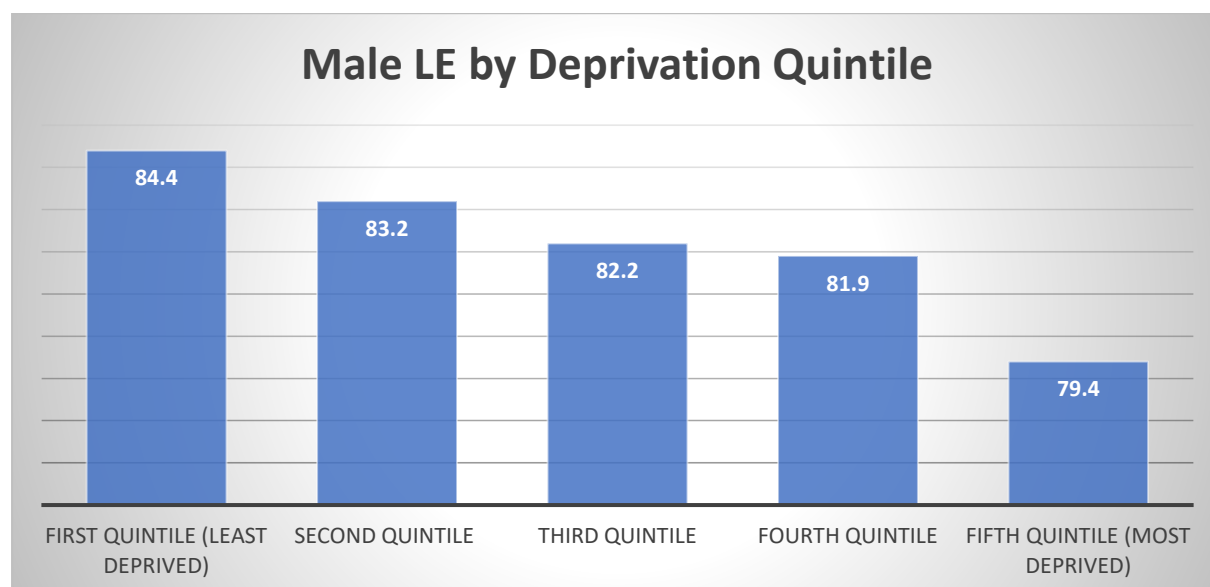
⁵¹ *ibid* at page 13.

⁵² ‘On Feirm Ground’ (Engage, 2022) <<https://engagetraining.ie/programmes/on-feirm-ground/>> accessed May 30th, 2022.

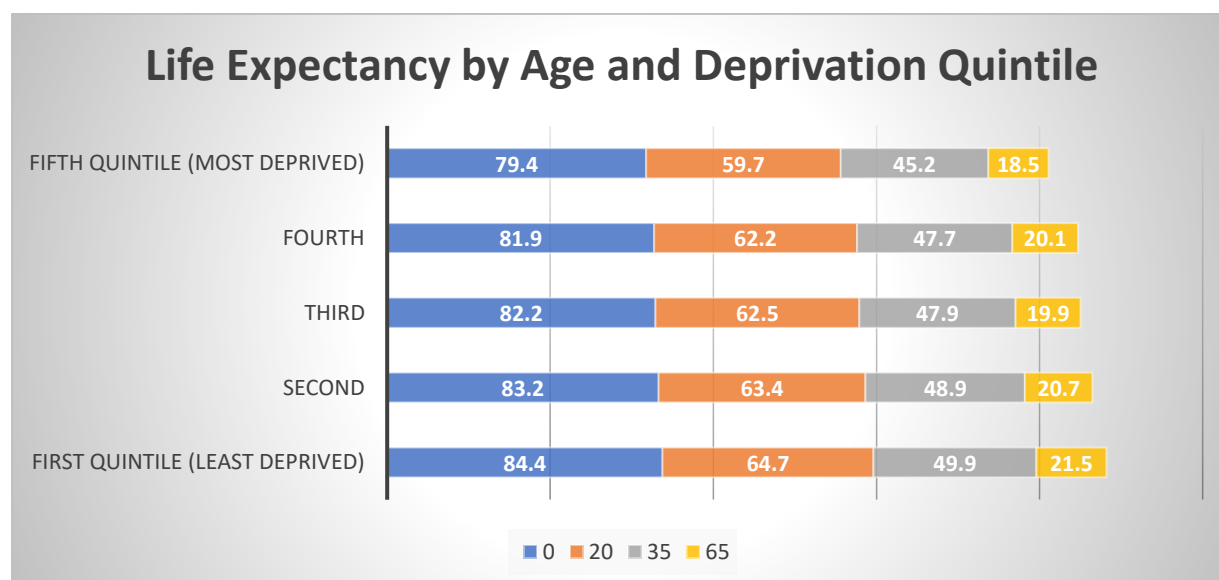
⁵³ From the emergence of research and programmes on male farmer health and wellbeing, European Innovation Partnership initiatives such as FarmConnect have emerged, dedicated to engaging developmentally directly with farmers in relation to their health and wellbeing. See: <<https://mensnetwork.ie/farmconnect/>> and <<https://farmconnect.ie/>> accessed May 27th, 2022.

