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URBIS

EVALUATION OF THE MALE HEALTH INITIATIVE

Final Report

Prepared for
DEPARTMENT OF HEALTH
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EXECUTIVE SUMMARY

INTRODUCTION

In mid-2020, the Commonwealth Department of Health (the Department) commissioned Urbis to undertake an independent evaluation of the Male Health Initiative (MHI). This document is the evaluation report presenting findings and recommendations.

The MHI provides \$8.5m of funding over five years (2016-17 to 2020-21) to three organisations:

- Healthy Male Limited (previously known as Andrology Australia)
- The Australian Men's Health Forum (AMHF)
- The Men's Health Information and Resource Centre (MHIRC) based at Western Sydney University (WSU).

The MHI aims to:

- raise awareness, knowledge and understanding – within the health sector, among politicians, the media and the general public – of the issues that impact on the health and wellbeing of men and boys
- inform health policy and/or improve practice through evidence-based information about male health issues, including those specific to target population groups
- improve the health of target populations that experience health inequalities or social disadvantage, such as those based on gender, culture, age and disability.

The majority of funding is provided to Healthy Male (\$6.7m), followed by the AMHF (\$1.4m) and MHIRC (\$0.4m). Key resources and activities funded by the MHI include:

- The Healthy Male website
- The AMHF website
- The Men's Health Gathering and Men's Health Connected (AMHF)
- The MENGAGE website (MHIRC)
- Men's Health Week (MHIRC).

EVALUATION AIMS AND METHODOLOGY

The evaluation assessed the design, implementation, management, reach and outcomes of the MHI. The purpose of the evaluation was to:

- assess the extent to which the contracted services and intended outcomes of the MHI have been met
- identify barriers and enablers to the delivery of the contracted services and the intended outcomes
- provide recommendations to maximise the value of the MHI.

The evaluation was delivered between June and December 2020 and involved:

- the development of an Evaluation Plan, including a theory of change and evaluation framework
- primary quantitative data collection, including four surveys of website users
- primary qualitative data collection, including interviews and focus groups with staff from the Department, staff from the funded organisations, key partners, men, health professionals and other stakeholders
- a secondary data review, including a review of performance reports prepared by the funded organisations for the Department and other data provided by the funded organisations
- a literature review, to identify current policy and practice in male health across different jurisdictions in Australia.

The evaluation will inform future funding decision by the Department.

KEY FINDINGS

The MHI has achieved broad reach to men and health professionals, however there is an opportunity to better reach diverse communities

The three funded organisations have each achieved broad reach via their respective resources and activities. This includes over 2 million visitors to the Healthy Male website (April to July 2020), over 145,000 visitors to the AMHF website (January 2018 to July 2020) and over 8,500 visitors to the MENGAGE website (February 2019 to July 2020). The 2018 Men's Health Gathering had 144 attendees and Men's Health Connected 2020 had 1,203 attendees (thanks to its online format). Men's Health Week had 200 events registered in 2018, 260 in 2019 and 106 in 2020 (due to restrictions associated with the COVID-19 pandemic). In addition, all three funded organisations have successfully engaged with the public via social media and other media channels.

The Healthy Male website, YouTube channel and other resources are being accessed broadly by both men and health professionals across Australia, primarily via internet searches on men's health issues and via professional networks, respectively. The AMHF and MENGAGE websites, as well as the events run by the AMHF and MHIRC, appear to be reaching a smaller group of more engaged health professionals and men's health experts and advocates. All three organisations have an opportunity to better target their reach to diverse communities, including Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse (CALD) backgrounds, LGBTQI+ people, younger men and older men.

The funded organisations have successfully delivered their activities within agreed timeframes

All three funded organisations have delivered their activities within the timeframes agreed with the Department. Factors which have supported this implementation success include the collaborative approach to contract management adopted by the Department, and the flexibility afforded to the funded organisations to adapt their activities based on emerging needs. While reporting requirements have been reasonable and have supported governance, KPIs could be updated to reflect contract changes and ensure all activities and objectives are being measured.

Collaboration between the funded organisations has not met expectations

While the Department intended that the three funded organisations collaborate to support strong outcomes, this has been limited to cross-promotion or endorsement of activities. Factors which have impacted collaboration include a lack of clear common objectives (and the subsequent management of the MHI as a funding package rather than a cohesive initiative), as well as differences in the approach to male health, with Healthy Male adopting a more clinical sexual and reproductive health focus, and the AMHF and MHIRC adopting a broader social determinants of health focus. Nevertheless, the funded organisations have collaborated with their own partners, and this has supported the success of their funded activities and expanded reach (and potentially impact).

The MHI has contributed to greater knowledge and awareness of male health among men and health professionals, however there is an opportunity to better meet the needs of men

The resources produced by the funded organisations were perceived to be credible, thanks to their association with the Australian Government and other relevant bodies; however, there are some opportunities for the AMHF and MENGAGE to improve their credibility through reviewing the visual presentation and seeking peer review of some of their resources.

Establishing a high level of credibility has translated into uptake of the resources and the achievement of outcomes, with all three funded organisations contributing to increased knowledge and awareness of male health among men and health professionals, or other key stakeholders such as men's health experts and advocates. The unique value delivered by the MHI has been the translation of complex health information and research into formats that can be easily understood by the community and health professionals alike. While difficult to measure, there is some evidence that increased knowledge and awareness have translated into behaviour change among some men (e.g. increased help seeking) and some health professionals (e.g. making diagnoses).

Despite these successes, there is an opportunity for all three funded organisations to better meet the needs of men through focusing on existing content gaps such as mental health and preventive health, and ensuring that there are mechanisms in place to stay abreast of emerging needs.

RECOMMENDATIONS

Recommendation: Clarify MHI objectives and test the market

There is relatively poor understanding of the overall objectives of the MHI among the funded organisations, key stakeholders, and even some representatives from the Department. This appears largely driven by a reactive procurement process in which there was limited time to develop a program logic or ensure a shared understanding of objectives or determination of funding. This has resulted in some activities which have the potential to reach a significant number of men and health professions, such as Men's Health Week, currently receiving minimal funding under the MHI. The initiative design and procurement process has also resulted in some key health needs – most notably, mental health and preventive health, and the specific health needs of priority populations – being inadequately covered.

The summary of approaches contained in Appendix O suggests there are myriad of non-government organisations currently supporting the health and wellbeing needs of men and boys, some of which focus specifically on areas not fully addressed by the MHI, and most of which are not currently funded under the MHI. As such, it is suggested the Department reviews and clearly defines the objectives of the MHI in line with its current policy agenda and priorities, such as those outlined in the National Men's Health Strategy 2020-2030 (n.b. this may include a stronger focus on mental health, given the impacts of the COVID-19 pandemic). Upon clarification of its objectives, it is suggested that the Department seeks expressions of interest from organisations working in the male health sector, including those which focus on mental health and preventive health, or those which work directly with priority populations.

The current funded organisations should be invited to tender for future funding, which may encourage them to consider new or enhanced activities in line with the Department's clarified objectives. For example, there may be an opportunity to re-design Men's Health Week to achieve broader reach, requiring additional funding allocation. Overall, the approach of testing the market will ensure that the Department has the opportunity to consider all potential approaches to meeting its objectives.

Recommendation: Consider separate funding for a male health peak body

The AMHF advertises itself as a peak body, and is currently adopting some of the functions associated with a traditional peak body organisation. Table 1 below provides an outline of peak body functions and the AMHF's current activities. It suggests that the AMHF has some ways to go in establishing itself as the peak body for the male health sector, including representing the sector as a whole.

Table 1 – Peak body functions

Peak body functions*	AMHF activities
Policy advocacy	The AMHF provides policy advocacy through writing position papers and consulting with the Department; however, this is sometimes implemented in an adversarial way that is not conducive to informing policy changes.
Sector consultation and coordination	A major focus of the AMHF is delivering the National Men's Health Gathering – an event aimed at bringing together organisations and individuals interested in men's health policy. While feedback from those who have attended has been positive, it appears that the Gathering, and other sector consultation activities, may be reaching a small group of interested stakeholders, rather than the broader male health sector.
Information dissemination	The AMHF disseminates information on the health needs of men and boys through its factsheets, men's health report cards, and #knowyourmanfacts campaign, among others. The evaluation found that the design of some of these resources could be improved to increase their credibility.

*(SACOSS, 2011)

While the AMHF has been funded to deliver policy advocacy and sector consultation and coordination functions (e.g. the National Men's Health Gathering) (see Table 1 on the previous page), these types of activities appear to no longer align to the aims of the MHI. The stated objectives of the MHI, as shown in the theory of change, are primarily to increase knowledge and awareness of male health among men and boys and health professionals – not to develop the male health sector.

Therefore, as part of clarifying the objectives of the MHI and testing the market, it is suggested that the Department considers whether a peak body for male health is better funded separately, under the Department's peak body funding package. If when reviewing the MHI's objectives, the Department decides to retain its focus on increasing knowledge and awareness among men and boys and health professionals, the Department should look to commission organisations under the MHI that can most directly meet the MHI's aims.

Recommendation: Ensure consistent alignment with health system priorities

The organisations funded under the MHI vary in the extent of their alignment to a social determinants of health approach, with strong alignment observed for AMHF and MHIRC and a more inconsistent alignment observed for Healthy Male. There is also stronger support for an integrated, holistic model of care and a human rights approach to healthcare from the perspective of AMHF and MHIRC. As noted throughout this report, these fundamental differences in philosophy and approach have acted as a significant barrier to collaboration between the organisations, and sometimes created tension between an organisation and the Department.

The summary of approaches to male health undertaken in other jurisdictions and in the non-government sector (see Appendix O) suggests that the health system is generally aligned with an approach to male health which considers the political, social, economic, and cultural forces that can impact health and wellbeing, as well as men's experiences of the health system. In addition, this approach to male health is clearly reflected in the new National Men's Health Strategy 2020-2030, which has been developed since the inception of the MHI.

Therefore, it is recommended that organisations funded under the MHI be encouraged (both formally within contracts, and informally on an ongoing basis) to align activities with current health system priorities. This means developing resources to meet the needs of priority populations (which were found to be underserved by existing resources and activities), as well as topics such as mental health and wellbeing and preventive health, which fall under a broader conceptualisation of health than purely focusing on physical conditions. It should be noted, however, that the clinically-focussed guidelines and assessment tools provided by Healthy Male are highly valued and well-utilised by health professionals, and as such should be maintained even through efforts to focus community resources more heavily on a broader conceptualisation of health and wellbeing.

Recommendation: Increased role for the Department in leadership and governance

The limited collaboration between the funded organisations and an occasional failure to meet expectations appears to be at least partially driven by the relatively limited role that the Department has played in leadership and governance. While responsibility for leading collaboration currently sits within the Healthy Male funding agreement, this organisation has had minimal successes in this area, partly due to tensions relating to funding arrangements, and partly due to fundamental differences in the approach to male health across the funded organisations.

It is therefore suggested that if multiple organisations continue to be funded, the Department should lead collaboration efforts, including convening regular meetings with representatives from all organisations. Expectations regarding collaboration can also be established through embedding them into the procurement process. For example, if the Department decides to test the market, it could explicitly state that it will preference proposals in which multiple organisations are partnering to achieve the stated objectives, or the Department could agree to provide a small amount of funding to cover collaboration efforts such as attendance at regular meetings. It is also suggested that the Department more heavily direct and monitor the activities of the funded organisations, ensuring they are working towards common and clear goals that address the needs of men and boys, and are in line with the Department's policy agenda and priorities. This could include a substantial update of funding agreements and more targeted reporting requirements.

Recommendation: Encourage organisations to diversify their funding sources

The three funded organisations are almost wholly reliant on funding provided by the Department, including funding to support their core functions. Having a single funding source is a risk to the sustainability of any organisation, as if the funding is not renewed this can result in major disruption or even the dissolution of an organisation. By extension, this reliance on a sole funder can create tension and anxiety in negotiations regarding funding agreements – as has been observed in the case of the MHI.

Therefore, it is suggested that, in testing the market, the Department should request tenderers to provide an outline of their organisation's funding portfolio, and that the Department should carefully review this information when evaluating tender responses. For the organisations currently receiving funding, the Department should encourage these organisations to diversify their funding portfolios and may consider requesting updates from the organisations regarding their efforts in this area.

1. INTRODUCTION

In mid-2020, the Commonwealth Department of Health (the Department) commissioned Urbis to undertake an independent evaluation of the Male Health Initiative (MHI). This document is the evaluation report presenting findings and recommendations.

1.1. THE MALE HEALTH INITIATIVE

The MHI provides \$8.5m of funding over five years (2016-17 to 2020-21) to three organisations: Healthy Male Limited (previously known as Andrology Australia); the Australian Men's Health Forum (AMHF); and the Men's Health Information and Resource Centre (MHIRC), based at Western Sydney University (WSU). The MHI aims to:

- raise awareness, knowledge and understanding – within the health sector, among politicians, the media and the general public – of the issues that impact on the health and wellbeing of men and boys
- inform health policy and/or improve practice through evidence-based information about male health issues, including those specific to target population groups
- improve the health of target populations that experience health inequalities or social disadvantage, such as those based on gender, culture, age and disability.

Table 2 below provides an overview of the three funded organisations, and the nature of their funding agreements with the Department under the MHI.

Table 2 – Summary of funding provided under the MHI

Organisation	Overview	Funding provided under MHI
Healthy Male Limited (formerly Andrology Australia)	Healthy Male Limited is a health education organisation, with a focus on male sexual and reproductive health. It aims to provide evidence-based information to health professionals and to the community on prostate disease (including prostate cancer), androgen use and abuse, male infertility, sexual dysfunction, testicular cancer, and associated conditions. The funding provided under the MHI is intended to support the organisation's core functions, as well as the following key activities: designing information campaigns; producing information resources for the community and health professionals; developing the National Men's Health Strategy 2020-2030; promoting and supporting Men's Health Week; and leading collaboration between the three funded organisations.	\$6.7m over five years (2016-17 to 2020-21) Main source of funding for the Healthy Male Limited
Australian Men's Health Forum (AMHF)	AMHF is a male health peak body that focusses on the social determinants of health. It aims to bring together organisations, service providers, and individuals who are interested in addressing the health and wellbeing needs of men and boys in Australia. The funding provided under the MHI is intended to support the organisation's core functions, as well as the following key activities: delivering the annual National Men's Health Gathering (a conference bringing together experts in male health); promoting and supporting Men's Health Week; providing advice to Government on male health policy; and collaborating with the other funded organisations.	\$1.4m over five years (2016-17 to 2020-21) Main source of funding for the AMHF
Men's Health Information and Resource Centre (MHIRC)	MHIRC is based at the University of Western Sydney (WSU). It aims to highlight the social determinants of health of men and boys, particularly marginalised and disadvantaged males, through conducting and promoting relevant research. The funding provided under the MHI is intended to support the following activities: delivering the annual Men's Health Week (a platform for local communities and interested organisations to run events about male health); maintaining the online men's health clearinghouse MENGAGE which profiles relevant research;	\$0.4m over five years (2016-17 to 2020-21) Supported by broader

Organisation	Overview	Funding provided under MHI
	providing advice to Government on male health policy; and collaborating with the other funded organisations.	functions of WSU

1.2. THE EVALUATION

1.2.1. Scope and purpose of the evaluation

The scope of the evaluation is limited to the activities funded under the MHI, as outlined in Table 2. Intended outcomes from these activities are documented in the theory of change and reflected in the evaluation assessment in Section 7. A detailed Evaluation Plan, including an evaluation framework, was developed and provided to the Department.

The findings of the evaluation will be used to inform future funding decisions, with the primary audience being the Department of Health.

The purpose of the evaluation was to:

- assess the extent to which the contracted services and intended outcomes of the MHI have been met
- identify barriers and enablers to the delivery of the contracted services and the intended outcomes
- provide recommendations to maximise the value of the MHI.

The key evaluation questions that have guided the evaluation include:

- How appropriate is the MHI in meeting the health and wellbeing information needs of men and boys?
- To what extent has the MHI achieved its intended outcomes?
- What have been the barriers and enablers to success (design and implementation)?
- What are the opportunities for improvement (design and implementation)?

The evaluation also aimed to understand the extent to which the funded organisations' activities overlap or duplicate, and to identify opportunities for streamlining or redirecting funding.

1.2.2. Summary of methodology

The evaluation methodology included the collection of primary qualitative and quantitative data, incorporating surveys, focus groups and interviews with men, health professionals and other stakeholders. It also included analysis of existing documentation and data. A summary of the evaluation methodology is outlined in Table 3 below, with further detail on Phases 2 and 3 provided overleaf.

Table 3 – Summary of methodology

Phase 1 – Inception and planning	Phase 2 – Evaluation activities	Phase 3 – Analysis and reporting
Jun – Aug 2020	Aug – Oct 2020	Nov – Dec 2020
<ul style="list-style-type: none"> ▪ Inception meeting ▪ Project plan ▪ Key informant interviews ▪ Development of the Evaluation Plan, including theory of change and evaluation framework 	<ul style="list-style-type: none"> ▪ Primary quantitative data collection ▪ Primary qualitative data collection ▪ Secondary data review ▪ Literature review 	<ul style="list-style-type: none"> ▪ Analysis of primary and secondary data ▪ Draft report ▪ Workshop with key stakeholders ▪ Final report

1.2.3. Detailed methodology

1.2.3.1. Primary quantitative data collection

Primary quantitative data collection incorporated the design and implementation of four online surveys with users of the funded organisations' websites. All surveys were developed by Urbis in consultation with the Department and distributed via a web link on the organisations' websites, as well as social media posts (Facebook, Twitter and LinkedIn) and electronic mailing lists.

The surveys included:

- Survey of Healthy Male website visitors (community) – a total of n=216 completed surveys were received. The survey was open from 2 October to 18 October 2020.
- Survey of Healthy Male website visitors (health professionals) – a total of n=119 completed surveys were received. The survey was open from 2 October to 18 October 2020.
- Survey of AMHF website visitors – a total of n=289 completed surveys were received. The survey was open from 23 September to 18 October.
- Survey of MENGAGE website visitors – a total of n=33 completed surveys were received. The survey was open from 23 September to 18 October.

1.2.3.2. Primary qualitative data collection

Primary qualitative data collection incorporated consultations (interviews and focus groups) with men, health professionals and other relevant stakeholders, as well as written submissions from state and territory health departments. Interviews and focus groups were guided by semi-structured discussion guides developed by Urbis in consultation with the Department, and were recorded and transcribed for analysis.

Consultations with men

- Interviews and focus groups were undertaken with n=63 men (see Table 4 below).
- Interviews and focus groups lasted between 45-60 minutes and were conducted via videoconference between 15 October and 13 November 2020.
- Efforts were made to reach men with diverse backgrounds. According to the demographic information provided by participants, a small number of men with a disability (n=7), Aboriginal men (n=6) and men who speak a language other than English (n=5) participated in the evaluation.
- Both men familiar and not familiar with the funded organisations' resources and activities were targeted to participate.
- Recruitment of men not familiar the funded organisations' resources and activities was undertaken by a professional research recruiter using research panels. In total, n=42 men participated.
- Recruitment of men familiar with the funded organisations' resources and activities was undertaken by a professional research using contact details provided during the surveys. In total, n=21 men participated.

All men who participated were offered an \$80 eGiftcard to reimburse them for their time.

Table 4 – Summary of consultations with men

Stakeholder group	Consultations		
	Interviews	Focus groups	Participants
Men not familiar Healthy Male resources	n=10	n=4	n=42
Men familiar with Healthy Male resources	n=6	n=3	n=21
TOTAL	n=16	n=7	n=63

Consultations with Health professionals

- Interviews were undertaken with n=11 health professionals (see Table 5 below).
- Interviews lasted approximately 45 minutes and were conducted via videoconference between 15 October and 13 November 2020.
- Efforts were made to reach a broad range of health professionals, resulting in participation by general practitioners (n=3), allied health professionals (n=3), andrologists/endocrinologists (n=2), pharmacists (n=2), and one nurse.
- Both health professionals familiar and not familiar with funded organisations' resources and activities were targeted to participate.
- Recruitment of health professionals not familiar with funded organisations' resources and activities was undertaken by a professional research recruiter using research panels. In total, n=6 health professionals participated.
- Recruitment of health professionals familiar with funded organisations' resources was undertaken by a professional research recruiter using contact details provided during the surveys. In total, n=5 health professionals participated.
- All health professionals who participated were offered a \$250 eGiftcard to reimburse them for their time.

Table 5 – Summary of consultations with health professionals

Stakeholder group	Consultations	
	Interviews	Participants
Health professionals not familiar with funded organisations' resources	n=6	n=6
Health professionals familiar with funded organisations' resources	n=5	n=5
TOTAL	n=11	n=11

Consultations with other relevant stakeholders

- Interviews were undertaken with n=26 other relevant stakeholders identified by the Department and the funded organisations (see Table 6 overleaf). These included staff from the Department, staff from the funded organisations, representatives from partner organisations, and representatives from organisations specialising in male health.
- Interviews lasted between 45-60 minutes and took place between 15 October and 13 November 2020. In addition, n=2 written submissions were received from stakeholders invited but unable to attend an interview.
- Recruitment of other relevant stakeholders was undertaken by Urbis support staff using contact details provided by the Department and funded organisations.

Table 6 – Summary of consultations with other stakeholders

Stakeholder group	Consultations	
	Interviews	Participants
Australian Government Department of Health Staff from the Department of Health who have been involved with the MHI	n=1	n=4
Healthy Male Limited Current staff	n=2	n=2
AMHF Current staff	n=2	n=2
MHIRC Current and previous staff	n=3	n=3
Key partners Organisations and groups which have partnered with funded organisations to deliver funded activities	n=11*	n=12**
Men's health experts Individuals and organisations specialising in health, particularly health promotion and male health	n=3	n=3
TOTAL	n=22	n=26

*includes 2 written responses **one participant per written response

Written submissions from state and territory health departments

- A tailored written submission template for representatives from state and territory health departments was developed in consultation with the Department. This aimed to collect feedback on the MHI while also providing a picture of the male health policy landscape across Australia.
- Representatives from state and territory health departments were sent an email invitation to complete the submission template by Urbis staff using contact details provided by the Department. A reminder email was also sent to representatives to complete the submission template.
- A total of n=4 completed submissions were received from the Victorian, Tasmanian, Western Australian and Queensland governments.

1.2.3.3. Secondary data review

The secondary data review included an analysis of performance reports provided by the funded organisations to the Department, Google analytics data for the funded organisations' websites, data on relevant resources and activities, and social media data.

Performance report data

For each funded organisation, six-monthly Performance Report data was analysed, including:

- Healthy Male – April 2017 to December 2019
- AMHF – May 2017 to December 2019
- MHIRC – May 2017 to December 2019.

Google Analytics data

For each funded organisation's website, Google analytics data for the following periods were analysed:

- Healthy Male – April 2017 to July 2020
- AMHF – January 2018 to July 2020

- MHIRC – February 2019 to July 2020.

Other data from the funded organisations

For each funded organisation, other available data was analysed, including data on:

- The Healthy Male YouTube channel
- The 2018 Men's Health Gathering
- Men's Health Connected 2020
- Men's Health Week 2020
- Resources distributed
- Newsletter sign ups
- Social media data.

1.2.3.4. Literature review

A targeted review of national and international, peer-reviewed and grey literature was undertaken to understand best practice approaches for improving knowledge and awareness of male health among men and boys, and health professionals. Key insights and findings have been included throughout the evaluation report where relevant.

1.2.3.5. Analysis and reporting

- Thematic analysis of interview and focus group transcripts was undertaken by the project team to identify key themes.
- Statistical analysis and charting of survey data was undertaken using SPSS statistical software and Excel. This included running frequencies on each data item and running cross-tabulations on selected items, as well as significance testing the on cross-tabulations to identify statistically significant differences.
- Event, resource and social media data were aggregated into years or total figures were reported at the time of data collection.
- Findings across all data sources were triangulated and included in this report, along with conclusions and recommendations.

1.2.4. Limitations

The following limitations should be considered when reading this report:

- The Google analytics platform only tracks and reports website usage from visitors with JavaScript and cookies enabled. Consequently, figures and demographics reported are indicative only and may not be representative of all visitors to funded organisations' websites.
- Responses to the surveys were low compared to the number of actual visitors to the funded organisations' websites and invitations to complete the surveys were sent to those who signed up to receive email updates or follow the funded organisations on social media. Consequently, there may have been a response bias, with participants most engaged with the funded organisations more likely to have completed the surveys. Survey results may therefore not be representative of all visitors to the funded organisations' websites.
- Reporting of Healthy Male community survey results is limited to respondents who identified as male only. A decision was made to mostly exclude female respondents given the MHI's focus on men and boys.
- Significant efforts were made to include men from traditionally underrepresented populations in the consultations (e.g. men from regional locations; men from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander men). While men from regional locations were well represented, the limited sample and inherent challenges with recruitment resulted in only a small number of men from the other target population groups participating in interviews/focus groups. The sample was

also skewed towards older men (aged 50 years and older). Therefore, views expressed by interview/focus group participants may not be representative of all men in Australia.

- Health professionals who participated in interviews were limited to general practitioners (GPs), andrologists/endocrinologists, pharmacists, nurses, and allied health professionals. Therefore, views expressed by interview participants may not be representative of all health professions in Australia.
- While significant efforts were made to recruit a sample of health professionals familiar with all three MHI organisations, most participants were only familiar with Healthy Male. Consequently, limited feedback on AMHF and MHIRC was received from health professionals.

2. BACKGROUND TO THE MALE HEALTH INITIATIVE

This section of the report summarises the evidence base and policy landscape for male health in Australia, and outlines the context in which the Male Health Initiative has been designed and delivered.

2.1. MALE HEALTH IN AUSTRALIA

Acknowledging the specific health needs of men and boys and developing appropriate responses to improving health outcomes for men and boys is a critical component of Australian health policy. Compared to women, men experience a greater burden of preventable disease, with the National Men's Health strategy (2019) identifying that overall, men are more likely to die from preventable causes than women. Further, the strategy highlights that men are 20% more likely to be overweight or obese than women; death by suicide is three times more likely for men than women; and twice as many men die from coronary heart disease and lung cancer than women, both of which are in the top 10 causes of male deaths (Commonwealth of Australia (Department of Health), 2019)

In addition to specific health issues, there is strong acknowledgment in the literature of the importance of focusing on attitudinal and behavioural issues when considering male health. Most literature suggests that, compared to women, men can have a "more functional view of their bodies and thus can be less inclined to attend health services until their work, social or sexual functioning is directly affected" (Victorian Department of Health, 2013, p. 10). Many studies suggest that some men (and adolescent boys) are "out of touch with the health care system, face barriers to effective utilisation of health care and use services less frequently" (Monaem, Woods, Macdonald, Hughes, & Orchard, 2007, p. 211).

An analysis of Medicare Benefits Schedule (MBS) data from 2008-09 suggests that Australian males account for only two fifths of total MBS expenditure (41%); however, there were key differences by age group. While per capita MBS expenditure was higher for females aged between 15-64, it was higher for males aged 0-14 and 65 and over. This suggests that not all men are less inclined to attend health services than women (Commonwealth of Australia (Department of Health and Ageing), 2010). Nevertheless, increasing rates of health service access among men and boys can have positive impacts on male health outcomes. As such, ensuring that men and boys are aware, engaged, and active participants in their health and healthcare is a key component of any male health policy response.