⁵⁴ <<https://www.cso.ie/en/releasesandpublications/in/mdi/mortalitydifferentialsinireland2016-2017/>> Accessed May 31st 2022.

Social class is strongly determinative of life expectancy, a man born into to the least deprived category is statistically speaking likely to have an extra five years of life in comparison to a man who belongs to the most deprived category.

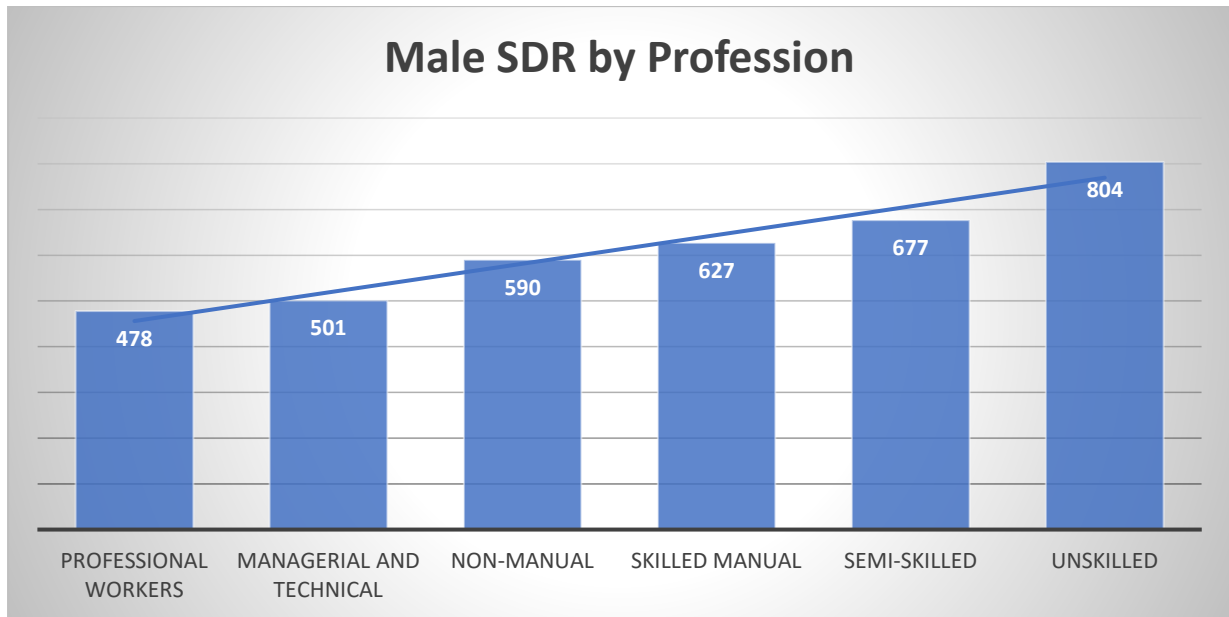


Similarly, there are differences across the age categories, with men in the more deprived quintiles uniformly having a lower life expectancy.