2.2. ENGAGING MEN AND BOYS IN HEALTHCARE

A key focus in the literature is on improving men's access to health services, including facilitating improvements in health-seeking behaviour among men. A consistent focus on outreach efforts is linked to overwhelming evidence of "men's lower health-related knowledge", which is "affected by the lack of health promotion literature... that is 'male friendly' or specifically targeted to men" (Victorian Department of Health, 2013, p. 10). It is also recognised that when such literature does exist, "it is often not in places where men will access it" (Victorian Department of Health, 2013, p. 10).

In addition, the literature recognises that men are not a homogenous group and as such there is a need to develop services and health promotion strategies that respond to "the diversity that exists among and between groups of men" (Woods, 2014, p. 5). This approach acknowledges the role that the social determinants of health play in influencing male health outcomes, such as an individual's socioeconomic status or cultural background, as well as the way "multiple masculinities are embodied by different groups of men" (Smith J. A., 2007, p. 24). As Courtenay observes, policy, theory, intervention and research needs to acknowledge the "unique health problems associated with various definitions of manhood among diverse populations of men" (Courtenay, 2002, p. 7). These include ethnic minorities, Indigenous men, rural men, men who have sex with men, men in prison, single men, men with chronic or mental illnesses or other disabilities, and boys, adolescents, and older men.

The current prevailing discussion on male health promotion activities advocates a more nuanced understanding of masculinity and its intersection with health literacy and promotion in order to achieve gender health equity (Smith, Watkins, & Griffith, 2020). Perceptions of masculinity can influence male health behaviours, with some evidence to suggest that men who display more traditional, or socially dominant ideas of masculinity experience poorer health outcomes (Merlino, et al., 2020). Male health behaviours may often be reinforced by simplistic and often negative presentation of masculinity through gendered health promotion, which focuses on perceived common values between men (Smith & Robertson, 2008). As such, male health promotion activities need to adopt a more sophisticated understanding of male approaches to health to reach and influence male health behaviours more effectively.

Robertson and Baker (2017) outline three approaches for outreach to and engagement of men in healthcare. These include direct outreach related to diseases affecting men (i.e. specific programs to screen for particular diseases, such as bowel cancer), sporadic approaches (i.e. single events or short-term campaigns), and community-based activities which aim to engage men in a variety of settings (Robertson & Baker, 2017). Community-based outreach activities might include identifying activity based efforts, such as through sport or the Men's Sheds' movement; remote access approaches, such as online or telephone support, which provide a level of anonymity (Robertson, et al., 2015), or location-based initiatives, such as at school or in the workplace (AMA, 2018).

Within these approaches for outreach to and engagement of men, Robertson et al (2015) have summarised positive examples of health promotion to men, highlighting several potential enablers of outreach and engagement of men. These enablers emphasise the importance of:

- intervention settings, which are 'male-friendly' and sensitive to the diverse needs of different groups of men and boys to create safe spaces for men to engage
- adopting a strengths-based, male positive approach, with staff providing health care for men displaying a non-judgemental and empathetic understanding of the experiences of men and boys
- using language which reflects how men and boys consider their health, i.e. "regaining control, rather than help-seeking"
- engaging men through local or community-based interventions, which can improve relevance and encourage participation
- making use of partnerships with organisations that are in contact with different groups of men and boys to help increase the reach of health promotion activities. (Robertson, et al., 2015).

Awareness and engagement in healthcare is an essential factor in improving health and wellbeing outcomes for men and boys. Traditional approaches to health promotion for men have often focused on simplistic notions of masculinity which ignore the diversity within groups of men. Embedding these enablers in the design of health promotion initiatives aimed at men can help ensure these initiatives are relevant and effective in engaging men and boys in healthcare.

2.3. AUSTRALIAN MALE HEALTH POLICY LANDSCAPE

2.3.1. Australian Male Health Policy

The Australian Government and some state governments have specific male health policies, strategies or frameworks including:

- The National Men's Health Strategy 2020-2030 – Commonwealth Department of Health
- NSW Men's Health Framework – New South Wales Ministry of Health
- Improving men's health and wellbeing: strategic directions – Victorian Department of Health
- Men's Health and Wellbeing Policy – Western Australian Department of Health.

In addition, Queensland, South Australia, and the Northern Territory provide publicly available male health information. An overview of current male health policies, strategies, frameworks and information provided by the different jurisdictions is provided at Appendix N.

These documents set the direction for male health policy, and collectively aim to improve health outcomes for all men and boys, and to strengthen the health system to respond to their health needs. They also provide a basis for action to achieve the stated goals, however the level of specificity in the implementation of actions varies between jurisdictions. Most policies also identify the need to expand the knowledge base of best practice in male health through research, monitoring and evaluation.

With particular relevance to the MHI, most jurisdictions have a focus on improving consumer knowledge and awareness of male health through a variety of activities, including:

- delivering awareness-raising campaigns
- producing health information for consumers
- conducting health promotion through outreach activities

- increasing participation in screening programs
- addressing cultural diversity in health promotion materials.

However, the method of improving knowledge and awareness of male health among health professionals varies more significantly between jurisdictions. Across the jurisdictions with specific male health policies, specific initiatives to increase the capacity of health professionals include education and training, resource creation and dissemination, and rewarding innovative engagement and practice.

2.3.2. Australian Health and Wellbeing Activities for Men

There are a broad range of publicly funded, non-government, and private organisations which aim to improve knowledge and awareness of male health in Australia (see Appendix O). While these organisations primarily target activities towards consumers, many also interact with health professionals and policy makers regarding male health topics. Overall, there are four primary types of health promotion initiatives which these organisations undertake, including:

- setting-based outreach, which utilises non-health activities to create opportunities for men to have conversations about their health and wellbeing such as Men's Sheds or the Top Blokes Foundation
- managing cohort-specific communities to address health and wellbeing topics of relevance to that community, such as Gay and Married Men's Association or Older Men: New Ideas
- providing consumer health information through resources such as websites, toolkits and magazines, such as Foundation 49 or the Prostate Cancer Foundation of Australia
- raising consumer knowledge and awareness of male health through events and campaigns, such as the Movember Foundation, or ACON's WE TEST / WE CAN campaign.

Additional support and information available in the Men's Health space include providing confidential and anonymous counselling services (i.e. Mensline), and publishing research and insights into best practice health promotion for men (i.e. Ten to Men).

Overall, assessment of the effectiveness and impact of these types of activities is limited, with very few publicly available formal evaluations. Most evaluations focus on an activity's reach (i.e. the number of people engaged), or user satisfaction. There are few published insights into enablers of success, limiting the ability to apply learnings to informing approaches to men's health promotion.

Analysis of current literature and policy related to improving knowledge and awareness of male health highlights that while further evidence is required, best practice approaches to engaging men and boys in healthcare are emerging. Insights from this analysis have informed the interpretation of qualitative and quantitative data for this evaluation and the development of recommendations.

3. INITIATIVE DESIGN, IMPLEMENTATION AND MANAGEMENT

This section of the report summarises findings related to program design, implementation and management, and their influence on program outcomes. It is primarily based on consultations with staff from the Department and the funded organisations.

3.1. DESIGN OF THE MHI

The MHI was designed as a funding package to improve male health, rather than a cohesive program with common goals

The funded organisations have a longstanding history in the male health sector, with some receiving funding from the Commonwealth Department of Health (the Department) and other state and territory government departments prior to the establishment of the MHI in 2016-17. Healthy Male (previously Andrology Australia) in particular had received Commonwealth Government support through various funding packages since its establishment at Monash University in 2000. However, in May 2016, the Department announced termination of the funding package with Andrology Australia at the time, and following a 'Save Andrology Australia' campaign, funding was reinstated in 2016-17 under the MHI.

In the same year, the Department also approached MHIRC and the AMHF to take part in the MHI. The Department was reported to have made this decision in order to broaden the focus of the MHI, with Healthy Male primarily focussed on clinical sexual and reproductive health, and MHIRC and AMHF focussing more on the social determinants of health. It was felt that this approach would assist in ensuring that all aspects of male health are covered by the initiative. In addition, it was reported that the Department considered that the AMHF had important links to and the capability to engage with Indigenous communities, particularly in Western Australia, and to support suicide prevention initiatives. Staff from the Department also noted that there was an intention for the AMHF to leverage its connections in the male health sector, to bring together niche male health organisations and help to develop the sector.

Staff from the Department further explained that the MHI was established as an initiative to improve population health, in line with the focus of the Population Health Division which was responsible for managing the MHI contracts. A review of the contracts between the Department and each of the funded organisations confirmed that the stated objectives of the MHI were to improve the health of men and boys through increasing knowledge and awareness of male health needs; to inform health policy and practice; and to improve the health of target populations that experience health inequalities or social disadvantage. While these objectives were consistent across the contracts, consultations revealed there was no formal initiative or evaluation design undertaken, leading to some ambiguity in the overall objectives of the MHI, as shared among the three funded organisations. Feedback from the funded organisations suggests the co-design of the theory of change as part of this evaluation (in mid-2020) was a helpful exercise and may have assisted with the confirmation of overall objectives if undertaken closer to program establishment (in 2016).

I think [the objectives of MHI are] a bit mixed and not exactly clear looking more from the outside. So, I don't know if it is clear what they're looking to do and how they fit within the broader eco system of men's health. (Men's health expert)

Each of the organisations are managed as an individual stakeholder with a discreet funding agreement. That's partly due to how we manage grants, but it's not necessarily managed as an initiative. (Staff from the Department)

Overall, it appears that the MHI has functioned as a funding package in which three organisations have been working somewhat independently towards similar objectives, rather than a cohesive, integrated program with clear and common goals. As discussed further in Section 3.2, the absence of initiative-wide goals may also have negatively impacted collaboration between the three funded organisations.

3.2. IMPLEMENTATION OF THE MHI

The funded organisations have delivered within the agreed timeframes

A review of performance reports submitted bi-annually by each funded organisation to the Department shows that nearly all funded activities were completed or were on-track to be completed at the time of writing this report. This appears to be consistent throughout the implementation period, with activities described as on track for completion in all performance reports. Funded organisations raised potential implementation risks through their performance reports, including staff turn-over, delays in recruitment, and levels of community engagement for activities such as Men's Health Week; however, they reported adopting relevant strategies to mitigate these risks (with assistance from the Department), which appear to have been successful. In addition, consultations with staff from the Department and the funded organisations did not highlight any delays or concerns with implementation progress.

Organisational structure changes have influenced the delivery of funded activities

During the funding period, both Healthy Male and the AMHF underwent significant structural changes, prompted, in part, by receiving government funding after a period of being self-funded. In 2019, Healthy Male (then Andrology Australia) separated from Monash University to be an independent company limited by guarantee. Healthy Male staff reported this to have been a significant change, as it has allowed Healthy Male to adopt processes more suited to a smaller organisation with a desire to respond to emerging needs. This change has also opened different avenues to seek funding, such as receiving donations directly rather than through Monash University. In addition, a decision was made to rebrand the organisation as "Healthy Male", with staff interviewed noting that the rebrand had provided a much "*friendlier and accessible*" image which helps with awareness raising and engagement of stakeholders. However, these changes also meant the organisation could no longer rely on the governance structures provided by Monash University, necessitating a strengthening of its own governance processes. At the time of writing this report, it is understood that the organisation has established these structures and is currently in the process of regenerating its board membership.

It's enabled us to get free of the shackles of university who has a certain way of doing things and can be slow in doing things and we found that we needed to be far more nimble than they could accept with their processes. (Staff from Healthy Male)

The AMHF has also undergone significant structural changes, with its Executive Officer resigning in 2016 shortly after funding was received under the MHI. This change prompted the organisation to adjust its management and governance structure, including hiring a CEO and support staff and remodelling the board. Staff from the AMHF commented that these structural changes had improved efficiency by creating a clearer delineation between operations and governance; however, staff from the Department commented that the unexpected nature of the changes caused some disruption in the relationship between the two organisations. In addition, staff from the Department noted a shift in the AMHF's focus, with a greater emphasis placed on advocacy than was intended by the Department, resulting in a misalignment in expectations.

We had a few administratively clunky moments... when we received funding and our structure changed pretty quickly...It was better governance, and it was better for the operations team. We employed an admin position, before...a board member did a lot of the admin which didn't make sense. (Staff from the AMHF)

Perhaps with the changes in AMHF over time we're not clear really who their core constituency is and who their advocacy represents. For us that's probably quite a significant issue. (Staff from the Department)

Differences in the approach to male health have acted as a barrier to collaboration

Staff from the Department and the funded organisations reported that collaboration between the funded organisations has not occurred to the extent that was hoped when establishing the MHI. Consultations with the Department suggest a relatively high degree of collaboration was intended; however, in reality collaboration has been limited primarily to cross-promotion or endorsement of activities (e.g., Men's Health Week, Men's Health Connected, or Healthy Male's Plus Paternal project).

Consultations with staff from all three funded organisations highlighted differing organisational philosophies as a primary barrier to collaboration. Healthy Male was identified as having a more clinical sexual and reproductive health focus, as opposed to the broader social determinants of health focus of the AMHF and MHIRC; making it difficult to identify mutually beneficial opportunities for collaboration.

It doesn't seem that we have a lot in common other than the sort of broad commitment to promoting the health of men. (Staff from MHIRC)

It could be that we will do stuff together down the track but at the moment I don't have a product or a thing to do with them. (Staff from Healthy Male)

In addition, the consultations highlighted that disagreement with the allocation of funding had led to some tension in the relationships between the funded organisations and created a further barrier to collaboration. As outlined in Section 1.1, the MHI provides a total of \$8.5m in funding over five years, with the majority of funding provided to Healthy Male (\$6.7m), followed by the AMHF (\$1.4m) and MHIRC (\$0.4m). Staff from the AMHF and MHIRC questioned the uneven funding allocation, reporting a lack of clarity regarding the objectives of the MHI and how they related to allocation of funds. This further highlights the impact that ambiguity surrounding overarching objectives (as outlined in Section 3.1), can have on the implementation of an initiative.

All three organisations used their regular performance reporting to highlight their level of resourcing as a risk to outcome achievement and sustainability. A small number of stakeholders in the men's health sector expressed a view that the funding provided under the MHI was relatively limited. MHIRC staff in particular highlighted that, in order to deliver its activities within the funding allocation provided, MHIRC draws on additional backbone support provided by WSU, such as office space, human resources support, and information technology support.

Within the context of these challenges, staff from the funded organisations expressed a desire for the Department to play a stronger role in facilitating collaboration between the funded organisations. Although Healthy Male was contracted to lead collaboration under the MHI, staff from Healthy Male reported finding that role difficult to fulfil due to the factors outlined above. Collaboration may have been more effectively led by the Department through embedding structures such as regular meetings between the Department and all three funded organisations, and facilitating opportunities for them to work together (e.g. specific projects).

I think the management of how the three organisations work together has been weak ...there's been an expectation that it would just happen but no...leadership or facilitation, no specific structure. (Staff from the AMHF)

Despite these challenges, collaboration between the AMHF and MHIRC appears to have been somewhat effective thanks in part to their alignment with a social determinants of health philosophy and their shared history (from having a common founder). The organisations are reported to have collaborated on the following kinds of activities:

- distributing resources addressing the social determinants of health during Men's Health Week
- producing resources focusing on male suicide prevention

- providing academic speakers for events such as the 2018 Men's Health Gathering and Men's Health Connected 2020
- providing consolidated recommendations for the National Men's Health Strategy
- co-authoring a journal article on the impact of COVID-19 on male health service delivery.

As noted by one member of staff consulted:

Collaborating with AMHF is really easy because we come from the same social determinants of male health framework...we understand each other. (Staff from MHIRC)

Partnerships with other organisations have facilitated the delivery of funded activities

All three funded organisations have partnered with a variety of organisations and individuals, both formally and informally, to more effectively deliver activities funded under the MHI. These partnerships have reportedly helped the funded organisations to develop and distribute resources, deliver events, and influence men's health policy. Examples of key partnerships are provided below.

Healthy Male partner with Men's Sheds to develop and distribute resources

Healthy Male and the Australian Men's Shed Association (AMSA) have established a formal partnership to refine and deliver *Spanner in the Works*, a men's health promotion program. AMSA originally developed the program and in 2019 worked with Healthy Male to review and refresh the content. After piloting of the refined content, a full version of the *Spanner in the Works?* Health promotion toolkit was jointly released by AMSA and Healthy Male in 2020. The toolkit was in high demand, with orders received from large private sector organisations, community services and Government departments. AMSA also distributed the toolkit to every Men's Shed in Australia, reaching their network of over 100,000 people. By collaborating, Healthy Male and AMSA have brought together clinical expertise and community networks to distribute male health information to a broader audience.

The AMHF partners with health practitioners to develop and distribute resources

The AMHF has informal relationships with a small number of health practitioners, including a clinical nurse working in Far North Queensland. The nurse has provided the AMHF with advice and feedback on some of its resources, including the Man Facts campaign. This is reported to have helped to provide a regional perspective which can be incorporated into the resources to ensure they are responsive to the needs of men and health professionals living in regional areas. These practitioner partners are also reported to have helped to promote the AMHF's resources, extending their reach.

MHIRC deliver suicide prevention seminars in workplaces

MHIRC has worked with several organisations to deliver suicide prevention seminars. Organisations invite MHIRC to present to their staff for Men's Health Week or as part of regular staff events. Presenting through workplace events is reported to help raise MHIRC's profile and to provide a convenient way to deliver important men's health information to more people.

The AMHF influence policy through partnerships with other research and advocacy organisations

The AMHF reported relationships with several research and advocacy organisations, including the Australian Fatherhood Research Consortium, the National Aboriginal Controlled Community Health Organisation, and the National Rural Health Alliance. The AMHF promote their agenda and position papers through these organisations, to help influence men's health policy more broadly.

The range and nature of these partnerships demonstrate the importance of collaboration across the sector to deliver the activities funded through the MHI. It appears that these partnerships were more impactful and easier to develop than collaboration between the funded organisations. This could be due to organisations finding it easier to identify specific collaboration opportunities which aligned with their broader objectives. It should be noted that many of these partnerships appear to be informal collaborations, based on individual relationships. There may be opportunities to extend the impact of the MHI by further investing in developing and formalising partnerships across the sector.

3.3. MANAGEMENT OF THE MHI

The funded organisations have appreciated the collaborative and flexible management style adopted by the Department

All three funded organisations reported maintaining positive relationships with the Department throughout the duration of the MHI. Those consulted highlighted three specific elements of the Department's approach that had facilitated this outcome, as outlined below.

The availability of staff from the Department to respond to questions and provide information required by the organisations. As noted by one staff member from Healthy Male: "If I want to know something, I pick up the phone and I ask [the Department] and they've always followed through and found out or chased things down."

- The Department's flexibility with regards to the types of activities that were to be delivered through their contracts, allowing organisations to adapt as their circumstances changed and/or as emerging needs were identified. As one staff member from the AMHF reflected: "The fact that our agreement has been fairly broad has given us flexibility to be opportunistic to allow it to evolve".
- The support provided by the Department with regards to navigating bureaucracy and administrative requirements. As noted by one staff member from MHIRC: "They've streamlined some of those reporting processes over the last couple of years, which has been good".

Consultations suggest that the positive working relationships can be attributed, in part, to individual staff members at the Department. In some instances, staff from the funded organisations reported that their relationship with the Department had improved over time. As noted by one staff member from AMHF: "I think we've been blessed by having good people in the Department who understand...and get what we do, so we've been working pretty well in that way."

The funded organisations view reporting requirements as appropriate, but suggest KPIs could be improved

Consultations with the funded organisations highlighted that staff view the reporting requirements for the MHI (i.e. bi-annual written performance reports) to be appropriate. Staff noted that preparing the reports had been relatively time consuming; however, given reporting is only twice a year the requirement was deemed to be reasonable and not overly burdensome. Feedback provided during the consultations also suggests the reports have, in some cases, been useful for internal purposes (e.g. monitoring for continuous improvement, or communications back to the board) rather than acting solely as a governance mechanism for the Department.

[We have] six monthly reporting which is important and useful. It provides a rhythm point, something for our board to govern and oversee, and obviously a check in point for the Department. (Staff from the AMHF)

Despite general agreement with reporting requirements, some staff from funded organisations noted that performance measures did not always capture the extent of work being delivered, with some work being completed above and beyond their contracts or changes being made to the focus of the approach. While they acknowledged these changes had been mutually agreed, those consulted felt it was important to formally capture the changes via updated contracts and reporting measures.

The Department and ourselves have sort of decided that [our focus] needs to be broader, so I suppose our initial contract...we'll meet everything within there but we've done more than that ...because we're trying to take a more holistic view of men's health now. (Staff from Healthy Male)

3.4. SECTION CONCLUSION

While the objectives of the MHI are relatively straightforward, the initiative design process was minimally consultative and reactive, resulting in a lack of shared understanding among the funded organisations. Within this context, staff from the funded organisations reflected that it would have been useful to engage in program logic workshop prior to finalising funding agreements. This process may also have aided understanding of funding allocation across the organisations and promoted better collaboration (both between the organisations and with the Department). A more significant barrier to collaboration, however, was variation in approaches to male health – a wholistic and social determinants focus for AMHF and MHIRC compared to a more clinical focus on sexual and reproductive health for Healthy Male. While the Department's efforts to cover the different aspects of male health by funding three organisations is admirable, it has also meant that there is limited common ground for collaboration, at least between Healthy Male and the AMHF/MHIRC.

Despite this, there have been significant achievements through implementation of the MHI, with all three funded organisations consistently meeting or exceeding targets. These achievements were aided in part through the flexible management by the Department, proactive issue-management by the funded organisations, and successful partnerships. There are opportunities to improve implementation (and ultimately successes) of the MHI through

- the Department playing an increased role in governance and collaboration
- the Department (with assistance from the funded organisations) redesigning KPIs so that they (a) are in line with the Department's priorities and (b) capture all relevant activities being undertaken by the organisations.

Overall conclusions and recommendations (including those relating to design, implementation, and management) are considered in the final section of this report.

4. HEALTHY MALE

This section of the report outlines findings relating to the reach of Healthy Male's resources and activities, as well as users' experiences, and any outcomes. It is primarily based on Healthy Male website analytics, the Healthy Male community and health professionals surveys, and interviews and focus groups with men and health professionals.

4.1. REACH OF RESOURCES AND ACTIVITIES

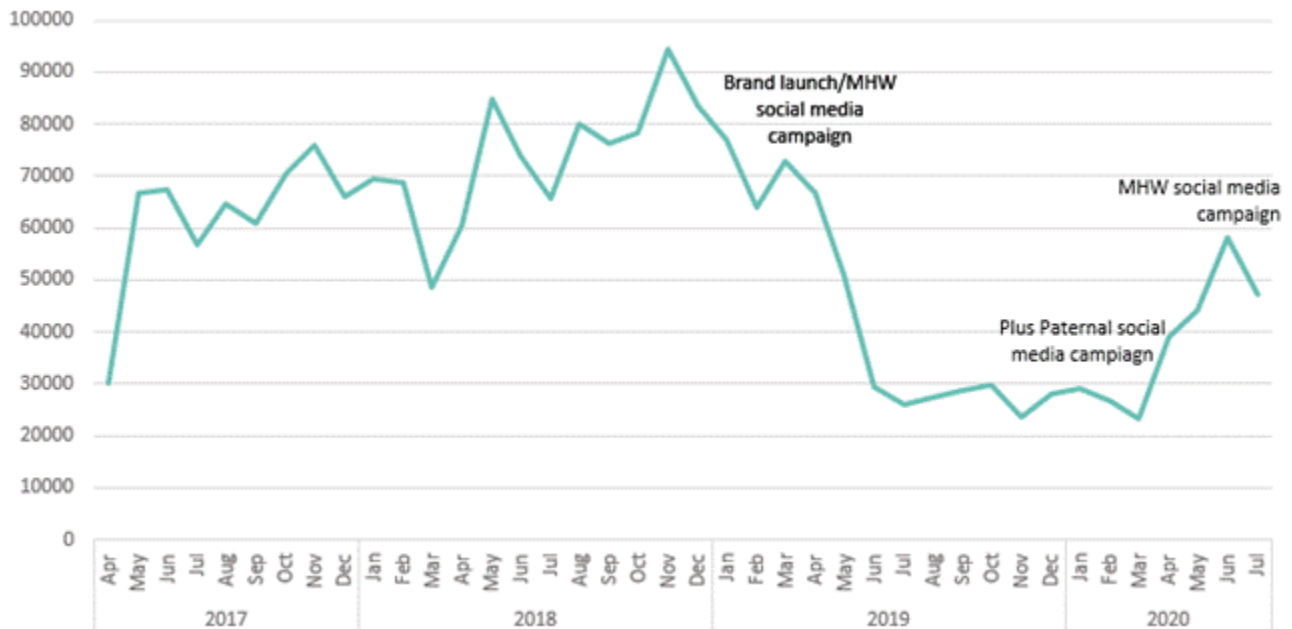
Key findings

- Over the period April 2017 to July 2020, there were over 2 million visits to the Healthy Male website, of which only 27% were from Australia
- Google Analytics data highlighted that most website visitors were male (59%) and aged under 45 years (66%)
- Survey data suggests health professional website visitors were most likely to be working in primary care (66% of survey respondents)
- The Healthy Male YouTube channel has seen growth in its reach, with three posts and 969 'likes' and comments in 2018 compared to 31 posts and 228,048 'likes' and comments in 2019
- Healthy Male has also successfully reached men and health professionals through dissemination of clinical resources, publication of articles, media mentions, and social media posts

4.1.1. The Healthy Male website

According to Google Analytics data, there were over 2 million visits to the Healthy Male website from April 2017 to July 2020. As seen in Figure 1, visitation numbers have fluctuated over time with the highest numbers recorded in 2018 (827,908 visits).