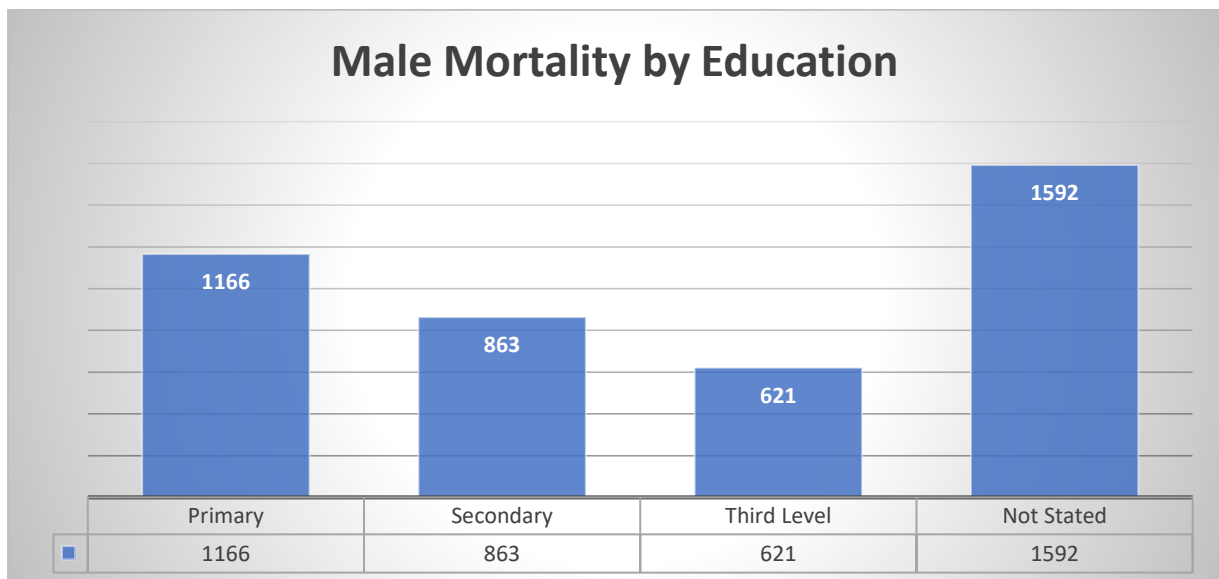


This graph shows expected years of life at ages 0, 20, 35 and 65 according to deprivation quintiles. Once again, the pattern of higher deprivation equating to lower life expectancy holds in all instances except for 65-year-olds in the fourth quintile, who have 0.2 of a year longer than those in the third quintile.

In a similar vein the CSO data matching studies note a strong causal link between profession type and mortality rates. The graph below shows the Male Standardised Death Rate between April 2016 and April 2017 and once again there are strong correlations between rates of death and social class. Professions which are more likely to be carried out by middle- and upper-class men have lower rates of death in this period, while manual and ‘unskilled’ professions which are synonymous with working class men have a far higher rate of mortality.

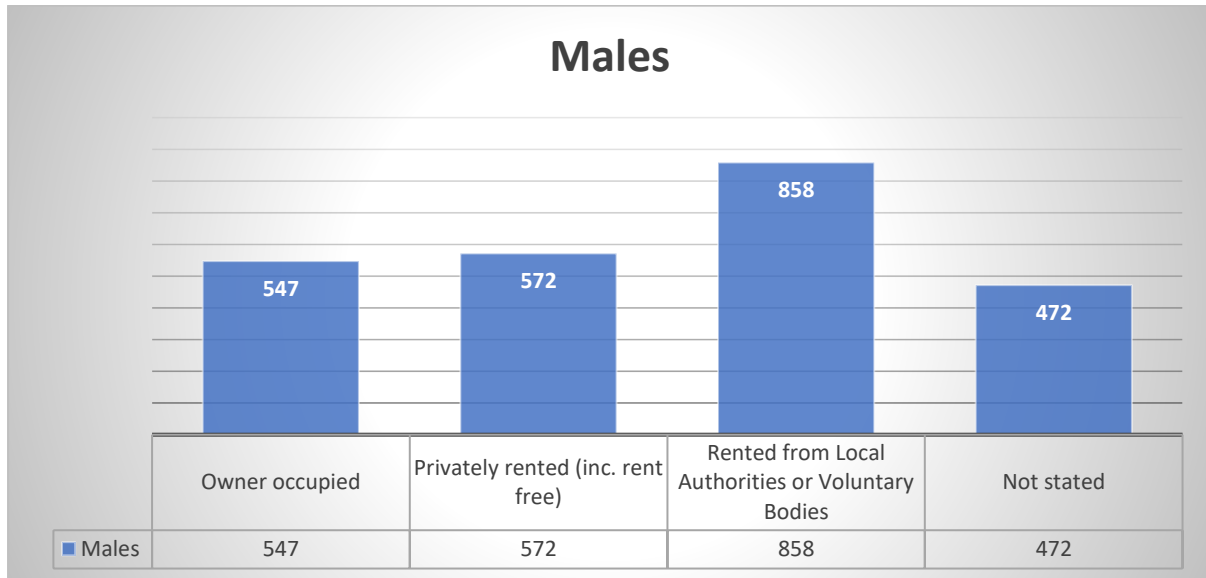


In terms of social class another factor is that of education with higher levels of education being correlated to lower rates of mortality. A methodological point of note here however is that it was not possible to match levels of education to a sizeable number of people and this distorts the picture somewhat.