Figure 1 – Healthy Male website visits per month

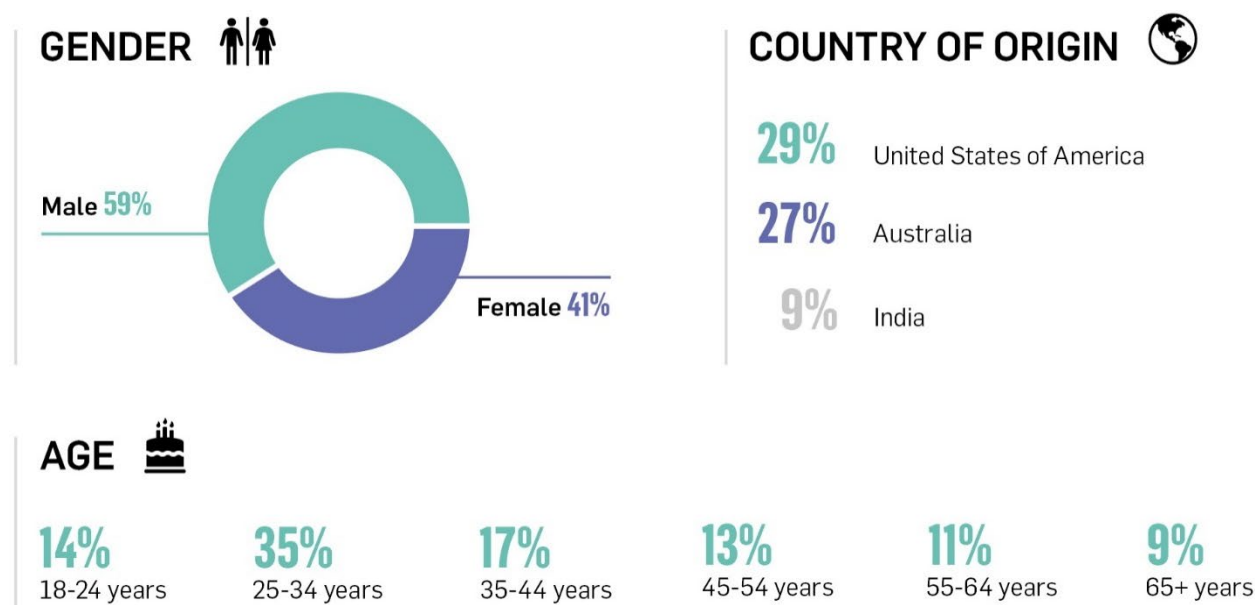


Google Analytics data highlighted that most website visitors were:

- male (59%)
- aged under 45 years (66%)
- from the United States of America (29%), Australia (27%) and India (9%).

Figure 2 below provides a more detailed outline of demographics for website visitors.

Figure 2 – Demographic summary of Healthy Male website visitors



The health professionals survey provides additional insights into the professional audience for the platform. Most website visitors who responded to the survey were:

- working in primary care (61%)
- general practitioners (38%), followed by nurses (23%), endocrinologists (6%) and andrologists (6%).

4.1.2. The Healthy Male YouTube Channel

The Healthy Male YouTube channel has seen growth in its reach, with three posts and 969 'likes' and comments in 2018 compared to 31 posts and 228,048 'likes' and comments in 2019.

Top viewed videos as of October 2020 included:

- What is Klinefelter Syndrome (145,000 views)
- Foreskin problems and circumcision (62,000 views)
- Penis lumps (58,000 views).

Followers were most commonly aged 18 to 24 years (31%), 25 to 34 years (29%) and 35 to 44 years (15%). This finding may reflect that younger people tend to be more accustomed to video platforms such as YouTube than older cohorts.

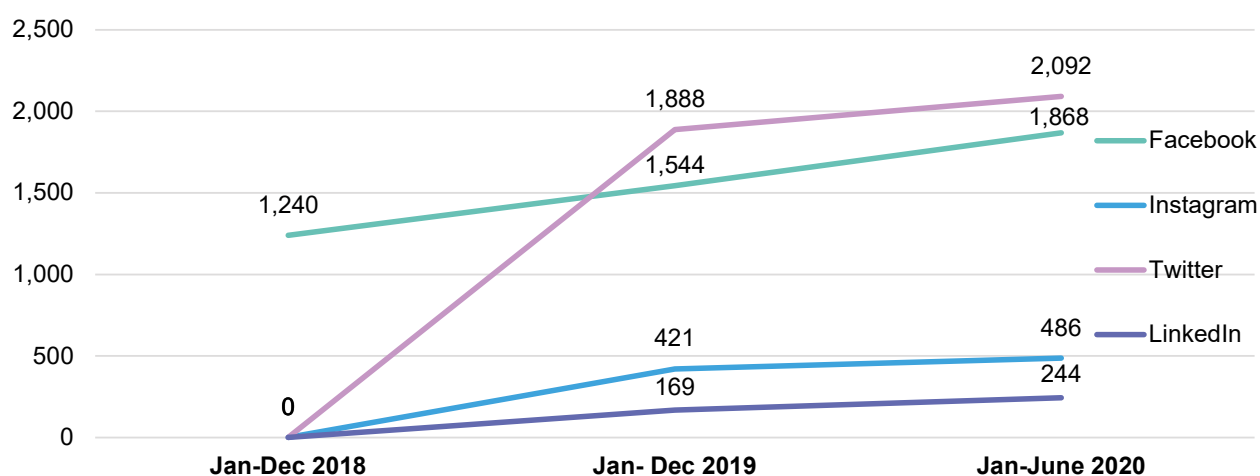
4.1.3. Other means of engagement

In addition to using the website and YouTube channel as key platforms, Healthy Male also adopts other means of engagement. Some of these are outlined overleaf alongside relevant reach data, demonstrating that Healthy Male has a diverse engagement strategy and has achieved significant reach to both the community and health professional audiences since the inception of the MHI.

Research	<ul style="list-style-type: none"> 5 literature reviews 20 research reviews 3 needs analyses 58 published articles
Clinical resources	<ul style="list-style-type: none"> 5,476 disseminated
Reference groups and advisers	<ul style="list-style-type: none"> 1 scientific and clinical committee (7 meetings held) 3 reference groups (26 meetings held) 59 individual advisers
Education	<ul style="list-style-type: none"> 6 training courses for GPs 1 training course for nurses
Media	<ul style="list-style-type: none"> 64 media mentions from January 2019 to June 2020, including mentions by the ABC, Herald Sun, 3AW, 2GB, Australian Journal of Pharmacy, Australian Nursing & Midwifery Journal, Medical Journal of Australia, and Medical Observer.
Social media	<ul style="list-style-type: none"> All Healthy Male social media accounts have increased in following between 2017 to 2020 (see Figure 3, below). As of June 2020, the Healthy Male Twitter account had the most followers (2,092) followed by Facebook (1,868). Followers of Facebook were most commonly men aged 25 to 34 years (17%) followed by men aged 35 to 44 (16%) and men aged 45 to 54 (12%). Followers of Instagram were most commonly men aged 25 to 34 years (21%), followed by men aged 35 to 44 (19%) and men aged 45 to 54 (18).

Note: reach data is up to July 2020 (unless otherwise specified above)

Figure 3 – Healthy Male social media followers per year



4.2. USE OF RESOURCES AND ACTIVITIES

Key findings

- Survey data and consultations suggest men mostly come across the Healthy Male website after conducting internet searches on men's health generally or on specific conditions
- Men also reported via the survey that they were most likely to visit the website to learn about men's health generally (63%), to learn about a specific condition or health topic (49%), or to understand symptoms that they or someone else had (22%)
- While most men access the site when seeking specific information, there is also a group of more engaged consumers who both subscribe to Healthy Male's e-newsletter and regularly visit the website
- When prompted to consider specific topics, male survey respondents were most likely to indicate that they had been seeking information of topics related to sexual and reproductive health, although cancer and healthy living were also commonly mentioned
- Survey data and consultations suggest health professionals mostly became aware of the website at seminar or networking events, or through a colleague
- Health professionals tended to access the website to seek resources for patients, however 71% of survey respondents reported visiting for self-education
- It is common for some health professionals to make multiple visits to the website, with 85% of survey respondents reporting they had visited the website more than two times in total
- Hardcopy resources (i.e. tools, booklets, brochures and postcards) are valued and frequently used by health professionals, with 45% reportedly accessing the website in the six months prior to the survey to order resources

4.2.1. Use of website by men

Male community survey respondents commonly reported coming across the Healthy Male website when:

- it appeared in internet searches about men's health in general (18%)
- it appeared in internet searches about specific conditions or health topics (18%).

This accorded with respondents' reasons for visiting the website, which most commonly included:

- to learn about men's health generally (63%)
- to learn about a specific condition or health topic (49%)
- to understand symptoms that they or someone else had (22%).

When prompted to consider specific topics, male survey respondents were most likely to indicate that they had been seeking information of topics related to sexual and reproductive health, although cancer and healthy living were also commonly mentioned. The most frequently sought topics include:

- prostate health (74%)
- sexual health (52%)
- cancers affecting men (53%)
- healthy living (42%)
- urinary health (41%).

Male survey respondents and consultation participants sometimes reported visiting the website for a friend or family member, but this was relatively rare. For example, less than 10% of respondents reported visiting the website for:

- a relative (6%)
- a friend (4%)
- their partner (2%).

It should be noted that n=9 of n=11 survey respondents who identified as female indicated they had accessed the website for someone else, such as a relative, friend or partner. This may explain why a higher than expected proportion of females (41% from the Google Analytics data) are visiting the website.

Qualitative consultations provided further insights, confirming that men tend to use search engines such as Google to find information about their health. This is further supported by Google Analytics data, with 93% of website users being first time visitors, suggesting that they did not actively seek out the website, rather it appeared in internet searches.

I think I'm similar to the people who maybe start with Google and then see a health professional of some kind. (Man unfamiliar with the Healthy Male website)

Oh look if I've got a topic I Google it and then I look at the options. (Man familiar with the Healthy Male website)

In contrast, men who identified as regular visitors tended to report accessing the website via links included in Healthy Males' e-newsletter. These men commonly reflected in focus groups and interviews that they would scan the newsletter, click on any links that either cover a topic of interest, or contain content related to issues experienced by them or people they know. Some men further reflected that once on the website they would also browse additional materials, with sessions sometimes lasting for around half an hour.

I tend to go to the website particularly when a newsletter comes through and there's a topic there of interest that stimulates me to go there. (Man familiar with the Healthy Male website)

The recent [article featuring] ...a father and his son talking about prostate cancer and the journey – I found that really interesting. As a consequence of that, I then went back into the site and learnt more about it on the fact sheets and all the rest of it. (Man familiar with the Healthy Male website)

While it is difficult to estimate the number of regular users, over a third of survey respondents (39%) indicated they had visited the website four or more times; however, this is likely overestimated given that the survey was distributed through the e-newsletter. More realistically, Google Analytics shows that around 7% of people who access the site are repeat visitors.

4.2.2. Use of website by health professionals

The health professionals survey highlighted that respondents most commonly found out about the website through:

- hearing about it at a seminar or networking event (21%)
- a colleague telling them about it (14%)
- a medical college (7%).

The qualitative data, however, presented a more mixed picture, with most health professionals familiar with Healthy Male unable to pinpoint exactly how they found out about the website. Some recalled that it may have been through their professional supervisor in the andrology sector, or by working in the men's health sector more broadly. Others noted they were members of Andrology Australia prior to its name change to Healthy Male. One physical therapist reported coming across the website while undertaking online research on men's health issues during their studies.

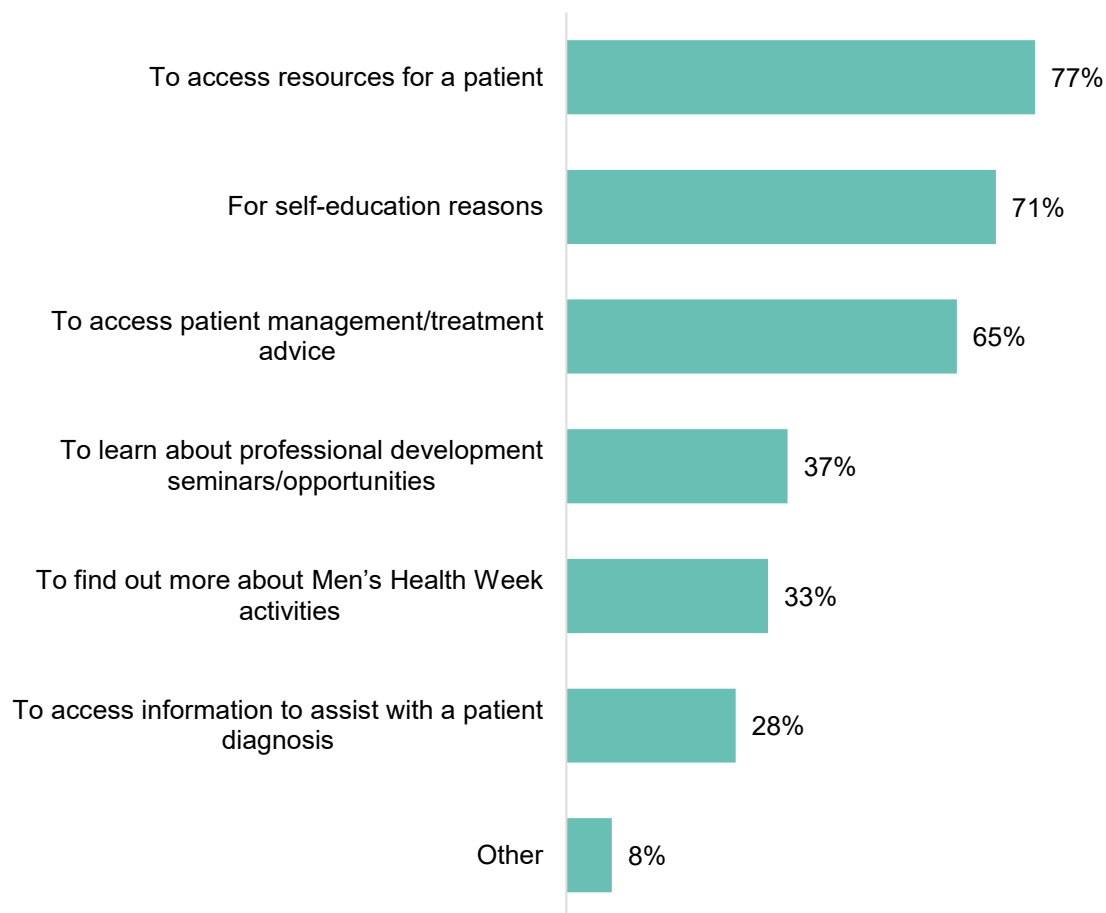
I did andrology first at Monash. So my supervisor and my mentor is [name] who is a big presence in Andrology Australia/Healthy Male. (Health professional familiar with the Healthy Male website).

I was looking at when I was doing my course, my baseline is Google, so I Google a lot and I come across this website – my topic was really men’s health at the time. (Health professional familiar with Healthy Male website).

As shown in Figure 4 below, survey respondents commonly reported visiting the website:

- to access resources for a patient (77%)
- for self-education reasons (71%)
- for patient management advice (65%).

Figure 4 – Reasons health professionals visited the Healthy Male website



Base=119

Percentages do not add to 100 due to multiple response question

This was consistent with feedback provided in the consultations, with health professionals commonly reporting they had accessed the website to provide patients with relevant fact sheets.

I give patients resources which they can take home and read that are evidence based, so it gives me confidence that the patient can learn from a really good source. (Health professional familiar with the Healthy Male website)

Survey results further suggest hardcopy resources (i.e. tools, booklets, brochures and postcards) are valued and frequently used by health professionals, with 45% of respondents indicating they had accessed the website in the six months prior to order resources. Of these respondents, two-thirds reportedly proceeded with ordering printed resources at least once (67%), with a small proportion reportedly ordering resources three times or more (10%). When asked what they do with the printed resources, the most common reasons cited by respondents were to:

- provide them directly to patients (63%)
- put them on display in their waiting rooms (33%)
- share them with colleagues (17%).

4.3. EXPERIENCE OF RESOURCES AND ACTIVITIES

Key findings

- Men and health professionals were generally positive about the Healthy Male website design and experience; however, there were some suggestions for improved navigation
- While men and health professionals appreciate Healthy Male website content on sexual and reproductive health, most suggested that content should be broadened to cover mental health and preventive health
- There was also consistent feedback the Healthy Male website be more inclusive of minority groups including CALD, Aboriginal and LGBTQI+ communities
- The Healthy Male YouTube Videos are a useful supplement to the website, but their format could be refined to improve engagement
- Men viewed the Healthy Male website as a credible source of information, largely driven by Australian brand and support from the Commonwealth government
- Health professionals also reported being confident in website content, near universally noting that it provides high quality, evidence-based information (97%); provides up to date and accurate information (95%) and is a useful education resource (95%)

4.3.1. User experience of website

Men were generally positive about the Healthy Male website, reporting that it is well-presented and easy to understand. Many noted, without prompting, that the clear language and consistent structure of the Fact Sheet headings (i.e. introduction, symptoms, causes, diagnosis etc.) supported the translation of complex clinical health information into 'plain English' which was accessible to most readers. In addition, men reportedly found the following features of the website valuable:

- the glossary
- the hyperlinks to key terms and definitions throughout webpages
- the suggested questions to ask your doctor at the end of each fact sheet

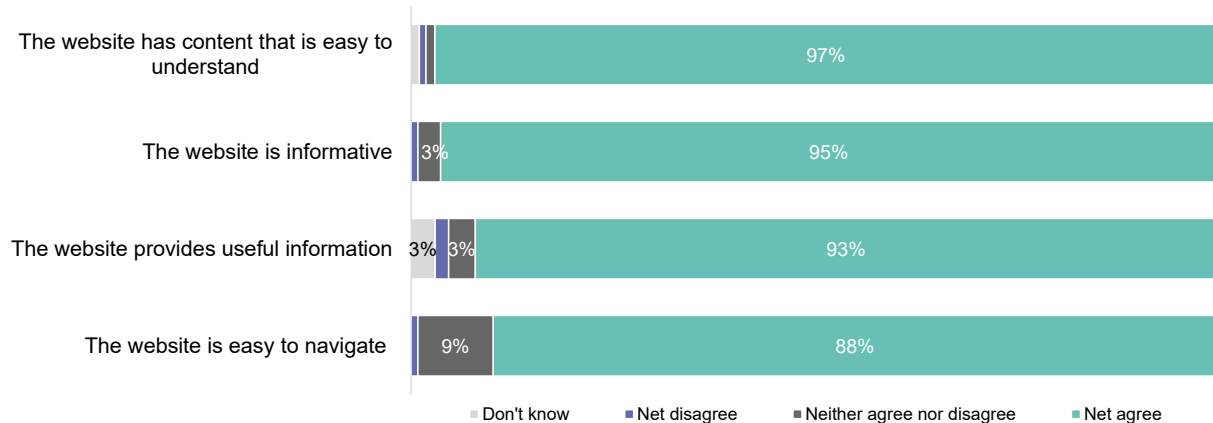
There's enough information that it's not dumbed down to the lowest common denominator, but I still feel like I can understand it, there's more English in it than Latin. (Man unfamiliar with Healthy Male website)

I think they kept the medical terms to a minimum and that's good...I wouldn't be able to pronounce half the medicines around let alone the bloody diseases so I think it was a good thing they sort of kept that out of it as much as they could but it was just plain, everyday language I thought. (Man unfamiliar with the Healthy Male website)

Male community survey results support this positive feedback, with almost all respondents agreeing the Healthy Male website has content that is easy to understand (97%), is informative (95%), is useful (93%) and

is easy to navigate (88%) (see Figure 5 below). Encouragingly, more than four in five respondents indicated they were somewhat likely or very likely to recommend the website to their friends (93%) and to other family members (86%). A smaller proportion reported they were somewhat likely or very likely to recommend the website to their work colleagues (68%); however, this may be in part attributed to the sensitive nature of some of the website content.

Figure 5 – Agreement with statements about the Healthy Male website (community survey)



Base n=120

Base number only includes respondents who identified as male during the survey

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Despite the overall positive feedback, there were some suggestions by men for refinement relating to the website's navigability including:

- removing or making the large scrolling images on the homepage static, which were perceived by some as distracting to the viewer
- adding a home button or navigation breadcrumbs (i.e. visualisation of the viewer's location on the website) to help orient the viewer
- reducing the size of the pop-up menus which reportedly made it difficult to move about the website or prevented viewers from seeing information further down a single webpage.

A small number of men expressed that these navigability issues had left them unsure about the purpose of the website, pointing to the importance of navigability for maintaining engagement. For example:

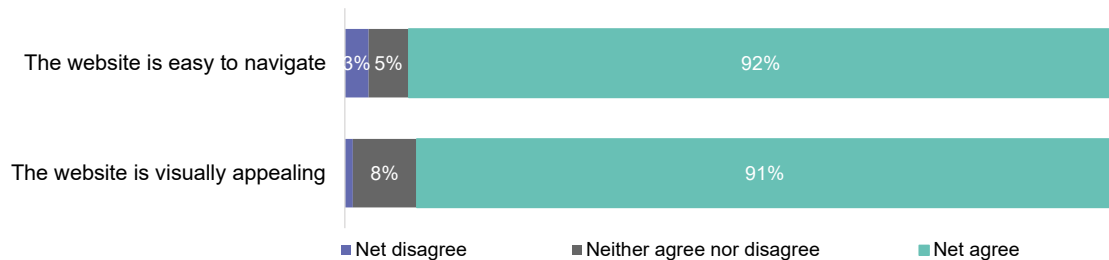
It's just a very messy website in general. In the sense that I'm confused as to what the website is actually trying to do or its purpose or what it's actually focusing on. (Man unfamiliar with Healthy Male website)

One focus group participant suggested adopting a search engine approach, to allow men to more easily find specific content. This is a valid suggestion, given that almost half of male respondents to the community survey reported they had visited the website to look for a specific condition (49%), as outlined in Section 4.2.1.

I would probably like to see a search engine approach. If someone's come to this website and they want to look for something in particular, don't make them...wade through everything. Make it really, really easy to be able to say 'Okay this is the problem or issue or this is something that I want to read into', and make it really accessible for people to be able to find that information. (Man unfamiliar with Healthy Male website)

Mirroring feedback from men, health professionals also typically reported a positive user experience with the website, with over 9 in 10 survey respondents indicating that it is easy to navigate and visually appealing (see Figure 6 below).

Figure 6 – Agreement with statements about the Healthy Male website (health professionals survey)



Base n=96

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Further, interview participants also commonly reflected that the structure and layout of the website is clear, noting the dedicated navigation tabs for consumers and health professionals as particularly helpful in directing them to the relevant resources. Many also felt that the website's predominantly blue and green colour scheme, perceived as traditionally 'masculine' colours, may resonate with men, making the website more accessible to this audience.

I like that one because there's not many websites that are easy to navigate as that. I'm not the greatest IT person so if anything's too complicated, it takes too long. (Health professional familiar with the Healthy Male website)

The blues and the greens I thought that was quite nice having those male preferred colours in there it kind of makes it look a bit sort of formal and easily accessible. (Health professional unfamiliar with Healthy Male)

Health professionals also praised the language and layout of both consumer and health professional resources as easy to understand and well laid out. Consistent with feedback from men, fact sheets were typically complimented for their consistent layout and use of language which provided an appropriate level of detail without using too much medical jargon. Health professionals also consistently noted that limiting the clinical summary guides to only two pages and the use of tables to break up text made them easier to engage with, especially during consultations with patients.

While health professionals consulted commonly expressed positive experience navigating the website, one suggested that minimising the number of clicks required to access the clinical resources and adding a search function on the home page would make it easier to find relevant information saving time, especially for time-poor health clinicians.

It might be a little bit clunky in that trying to find stuff might be a little bit – quite a few clicks to get to things. To get to clinical guidelines and things, you have to go through about four or five different clicks to get to the guidelines and then you have to scroll up and down. For GPs who are time poor, we consider ourselves pretty lazy when it comes to this sort of thing, we just want to be able to see everything laid out in front of us so we're ready to go. (Health professional familiar with the Healthy Male website)

4.3.2. User experience of YouTube videos

While generally well-received, it appears that the video format is not suitable for all men, with only 72% of community survey respondents reporting the videos were engaging. This finding was further supported by the consultations, with some men expressing a preference for reading static information such as fact sheets or infographics. This highlights the importance of having multiple points of engagement to reach men with different preferences for accessing information.

For those sort of topics I'd rather an infographic or something. I didn't know why we had to watch some random guy sitting in a chair for the whole thing...but that's just my personal preference. (Man unfamiliar with the Healthy Male website)

I don't find the videos particularly engaging. I know they've got real people in there, but for me I just want [to read] information. (Man unfamiliar with the Healthy Male website)

Suggestions for improving their accessibility and impact put forward by men include:

- adding introductory text for the speaker, as viewers were often unsure who they were and what credentials or personal experience they had regarding the topic
- adding subtitles to make videos more accessible to consumers who are hearing impaired
- greater use of infographics and visuals to break up the speaking and make the videos more engaging
- providing a link to the relevant page on the Healthy Male website at the conclusion of the video.

4.3.3. Appropriateness of website content

Feedback from the consultations suggests both men and health professionals appreciate the website's focus on providing relevant information on typically underdiscussed or stigmatised men's health conditions such as prostate-related concerns, erectile dysfunction, and male fertility. Community survey results also suggest there is demand for information on these topics, with almost three-quarters of male respondents reportedly coming to the website to find information on prostate health (74%), followed by more than half reportedly seeking information on sexual health (52%).

It's really clear about what it is – sexual and reproductive health, which is an area that men don't like to talk about. (Man familiar with the Healthy Male website)

However, men and health professionals also commonly noted significant content gaps, the inclusion of which were perceived to be critical to the broader understanding of male health and wellbeing beyond just physical (and more specifically, sexual and reproductive) health. First and foremost, men and health professionals pointed to the absence of content related to mental health, highlighting the growing prominence of these issues in public discourse as an incentive to include this content to maintain relevance. A number of those consulted specifically referenced the disproportionately high rates of male suicide as a key driver to include content on mental health and wellbeing. These findings were consistent with comments included in the survey, with mental health being commonly cited when respondents were asked what further information could be included on the website.

There was certainly a big gap on the mental health side, everything appeared to be predominantly physical health issues. (Man unfamiliar with Healthy Male)

[The website should include more information on] adolescent and puberty issues, male empowerment and mental health support, psychosocial interventions for angry young men. (Respondent to the health professionals survey)

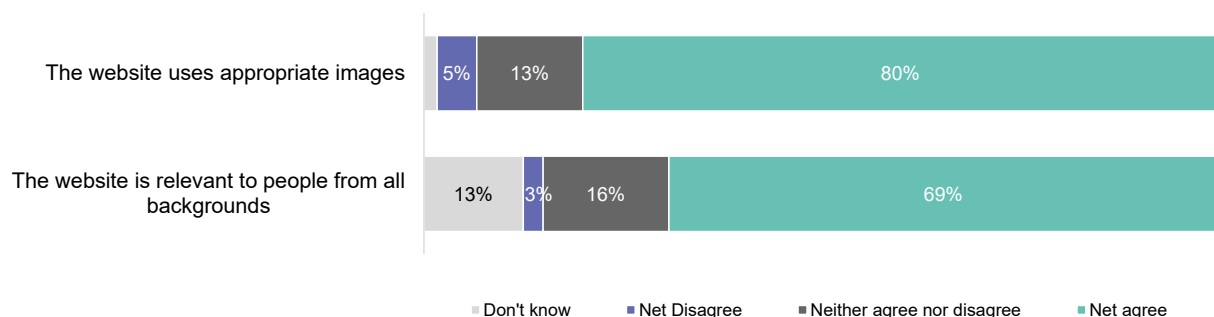
Another key content gap identified by men was information on preventive health and maintaining wellbeing (e.g. healthy eating, exercise, smoking cessation). Many men consulted pointed to the fact that the practical actions in the fact sheets, articles and videos were limited to directing them to see their GP. These men expressed a desire for additional information on changes they could make to their lifestyle and/or behaviour to help reduce the risk of certain conditions, or to help them maintain their health and wellbeing more generally. This suggests many men have a desire to be more actively involved in managing their own health, and that the Healthy Male website could help facilitate this.

I want to know how to remedy the symptom, not just be sent to the GP. I want to do something myself" (Man unfamiliar with the Healthy Male website)

There was absolutely nothing about prevention in that [video], so if I'm watching it...it's like 'What do I need to think about now?' and that video told me nothing about that, and that could have only been [included in] another 20 seconds. (Man unfamiliar with the Healthy Male website)

In addition, feedback from some men and health professionals suggests the website could be more inclusive and better targeted to meet the needs of priority populations. Only two thirds of respondents to the community survey agreed the website is relevant to people from all backgrounds (69%) (see Figure 7 below).

Figure 7 – Agreement with statements about the Healthy Male website (community survey)



Base n=120

Base number only includes respondents who identified as male during the survey

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

The consultations with men and other stakeholders further highlighted that the website includes limited information targeted to specific populations, especially topics perceived to be relevant to younger men, such as healthy relationships, consent in relationships, sexually transmitted infections and alcohol and other drug use. In addition, it was noted there is currently no information on the website about HIV prevention (a highly relevant topic for men who have sex with men) and no other indicators that the website is inclusive of LGBTQI+ people.

Some men also noted that given the website and resources are only available in English, language may be a barrier to some men accessing the information.

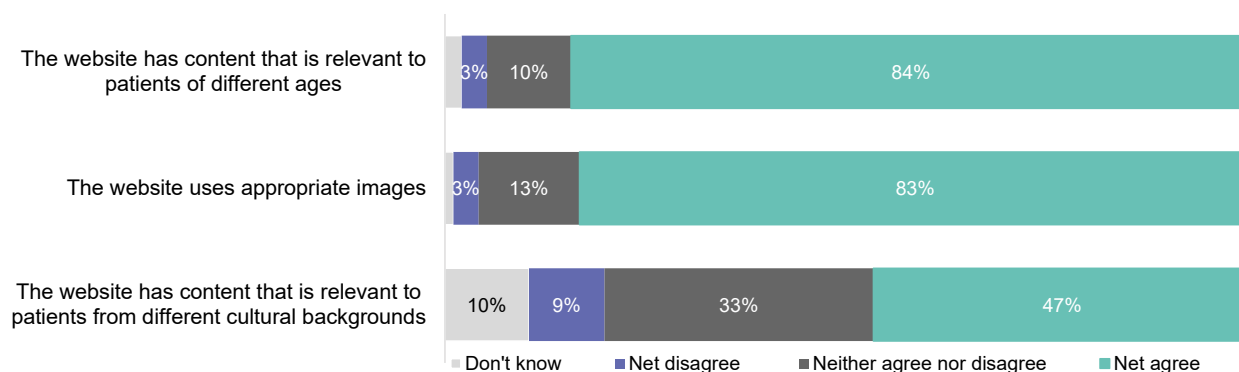
I suppose with people who English isn't their first language, I guess you're always going to have those sorts of issues... I guess if it's tough for us to go and look up information being men, I'm sure being a foreigner or an immigrant or something like that and you're probably even less likely to do those sorts of things because if you don't understand the language it could be quite difficult to do those things. (Man familiar with the Healthy Male website)

However, these men also acknowledged that it would be challenging to translate the website and resources into all languages and it was suggested that the website instead provide hyperlinks to organisations/websites which provide similar information in different languages

But I think the point that [other participant] as making around it being difficult to cover all those bases on a website that maybe is a prompt and maybe could have access in there suggesting that if you want further information in a certain language or whatever that you might got to an additional site. (Man familiar with the Healthy Male website)

Similar views were prevalent among health professionals, with less than half agreeing that the website has content relevant to patients from different cultural backgrounds (47%) (see Figure 8 below).

Figure 8 – Agreement with statements about the Healthy Male website (health professionals survey)



Base n=96

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

A few health professional survey respondents also suggested that resources should be provided in languages other than English and use more visuals to better engage consumers with low health literacy or whose first language was not English. This was supported by the qualitative research, with health professionals sometimes expressing disappointment that the website and resources were not available in languages other than English, which could exclude people with English as a second language. It was acknowledged, however, that regardless of the language, some men may not feel comfortable accessing content (e.g. digital prostate examinations, genital examinations) due to cultural norms and expectations.

I think we can always improve but then again it gets back to resources. You know if you talk to some groups about the concept of male health and a digital rectal examination or even a genital examination you're likely to be met with ferocious resistance because that's just not appropriate for their culture and so you have to, we have to know more about it. (Health professional familiar with the Healthy Male website).

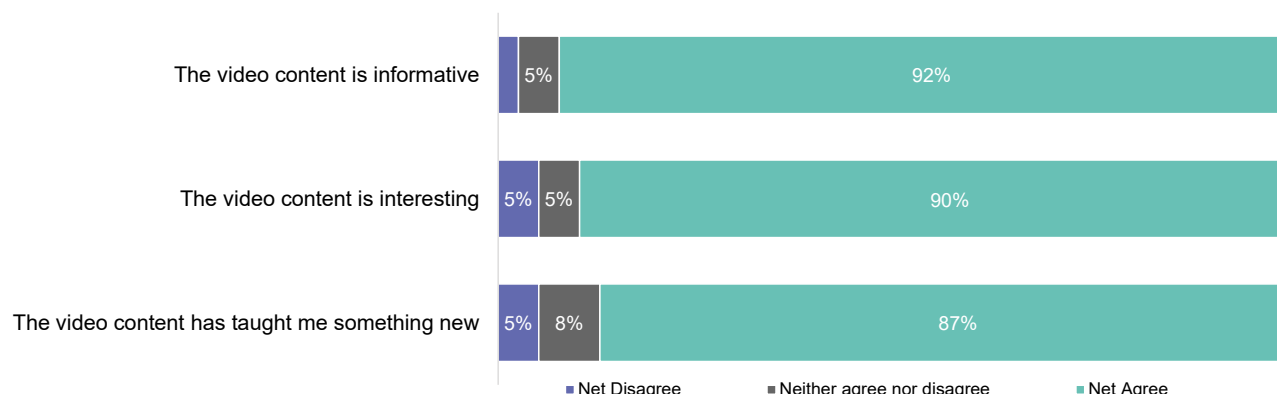
Drawing on extensive experience working in Aboriginal health in remote and rural areas, one health professional also noted that Healthy Male's 'western approach' to medicine may be culturally inappropriate for Aboriginal men living in community. Low English literacy levels and limited internet was also identified by this health professional as potential barriers to Aboriginal men in rural and remote areas accessing the website.

In the setting where I'm in someone else's culture is just so, it's so different to the western kind of private clinic mentality of someone comes into see me as the doctor and I give them information and off they go and they use that or don't, [in my setting] it's just so different I can't even begin to describe. (Health professional familiar with the Healthy Male website)

4.3.4. Appropriateness of YouTube videos

Feedback provided on the Healthy Male YouTube videos was also generally positive, with most respondents to the community survey who had watched the videos (n=39) reporting that their content was informative (92%), interesting (90%), and had taught them something new (87%) (see Figure 9 below).

Figure 9 – Agreement with statements about the Healthy Male YouTube channel (community survey)



Base n=39

Base number only includes respondents who identified as male during the survey

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

These results were consistent with feedback provided during consultations, with men and health professionals positively noting that the videos were concise (i.e. generally less than 3 minutes), while also providing sufficient detail. Those consulted also noted the videos aligned well with information presented on the website, covering similar topics to the website fact sheets and following a similar structure to the fact sheets.

Watching the YouTube channel there, I could have sat there for bloody hours and listened to stuff. (Man unfamiliar with the Healthy Male website)

They're good. They're concise. They're put together in a nice language and informative. They're not over the top and lecture to you. (Man familiar with the Healthy Male website)

I think overall the content for these short videos was succinct in that it talked about what it is and then what to do...a short summary of [the condition] and the person talking was articulate, as in simplified what it meant. (Health professional unfamiliar with the Healthy Male website)

While one health professional consulted commented that the videos could be a useful tool for showing health professionals how to successfully engage with men, most reported they were unlikely to use the videos in the future, suggesting the videos are more suited to a consumer audience.

4.3.5. Reliability of resources

Men consistently highlighted that, in their view, the Healthy Male website content appears to be credible; an observation largely attributed to its Australian brand and support from the Australian Government. Many men

also explicitly stated that amongst the wealth of online material covering male health, they would seek out information from credible sources, such as the Healthy Male website.

It provides a level of comfort...as opposed to just Dr Google, which you're not sure of...it could be an international resource whereas this is a local, it's Australian health for Australian men. (Man familiar with the Healthy Male website)

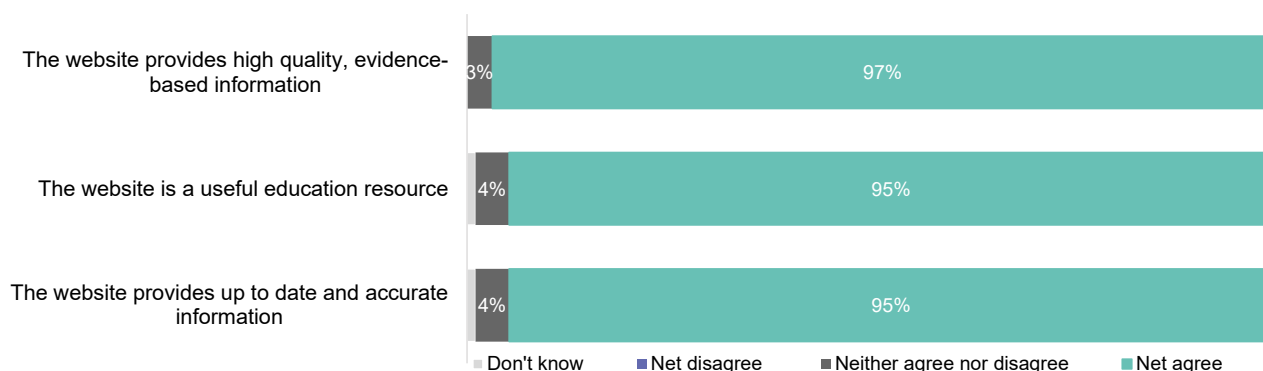
Others noted the lack of advertising on the Healthy Male website further added to its credibility. More specifically, men consistently suggested that the lack of advertising meant the website was able to, in their view, focus on delivering objective and robust information, rather than being driven by financial motives or incentives. The absence of advertising was also reported to make the website clearer and easier to navigate compared to some other sources of online health information.

It's more credible and useful, you tend to believe [information] from this source...rather than if you go to some ads website. They might be wanting money so they might be giving out health information, but if you go to the more trusted websites, like government websites, you can find lots of [credible] information. (Man unfamiliar with the Healthy Male website)

I like the site...because it's Australian so there's the credibility factor there. You end up on other sites, American or whatever, and sometimes, particularly some of the American sites, they're so mixed up with ads it's very hard to actually find the text you're supposed to be reading. (Man familiar with the Healthy Male website)

Results from the health professionals survey provide further evidence in support of content reliability with 9 in 10 respondents agreeing the website provides high quality, evidence based information (97%) and up to date and accurate information (95%) (see Figure 9 below).

Figure 10 – Agreement with statements about the Healthy Male website (health professionals survey)



Base n=96

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Of those who reportedly accessed the clinical summary guidelines, national data specifications, and patient assessment tools, nine in ten respondents or more agreed or strongly agreed these resources were meeting their professional needs. Respondents also took the opportunity to praise the resources when asked to provide suggestions on how the professional resources could be improved. Suggestions were generally limited to expanding the breadth of topic areas. Encouragingly, almost all respondents also indicated they were likely or extremely likely to recommend the website to other health professionals (95%), further confirming the favourable assessment of reliability. The consultations further validated this finding, with the clinical summary guides receiving positive feedback for their robust, evidence-based recommendations.

Reflecting comments from men, health professionals who participated in an interview also identified the Australian brand and support from the Australian Government as key features which strengthened the website's perceived credibility. Indeed, many health professionals even explicitly noted Healthy Male as a

trusted and convenient source of information and clinical resources for specific men's health topics, alongside other highly reputable websites such as the Therapeutic Guidelines (www.tg.org.au) and UpToDate (uptodate.com). These health professionals sometimes further reflected that Healthy Male was a preferred resource, as it was free and it did not require users to log in, which was required of the other websites mentioned.

A few health professionals also reported that Healthy Male's reputation as an organisation in the men's health sector has grown over time and this contributed to their high regard for the website's resources. Health professionals were also pleased that the resources were evidence-based, designed by experts in their field, and stayed up to date with clinical best practice.

Evidence based is a really important thing which is why I would go to all those resources because they are evidence based, as is Andrology Australia. (Health professional familiar with the Healthy Male website)

I think it is from the Healthy Man or Andrology Australia. I just have become really confident in what they do. It's got the Australian Government Department of Health logo down the bottom, that gives you a bit more reassurance that it's a good Australian based health researched article that's up to date. They're probably the main things I look for. (Health professional familiar with the Healthy Male website)

4.4. OUTCOMES FOR MEN AND HEALTH PROFESSIONALS

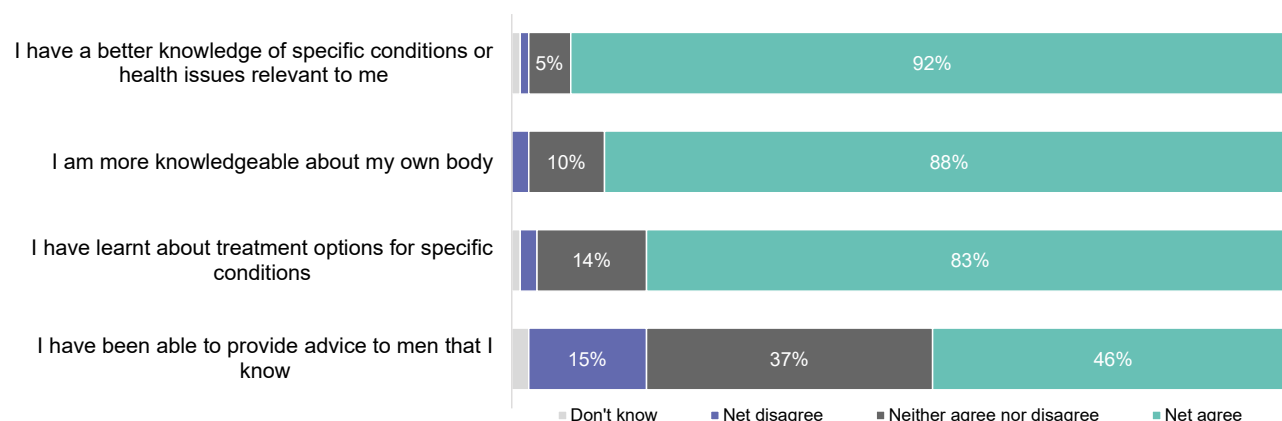
Key findings

- As result of accessing Healthy Male resources, men are more knowledgeable about health and wellbeing (with a focus on sexual and reproductive health), more confident in guiding their healthcare, and more likely to engage in positive health behaviours
- Healthy Male resources have also had a positive impact on health professionals' knowledge about specific conditions and level of confidence assisting patients to manage their health
- Apart from assistance with training junior clinicians, the Healthy Male resources have had minimal impacts on health professionals' clinical practice, including diagnoses and referral pathways

4.4.1. Impact on men's knowledge

As noted above, there is evidence that the Healthy Male website is being used by some health professionals to educate patients. There is also evidence that the Healthy Male website is being used by men to seek information about their own health, potentially helping them to become more informed consumers. It is therefore not surprising that the majority of male respondents to the community survey agreed that they had acquired more knowledge about specific conditions or health issues relevant to them (92%) or had become more knowledgeable about their own body (88%) as a result of accessing the website. In addition, more than eight in ten respondents reported they had learnt about treatment options for specific conditions (83%) and over two fifths reported they had provided advice to men they know (46%) as a result of the website (see Figure 11 overleaf).

Figure 11 – Outcomes from visiting the Healthy Male website (community survey)



Base n=93

Base number only includes respondents who identified as male during the survey

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Consistent with the community survey results, consultations also highlighted an increase in health-related knowledge among men familiar with the Healthy Male website. When asked to consider changes in knowledge, men typically reported an increased understanding of specific health conditions after reading fact sheets and website articles. As noted in section 3.3, key enablers to learning included the clear language and consistent structure of these resources.

I had a bad bout of prostatitis about 12 or 18 months ago. I didn't have much of an idea about it and would, you know [access the website]...in the Healthy Male [website] there's a fact sheet on prostatitis. (Man familiar with the Healthy Male website)

Men commonly reported referring to fact sheets to learn more about specific conditions before consulting with a doctor, having a discussion with family or friends, or post diagnosis. Conditions explicitly referenced by men were mostly prostate or fertility-related.

So before I started accessing the resources you don't realise that stress factors in your life can actually affect your sexual performance and things like that. I found those sort of resources quite educational and useful. I'm more aware of male anatomy than I was prior to reading the publication. (Man familiar with the Healthy Male website)

Certainly when I was diagnosed with prostate cancer I knew nothing about it. I didn't know anyone that had it and knew nothing about my condition. I'd knew it was prostate and that was about it. But I know a hell of a lot more now. (Man familiar with the Healthy Male website)

Some men noted that while the fact sheets helped them develop a baselined understanding of available treatment options and the implications of each treatment, more detail would be helpful.

Whether you need prostate surgery all these sorts of things these days are quite compelling you've got a whole myriad of decisions to make and choices to make and you really, really want to make the right one so as I say it's the options, all laid out. (Man familiar with the Healthy Male website)

There's usually a short paragraph just giving a really brief summary of what treatments maybe and then kind of pushing towards a doctor. But I'd probably like a more detail as to what treatments and what treatments are more common, what can you expect from each treatment. Probably more detailed information. (Man familiar with the Healthy Male Website)

As noted earlier, men were commonly of the view that the e-newsletter was a helpful prompt to learn and stay up to date with men's health more broadly. This was particularly common among older men who reflected that their risk of certain conditions increased as they got older.

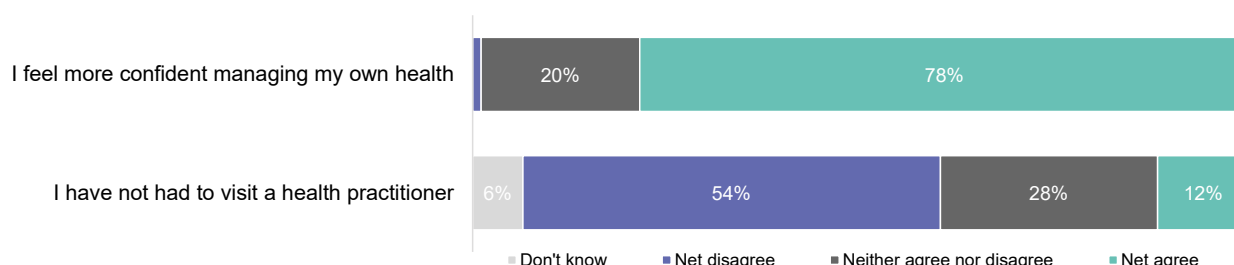
So that email as a prompt in concert with the hopefully the updating of the website at the same time means you're more likely to go in on a consistent basis to look at things whether they currently affect you or not, but to broaden your understanding of some of the issues around men's health. (Man familiar with the Healthy Male website)

As we get older there's different things that come into play. (Man familiar with the Healthy Male website)

4.4.2. Impact on men's confidence

Survey results also suggest that the website has had a positive influence on men's confidence, with over three quarters of respondents reporting they felt more confident in managing their own health (78%) and one in ten reporting they had not needed to visit a health professional as a result of reading information on the website (12%) (see Figure 12 below).

Figure 12 – Outcomes from visiting the Healthy Male website (community survey)



Base n=93

Base number only includes respondents who identified as male during the survey

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Feedback from men interviewed further supported this finding. When asked to consider confidence, men typically reported that the referring to fact sheets and website articles had enabled them to 'bravely' ask 'intelligent' questions of health professionals during appointments, placing them more at the centre of their own healthcare and decisions affecting their health.

So you can also ask intelligent questions when you actually do go to the doctor and say this is what's happening to me, is it or could it be such and such. (Man familiar with the Healthy Male website)

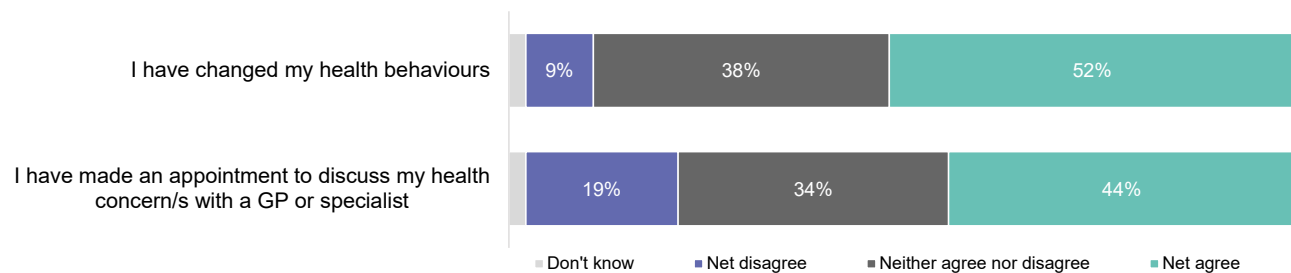
A smaller number of men also reported that accessing the website had made them more confident in their decision to make an appointment to see a health professional to discuss their health concerns.

I think...as far as confidence goes...the more you know about something, the more confident you're going to be, even if it's just 'Yes I'm going to go to the doctor'. I mean you've got to be more confident if you know a little bit, if you've done a little bit of reading.
(Man familiar with the Healthy Male website)

4.4.3. Impact on men's behaviour

Finally, survey results suggest the Healthy Male website has contributed to behaviour change among some men, with over two fifths of respondents reporting they had made an appointment to discuss their health with a GP or specialist (44%) and over half of all respondents reporting they had changed their health behaviours as a result of visiting the website (52%) (see Figure 13 below).

Figure 13 – Outcomes from visiting the Healthy Male website (community survey)



Base n=93

Base number only includes respondents who identified as male during the survey

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Men provided limited feedback during consultation on how the Healthy Male website has contributed to changes in their behaviour. This may also be, in part, a result of the website's limited focus on preventive health and maintaining wellbeing (as noted in Section 4.3.3). However, there were a few examples of men initiating discussions with health professionals after reading information from the website; for example:

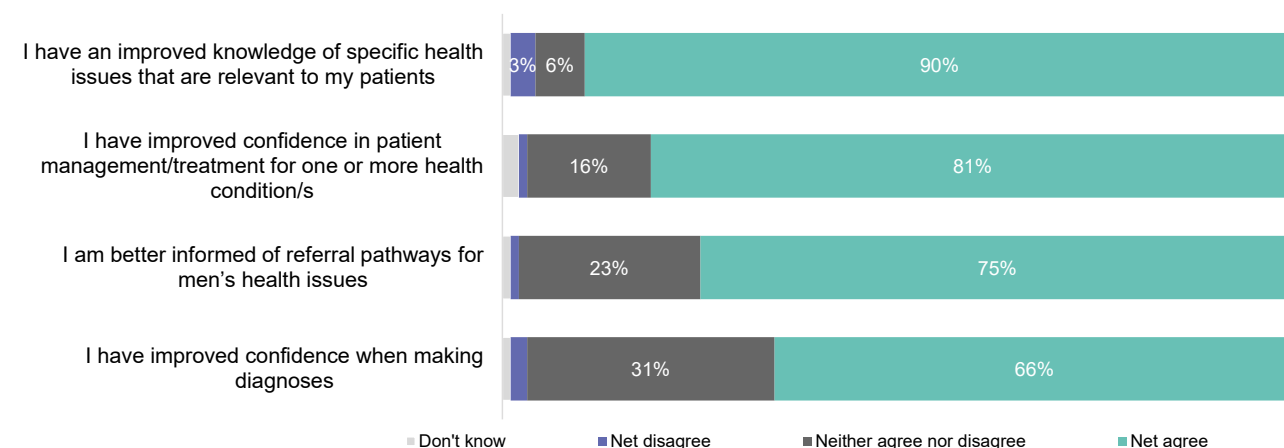
I actually found the information on Taking Care of your Fertility was most useful to me. As it turned out it was a factor for me to go and investigate that and at the time after I'd read that material my sperm count was zero. And thanks to that I was able to intervene and successfully restore sperm and have it stored. So if it wasn't for those resources in particular and the brochure, I may not have had that opportunity to have children at any time in my life.
(Man familiar with Healthy Male website)

4.4.4. Impact on health professionals' knowledge, confidence and clinical practice

Survey results suggest the Healthy Male website has contributed to increasing the knowledge and confidence of health professionals. Around nine in ten respondents agree that they have improved knowledge of specific health issues relevant to their patients (90%), and eight in ten agree they have improved confidence when assisting their patients to manage their health (81%) as a result of visiting the website (see Figure 14 overleaf).

Survey results also suggest, however, that the website has been slightly less effective in supporting health professionals to make diagnoses and understand referral pathways for patients. Two thirds of respondents agreed that they have improved confidence when making diagnoses (66%), while three quarters agreed that they are better informed of referral pathways for men's health issues (75%) (see Figure 13 overleaf). This may in part be explained by the website's relatively limited focus on these aspects of health care. For example, while there are thirteen clinical summary guides available (which are designed to assist health professionals in the management of their male patients), there are only four patient assessment tools available.

Figure 14 – Outcomes from visiting the Healthy Male website (health professionals survey)



Base n=96

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

The consultations further revealed that some health professionals specialising in male health (e.g. andrologists) had used the resources on the Healthy Male website to help train medical students and registrars. Within this context, the quality and comprehensiveness of the clinical resources was often cited, and it was acknowledged that these resources filled an important gap in available information and training on male health. Similarly, one andrologist reported that gynaecologists from their fertility laboratory had often referred to the clinical summary guides and patient assessment tools when they needed to consult with male patients.

It's a good tool for teaching registrars, medical students. They ask 'What resources can we use?' and I would mention this one in the context of men's health. (Health professional familiar with the Healthy Male website)

The specialists here in our clinic they are more gynaecologists, so they don't know how to assess the male...it's usually the job of a urologist [but] we don't have a proper urologist in our department. So this tool is like a fact sheet they can [use to] check everything, that they've asked the male about...whether they are examining themselves properly, and they can tick those columns. So it's a very useful assessment. (Health professional familiar with the Healthy Male website)

4.5. SECTION CONCLUSION AND CONSIDERATIONS FOR THE FUTURE

The Healthy Male website, YouTube channel and other resources are regularly being accessed by men and health professionals across Australia. Most commonly, men become aware of the website when searching the internet for information on specific male-related medical conditions or needs, with a focus on sexual and reproductive health. While generally well-received, it was widely suggested by men that resources provided by Healthy Male focus too heavily on physical health (especially issues related to reproductive organs), and that they would like to see more material on mental health and wellbeing. Men also requested greater consideration of preventive health, noting that this information would enable them to actively consider positive health behaviours. While limited direct feedback was provided, men also felt that website content could be tailored specifically to meet the needs of vulnerable population groups, including CALD, Aboriginal, and LGBTQI+ community members.