Housing is also an influential factor in rates of mortality with owner-occupiers having the lowest rates and men renting from local authorities or voluntary bodies having by far the highest although once

again this data is slightly distorted by there being many deaths marked 'not stated' with regard to housing.



The combination of these measures demonstrate how influential social class is for mortality and life expectancy. A married, well-educated man who is an owner occupier and works in professional or managerial and technical job has a far higher likelihood of living longer than a single man with less education in local authority housing who works in an unskilled profession.

Access to healthcare is also a consideration of primary importance as it is similarly subject to a social gradient with wealthier people being able to afford health insurance which facilitates better access. In 2019 the Health Insurance Authority reported that 46% of people in Ireland had some form of health insurance while in 2018 the CSO reported that almost a third (32.8%) had a medical card. There are however some degrees of complexity at play as people on lower incomes are eligible for medical cards which give them access to the public healthcare system. There are a considerable number of people described in healthcare terms as being in the twilight zone⁵⁵ who earn marginally too much to be eligible for a medical card yet do not earn enough to afford private health insurance. Similarly, people employed in precarious work are less likely to have health insurance and are similarly less likely to have sick leave entitlements⁵⁶.

The above statistics are indicative of how men from the lowest socioeconomic groups continue to carry a disproportionate burden of ill-health and mortality for all causes of death as stated in the National

⁵⁵ TASC, Health Inequalities in Europe: Setting the stage for progressive policy action 2018 <https://www.tasc.ie/publications/health-inequalities-in-europe-setting-the-stage-fo/> accessed May 27th 2020

⁵⁶ TASC, Precarious work precarious lives: how policy can create more security, https://www.tasc.ie/assets/files/pdf/18454_precarious_workersweb.pdf accessed June 01 2022

Men's Health Policy in 2008.⁵⁷ In accordance with principles of human rights, substantive equality and through the utilisation of Equality Budgeting, Men's Development Network recommend that targeted actions dedicated towards engaging men from the lower socioeconomic groups (outlined in the original National Men's Health Policy) in relation to their health and wellbeing are included in future national men's health action plans.

Recommendation 4(b) – Men from Ethnic Minority Subpopulations

Recommendation 4(a) reflects how social factors are highly influential in determining health and mortality outcomes and why there is a need for targeted actions dedicated to engaging men from lower socioeconomic groups. Given that social class is a significant social determinant of men's health, it is perhaps unsurprising that members of ethnic minority communities at heightened risk of/experiencing marginalisation would also carry the burden of ill health and wellbeing. From an intersectional perspective which highlights the multiple layers of discrimination, many men from ethnic minority subpopulation may also come from the lower socioeconomic groups mentioned above and therefore face multiple layers of discrimination when it comes to their health and wellbeing.

The All Ireland Traveller Study⁵⁸ (AITHS) which was conducted in 2010 revealed stark disparities between the traveller community and the rest of Irish society. Female life expectancy was 11.5 years less than the general population while male life expectancy was 15 years less. In the 2016 census a mere 3% of the traveller population were aged 65 or over. These disparities are 'attributable to adverse socio-economic and environmental circumstances, marginalization and discrimination, unfavourable lifestyle factors and inadequate access to good quality health services'⁵⁹.

More recently research carried out by the European Union Agency for Fundamental Rights⁶⁰ found that the prevalence of severe limitations due to health problems was more than double for travellers (29%) in comparison to the broader Irish population (17%). Life expectancy according to this research has improved significantly since the AITHS was carried out in 2010 with traveller men now living to 71.3 and women living to 75.2 years. Despite this improvement an average mortality age of 71.3 is still significantly lower than averages found in other social groups.