In contrast to men, health professionals rarely became aware of Healthy Male resources (especially the website) through general internet searches, rather they were alerted to it at a professional event or through informal communication with a colleague. Health professionals were, on the whole, very positive about material provided on the website, with it being consistently identified as robust, practical, and useful. Perhaps most tellingly, health professionals noted using the resources to guide treatment decisions, educate patients,

and support training of junior clinicians – all of which point to the resources being considered highly trusted and practical.

In line with the aims of the MHI, it appears that resources provided by Healthy Male are having positive impact on the knowledge and confidence of men and health professionals, especially as relating to sexual and reproductive health. Although outside of the scope of the initiative, there is also limited evidence to indicate that the resources have had positive impacts on men's behaviour (e.g. proactively seeking help from clinicians) and health professionals' clinical practice (e.g. making diagnoses). While it is difficult to attribute these positive outcomes to a single enabler, it appears that Healthy Male plays a crucial role in translating complex, clinically sound health and medical information into fact sheets and guidelines that can be easily understood by the community, as well as health professionals who are intricately familiar with the topic. This in turn can contribute to more informed, engaged male consumers and a health system (including primary care) that is able to address the specific health needs of men adequately and sensitively.

5. THE AUSTRALIAN MEN'S HEALTH FORUM (AMHF)

This section of the report outlines findings relating to the reach of AMHF's resources and activities, as well as users' experiences and any outcomes. It is primarily based on AMHF website analytics, the AMHF survey and interviews with health professionals.

5.1. REACH OF RESOURCES AND ACTIVITIES

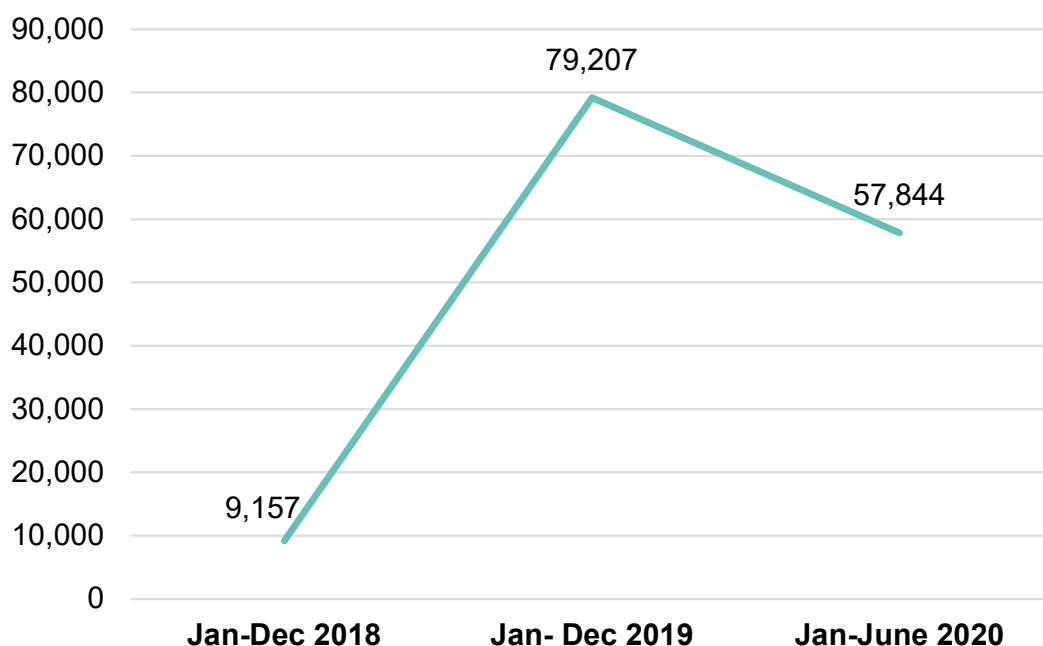
Key findings

- There were 146,208 unique visits to the AMHF website from January 2018 to July 2020 and the number of visitors has increased over time
- Most AMHF website visitors were female (56%), aged under 45 years (64%) and from Australia (78%)
- AMHF survey respondents were primarily a mix of health professionals (30%) and people working in community services (21%); and of those who were health professionals, most worked in community care (43%) or primary care (34%)
- The 2018 Men's Health Gathering had 144 attendees, while Men's Health Connected 2020 had 1,203 attendees, highlighting the ability of online events to reach a wider audience
- The AMHF newsletter had 5,035 subscribers as at June 2020, a substantial increase from 441 subscribers in 2018
- AMHF media coverage is estimated to have reached 600,000 people in 2020, a substantial increase from 30,000 people in 2018
- The AMHF Facebook page and Instagram account had 2,812 and 386 followers respectively as at July 2020

5.1.1. THE AMHF website

According to Google Analytics data, there were 146,208 visits to the AMHF website from January 2018 to July 2020. As seen in Figure 15 below there was a large increase in visitation between 2018 and 2019 of 70,050 visits (+765%).

Figure 15 – AMHF website visits per year

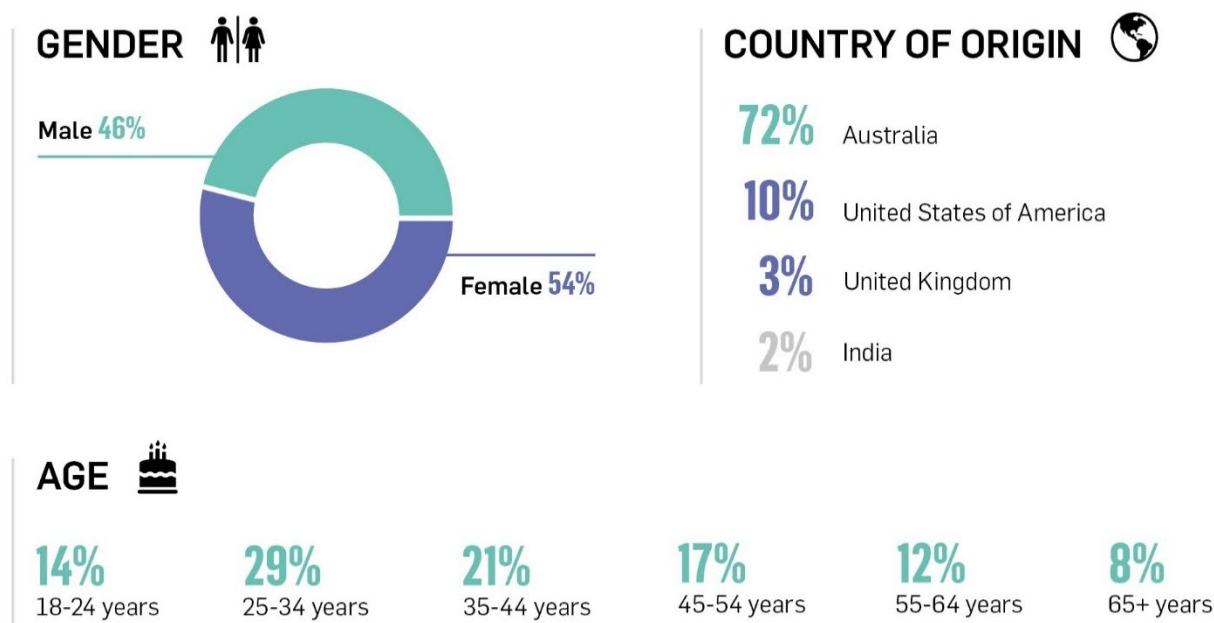


Google Analytics data highlighted that most website visitors were:

- female (54%)
- aged under 45 years old (64%)
- from Australia (72%), the United States of America (10%), the United Kingdom (3%) and India (2%).

Figure 16 below provides a more detailed outline of demographics for website visitors.

Figure 16 – Demographic summary of AMHF website visitors



The AMHF survey (n=289) provided additional demographics insights. Some of these contradicted the Google Analytics data, which may be due to the way the survey was distributed, i.e. through newsletters (which may have attracted more engaged users), and with visitors in Australia only. Most website visitors who responded to the survey were:

- male (72%)
- aged 40 years or older (78%).

Additional demographic insights provided by the survey included that:

- nearly a third of respondents were health professionals (30%), over one in five worked in community services (21%), nearly one in five were academics or male health experts/advocates (19%) and a small proportion worked in health policy (4%).
- of those who were health professionals (n=65), around two in five reported working in community care (43%) and around a third in primary care (34%)
- three fifths of respondents were working full time (61%), with others working part time (15%) or reporting they were retired (10%)
- over three fifths of respondents lived in a metropolitan area (63%), and over a third in regional/rural area (36%).

As with Healthy Male, the above figures speak to the profile of the survey sample only and cannot be considered representative of all website users. Nonetheless, the figures do provide an indication of the profile of more engaged users of the website.

5.1.2. Men's Health Gathering and Men's Health Connected

The Men's Health Gathering is a three-day conference-style event held every two years and attended primarily by experts in male health. It includes presentations on relevant topics, as well as networking opportunities, and is typically held at a conference centre in a major city in Australia.

The last Men's Health Gathering was held in Parramatta, New South Wales, in 2018. Due to restrictions associated with the COVID-19 pandemic, the 2020 Men's Health Gathering was replaced with an online event called Men's Health Connected 2020. This was an online summit providing access to free webinars, held from 1 to 30 June 2020.

The 2018 Men's Health Gathering had 144 attendees, while Men's Health Connected 2020 had 1,203 attendees. These figures, as well as qualitative feedback provided during the surveys, suggest the online format adopted by Men's Health Connected 2020 extended the reach of the event. Attendees were able to join the event for free, and to choose sessions that suited their interests rather than travelling to a venue to attend all sessions. Despite this success in reach, consultations undertaken as part of the evaluation have identified opportunities to better promote events to further extend their reach, as outlined in Section 5.3.2.

5.1.3. Other means of engagement

Using the website and Men's Health Gathering as key platforms, the AMHF also engages its members and stakeholders via a newsletter and social media, as shown below. These figures suggest the AMHF has a relatively broad reach, that its social media engagement is primarily with a male audience, and that the reach of the AMHF Newsletter and AMHF media coverage have grown over time.

The AMHF Newsletter	<ul style="list-style-type: none">441 subscribers in 2018 and 5,035 subscribers as of June 2020 (+4594 or a 1042% increase)
Media	<ul style="list-style-type: none">An estimated audience reach for all known media coverage of:<ul style="list-style-type: none">30,000 people in 2018300,000 people in 2019600,000 people in 2020This represents an increase in media coverage of 570,000 people since 2018 (a 1900% increase) <p>(These figures are based on a calculation of actual reach being 5% of the total potential reach of all known media coverage. Total potential reach is calculated using Meltwater, a media monitoring tool.)</p>
Social media	<ul style="list-style-type: none">The AMHF Facebook page had 2,812 followers as of July 2020The AMHF Instagram account had 386 followers as of July 2020Over two thirds of Facebook followers were male (69%)Nearly three quarters of Instagram followers were male (72%)

5.2. USE OF RESOURCES AND ACTIVITIES

Key findings

- Most AMHF survey respondents had come across the AMHF website during Men's Health Week (39%), when searching about men's health on the internet (19%) and/or by hearing about it from someone they knew (10%)
- Google Analytics data shows most AMHF website users are not repeat visitors (90%); however, most survey respondents (likely to be a more engaged group of stakeholders) reported visiting the website more than two times in the last six months (82%), and two fifths reported visiting the website at least monthly on an ongoing basis (40%)
- Most AMHF survey respondents reported visiting the website to access information and resources on men's health generally (64%) or to check Men's Health Week and other events (29%)
- The most commonly visited pages among survey respondents included the factsheets (64%), event pages (63%), information on Men's Health Connected (50%) and news pages (43%)

5.2.1. The AMHF website

The AMHF survey provided insights into key reasons for accessing the AMHF website. Some of the most common ways in which respondents had come across the website included:

- hearing about it at Men's Health Week event/activity (39%)
- coming across it when searching about men's health on the internet (19%)
- hearing about it from someone they knew (10%).

Similar to the Healthy Male website, the AMHF website appears to have two distinct groups of visitors: one group who are engaged regular users, and another group who visit on a less regular basis. Google Analytics data found that 90% of users were new visitors, while the survey data (in which there was likely an overrepresentation of highly engaged users) showed the majority of respondents had visited the AMHF website two or more times in the six months prior to the survey (86%). Further, two fifths of survey respondents reported visiting the website at least monthly on an ongoing basis (40%).

Survey respondents were asked to outline their reasons for visiting the AMHF website over the six months prior to the survey. Some of the most common reasons included:

- to access information and resources on men's health generally (64%)
- to check Men's Health Week and other events (29%)
- to access information for the purpose of supporting patients and clients (5%)
- to access information for the purpose of workplace initiatives (5%)
- to get updates on male health policy (4%).

Survey respondents were also asked to identify the specific pages they had visited on the website. Some of the most visited pages included:

- fact sheets (64%)
- event pages (63%)
- information on Men's Health Connected (50%)
- news pages (43%)
- men's health report cards (38%)
- information on the Men's Health Awards (34%).

5.3. EXPERIENCE OF RESOURCES AND ACTIVITIES

Key findings

- Survey respondents and health professionals interviewed were generally very positive about the presentation and navigability of the AMHF website, highlighting its clear navigation menu and use of community language
- Health professionals interviewed suggested the presentation of the fact sheets could be improved to ensure they were perceived as credible resources
- Survey respondents and interviewees expressed a desire to see a greater focus on the AMHF website on mental health and the needs of priority groups
- The 2018 Men's Health Gathering and Men's Health Connected 2020 were viewed by survey respondents as having been well organised; however, promotion of the events was noted as an area for improvement
- The online format adopted by Men's Health Connected 2020 appears to have supported a broader reach; however, there are opportunities to better support networking when using an online format, such as through breakout rooms
- Although most survey respondents viewed the content of the two events to be interesting and relevant, feedback suggests there could be a stronger focus on highlighting the needs of priority populations

5.3.1. The AMHF website

5.3.1.1. User experience

AMHF survey respondents were generally positive about the presentation and navigability of the AMHF website. Survey results indicate the website design is aesthetic, with nearly five in six respondents agreeing the website is visually appealing (82%). Survey results also indicate the website is easy to use, with the majority of respondents agreeing the website has content that is easy to understand (96%), that it is easy to navigate (86%) and they were able to find the information they needed (91%) (see Figure 17 overleaf). Encouragingly, around nine in ten respondents indicated they were likely or extremely like to recommend the website (89%), providing further evidence of the perceived value of the website to these users.

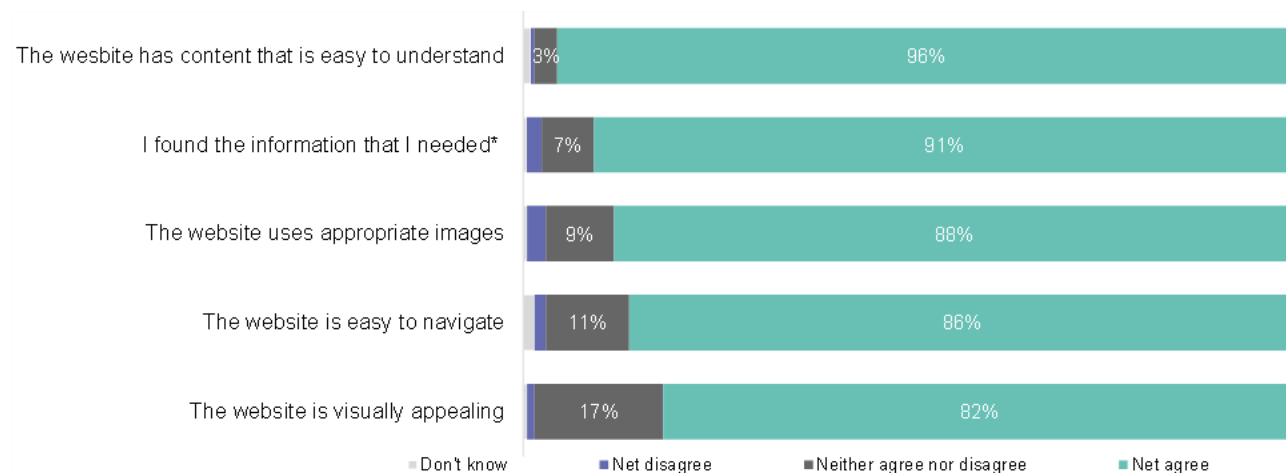
These results accorded with feedback provided during interviews with health professionals, with most praising the website's clear and concise primary navigation menu, complemented by the drop-down menu providing direct access to key topics of interest. Health professionals interviewed also highlighted the website's less formal and 'friendly' presentation of health information, which contrasted to other health information websites. Indeed, one health professional described the website as 'blokey' in its presentation and tone, which they viewed as likely to appeal to men. This is relatively consistent with the feedback provided on the Healthy Male website.

To navigate it's quite good, the tab title is quite precise...you know if you're looking for information you can go straight to the resources. (Health professional unfamiliar with the AMHF website)

It's pretty easy to navigate...with the menu across the top and the drop-down menu...it's pretty simple...pretty easy to get around. (Health professional unfamiliar with the AMHF website)

I think it's very blokey, and it covers a whole range of things. It's not so much just the health thing but a lot of things of interest [to men]...like how to protect themselves...I think it's a really nice one for the boys...it has this real boy thing about...feel to it. (Health professional unfamiliar with the AMHF website)

Figure 17 – Agreement with statements about the AMHF website



Base n=204, *n=208

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

5.3.1.2. Appropriateness of content

Feedback provided during the AMHF survey and interviews with health professionals suggests the AMHF website covers a relatively broad range of topics; however, mental health was noted as a key gap. Again, this is consistent with feedback on the Healthy Male website, suggesting that this may be a key gap in topics covered by the initiative. Those consulted often expressed a desire for the website to include more information on all aspects of mental health, including suicide prevention and help seeking.

[I would like to see content on] mental health, especially in dealing with stigma associated with personal development and seeking professional help. (AMHF survey respondent)

[I would like to see content on] mental health...and how it affects different demographics of men, including men from CALD and sexual diverse backgrounds, and our Aboriginal communities. (AMHF survey respondent)

Some health professionals suggested that the breadth of topics covered by the website, and its social determinants of health focus, were likely to appeal to a relatively diverse population; however, it was noted that a better use of visual communication tools such as infographics may make the information more accessible to consumers with low literacy or English as a second language. In addition, responses to the AMHF survey demonstrated a desire for more information on health issues experienced by priority populations such as Aboriginal men, men from CALD backgrounds, LGBTQI+ people, older men, and boys, adolescents and teenagers.

It's quite diverse in terms of men's health issues I suppose, which I think it's good...it seems like it would be relatable to different age groups and different demographics. (Health professional unfamiliar with the AMHF website)

[I would like to see content on] intergenerational trauma the impact of colonisation on Aboriginal and Torres Strait Islander men. (AMHF survey respondent)

[I would like to see content on] gay men's health issues, CALD men's health issues. (AMHF survey respondent)

When reflecting on the relevance of the AMHF website for their clinical practice, most health professionals interviewed reported they would be unlikely to visit the website in future, noting it appeared to have a broader target audience and for that reason did not provide clinical guidelines or patient assessment and education tools. Some health professionals interviewed suggested the website could be relevant to allied health professionals providing psycho-social supports, such as social workers and counsellors.

It's a bit more universal, it's clear that this is a peak body type website. (Health professional unfamiliar with the AMHF website)

If you're a health professional looking for further medical information...[the website] is probably not really relevant for us. (Health professional unfamiliar with the AMHF website)

It's suitable to raise awareness for the general population. As a health professional I can't find much detailed information that I need to teach patients, rather I can only show them this poster to raise their awareness. (Health professional unfamiliar with the AMHF website)

5.3.1.3. Reliability of content

Feedback from the AMHF survey and interviews with health professionals revealed mixed feedback on the reliability of the AMHF website. Survey results suggest visitors primarily see the website as a reliable platform to keep up to date with the latest events, policies and activities in the men's health sector. When looking at feedback on the health information resources (such as the fact sheets), a small number of survey respondents reported they viewed the website as a trusted source of evidence-based information. One respondent, for example, reported using some of the resources to support an event on men's mental health.

I needed resources to support a men's mental health event. I think the AMHF is an excellent source of information, very reliable and evidence based. The infographics work well for a men's audience. (AMHF survey respondent)

On the other hand, feedback from the interviews with health professionals raised some concerns regarding the reliability of some of the website's health information resources. The fact sheets in particular were noted to have broken hyperlinks, inconsistent formatting, and the absence of graphic design elements and logos; leading to many of those consulted questioning the credibility of the fact sheets, including whether the information contained within them was in line with current best practice.

The site has a few broken links as well, when I click on a few different things, they don't work. The resources itself, the fact sheets, there's not many there. So if I saw that for the first time I'd probably think there's not much here that I use in practice so I don't know if I would come back to it. (Health professional unfamiliar with AMHF)

Yeah that's right. It's just one poster and then it includes a lot of information in it. I'm not quite sure how current is that. (Health professional unfamiliar with AMHF)

This feedback highlights the importance of presenting information in a visually appealing and clear format in order to reassure the end user that the information is credible. It is suggested that reviewing and updating the fact sheets may lead to greater uptake in future.

5.3.2. The Men's Health Gathering and Men's Health Connected

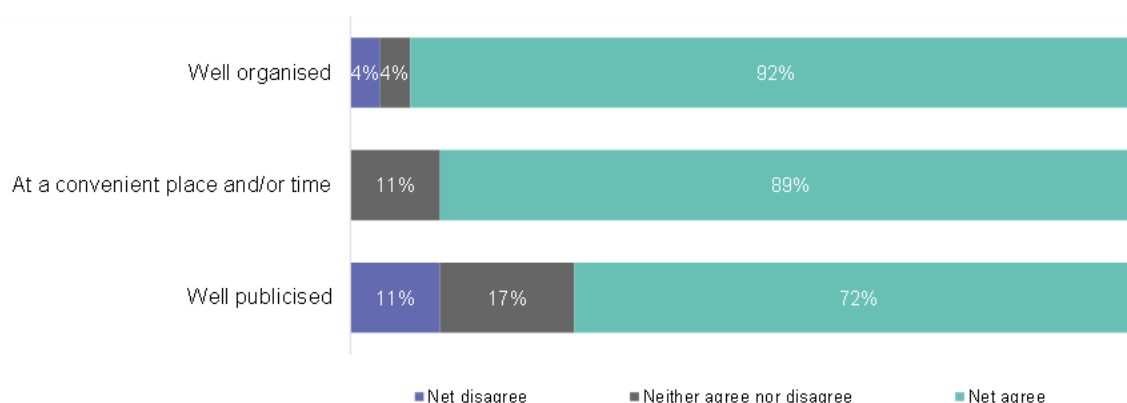
5.3.2.1. Organisation and format

As noted in Section 5.1.2, 144 people attended the 2018 Men's Gathering and more than 1,200 people registered to attend Men's Health Connected 2020. The AMHF survey asked respondents whether they had attended either of these events: n=53 respondents reported they had attended the 2018 Men's Health Gathering, and n=176 respondents reported they had attended Men's Health Connected 2020.

Survey results showed a high level of agreement that both the 2018 Men's Health Gathering and Men's Health Connected 2020 were well organised (92% and 87% respectively). Similar results were observed when respondents were asked whether the events were held at a convenient place and time (89% and 86% respectively) (see Figure 18 and Figure 19 below). Encouragingly, most respondents indicated they were likely or extremely likely to attend the 2018 Men's Health Gathering (81%) and/or Men's Health Connected 2020 (91%) in future.

There were slightly lower levels of agreement that the events had been well-publicised (72% and 70% respectively), suggesting there is an opportunity to further extend the reach of the events through reviewing their promotion strategies (see Figure 18 and Figure 19 below). This accorded with qualitative feedback provided in open response survey questions, with suggestions for improvement often focusing on better promotion of the events to encourage broader reach, including reach to community members. There were few additional insights provided through the interviews with health professionals, due to low levels of awareness of and attendance at the two events among those consulted.

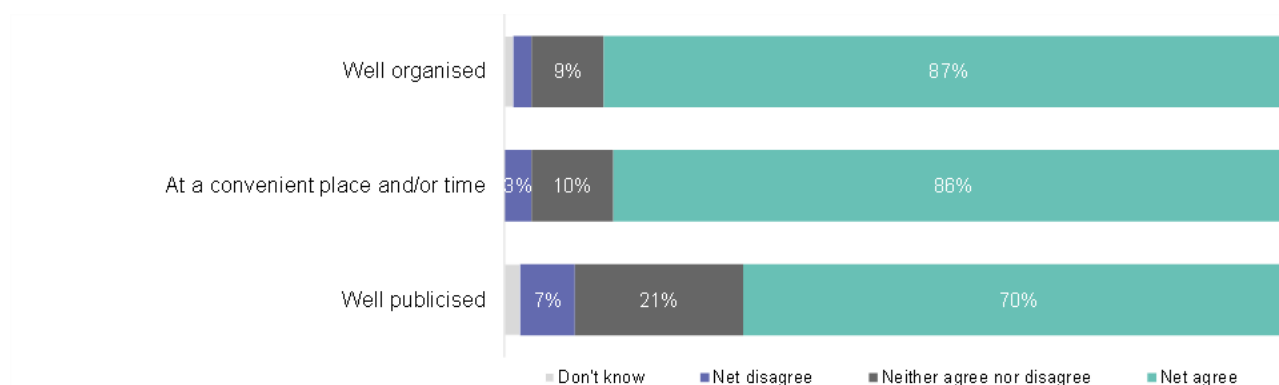
Figure 18 – Agreement with statements about the 2018 Men's Health Gathering



Base n=43

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Figure 19 – Agreement with statements about Men’s Health Connected 2020



Base n=175

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

As noted in Section 5.1.2, the online format adopted by Men’s Health Connected 2020 appears to have supported its reach, with survey respondents reflecting that they were able to join the event for free and to choose sessions that suited their interests, rather than travelling to a venue to attend all sessions. At the same time, feedback provided during the surveys, as well as interviews with key partners, highlighted that networking is more suited to face-to-face events such as the 2018 Men’s Health Gathering. Suggestions for improving networking opportunities in future (at both online and face-to-face events) included incorporating more interactive and participatory sessions (e.g. breakout sessions, workshops), and adopting ‘hybrid’ events in which there is an ‘anchor’ face-to-face event complemented by some virtual sessions.

[My suggestions for improvement are] *breaking into small groups for some interaction.*
(AMHF survey respondent)

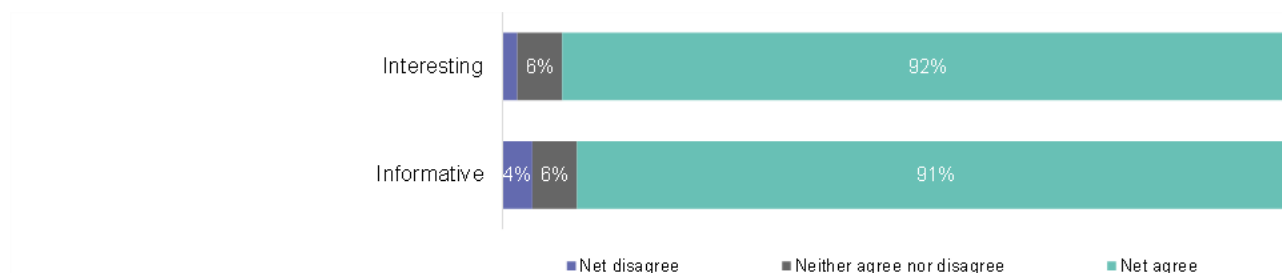
[My suggestions for improvement are] *also utilise breakout sessions/working groups/workshops to help facilitate interaction/connection between participants.* (AMHF survey respondent)

A critical part of the event is social interactions, creating connections – this is missing from these online events. (Key partner)

5.3.2.2. Appropriateness of content

Survey respondents who had attended the 2018 Men’s Health Gathering and Men’s Health Connected 2020 were also asked to comment on the content of the events. Survey results showed a high level of agreement with the idea that the content presented at the 2018 Men’s Health Gathering (92%) and Men’s Health Connected (93%) was interesting, with similar proportions of respondents agreeing the events were informative (both 91%) (see Figures 21 and 22 overleaf). No further feedback was provided during the interviews with health professionals, as none of those consulted had attended either event.