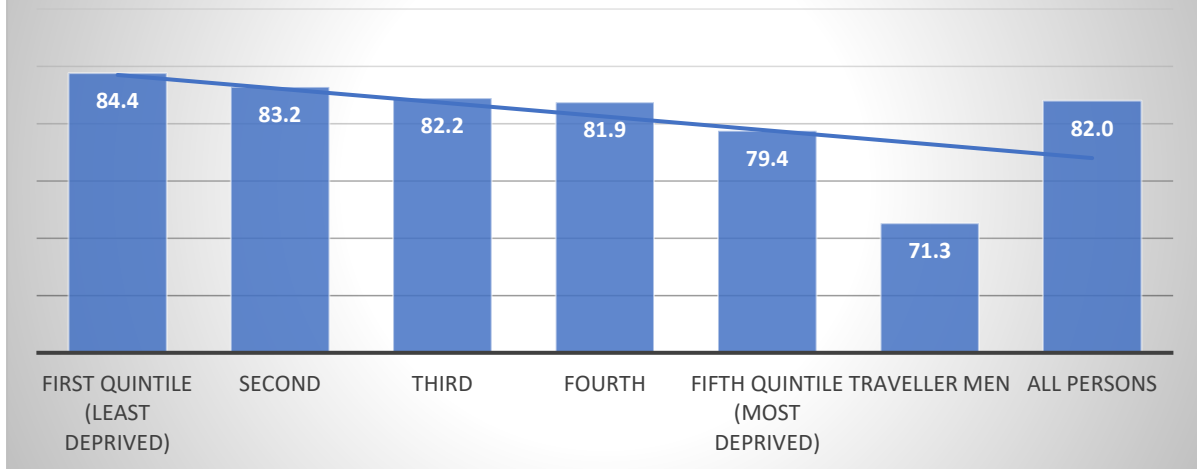
⁵⁷ 'National Men's Health Policy 2008-2013' (Department of Health, 2008) at page 34 <<https://www.mhfi.org/menshealthpolicy.pdf>> accessed May 24th, 2022.

⁵⁸ <https://www.gov.ie/en/publication/b9c48a-all-ireland-traveller-health-study/> accessed May 25th, 2022

⁵⁹ Safa Abdalla et al 'Social inequalities in health expectancy and the contribution of mortality and morbidity: the case of Irish Travellers' (Journal of Public Health) 2013, p. 533 <<https://academic.oup.com/jpubhealth/article/35/4/533/1685437>>

⁶⁰ Travellers in Ireland: Key Results from the Roma and Travellers Survey 2019 <https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-roma-and-travellers-survey-country-sheet-ireland_en.pdf> accessed May 15th 2022

Life Expectancy Quintiles and Traveller Men



As per Article 42 of the Irish Human Rights and Equality Commission Act, publicly funded bodies are required to “*have regard to the need to eliminate discrimination, promote equality and protect human rights*”.⁶¹ This requirement applies to both staff and the people who are accessing the services provided. ‘While there are some examples of where differences by ethnicity have been identified and acted upon, a more coordinated and comprehensive approach to the collection, quality and utilization of ethnicity data is needed to promote health equity’.⁶² While the social and ethnic influences on healthcare provision, general health and mortality are known, a mere 14% of national health and social care data collections include information on ethnic or cultural background.

Ethnicity can be a strongly determinative factor in health and mortality often for quite straightforward reasons. As mentioned in applying an intersectional approach, many of the social determinants discussed above with regards to social class (housing, work, education) are also in play when it comes to ethnicity, with this particularly being the case with people who belong to an ethnic minority subpopulation. Access to healthcare can be stymied by basic lack of financial resources just as much as it can be restricted due to lack of language skills or knowledge to do with how systems work or how to gain access to them. Research⁶³ has shown that immigrants born in countries other than the UK and residing in Ireland availed of GP and consultant-based healthcare at a lower rate than native born Irish people. This research along with the broader literature in the field points to healthcare barriers which go beyond cost and language and include further aspects such as discrimination and information gaps.

⁶¹ Article 42, Irish Human Rights and Equality Commission Act, 2014, (Irish Statute Book, 2014) <<https://www.irishstatutebook.ie/eli/2014/act/25/section/42/enacted/en/html#sec42>> accessed May 29th, 2022.

⁶² Ailish Hannigan et al. ‘Ethnicity recording in health and social care data collections in Ireland: where and how is it measured and what is it used for?’ (International Journal for Equity in Health) 2020 <<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1107-y>> accessed May 25th 2022.

⁶³ Peter Barlow et al. ‘Utilisation of healthcare by immigrant adults relative to the host population: evidence from Ireland’ (Journal of Migration and Health) 2022

The designation of Immigrant includes significant complexity and covers a broad range of ethnicities, religions, cultures, and statuses. As such there are risks of over-simplifying what are complex differentials within this group when speaking about the difficulties, they may face in accessing appropriate healthcare. Despite this however space here precludes carrying out the granular analysis of the problems faced by different immigrant, cultural, religious, and ethnic groups in accessing healthcare that the topic undoubtedly deserves.

Broadly speaking official status can be a highly influential factor in access to healthcare, this is particularly evident if we consider people with undocumented immigration status. Labour market shortages in the late 1990's associated with the 'Celtic Tiger' economy generated a sharp and unprecedented need for migrant labour. This meant there were a series of ad-hoc policies which contributed to the emergence of irregular migration statuses in Ireland. While enumerating undocumented people is by definition difficult, the Migrant Rights Council of Ireland (MRCI) estimates that there could be up to 17,000 undocumented persons in Ireland including up to 3,000 children⁶⁴. Survey data published by the MRCI in 2020 of 1000 undocumented persons found that 70% were under the age of 45, 93% were in employment and that 75.5% were in Ireland for longer than 5 years⁶⁵.

People who are undocumented or who do not have official immigration status are understandably reticent when it comes to engaging with state officials. This is primarily because they fear coming to the attention of officials and the ensuing risk of deportation. Work has been done by the HSE Social Inclusion office to offer primary care services to vulnerable groups. These services operate with a low threshold for registration as they only require initials and a date of birth from service users.⁶⁶ Despite this, the problem of access to healthcare for undocumented people in Ireland persists.

In early 2022 a regularisation scheme for long term undocumented migrants was opened although the repetitive discursive foregrounding of this scheme as being 'once in a generation' points to this being a time limited scheme as opposed to an ongoing process. The scheme closes on July 31st, 2022, and as of early April 2022 there were approximately 5000 applications and a mere 250 positive decisions made. As well as this the costs of availing of the scheme are quite expensive at €700 for a family application and €550 for an individual. Given how many undocumented persons work in low paid, irregular, and

⁶⁴ Figure taken from Department of Justice < [⁶⁵ Migrant Rights Council of Ireland, Live here, work here, belong here A survey of over 1000 undocumented people in Ireland < \[https://www.mrci.ie/app/uploads/2020/10/Infographic_Live-Here-Work-Here-Belong-Here.pdf\]\(https://www.mrci.ie/app/uploads/2020/10/Infographic_Live-Here-Work-Here-Belong-Here.pdf\)> accessed May 30th, 2022](https://www.gov.ie/en/press-release/b39ac-minister-mcentee-issues-first-positive-decisions-under-the-regularisation-scheme-for-long-term-undocumented-migrants/#:~:text=The%20MRCI%20estimates%20that%20there,although%20likely%20low%20paid%20employment.> accessed June 1st 2022</p></div><div data-bbox=)

⁶⁶ Migrant Integration Policy Index Health Strand, Country Report Ireland < <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/researchreports/ireland-mipex-health.pdf>> Accessed May 27th 2022

precarious work these costs could well prove to be prohibitive for many. Regularisation will allow for undocumented persons equality of access to healthcare without fear of negative repercussions. Accordingly, we at Men's Development Network welcome the regularisation scheme as a means of expanding access while expressing reservations at the potential prohibitions of cost and how the scheme is a limited time offer.

In a similar vein those who are in the system of Direct Provision (DP) face uncertainty and myriad difficulties in accessing healthcare. Residents of DP centres who are eligible for a medical card without the requirement for a means test. The medical card gives the holder access to mainstream health and social care services. There are several free health screening services available for DP residents which are voluntary with follow up referrals made where required. There are also a number of services funded by the HSE and operated by NGO's and voluntary and community organisations which have been set up to address specific needs of those seeking international protection.