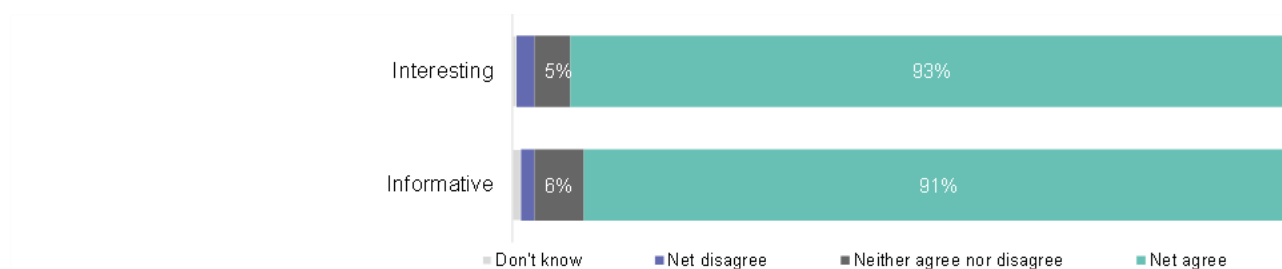
Figure 20 – Agreement with statements about the 2018 Men’s Health Gathering



Base n=43

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Figure 21 – Agreement with statements about Men’s Health Connected 2020



Base n=175

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Despite this generally positive feedback, many survey respondents suggested the content for both events could be strengthened by broadening the diversity of topics and speakers. This included adopting a greater focus on the health of:

- boys, adolescents, and teenagers
- men from culturally and linguistically diverse (CALD) backgrounds
- Aboriginal and Torres Strait Islander men
- men with diverse sexualities.

Within this context it was suggested that it would be beneficial to provide a stronger focus on the consumer voice, by inviting community members to attend the events and share their perspectives.

[My suggestions for improvement are] *hearing more from men and boys with lived experience of the conditions, services or issues being discussed.* (AMHF survey respondent)

[My suggestions for improvement are] *including a stream on young boys and men.* (AMHF survey respondent)

5.4. OUTCOMES OF RESOURCES AND ACTIVITIES

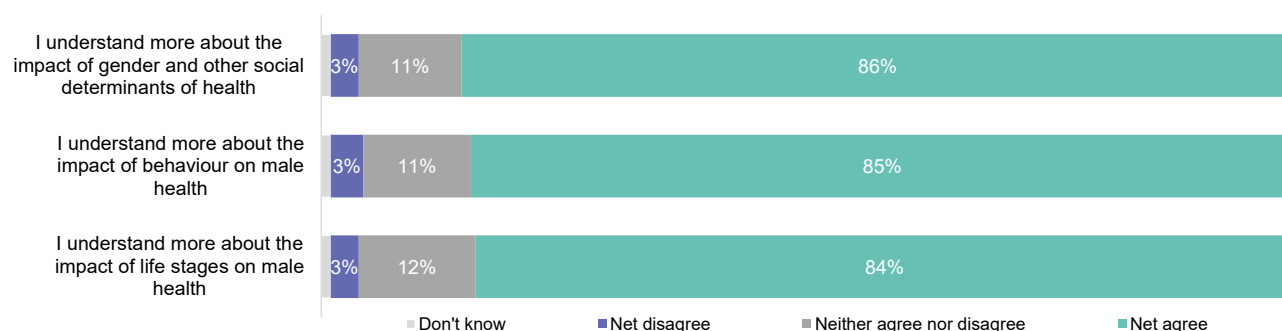
Key findings

- Results from the AHMF survey indicate that the AMHF website has helped respondents to improve their knowledge of the social determinants of health, including gender, behaviour and life stages

Impact on users' knowledge

Results from the AHMF survey indicate that the AMHF website has helped respondents to improve their knowledge of the social determinants of health, including gender (86%), behaviour (85%) and life stages (84%) (see Figure 22 below). No further insights were available from the interviews with health professionals, as none of those consulted were familiar with the AMHF website.

Figure 22 – Outcomes from visiting the AMHF website



Base n=208

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

There was limited feedback provided regarding outcomes associated with the 2018 Men's Health Gathering and 2020 Men's Health Connected.

5.5. SECTION CONCLUSION AND CONSIDERATIONS FOR THE FUTURE

The Men's Health Gathering and Men's Health Connected are key means of engagement for the AMHF. It is therefore pleasing that these events were generally well-attended and positively received. For example, more than 90% of survey respondents agreed that the content presented at the events was interesting and informative. In addition, the online format adopted in 2020 extended event reach from 144 attendees at the 2018 Men's Health Gathering to 1,203 attendees at 2020 Men's Health Connected. It was suggested, however, that the reach of these events could be further extended through improved publicity, and that a hybrid online/face-to-face approach or breakout rooms could be adopted in future to improve networking opportunities. Consistently, the reach and experience of the AMHF website was generally positive; however, the robustness of content (especially the fact sheets) was consistently brought into question by health professionals due to their poor visual presentation. It should also be noted that while health professionals were especially appreciative of the social determinants of health focus of the AMHF's resources and activities, they would like to see more focus on priority populations such as Aboriginal men, men from CALD backgrounds, LGBTQI+ people, older men, and boys, adolescents and teenagers.

The aim of the MHI is to improve knowledge and awareness among men and health professionals; however, it appears that the AMHF's resources currently have limited reach to, and relevance for, these groups. Most notably, only around a third of survey respondents were health professionals and most of those interviewed indicated that they were unlikely to visit the website due to a lack of information relevant to their clinical practice. This is not to say that AMHF are failing the target audiences, rather it appears they are indirectly reaching these audiences by engaging with, and supporting, partners who more directly work with community and clinicians. Within this context, consideration should be given to whether AMHF could be funded by the Department as a male health peak body, with key activities and KPIs focussed more heavily on engagement and capacity building across the male health sector. The AMHF's extensive reach beyond keystone events and the website supports their potential to connect widely (e.g. 5,035 subscribers to the AMHF newsletter as at June 2020).

6. THE MEN'S HEALTH INFORMATION AND RESOURCE CENTRE (MHIRC)

This section of the report outlines findings relating to the reach of MHIRC's resources and activities, as well as users' experiences and any outcomes. It is primarily based on MENGAGE website analytics, the MENGAGE survey and other surveys which asked about Men's Health Week, as well as interviews with men and health professionals.

6.1. REACH OF RESOURCES AND ACTIVITIES

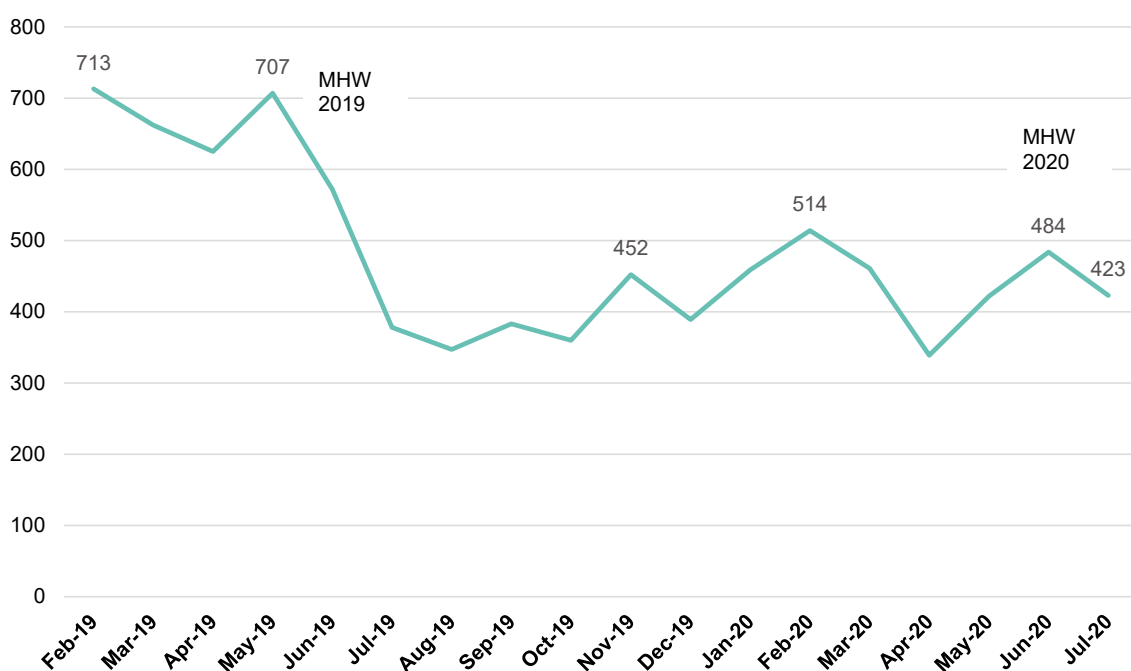
Key findings

- There were 8,690 visits to the MENGAGE website from February 2019 to July 2020
- MENGAGE survey respondents were primarily a mix of health professionals (36%), academics or male health experts/advocates (15%), people working in community services (12%) or people working in health policy (3%)
- The number of events registered through the Men's Health Week website increased from 200 in 2018 to 260 in 2019, but decreased to 106 events in 2020 (this may have been due to restrictions associated with the COVID-19 pandemic and the need to hold events online)
- The Men's Health week website had 10,488 visits between August 2018 and July 2020, and a total of 750 resource packs were distributed between 2018 and 2019 (no printed materials were distributed in 2020 as all events were held online)
- The reach of the MHIRC Facebook page has grown from 3,548 people having viewed any content in 2018 to 102,191 people having viewed any content as at July 2020
- The MHIRC Twitter account had 1,897 followers as at December 2020

6.1.1. The MENGAGE website

According to Google Analytics data, there were 8,690 visits to the MENGAGE website from February 2019 to July 2020. As seen in Figure 23 below, visits to the website peaked in May 2019 just before 2019 Men's Health Week. There was also a small peak observed just before 2020 Men's Health Week, although website visits have seen a downward trend over time. Between February 2019 and July 2020 there has been a decrease of 290 website visitors (a 41% decrease).

Figure 23 – MENGAGE website visits per month



Demographic data for website visitors was not available from Google Analytics, however insights provided by the MENGAGE survey (n=33) included that:

- nearly a third of respondents were health professionals (36%), followed by academics or male health experts/advocates (15%), people working in community services (12%) and people working in health policy (3%)
- nearly two thirds of respondents were male (64%)
- most respondents were aged 50 years or older (64%)
- over half were working full time (55%), one in five were working part time (21%) and nearly one in five were retired (15%)
- most respondents were living in metropolitan areas (70%), followed by regional/rural areas (29%).

However, the above figures speak to the profile of the survey sample only and cannot be considered representative of all website users.

6.1.2. Men's Health Week

MHIRC organises Men's Health Week through maintaining the Men's Health Week website, where participating organisations or groups can register their local event and download or request printed versions of supporting materials. Men's Health Week 2020 was held from 15 to 21 June 2020. Examples of events, highlighted through survey open responses and the consultations, included in-person events held at sporting clubs or through industry associations in which there are high proportions of male members, as well as online webinars with key speakers.

The number of events registered through the website increased from 200 in 2018 to 260 in 2019, an increase of 60 events (+30%). In 2020, there was a substantial decrease to 106 events, all of which were held online due to restrictions associated with the COVID-19 pandemic. The observed decrease may be associated with these restrictions, as some groups may not have the skills or capacity to run an online event.

Between August 2018 and July 2020, the Men's Health week website had 10,488 visits. In terms of supporting materials:

- 250 resource packs were distributed in 2018
- 500 resource packs were distributed in 2019
- 10,000 brochures, 4,000 posters and 2,000 check lists were distributed in 2019 as part of resource packs and broader distribution to the public through partner organisations
- no printed materials were distributed in 2020 as all events were held online.

6.1.3. Other means of engagement

MHIRC also engages stakeholders via its Facebook page and Twitter account, as shown below. These figures suggest that reach via Facebook has increased over time, which is reported to have been achieved through the use of relatively cost-effective paid Facebook campaigns. The Twitter account has a relatively broad reach and has also generated some interest through a paid campaign.

Social media	
	<ul style="list-style-type: none"> ▪ The MHIRC Facebook page had a total reach of 3,548 in 2018 and a total reach of 102,191 as of July 2020 (a 2780% increase). Reach refers to the number of people that saw any content from the MHIRC Facebook page. ▪ Paid Facebook campaigns generated a reach of 100,103 from June 2018 to June 2020 and cost \$471.20 in total. ▪ The MHIRC Twitter account had 1,897 followers as of December 2020. ▪ A paid Twitter campaign for Men's Health Week generated 17,491 impressions (a count of the number of times the post as viewed) and cost \$80.00 in total.

6.2. USE OF RESOURCES AND ACTIVITIES

Key findings

- Some of the most common ways in which survey respondents had first visited the MENGAGE website included hearing about it through a Men's Health Week event/activity (36%), coming across it when searching about men's health on the internet (32%), and/or coming across it when searching for information about a specific condition or health topic (14%)
- The survey sample was highly engaged with the MENGAGE website, with over half of all respondents indicating they had visited the website four or more times in the six months prior to the survey (55%), and two thirds indicating they visit the website at least monthly on an ongoing basis (67%)
- Respondents typically reported visiting the website to find out information about men's health, to check the Situational Approach to Suicide Bulletin and to keep up to date with information in the male health sector
- The most commonly sought-after topics on the website were the social determinants of health, topics relating to mental health (such as suicide, depression and stress) as well as social violence, drinking and alcoholism, and cancer

6.2.1. The MENGAGE website

Some of the most common ways in which survey respondents had first visited the MENGAGE website included:

- hearing about it through a Men's Health Week event/activity (36%)
- coming across it when searching about men's health on the internet (32%)
- coming across it when searching for information about a specific condition or health topic (14%).

The first item above demonstrates that Men's Health Week provides an opportunity for cross-promotion of the MENGAGE website. The second and third items above provide further context to the profile of survey respondents, who appear to be interested in men's health due to a clinical or academic background (see Section 6.1.1).

Google Analytics data on the number of unique or repeat visits was not available for the purposes of the evaluation. Survey data revealed the survey sample was highly engaged with the MENGAGE website, with over half of all respondents indicating they had visited the website four or more times in the six months prior to the survey (55%), and two thirds of respondents indicating that they visit the website at least monthly on an ongoing basis (67%).

Respondents typically reported (in open text response) visiting the website to:

- find out information about men's health
- check the Situational Approach to Suicide Bulletin
- keep up to date with information in the male health sector.

Given the website's focus on providing access to research and insights on male health, respondents were also asked to indicate which topics they had come to the website to find information on. The most commonly sought-after topics were:

- the social determinants of health (68%)
- suicide (68%)
- depression (55%)
- stress (55%)
- social violence (27%)
- drinking and alcoholism (23%)
- cancer (23%).

These responses demonstrate the desire, among survey respondents, to access information on the social determinants of health. As explored further below, this accords with positive feedback provided by survey respondents about the website layout, which was noted to organise information by categories that reflect key social determinants of health such as ‘work’ and ‘behaviours’. In addition, the above responses demonstrate a desire to access information on mental health and wellbeing, demonstrating the interest in this topic area among health professionals and academics alike.

6.3. EXPERIENCE OF RESOURCES AND ACTIVITIES

Key findings

- Survey respondents and health professionals interviewed were generally positive about the navigability of the MENGAGE website due to its clear navigation menu; however, the visual presentation of the website could be improved so that it appears up to date and the information is easier for visitors to digest
- Feedback also suggests the website’s focus on the social determinants of health is appreciated by users; however, the purpose and target audience of the website appear to be unclear, especially to health professionals
- While the website is viewed as relatively credible due to its association with Western Sydney University, some suggestions for improved credibility included adding the Australian Government logo to the homepage and adding time stamps to articles to show they are up to date
- Men’s Health Week 2020 was viewed by survey respondents as having been well organised; however, promotion was noted as an area for improvement
- Most survey respondents agreed the information presented during Men’s Health Week was informative (98%) and interesting (97%)

6.3.1. The MENGAGE website

6.3.1.1. User experience

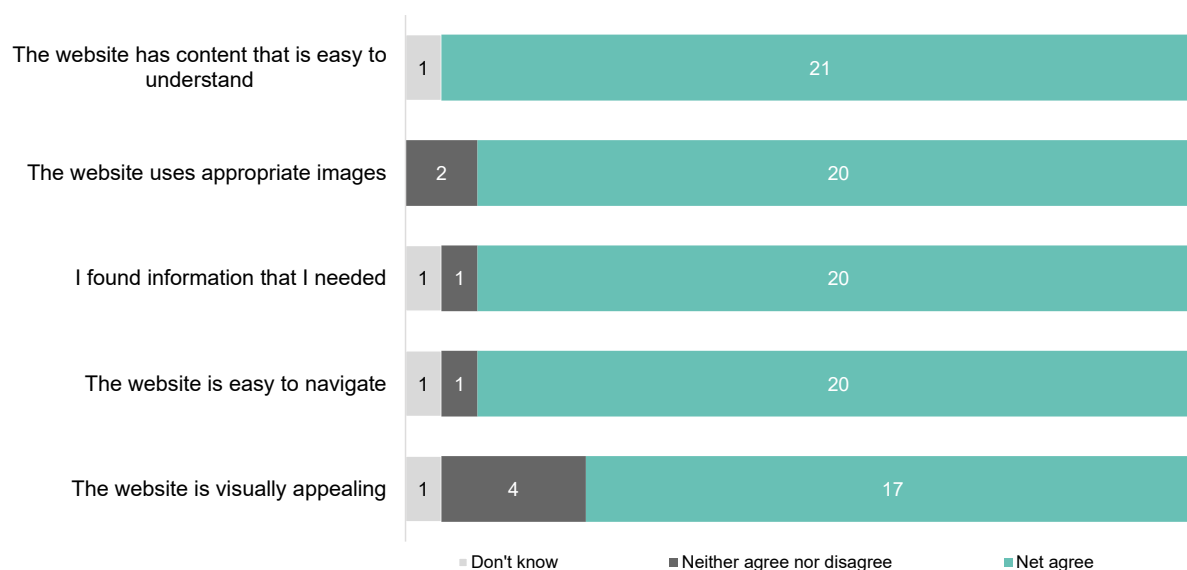
MENGAGE survey respondents were generally positive about the presentation and navigability of the MENGAGE website, with 21 in 22 respondents agreeing that the website has content that is easy to understand, and 20 in 22 respondents agreeing the website is easy to navigate. A total of 20 in 22 respondents also agreed that they were able to find the information they needed from the website (see Figure 24 overleaf). Encouragingly, 20 in 22 respondents indicated they were likely or extremely likely to recommend MENGAGE website to others.

Feedback provided through the interviews with health professionals further validated these findings, with many participants highlighting the usefulness of the navigation menu across the top of the home page, making it easy to search for information under categories such as ‘work’, ‘social’, ‘behaviours’ and ‘conditions’. This was considered particularly useful in the context of a clearinghouse website, in which there are large volumes of information available.

There seems to be lots of information to read on it but I guess I like how it’s categorised at the top, I think it would be easy to find...what I was looking for...just based on those. (Health professional unfamiliar with the MENGAGE website)

However, survey results also indicate the MENGAGE website could be optimised to make better use of visual elements, with only 17 of 21 respondents agreeing the website was visually appealing (see Figure 24 overleaf). This accorded with feedback from health professionals interviewed, most of whom described the website as outdated in its visual presentation, which made the experience of accessing the available information less engaging. A few health professionals also noted the results pages for certain topics (e.g. ‘Accessible Health Care’ and ‘Men’s Mental Health’) appeared cluttered with text and imagery, making it difficult to efficiently filter for relevant information. Suggestions to help make the information more digestible when clicking on a topic in a navigation tab included: having available resources appear in list form (unaccompanied by supporting images) or shortening the summaries of resources.

Figure 24 – Agreement with statements about the MENGAGE website



Base n=22

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

6.3.1.2. Appropriateness of content

Many health professionals interviewed suggested the MENGAGE website's purpose and target audience were unclear. Within this context, they questioned whether the website was intended for consumers looking for general information on men's health, or whether it was intended for experts working in health policy and research. In addition, they suggested the website was unlikely to be used by most clinicians, but could be relevant to some allied health professionals providing psychosocial support, such as social workers.

I'm a bit confused about what it is about. It seems like a personal website. (Health professional unfamiliar with the MENGAGE website)

I think it's a lay person's resource...but just looking at it quickly it's probably good a referral source [for some health professionals]. (Health professional unfamiliar with the MENGAGE website)

It's probably a website that I would share with the social workers in my team. It has some topics that I think they'd be interested in. (Health professional unfamiliar with the MENGAGE website)

A small number of health professionals consulted appreciated the social determinants of health focus of the website. It was noted that the information was organised by priority groups such as boys, adolescents, young men and older men, which may help some health professionals to consider the lifecycle of males in the context of addressing their health needs. This is consistent with feedback provided on the AMHF website. In addition, many MENGAGE survey respondents reported accessing the Situational Approach to Suicide Bulletin; which was noted by some respondents to provide a unique perspective on mental health and wellbeing through incorporating the social determinants of health, rather than addressing mental illness as an inherent pathology.

I like the way it goes through the life cycle, so early childhood, adolescence, and they've put the elderly in a nice way – they've put it in retirement and grief and loss because that kind of happens around that time as well. (Health professional unfamiliar with the MENGAGE website)

I have an interest in male suicide and murder suicide. I work providing legal services to men and am interested in the concept of a situational approach rather than the preoccupation with mental health and simplistic 'are you ok?'. (MENGAGE survey respondent)

Results from the MENGAGE survey suggest the website is inclusive of males from diverse backgrounds, with 20 of 22 respondents agreeing the website uses appropriate images (see Figure 24 above). However, a key content gap noted was the health of Aboriginal and Torres Strait Islander men.

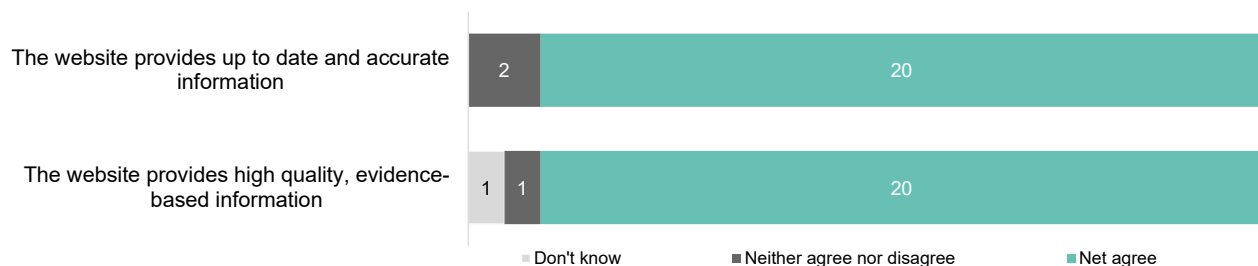
It's more like general health. They didn't include Aboriginal health; it just included general health. (Health professional unfamiliar with the MENGAGE website)

6.3.1.3. Reliability of content

Results from the MENGAGE survey suggest that respondents perceive the MENGAGE website to be credible, with the majority agreeing or strongly agreeing the website provides high quality evidence-based information (20 of 22 respondents) and up to date and accurate information (20 of 22 respondents) (see Figure 25 below). In addition, interviews with health professionals highlighted that the website's association with a university (i.e. Western Sydney University), and its use of well-known sources of information (e.g. Alzheimer's Australia), meant that they were more likely to trust the content.

There are the actual stories where it's linked back to where some of that information might have come from. So if it's Alzheimer's Australia or something like that, it's linked back to whatever body or organisation it came from. (Health professional unfamiliar with the MENGAGE website)

Figure 25 – Agreement with statements about the MENGAGE website



Base n=22

"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

Suggestions for improving the credibility of the website included:

- adding the Australian Government logo to more clearly communicate that the website receives funding from the Department
- adding time stamps to articles and other information, to provide confidence for the reader that the information is up to date.

There's no logos...from the Australian Government...is it really from the Australian Government? There's no year, like 2020 or 2019...[it makes you wonder whether it is] a recent or current website, or [whether it] is it an old one. (Health professional unfamiliar with the MENGAGE website)

It is also suggested that improving the overall visual presentation of the website (as noted in Section 6.3.1) may further improve the credibility of the website.

6.3.2. Men's Health Week

6.3.2.1. Organisation and format

All four surveys asked questions about Men's Health Week 2020. In total, n=141 respondents reported attending Men's Health Week and n=56 respondents reported organising/facilitating an event. Respondents reported high levels of agreement with the idea that Men's Health Week 2020 had been well organised (95%) and at a convenient time (95%). Encouragingly, most respondents who attended an event indicated they would attend again (93%); and most respondents who organised or facilitated an event indicated they would do so again (94%).

Limited additional feedback was provided during interviews and focus groups with men and health professionals, as exposure to Men's Health Week 2020 was relatively limited among those consulted. One man interviewed recalled attending a town hall style event offering different sessions throughout the day, and spoke highly of this format as it enabled participants to engage with a variety of topics in the one location.

I can't remember when the year's a bit of a blur it probably would have been last year now, show bags probably a dozen, 15 maybe exhibitors, speakers throughout the day on different subjects and so forth – it was good. (Man familiar with Men's Health Week 2020)

One health professional interviewed explained that they organised sessions at their clinic to educate men on important health issues, which they try to align with Men's Health Week. They remarked that their events were valuable as they encouraged men to visit their GP for a check-up. Another health professional who regularly organised Men's Health Week events remarked that it would be helpful if the dates and theme for Men's Health Week could be released earlier to help health services plan their health promotion calendar.

We actually did health check-ups at that event and that was an opportunistic screening which then we could talk to them about something that might needs addressing. Overall I found it to be a really positive experience and enjoyable and I think the men did too. (Health Professional familiar with Men's Health Week 2020)

There were slightly lower levels of agreement with the idea that the events had been well-publicised (86%), suggesting there is an opportunity to further extend the reach of Men's Health Week through reviewing its promotion strategy (see Figure 26 below). This accorded with qualitative feedback provided through the surveys and consultations, with the promotion of Men's Health Week being a key focus of suggestions for improvement. Consultations with staff from MHIRC suggest the existing budget for Men's Health Week has limited the amount of promotional activity that has been able to be undertaken, with broad media and communications strategies, like those employed for events such as Movember, not falling within the scope of the current agreement.

If we had a larger pool of money [for Men's Health Week] we could actually also be involved in organising major events and particularly events that attract media. (Staff from MHIRC)

[My suggestions for improvement are] *more publicity and media exposure*. (AMHF survey respondent)

[My suggestions for improvement are] *we need to promote well, especially [at] sporting events, entertainment centres*. (AMHF survey respondent)

Figure 26 – Agreement with statements about Men’s Health Week 2020 (across all four surveys)



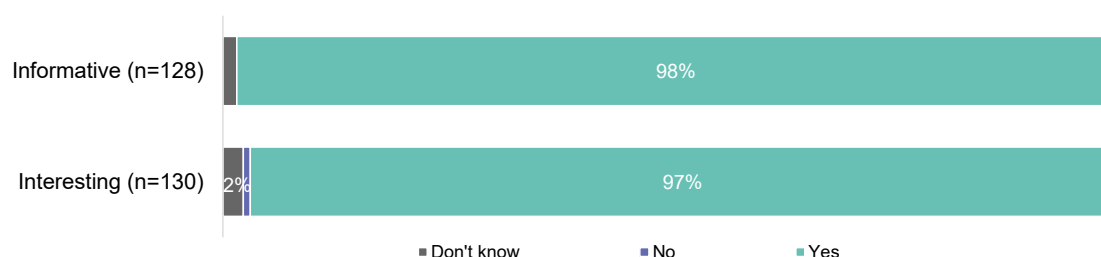
“No” refers to respondents who selected “no”, “disagree” or “strongly disagree” in the survey. “Yes” refers to respondents who selected “yes”, “agree” or “strongly agree”

6.3.2.2. Appropriateness of content

Survey respondents who had attended an event as part of Men’s Health Week 2020 were asked to comment on the content of the event. Survey results showed a high level of agreement with the idea that the content presented was informative (98%) and interesting (97%) (see Figure 26 below). No further feedback was provided during the interviews and focus groups with men and health professionals, as very few of those consulted had attended a Men’s Health Week event or found it difficult to recall specific details regarding events they had attended. Nevertheless, men and health professionals consulted were asked to reflect on the concept of Men’s Health Week and some key highlights from these discussions included that:

- MHIRC should encourage event partners to tailor their events to the local context, including addressing the needs of priority populations such CALD men, and attempting to engage men from diverse backgrounds in attending the events
- Men’s Health Week may not be perceived as relevant to health professionals, who would be more likely to attend a professional event on a topic directly relating to their clinical area of expertise.

Figure 27 – Agreement with statements about Men’s Health Week 2020 (across all four surveys)



“No” refers to respondents who selected “no”, “disagree” or “strongly disagree” in the survey. “Yes” refers to respondents who selected “yes”, “agree” or “strongly agree”

6.4. OUTCOMES OF RESOURCES AND ACTIVITIES

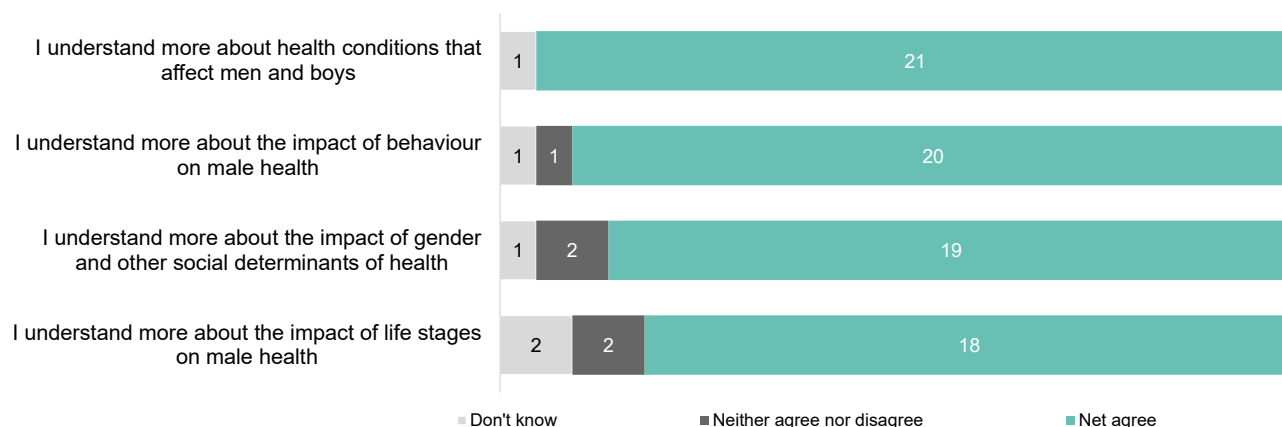
Key findings

- Most respondents to the MENGAGE survey reported that, as a result of visiting the MENGAGE website, they had developed a greater understanding of conditions affecting men and boys, as well as the social determinants of health for males

Impact on users' knowledge

Results from the MENGAGE survey suggest the MENGAGE website has had an impact on respondents' knowledge of male health. Nearly all respondents reported they had developed a greater understanding of health conditions affecting men and boys as a result of visiting the website (21 of 22 respondents). With regards to the social determinants of health, nearly all respondents reported the website had increased their understanding of the impact of behaviour (20 of 22), gender (19 of 22) and life stages (18 of 22) on the health of men and boys (see Figure 28 below). No further insights were available from the interviews with health professionals, as none of those consulted were familiar with the MENGAGE website.

Figure 28 – Outcomes from visiting the MENGAGE website



"Net disagree" refers to respondents who selected either "disagree" or "strongly disagree" in the survey; "Net agree" refers to respondents who selected either "agree" or "strongly agree"

There was limited feedback provided regarding outcomes associated with Men's Health Week. However, a small number of those consulted highlighted that it provides an opportunity to create conversations about male health, which may help to reduce stigma, and encourage men to become more active in managing their own health. As noted by one man consulted: *"sharing the knowledge and sharing the concern means you're more likely to access information and seek help, and that's important"*.

6.5. SECTION CONCLUSION AND CONSIDERATIONS FOR THE FUTURE

Despite a relatively limited funding allocation, MHIRC is providing credible information through the MENGAGE website and Men's Health Week. By way of example, The Men's Health Week website had 10,488 visits between August 2018 and July 2020, and a total of 750 resource packs were distributed between 2018 and 2019. While the MENGAGE website had slightly lower visitation levels, it appears it is resonating with academics and male health experts, as well people working in community services. Regarding website content, health professionals were appreciative of the social determinants of health focus and most likely to access the Situational Approach to Suicide Bulletin. It should be noted, however, that there is some confusion about the purpose and target audience of the website, with most suggesting that it may be more suited to health policy professionals and researchers. In addition, Men's Health Week events also had limited resonance with health professionals. Increasing funding allocated to MHIRC for Men's Health Week may allow for a more targeted, active approach to planning and promotion, ensuring that the events are reaching and meeting the needs of men and health professionals, as well as any policy directives of the Department.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1. CONCLUSIONS

Overall, the MHI has proven to have been successfully implemented by the funded organisations, to have achieved broad reach to men and health professionals (as well as other interested stakeholders), and to have contributed to increased knowledge and awareness of male health among these groups. There are opportunities for the Department to support future success through reviewing and clarifying the objectives of the MHI, and through taking a stronger role in leadership and governance.

The MHI has achieved broad reach to men and health professionals, however there is an opportunity to better reach diverse communities

The three funded organisations have each achieved broad reach via their respective resources and activities. This includes over 2 million visitors to the Healthy Male website (April to July 2020), over 145,000 visitors to the AMHF website (January 2018 to July 2020) and over 8,500 visitors to the MENGAGE website (February 2019 to July 2020). The 2018 Men's Health Gathering had 144 attendees and Men's Health Connected 2020 had 1,203 attendees (thanks to its online format). Men's Health Week had 200 events registered in 2018, 260 in 2019 and 106 in 2020 (due to restrictions associated with the COVID-19 pandemic). In addition, all three funded organisations have successfully engaged with the public via social media and other media channels.

The Healthy Male website, YouTube channel and other resources are being accessed broadly by both men and health professionals across Australia, primarily via internet searches on men's health issues and via professional networks, respectively. The AMHF and MENGAGE websites, as well as the events run by the AMHF and MHIRC, appear to be reaching a smaller group of more engaged health professionals and men's health experts and advocates. All three organisations have an opportunity to better target their reach to diverse communities, including Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse (CALD) backgrounds, LGBTQI+ people, younger men and older men.

The funded organisations have successfully delivered their activities within agreed timeframes

All three funded organisations have delivered their activities within the timeframes agreed with the Department. Factors which have supported this implementation success include the collaborative approach to contract management adopted by the Department, and the flexibility afforded to the funded organisations to adapt their activities based on emerging needs. While reporting requirements have been reasonable and have supported governance, KPIs could be updated to reflect contract changes and ensure all activities and objectives are being measured.

Collaboration between the funded organisations has not met expectations

While the Department intended that the three funded organisations collaborate to support strong outcomes, this has been limited to cross-promotion or endorsement of activities. Factors which have impacted collaboration include a lack of clear common objectives (and the subsequent management of the MHI as a funding package rather than a cohesive initiative), as well as differences in the approach to male health, with Healthy Male adopting a more clinical sexual and reproductive health focus, and the AMHF and MHIRC adopting a broader social determinants of health focus. Nevertheless, the funded organisations have collaborated with their own partners, and this has supported the success of their funded activities and expanded reach (and potentially impact).

The MHI has contributed to greater knowledge and awareness of male health among men and health professionals, however there is an opportunity to better meet the needs of men

The resources produced by the funded organisations were perceived to be credible, thanks to their association with the Australian Government and other relevant bodies; however, there are some opportunities for the AMHF and MENGAGE to improve their credibility through reviewing the visual presentation and seeking peer review of some of their resources.

Establishing a high level of credibility has translated into uptake of the resources and the achievement of outcomes, with all three funded organisations contributing to increased knowledge and awareness of male health among men and health professionals, or other key stakeholders such as men's health experts and advocates. The unique value delivered by the MHI has been the translation of complex health information and research into formats that can be easily understood by the community and health professionals alike. While difficult to measure, there is some evidence that increased knowledge and awareness have translated into behaviour change among some men (e.g. increased help seeking) and some health professionals (e.g. making diagnoses).

Despite these successes, there is an opportunity for all three funded organisations to better meet the needs of men through focusing on existing content gaps such as mental health and preventive health, and ensuring that there are mechanisms in place to stay abreast of emerging needs.

An assessment of the MHI's success against the intended outcomes of the MHI is provided in Section 7.2 overleaf, with recommendations for the Department in Section 7.3 on pages 66-67.

7.2. EVALUATION ASSESSMENT

An assessment of the MHI against the intended outcomes established in the MHI Evaluation Plan has been provided below.

Intended outcomes	Achievement as at December 2020
Foundation activities	
Management and governance <ul style="list-style-type: none"> ▪ Funding is received from the Department ▪ Governance arrangements between the Department and the funded organisations are established (including reporting requirements) ▪ Organisation-level governance arrangements are established (e.g. Boards) 	Requires review: Contracts were established and have been successfully managed with the three funded organisations as separate entities. Healthy Male and the AMHF have undergone organisational restructures, which have led to some benefits; however, there are mixed views about the current structure of the AMHF. To support program success there is a greater role required from the Department in establishing common objectives and managing the MHI more holistically.
Implementation <ul style="list-style-type: none"> ▪ Staff are hired and volunteers are recruited ▪ Stakeholders are engaged (e.g. male health experts, Australian Men's Sheds Association) ▪ Consumers are engaged ▪ Websites and information resources are developed 	Achieving: Implementation of the funded activities has progressed as planned, with the support of key partners.
Enablers	
The evidence base for male health is further developed	Unclear: It is unclear the extent to which the evidence base for male health (external to the MHI) has developed over the past four years, and the extent which this has enabled outcomes for the MHI.
The evidence base for male health informs the development of information resources and advice to government	Achieving: The resources of the funded organisations are perceived as credible and evidence-based, with some opportunities for improvement relating to the visual presentation of some of some resource pertaining to the AMHF and MHIRC.
The practical experiences of health professionals inform the development of information resources and advice to government	Limited success: With the exception of Healthy Male, the funded organisations have limited direct engagement with health professionals. In addition, there is no evidence to suggest that Healthy Male's engagement with health professionals has extended beyond assistance with the development of resources to the provision of advice to government.

The voices of men and boys inform the development of information resources	Progressing: Men view the existing resources as helpful, however there is an opportunity to re-engage with men to ensure that existing content gaps (such as mental health, preventive health and the needs of priority populations) are covered by the MHI.
Information resources are made available and promoted to men and boys	Achieving: The three funded organisations have promoted their resources via available networks, including through their websites, social media and other media. Broad promotion to men has mostly been limited to the activities of Healthy Male. It is unclear how successful the organisations have been in reaching boys. There is an opportunity to better promote resources to priority populations.
Information resources are made available and promoted to health professionals	Achieving: The three funded organisations have promoted their resources via available networks, including through their websites, social media and other media. Broad promotion to health professionals has mostly been limited to the activities of Healthy Male.
Relationships are built with key partners	Achieving: Each of the funded organisations has established its own partnerships.
The funded organisations collaborate with each other in the context of the MHI	Requires review: Collaboration between the funded organisations has been limited to cross-promotion or endorsement of activities. Better collaboration requires the establishment of common objectives as well as stronger leadership from the Department.
Short term outcomes	
Men and boys engage in information resources created by the funded organisations	Achieving: The MHI has achieved reach to men, particularly through the resources of Healthy Male. However, these resources focus on sexual and reproductive health, with men requesting more information on mental health and preventive health. It is unclear the extent to which boys have engaged in the resources. There is an opportunity to better reach priority populations.
Men and boys engage in Men's Health Week and other events (incl. face-to-face and online events)	Limited success: The reach of Men's Health Week is impacted by its limited funding allocation. The Men's Health Gathering and Men's Health Connected appear to be targeted to male health experts and advocates, rather than men in the general community.
The health workforce engages in information resources created by the funded organisations	Achieving: The MHI has achieved reach to health professionals, particularly through the resources of Healthy Male. There also appears to be a small but engaged group of health professionals who engage with the AMHF website and MENGAGE.
The health workforce engages in Men's Health Week and other events (incl. face-to-face and online events)	Limited success: Men's Health week, the Men's Health Gathering and Men's Health Connected appear to reach a small but engaged group of health professionals; however, broad reach to health professionals is limited.

The funded organisations work with partners and other relevant stakeholders to develop resources and deliver or promote activities	Achieving: Partnerships have supported successful implementation of funded activities.
The funded organisations provide advice to government on men's health policy	Achieving: The funded organisations informed the development of the Men's Health Strategy 2020-2030, with Healthy Male taking a lead role in its development.
Medium term outcomes	
Men and boys have increased knowledge and awareness of their health and wellbeing, including health issues and management options	Achieving: Consultations and survey data support an increase in knowledge and awareness among men as a result of accessing Healthy Male resources. Although beyond the scope of the initiative, there is also evidence that accessing these resources can have a positive influence on men's confidence and behaviour.
The health workforce has increased knowledge of the health and wellbeing of men and boys, including health issues, best practice diagnoses and management and referral pathways	Achieving: Consultations and survey data support an increase in knowledge (and occasionally a translation into clinical practice) as a result of accessing Healthy Male resources. AMHF and MHIRC resources have also contributed to an increase in knowledge, however the health professional audience for these organisations is limited.
Partnerships extend the reach of health information to men and boys	Achieving: The funded organisations have formed partnerships with organisations which have extended the reach of health information to men. It is unclear whether reach has been achieved to boys, and what role partners have played in this.
Partnerships extend the reach of health information to health professionals	Achieving: The funded organisations have formed partnerships with organisations which have extended the reach of health information to health professionals.
Government policy responds to the health needs of men and boys	Progressing: The development of the Men's Health Strategy 2020-2030 is a positive step, and its content has been informed by the funded organisations. Moving forward, there is a need to review the objectives of the MHI and ensure it aligns with the Department's policy agenda as well as the needs that have been identified through this evaluation, namely mental health, preventive health and priority populations.

7.3. RECOMMENDATIONS

The following five recommendations are intended to guide the Department in maximising the value of the MHI in future.

Recommendation: Clarify MHI objectives and test the market

There is relatively poor understanding of the overall objectives of the MHI among the funded organisations, key stakeholders, and even some representatives from the Department. This appears largely driven by a reactive procurement process in which there was limited time to develop a program logic or ensure a shared understanding of objectives or determination of funding. This has resulted in some activities which have the potential to reach a significant number of men and health professions, such as Men's Health Week, currently receiving minimal funding under the MHI. The initiative design and procurement process has also resulted in some key health needs – most notably, mental health and preventive health, and the specific health needs of priority populations – being inadequately covered.

The summary of approaches contained in Appendix O suggests there are myriad of non-government organisations currently supporting the health and wellbeing needs of men and boys, some of which focus specifically on areas not fully addressed by the MHI, and most of which are not currently funded under the MHI. As such, it is suggested the Department reviews and clearly defines the objectives of the MHI in line with its current policy agenda and priorities, such as those outlined in the National Men's Health Strategy 2020-2030 (n.b. this may include a stronger focus on mental health, given the impacts of the COVID-19 pandemic). Upon clarification of its objectives, it is suggested that the Department seeks expressions of interest from organisations working in the male health sector, including those which focus on mental health and preventive health, or those which work directly with priority populations.

The current funded organisations should be invited to tender for future funding, which may encourage them to consider new or enhanced activities in line with the Department's clarified objectives. For example, there may be an opportunity to re-design Men's Health Week to achieve broader reach, requiring additional funding allocation. Overall, the approach of testing the market will ensure that the Department has the opportunity to consider all potential approaches to meeting its objectives.

Recommendation: Consider separate funding for a male health peak body

The AMHF advertises itself as a peak body, and is currently adopting some of the functions associated with a traditional peak body organisation. Table 1 below provides an outline of peak body functions and the AMHF's current activities. It suggests that the AMHF has some ways to go in establishing itself as the peak body for the male health sector, including representing the sector as a whole.

Table 7 – Peak body functions

Peak body functions*	AMHF activities
Policy advocacy	The AMHF provides policy advocacy through writing position papers and consulting with the Department; however, this is sometimes implemented in an adversarial way that is not conducive to informing policy changes.
Sector consultation and coordination	A major focus of the AMHF is delivering the National Men's Health Gathering – an event aimed at bringing together organisations and individuals interested in men's health policy. While feedback from those who have attended has been positive, it appears that the Gathering, and other sector consultation activities, may be reaching a small group of interested stakeholders, rather than the broader male health sector.
Information dissemination	The AMHF disseminates information on the health needs of men and boys through its factsheets, men's health report cards, and #knowyourmanfacts campaign, among others. The evaluation found that the design of some of these resources could be improved to increase their credibility.

*(South Australian Council of Social Service, 2011)

While the AMHF has been funded to deliver policy advocacy and sector consultation and coordination functions (e.g. the National Men's Health Gathering) (see Table 1 on previous page), these types of activities appear to no longer align to the aims of the MHI. The stated objectives of the MHI, as shown in the theory of change, are primarily to increase knowledge and awareness of male health among men and boys and health professionals – not to develop the male health sector.

Therefore, as part of clarifying the objectives of the MHI and testing the market, it is suggested that the Department considers whether a peak body for male health is better funded separately, under the Department's peak body funding package. If when reviewing the MHI's objectives, the Department decides to retain its focus on increasing knowledge and awareness among men and boys and health professionals, the Department should look to commission organisations under the MHI that can most directly meet the MHI's aims.

Recommendation: Ensure consistent alignment with health system priorities

The organisations funded under the MHI vary in the extent of their alignment to a social determinants of health approach, with strong alignment observed for AMHF and MHIRC and a more inconsistent alignment observed for Healthy Male. There is also stronger support for an integrated, holistic model of care and a human rights approach to healthcare from the perspective of AMHF and MHIRC. As noted throughout this report, these fundamental differences in philosophy and approach have acted as a significant barrier to collaboration between the organisations, and sometimes created tension between an organisation and the Department.

The summary of approaches to male health undertaken in other jurisdictions and in the non-government sector (see Appendix O) suggests that the health system is generally aligned with an approach to male health which considers the political, social, economic, and cultural forces that can impact health and wellbeing, as well as men's experiences of the health system. In addition, this approach to male health is clearly reflected in the new National Men's Health Strategy 2020-2030, which has been developed since the inception of the MHI.

Therefore, it is recommended that organisations funded under the MHI be encouraged (both formally within contracts, and informally on an ongoing basis) to align activities with current health system priorities. This means developing resources to meet the needs of priority populations (which were found to be underserved by existing resources and activities), as well as topics such as mental health and wellbeing and preventive health, which fall under a broader conceptualisation of health than purely focusing on physical conditions. It should be noted, however, that the clinically-focussed guidelines and assessment tools provided by Healthy Male are highly valued and well-utilised by health professionals, and as such should be maintained even through efforts to focus community resources more heavily on a broader conceptualisation of health and wellbeing.

Recommendation: Increased role for the Department in leadership and governance

The limited collaboration between the funded organisations and an occasional failure to meet expectations appears to be at least partially driven by the relatively limited role that the Department has played in leadership and governance. While responsibility for leading collaboration currently sits within the Healthy Male funding agreement, this organisation has had minimal successes in this area, partly due to tensions relating to funding arrangements, and partly due to fundamental differences in the approach to male health across the funded organisations.

It is therefore suggested that if multiple organisations continue to be funded, the Department should lead collaboration efforts, including convening regular meetings with representatives from all organisations. Expectations regarding collaboration can also be established through embedding them into the procurement process. For example, if the Department decides to test the market, it could explicitly state that it will preference proposals in which multiple organisations are partnering to achieve the stated objectives, or the Department could agree to provide a small amount of funding to cover collaboration efforts such as attendance at regular meetings. It is also suggested that the Department more heavily direct and monitor the activities of the funded organisations, ensuring they are working towards common and clear goals that address the needs of men and boys, and are in line with the Department's policy agenda and priorities. This could include a substantial update of funding agreements and more targeted reporting requirements.

Recommendation: Encourage organisations to diversify their funding sources

The three funded organisations are almost wholly reliant on funding provided by the Department, including funding to support their core functions. Having a single funding source is a risk to the sustainability of any organisation, as if the funding is not renewed this can result in major disruption or even the dissolution of an organisation. By extension, this reliance on a sole funder can create tension and anxiety in negotiations regarding funding agreements – as has been observed in the case of the MHI.

Therefore, it is suggested that, in testing the market, the Department should request tenderers to provide an outline of their organisation's funding portfolio, and that the Department should carefully review this information when evaluating tender responses. For the organisations currently receiving funding, the Department should encourage these organisations to diversify their funding portfolios and may consider requesting updates from the organisations regarding their efforts in this area.

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This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

APPENDIX A

HEALTHY MALE – HEALTHY MALE WEBSITE ANALYTICS

Overall website figures (April 2017 to July 2020)

	Users	Sessions	Bounce rate	Page/sessions	Avg. session duration
2017	525,261	581,734	85.80%	1.45	00:00:51
2018	827,908	919,697	87.05%	1.42	00:00:45
2019	487,436	548,900	82.39%	1.54	00:00:52
2020	251,472	280,617	85.74%	1.31	00:00:43

Age of users (February 2019 to July 2020)

Age	Users
18-24	14%
25-34	35%
35-44	17%
45-54	13%
55-64	11%
65+	9%

Gender of users (February 2019 to July 2020)

Gender	Users
Female	41%
Male	59%

Country of users (April 2017 to July 2020)

Country	Users
United States	29%
Australia	27%
India	9%
United Kingdom	7%
Canada	4%
Philippines	2%
Nigeria	2%
South Africa	2%
Pakistan	1%
Kenya	1%

New or returning user (April 2017 to July 2020)

New user	Returning user
93%	7%

APPENDIX B

HEALTHY MALE – HEALTHY MALE YOUTUBE CHANNEL DATA

Healthy Male YouTube channel reach (January 2017 to June 2020)

	Followers	Posts	Likes/Comments	Gender
YouTube				
2017	Not available	1	-	88% male 12% female
2018	Not available	3	969	
2019	369	31	228,048	
2020 (Jan-Jun)	1,649	7	63,441	
Total	-	42	292,458	

Healthy Male YouTube video views (as at October 2020)

Top 5 YouTube videos views	Views
What is Klinefelter Syndrome	145,000
Foreskin problems and circumcision	62,000
Penis lumps	58,000
Why is having good health important to you	27,000
Scrotal lumps	27,000

Age of Healthy Male YouTube channel followers (January 2019 to June 2020)

Age	Proportion
18-24	31%
25-34	29%
35-44	15%
45-54	9%
55-64	7%
65+	8%

APPENDIX C

HEALTHY MALE – OTHER ENGAGEMENT DATA

Social media reach (January 2017 to June 2020)

	Followers	Posts	Likes/Comments	Gender
Facebook				
2017	Not available	28	84	65% male 33% female
2018	1,240	46	1,409	
2019	1,544	56	2,356	
2020 (Jan-Jun)	1,868	129	3,185	
Total	-	259	7,034	
Instagram				
2017	0	0	0	84 % male 16% female
2018	Not available	Not available	Not available	
2019	421	23	426	
2020 (Jan-Jun)	486	49	440	
Total	-	72	866	
Twitter				
2017	Not available	20	247	Not available
2018	Not available	98	656	
2019	1888	103	1205	
2020 (Jan-Jun)	2092	109	1889	
Total	-	330	3,997	
LinkedIn				
2017	Not available	Not available	Not available	Not available
2018	Not available	Not available	Not available	
2019	169	1	4	
2020 (Jan-Jun)	244	78	217	
Total	-	79	221	

Age of Facebook and Instagram followers (January 2017 to June 2020)

Age	Facebook		Instagram	
	Male	Female	Male	Female
18-24	4%	1%	5%	2%
25-34	17%	9%	21%	6%
35-44	16%	9%	19%	4%
45-54	12%	6%	18%	2%
55-64	8%	4%	14%	2%
65+	9%	3%	4%	1%

Paid social media campaigns

Dates of paid social media campaigns
Brand launch/Men's Health Week 2019 = 18 April to 6 June 2019
Plus Paternal Project = 4 February to 24 February 2020
Men's Health Week 2020 = 25 May to 21 June 2020

APPENDIX D

HEALTHY MALE – HEALTHY MALE COMMUNITY SURVEY DATA

PROFILE OF RESPONDENTS

Age

Age	Respondents	%
20-29 years	2	1%
30-39 years	10	5%
40-49 years	14	6%
50-59 years	37	17%
60-69 years	70	32%
70-79 years	70	32%
80 years and over	13	6%
Total	216	100%

Gender

Gender	Respondents	%
Male	180	94%
Female	11	6%
Total	191	100%

Sexual orientation

Sexual orientation	Respondents	%
Straight/Heterosexual	171	90%
Gay	9	5%
Bisexual	7	4%
Pansexual	1	1%
Queer	1	1%
Prefer not to say	2	1%
Total	191	100%

Aboriginal and Torres Strait Islander status

Aboriginal and/or Torres Strait Islander status	Respondents	%
Yes – Aboriginal	1	1%
Yes – Torres Strait Islander	1	1%
NET – Aboriginal and/or Torres Strait Islander	2	2%
No – non-Indigenous	187	98%
Prefer not to say	2	1%
Total	191	100%