While these measures are welcome there are further barriers which inhibit access to healthcare for DP residents. Firstly, the system of 'dispersal' of DP residents to centres around the country means that many live in remote areas away from healthcare hubs. Many of these remote areas lack the adequate healthcare capacity to deal with the increased workload and this can have negative outcomes on the local provision of healthcare.⁶⁷ Similarly the system of dispersal means that necessary travel for medical appointments can be costly particularly for those who are living on a modest weekly allowance of €38.80 per adult and €29.80 per child⁶⁸. Aside from access to healthcare there are facets of the system which hinder lifestyle measures to promote good health, these primarily relate to diet and to living space. Akidwa for example note how pregnant women in DP centres found it difficult to maintain good nutrition.⁶⁹ This is in keeping with other research that has found food in DP centres to be 'inedible, monotonous, too strictly regulated and culturally inappropriate'.⁷⁰ The lack of facilities to allow for DP residents to cook for themselves has been noted in the 2015 McMahon Report which describes how residents voiced concerns around the lack of healthy food choices and also the suitability of the food for particular medical conditions such as diabetes⁷¹. A core tenet of the Men's Health Policy is concerned with fostering healthy habits to encourage long term good health with a considerable portion

⁶⁷ Pieper et al. The impact of direct provision accommodation for asylum seekers on organisation and delivery of local primary care and social care services: A case study, (BMC Family Practice).

⁶⁸ Rates as per Citizens Advice Bureau May 3rd, 2022.

⁶⁹ < <https://akidwa.ie/wp-content/uploads/2020/12/Health-Survey-Report.pdf> > accessed May 30th, 2022.

⁷⁰ Keelin Barry What's Food Got to Do With It: Food Experiences of Asylum Seekers in Direct Provision, NASC 2014 < <https://nascireland.org/sites/default/files/WhatsFoodFINAL.pdf> > accessed June 2nd 2022.

⁷¹ Working Group to Report to Government on the Protection Process, including Direct Provision and Supports to Asylum Seekers rec 4.95 p. 173 <

[https://www.justice.ie/en/JELR/Report%20to%20Government%20on%20Improvements%20to%20the%20Protection%20Process,%20including%20Direct%20Provision%20and%20Supports%20to%20Asylum%20Seekers.pdf](https://www.justice.ie/en/JELR/Report%20to%20Government%20on%20Improvements%20to%20the%20Protection%20Process,%20including%20Direct%20Provision%20and%20Supports%20to%20Asylum%20Seekers.pdf/Files/Report%20to%20Government%20on%20Improvements%20to%20the%20Protection%20Process,%20including%20Direct%20Provision%20and%20Supports%20to%20Asylum%20Seekers.pdf) > Accessed June 02 2022

of this relating to healthy eating. In the case of Direct Provision the lack of input which residents have with regard to the food they eat is not conducive to them having the requisite agency to control their diet to suit their own health needs.

In accordance with principles of human rights, substantive equality and through the utilisation of Equality Budgeting, Men's Development Network recommend that targeted actions dedicated towards engaging men from the Travelling Community and men from ethnic minority subpopulations, in particular recent immigrants to Ireland, in relation to their health and wellbeing are included in future national men's health action plans. The HSE have launched two Intercultural Health strategies which specifically focus on addressing the varied needs of the increasingly diverse ethnic population of Ireland and could be drawn on as a source of inspiration and shaping the next action plan.

Recommendation 5 – The Need for an Intergovernmental Approach

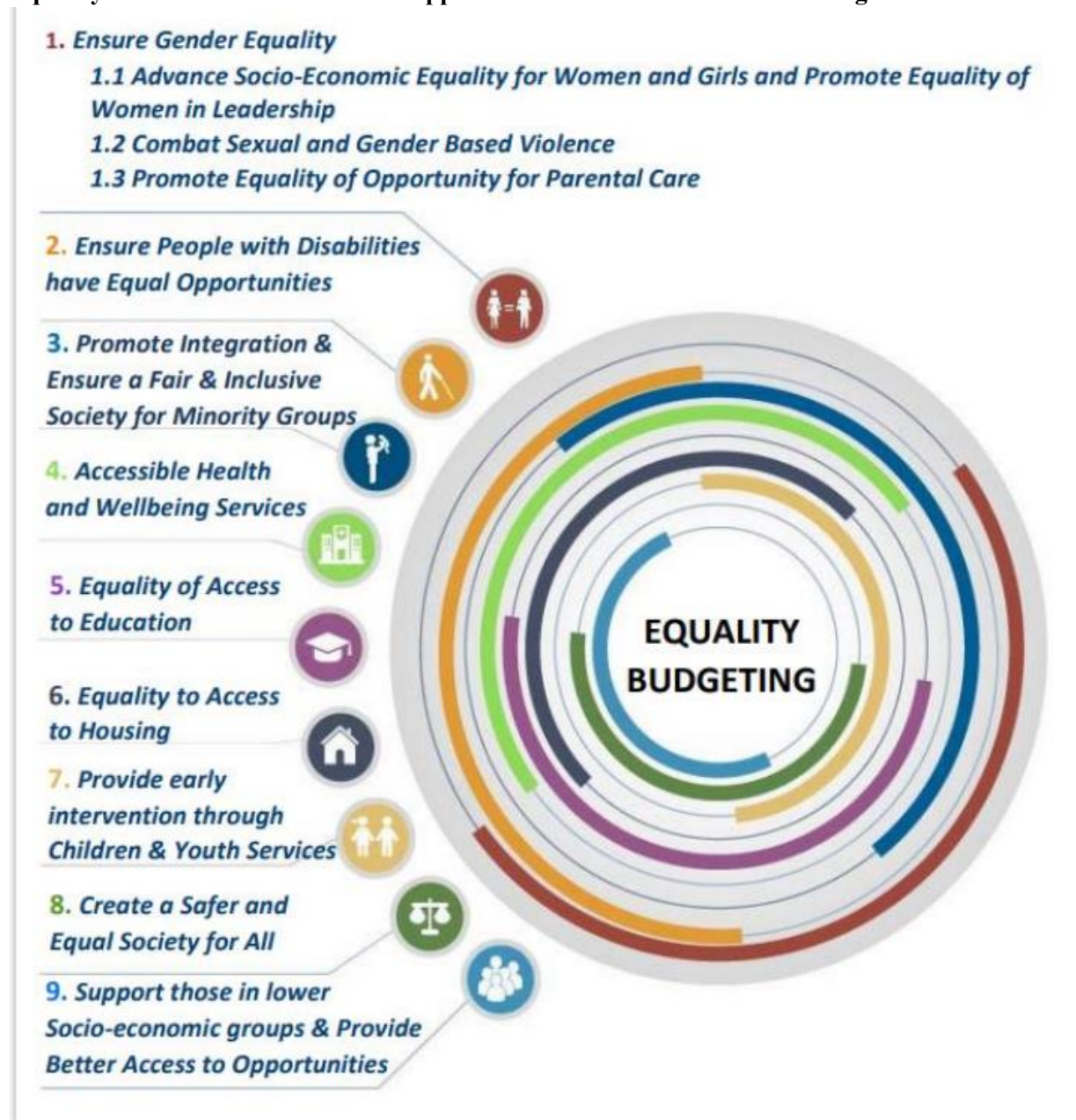
HI-M intended to “*dovetail with other health policy areas*” and this has been supported through the intersections between Healthy Ireland and HI-M.⁷² However, given the recommendations on adopting substantive equality, Equality Budgeting and a Whole-of-Government Approach, Men's Development Network also recommend a broader intergovernmental approach to any future national men's health action plans. In developing and implementing targeted actions and interventions for improved health and wellbeing of subpopulations of men, Men's Development Network specifically recommend the inclusion of the Department of Children, Equality, Disability, Integration and Youth within future action plans. The desegregation of future action plans to include an intergovernmental and interdepartmental approach will lead to a more holistic, coordinated, and strategic action plan. The future action plan should also seek to develop in parallel with contemporary and inter-related health action plans set out as objectives in the Programme for Government, such as the proposed implementation of a National Traveller Health Action Plan⁷³ and the proposed Traveller and Roma Mental Health Action Plan.⁷⁴

⁷² ‘National Men's Health Action Plan, Healthy Ireland-Men (HI-M) 2017-2021’ (HSE, 2016) at page 9 <<https://www.mhfi.org/Hi-M.pdf>> accessed May 30th, 2022.

⁷³ ‘Programme for Government: Our Shared Future’ at page 77 <<https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/>> accessed May 29th, 2022.

⁷⁴ *ibid* at page 49.

Annex 1 – Equality Budgeting Themes: A Critical Mechanism in Supporting Substantive Equality and a Social Determinants Approach to Men’s Health and Wellbeing⁷⁵



⁷⁵ ‘OECD Scan: Equality Budgeting in Ireland’ at page 11 <<https://www.oecd.org/gov/budgeting/equality-budgeting-in-ireland.pdf>> accessed May 28th, 2022.