Language spoken at home

Do you speak a language other than English at home?	Respondents	%
Yes	7	4%
No – English only	182	95%
Prefer not to say	2	1%
Total	191	100%

Country of birth

In what country were you born?	Respondents	%
Australia	156	82%
United Kingdom	20	10%
New Zealand	4	2%
Italy	2	1%
South Africa	2	1%
Germany	1	1%
Other	6	3%
Total	191	100%

Disability status

Do you identify as a person with a disability?	Respondents	%
Yes	16	8%
No	173	91%
Prefer not to say	2	1%
Total	191	100%

Employment status

Which of the following best describes your current employment situation?	Respondents	%
Working full time (more than 30 hours a week)	58	30%
Working part time (less than 30 hours a week)	25	13%
NET Employed	83	43%
Home duties	1	1%
Retired	90	47%
Unemployed or not in workforce	6	3%
Volunteering	10	5%
Studying	1	1%

Which of the following best describes your current employment situation?	Respondents	%
NET Not employed	108	57
Total	191	100%

Housing situation

What is your current housing situation? (If you own a home but also rent or live rent free, please choose the first response option)	Respondents	%
I own a home/I am paying off a mortgage	149	78%
I rent/pay board	26	14%
I live rent free	7	4%
Prefer not to say	8	4%
Total	190	100%

Difficulty paying bills

Thinking back over the past year, how much difficulty have you had with paying your bills?	Respondents	%
A great deal of difficulty	5	3%
Quite a bit of difficulty	7	4%
Some difficulty	20	11%
A little difficulty	30	16%
No difficulty at all	114	60%
Prefer not to say	14	7%
Total	190	100%

Money remaining after expenses

Generally after paying for your bills and other expenses each month do you end up with...	Respondents	%
Not enough money to make ends meet	5	3%
Just enough to make ends meet	33	17%
Some money left over	73	39%
More than enough money left over	53	28%
Prefer not to say	25	13%
Total	189	100%

Highest level of education

What's the highest education level you have completed?	Respondents	%
Primary school	1	1%
Secondary school	30	16%
Technical or trade certificate/apprenticeship (e.g. Cert III, Cert IV, Diploma)	65	34%
Undergraduate university degree (e.g. Bachelor)	59	31%
Postgraduate university degree (e.g. Master, PhD)	32	17%
Prefer not to say	2	1%
Total	189	100%

Regionality

Regionality	Respondents	%
Metropolitan	152	70%
Regional/Rural	63	29%
Not stated	1	0%
Total	216	100%

State

State	Respondents	%
Victoria	84	39%
New South Wales	38	18%
Queensland	30	14%
Western Australia	26	12%
South Australia	22	10%
Tasmania	9	4%
Australian Capital Territory	6	3%
Not stated	1	0%
Total	216	100%

SURVEY QUESTIONS

Whether have visited the Healthy Male website

Have you ever visited the Healthy Male Website?	Respondents	%
Yes	160	74%
No	47	22%
I don't know	9	4%
Total	216	100%

Number of visits to Healthy Male website in the last 6 months

How many times have you visited the Healthy Male website in the last 6 months? Just give your best guess	Respondents	%
Once	28	18%
2 or 3 times	69	43%
4 or more times	57	36%
I haven't visited the website in the last 6 months	4	3%
I don't know	2	1%
Total	160	100%

Frequency of visiting website

How often do you typically visit the Healthy Male website?	Respondents	%
Daily	1	1%
Weekly	20	16%
Monthly	39	31%
A few times per year	66	52%
Total	126	100%

Made aware of website

How did you first come across the Healthy Male website?	Respondents	%
It came up when I was looking for information about a specific condition or health topic	28	18%
It came up when I searched about men's health in general	27	18%
Through a Men's Health Week event/activity	21	14%
I clicked on a link on social media	13	8%
Someone told me about it	9	6%
I saw an ad for it online/on a website	7	5%

How did you first come across the Healthy Male website?	Respondents	%
Through an event run by Healthy Male	4	3%
Other	23	15%
I can't remember	22	14%
Total	154	100%

Who made them aware of website

Who told you about it?	Respondents	%
A friend	4	44%
My GP/specialist	2	22%
A relative	1	11%
My partner	1	11%
Other	1	11%
Total	9	100%

Person visiting website for

Did you come to this website to find information for...?	Respondents	%
Yourself	135	88%
A relative	9	6%
Your work	7	5%
A friend	5	3%
Your partner	2	1%
Another reason	13	8%
Total	154	100%

Reason for visiting website

And why have you visited the Healthy Male website over the past 6 months? (Please select all that apply)	Respondents	%
To learn about men's health generally	97	63%
To learn about a specific condition or health topic	74	48%
To understand symptoms that I or someone else is having	30	20%
To understand a diagnosis that I or someone else has received	22	14%
Total	153	

Percentages do not add to 100 due to multiple response question

Information searching for on website

Did you come to this website to find information for...?	Respondents	%
Prostate health (e.g. prostate enlargement and prostatitis)	102	71%
Sexual health (including erectile dysfunction, delayed or painful ejaculation, prolonged erection, low sex drive)	73	51%
Cancers affecting men (including prostate, testicular and bowel cancer)	70	49%
Healthy living (e.g. diet and exercise)	56	39%
Urinary health (e.g. bladder and urethra problems)	51	35%
Male hormones (e.g. testosterone)	42	29%
Mental health	37	26%
Cardiovascular health	37	26%
Male fertility and the reproductive system (including	27	19%
Penis health (e.g. fractures and lumps)	27	19%
Diabetes	21	15%
Bone health (e.g. osteoporosis)	13	9%
Male breasts (gynecomastia)	11	8%
Foreskin problems and circumcision	8	6%
Hair loss and balding	6	4%
Klinefelter syndrome	6	4%
Other (please specify)	7	5%
Total	144	

Percentages do not add to 100 due to multiple response question

Satisfaction with website

How strongly do you agree or disagree that the Healthy Male website...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
is easy to navigate	0	1	13	78	51	2
provides useful information	1	1	5	52	82	3
has content that is easy to understand	0	1	6	70	67	1
is relevant to people from all backgrounds	1	4	25	57	39	19
is visually appealing	1	3	25	78	36	2
uses appropriate images	1	5	22	63	51	3
is informative	0	1	7	58	79	0

How strongly do you agree or disagree that the Healthy Male website...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly disagree (n)	Don't know (n)
is designed for mobile devices	0	1	41	37	20	45

Outcomes of visiting website

Below are some statements about the Healthy Male website. Please indicate the extent to which you agree or disagree with each statement. As a result of visiting the Healthy Male	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly disagree (n)	Don't know (n)
have a better knowledge of specific	0	1	6	55	39	1
have not had to visit a health practitioner	10	45	29	8	4	6
have made an appointment to discuss my health concern/s with a GP or specialist	0	20	36	24	20	2
am more knowledgeable about my own body	2	0	11	56	33	0
have been able to provide advice to men that I know	5	11	40	33	11	2
feel more confident managing my own health	0	2	22	61	17	0
have learnt about treatment options for specific conditions	1	2	16	53	29	1
have changed my health behaviours (e.g. increased exercise, changed diet, stopped smoking)	4	6	40	39	11	2

Other information to include on website

Is there anything else you think the website should include information about?	Respondents	%
Yes	45	33%
No	32	23%
I don't know	60	44%
Total	137	100%

Likelihood to recommend website

How likely are you to recommend the Healthy Male website to...?	Not at all likely (n)	Somewhat likely (n)	Very likely (n)	Don't know (n)
friends	7	45	78	7
other family members	9	42	75	11
work colleagues	25	38	53	21

Whether have watched a video on Healthy Male YouTube channel

Have you ever watched a video on the Healthy Male YouTube channel?	Respondents	%
Yes	46	23%
No	135	68%
I don't know	17	9%
Total	198	100%

Frequency of visiting YouTube channel

How many times have you watched videos on the Healthy Male YouTube channel in the last 6 months? Just give your best guess	Respondents	%
Once	8	17%
2 or 3 times	26	57%
4 or more times	11	24%
I don't know	1	2%
Total	46	100%

Made aware of Healthy Male YouTube channel

How did you first come across the Healthy Male YouTube channel?	Respondents	%
It came up when I was looking for information about a specific	10	22%
I clicked on a link on social media	7	16%
It came up when I searched about men's health in general	7	16%
I saw an ad for it online/on a website	5	11%
Through a Men's Health Week event/activity	4	9%
Through an event run by Healthy Male community event	3	7%
Someone told me about it	1	2%

How did you first come across the Healthy Male YouTube channel?	Respondents	%
Other	8	18%
Total	45	100%

Person visiting YouTube channel for

Have you watched videos on the Healthy Male YouTube channel to find information for...?	Respondents	%
Yourself	43	98%
A relative	4	9%
A friend	3	7%
Your work	2	5%
Your partner	1	2%
Total	44	

Percentages do not add to 100 due to multiple response question.

Reason for visiting YouTube channel

And why have you watched videos on the Healthy Male YouTube channel over the past 6 months? (Please select all that apply)	Respondents	%
To learn about a specific condition or health topic	35	80%
To learn about men's health generally	25	57%
To understand symptoms that I or someone else is having	15	34%
To understand a diagnosis that I or someone else has received	11	25%
Other	1	2%
Total	44	

Percentages do not add to 100 due to multiple response question.

Topics watched on YouTube channel

And why have you watched videos on the Healthy Male YouTube channel over the past 6 months? (Please select all that apply)	Respondents	%
Prostate health (e.g. prostate enlargement and prostatitis)	28	64%
Sexual health (including erectile dysfunction, delayed or painful)	24	55%
Cancers affecting men (including prostate, testicular and bowel)	19	43%
Urinary health (e.g. bladder and urethra problems)	16	36%
Healthy living (e.g. diet and exercise)	14	32%

And why have you watched videos on the Healthy Male YouTube channel over the past 6 months? (Please select all that apply)	Respondents	%
Male hormones (e.g. testosterone)	12	27%
Male fertility and the reproductive system (including	10	23%
Cardiovascular health	8	18%
Mental health	7	16%
Penis health (e.g. fractures and lumps)	7	16%
Diabetes	3	7%
Male breasts (gynecomastia)	2	5%
Foreskin problems and circumcision	2	5%
Bone health (e.g. osteoporosis)	2	5%
Hair loss and balding	1	2%
Klinefelter syndrome	1	2%
Other	1	2%
Total	44	

Percentages do not add to 100 due to multiple response question.

Satisfaction with YouTube channel

Below are some statements about the videos on the Healthy Male YouTube channel. Please indicate the extent to which you agree or disagree with each statement	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
The video content is informative	0	1	3	21	18	0
The video content is interesting	1	2	3	25	12	0
The video content is relevant to me	0	2	11	20	10	0
The video content has taught me something new	0	3	4	25	11	0
The videos are engaging	2	1	11	22	7	0

Outcomes of YouTube channel

Below are some statements about the videos on the Healthy Male YouTube channel. Please indicate the extent to which you agree or disagree with each statement. As a result of watching the videos I...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
have a better knowledge of specific conditions or health issues relevant to me	0	1	6	18	11	0
have not had to visit a health practitioner	5	14	12	2	2	0
have made an appointment to discuss my health concern/s with a GP or specialist	1	6	11	11	7	0
am more knowledgeable about my own body	0	0	3	21	12	0
have been able to provide advice to men that I know	1	3	13	13	6	0
feel more confident managing my own health	0	3	6	21	6	0
have learnt about treatment options for specific conditions	0	2	3	22	9	0
have changed my health behaviours (e.g. increased exercise, changed diet, stopped smoking)	1	3	15	12	5	0

Likelihood to recommend YouTube channel

How likely are you to recommend the videos on the Healthy Male YouTube channel to...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
friends	1	3	8	20	10	0
other family members	1	3	11	13	14	0
work colleagues	1	4	15	14	6	0

Other resources accessed

Besides the Healthy Male website and YouTube channel, have you used any other resources to learn about men's health?	Respondents	%
Yes	101	73%
No	30	22%
I don't know	8	6%
Total	139	100%

Usefulness of other resources

And how useful have you found these resources?	Respondents	%
Not at all useful	1	1%
Somewhat useful	54	54%
Very useful	45	45%
Total	100	100%

Participation in Men's Health Week

Did you attend any Men's Health Week events this year?	Respondents	%
Yes	17	9%
No	173	90%
I don't know	2	1%
Total	192	100%

Satisfaction with Men's Health Week event

Thinking about the event/s you attended...	Yes (n)	No (n)	Don't know (n)
were they well organised?	13	0	4
were they informative?	15	0	2
were they interesting?	15	0	2
were they held at a convenient time?	14	1	2
were they well publicised?	10	4	3

Whether would attend Men's Health Week again

Would you attend a Men's Health Week event again next year?	Respondents	%
Yes	14	82%
No	1	6%
I don't know	2	12%
Total	17	100%

APPENDIX E

HEALTHY MALE – HEALTHY MALE HEALTH PROFESSIONALS SURVEY DATA

PROFILE OF RESPONDENTS

Age

Age	Respondents	%
20-29 years	2	2%
30-39 years	17	14%
40-49 years	28	24%
50-59 years	34	29%
60-69 years	27	23%
70-79 years	7	6%
80 years and over	4	3%
Total	119	100%

Gender

Gender	Respondents	%
Male	60	50%
Female	58	49%
Non-binary	1	1%
Total	119	100%

Employment situation

Which of the following best describes your current employment situation?	Respondents	%
Working full time (more than 30 hours a week)	86	72%
Working part time (less than 30 hours a week)	21	18%
NET Employed	107	90%
Volunteering	6	5%
Studying	3	3%
Prefer not to say	3	3%
NET Not Employed	12	10%
Total	119	100%

Tenure in health profession

How long have you been working in your health profession?	Respondents	%
Less than a year	1	1%
3 to 5 years	8	7%
6 to 10 years	12	10%
11 to 20 years	31	26%
More than 20 years	67	56%
Total	119	100%

Employment type

I primarily work in...	Respondents	%
Primary care	72	61%
Community care	22	18%
Acute care	11	9%
Aged or palliative care	4	3%
Prefer not to say	10	8%
Total	119	100%

Proportion of workload dealing directly with patients

Please estimate what percentage of your workload involves dealing directly with patients.	Respondents	%
0% to 25%	20	17%
26% to 50%	14	12%
51% to 75%	12	10%
76% to 100%	71	61%
Total	117	100%

Profile of respondents by regionality

Regionality	Respondents	%
Metropolitan	85	71%
Regional/Rural	33	28%
Not stated	1	1%
Total	119	100%

Respondent profile by state

State	Respondents	%
Victoria	37	31%
New South Wales	29	24%
Queensland	20	17%
Western Australia	16	13%
South Australia	6	5%
Tasmania	4	3%
Australian Capital Territory	4	3%
Northern Territory	2	2%
Not stated	1	1%
Total	119	100%

Type of health professional

Which type of health professional are you?	Respondents	%
General Practitioner	45	38%
Nurse	27	23%
Andrologist	7	6%
Endocrinologist	7	6%
Sexual Health Physician	5	4%
Psychologist	4	3%
Pharmacist	2	2%
Physiotherapist	2	2%
Aboriginal Health Worker	2	2%
Health Promotion	2	2%
Urologist	2	2%
Gastroenterologist	1	1%
Other	18	15%
Total	119	100%

Whether have visited the Healthy Male website

Have you ever visited the Healthy Male Website?	Respondents	%
Yes	110	92%
No	9	8%
Total	119	100%

Number of visits to the Healthy Male website in the last 6 months

How many times have you visited the Healthy Male website in the last 6 months? Please provide your best guess	Respondents	%
This is my first visit	3	3%
2 or 3 times	44	40%
4 or more times	49	45%
I haven't visited the website in the last 6 months	13	12%
I don't know	1	1%
Total	110	100%

Frequency of visiting website

How often do you typically visit the Healthy Male website?	Respondents	%
Daily	0	0%
Weekly	16	17%
Monthly	27	29%
A few times per year	51	54%
Total	94	100%

Made aware of website

How did you first come across the Healthy Male website?	Respondents	%
At a seminar or networking event	20	21%
A colleague told me about it	13	14%
Through a medical college	7	7%
I saw it advertised online	6	6%
I was given a brochure about it	3	3%
Other	26	27%
I can't remember	21	22%
Total	96	100%

Reasons for visiting website

For what reason/s have you visited the Healthy Male website in the last 6 months? (Please select all that apply)	Respondents	%
To access resources for a patient	72	77%
For self-education reasons	66	71%
To access patient management/treatment advice	60	65%
To learn about professional development	34	37%

For what reason/s have you visited the Healthy Male website in the last 6 months? (Please select all that apply)	Respondents	%
To find out more about Men's Health Week activities	31	33%
To access information to assist with a patient diagnosis	26	28%
Other	7	8%
Total	93	

Percentages do not add to 100 due to multiple response question.

Areas visited

Which of the following areas of the Healthy Male website have you visited in the last 6 months? (Please select all that apply, and just give your best guess if you're unsure)	Respondents	%
Clinical summary guides or practice guidelines	67	70%
Patient assessment tools (e.g. male fertility assessment, prostate symptom score)	50	52%
The Male magazine	50	52%
Order resources (to order hard copy tools, booklets, brochures and postcards for your practice or patients)	43	45%
Research reviews (summaries of articles published in academic and scientific journals)	31	32%
Conferences and events page (to sign up for conferences and events)	24	25%
eLearning Portal (to sign up for professional education)	14	15%
National data set specifications (e.g. for prostate and testicular cancer)	9	9%
Purchase an orchidometer	4	4%
Other	2	2%
Total	96	

Percentages do not add to 100 due to multiple response question.

Number of times ordered printer resources

How many times have you ordered printed resources over the last 6 months?	Respondents	%
None	14	33%
Once	22	51%
Twice	3	7%
Three times	2	5%
Four times or more	2	5%
Total	43	100%

Whether resources are meeting professional needs

How strongly do you agree or disagree that the following resources are meeting your professional needs?	Total (n)	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
Clinical summary guides	67	4	0	1	13	49	0
National data set specifications	9	0	0	0	4	5	0
Patient assessment tools	50	4	0	1	13	32	0
The Male magazine	50	1	0	2	22	23	2
Purchase an orchidometer	4	0	0	1	1	2	0
Order resources (hard copy tools, booklets)	43	1	0	2	14	26	0
Research reviews	31	0	0	3	6	20	2
eLearning Portal	14	1	0	1	9	3	0
Conferences and events page	24	0	0	3	13	8	0
Other	2	0	0	1	0	1	0

Topics used on website

Over the last six months, I have used the Healthy Male website to find resources on...	Respondents	%
Sexual health (including erectile dysfunction, delayed or painful ejaculation, prolonged erection, low sex drive)	58	60%
Prostate health (e.g. prostate enlargement and prostatitis)	55	57%
Male hormones (e.g. testosterone)	49	51%
Male fertility and the reproductive system (including vasectomies, sperm health)	48	50%
Cancers affecting men (including prostate, testicular and bowel cancer)	40	42%
Urinary health (e.g. bladder and urethra problems)	29	30%
Healthy living (e.g. diet and exercise)	29	30%
Mental health	28	29%
Klinefelter syndrome	19	20%
Penis health (e.g. fractures and lumps)	19	20%
Foreskin problems and circumcision	18	19%
Cardiovascular health	17	18%
Male breasts (gynecomastia)	16	17%
Bone health (e.g. osteoporosis)	14	15%
Diabetes	13	14%

Over the last six months, I have used the Healthy Male website to find resources on...	Respondents	%
Hair loss and balding	6	6%
Other	4	4%
None	2	2%
Total	96	

Percentages do not add to 100 due to multiple response question.

Outcomes of visiting website

How strongly do you agree or disagree that the following resources are meeting your professional needs?	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
have an improved knowledge of specific health issues that are relevant to my patients	2	1	6	53	33	1
have improved confidence when making diagnoses	1	1	30	39	24	1
have improved confidence in patient management/treatment for one or more health condition/s	1	0	15	42	36	2
have improved confidence when assisting my patients to manage their health	1	0	10	47	37	1
am better informed of referral pathways for men's health issues	1	0	22	50	22	1
have referred my patients to the Healthy Male website	2	3	19	43	28	1
found the information that I needed	1	0	3	48	44	0

Satisfaction with website

How strongly do you agree or disagree that the Healthy Male website...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
is easy to navigate	0	3	5	56	32	0
provides high quality, evidence-based information	0	0	3	42	51	0
has content that is easy to understand	0	0	3	50	43	0
is visually appealing	0	1	8	59	8	0
uses appropriate images	1	2	12	47	33	1

How strongly do you agree or disagree that the Healthy Male website...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
provides up to date and accurate information	0	0	4	49	42	1
provides information that is easily applied to a health care setting	0	0	5	49	41	1
is a useful education resource	0	0	4	37	54	1
has content that is relevant to patients from different cultural backgrounds	0	9	32	33	12	10
has content that is relevant to patients of different ages	0	3	10	49	32	2
is relevant to a range of health sectors	0	1	7	42	43	3

Likelihood to recommend website

How likely are you to recommend the Healthy Male website to ...	Extremely unlikely (n)	Unlikely (n)	Neither likely nor unlikely (n)	Likely (n)	Extremely likely (n)	Don't know (n)
Other health professionals	1	0	4	27	64	0
Patients	1	1	5	30	58	1

Whether watched videos on Healthy Male YouTube channel

Have you watched any videos on the Healthy Male YouTube channel over the last 6 months?	Respondents	%
Yes	21	18%
No	93	78%
I don't know	5	4%
Total	119	100%

Satisfaction with YouTube channel

Below are some statements about the videos on the Healthy Male YouTube channel. Please indicate the extent to which you agree or disagree with each statement	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
The video content is informative	0	0	2	12	7	0
The video content is interesting	0	0	2	14	5	0
The video content is relevant to me	0	0	2	13	6	0

Below are some statements about the videos on the Healthy Male YouTube channel. Please indicate the extent to which you agree or disagree with each statement	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
The video content is relevant for my patients	0	1	2	14	4	0
The video are engaging	1	0	1	16	3	0

Likelihood to recommend YouTube channel

How likely are you to recommend the videos on the Healthy Male YouTube channel to...	Not at all likely (n)	Somewhat likely (n)	Very likely (n)
Other health professionals	2	4	15
Patients	2	6	13

Participation in Men's Health Week

Did you attend, help to organise or facilitate any Men's Health Week events this year?	Respondents	%
Yes, I attended	7	6%
Yes, I helped to organise and/or facilitate an event/s	11	9%
No	101	85%
I don't know	1	1%
Total	119	100%

Satisfaction with Men's Health Week

How much do you agree or disagree that the Men's Health Week events this year were...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
Well organised	0	0	2	2	3	0
Informative	0	0	1	4	2	0
Interesting	0	0	1	3	3	0
At a convenient time	0	0	3	4	7	0
Well publicised	0	0	4	2	1	0

Likelihood to attend Men's Health Week in the future

How likely are you to attend another Men's Health Week event in the future?	Respondents	%
Extremely unlikely	1	14%
Likely	3	43%
Extremely likely	3	43%
Total	7	100%

Likelihood to organise or facilitate Men's Health Week event in the future

How likely are you to help organise or facilitate another Men's Health Week event in future?	Respondents	%
Extremely unlikely	1	9%
Likely	3	27%
Extremely likely	7	64%
Total	11	100%

APPENDIX F

AMHF – AMHF WEBSITE DATA

Website figures by year (January 2018 to July 2020)

	Users	Sessions	Bounce rate	Page/sessions	Avg. session duration
2018	9,157	11,768	74.62%	1.82	00:01:42
2019	79,207	97,598	78.24%	1.58	00:01:15
2020	57,844	70,295	74.30%	1.66	00:01:14

Age of users (January 2018 to July 2020)

Age	Users
18-24	14%
25-34	29%
35-44	21%
45-54	17%
55-64	12%
65+	8%

Gender of users (January 2018 to July 2020)

Gender	Users
Female	54%
Male	46%

Country of user (January 2018 to July 2020)

Country	Users
Australia	72%
United States	10%
United Kingdom	3%
India	2%
New Zealand	2%
Canada	1%
Philippines	1%

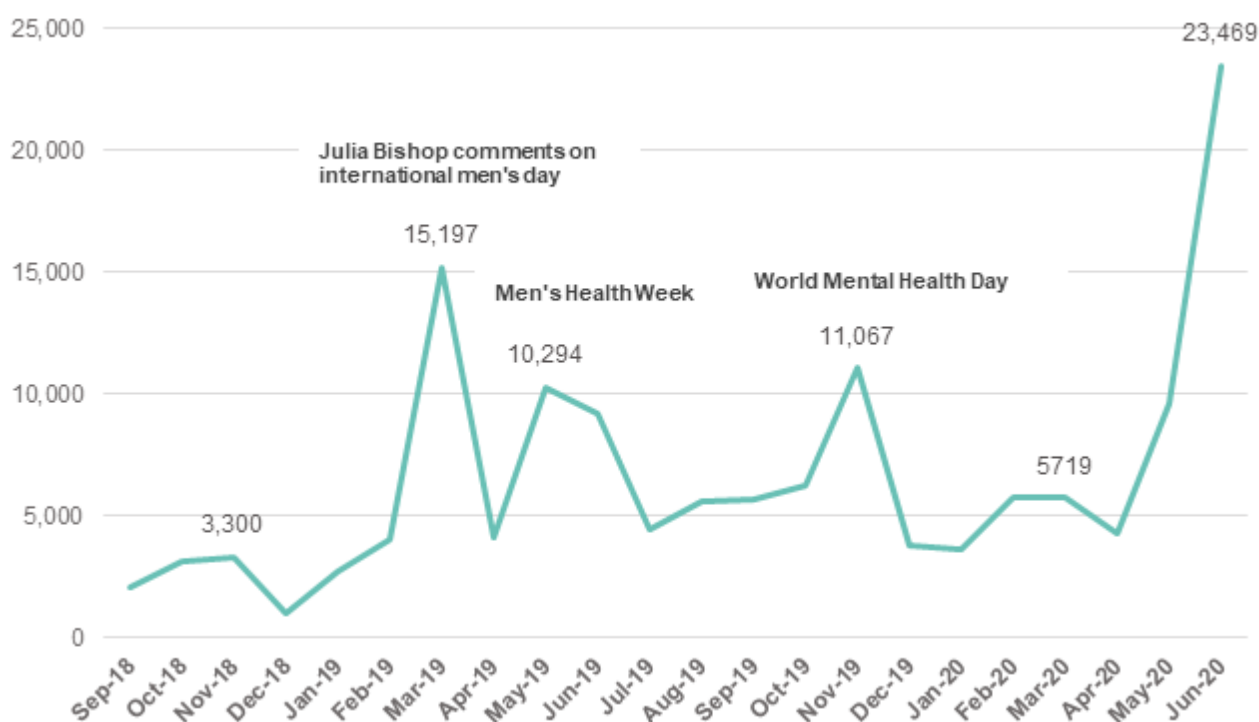
New or returning user (April 2017 to August 2020)

New user	Returning user
90%	10%

Device type (January 2018 to July 2020)

Country	Users
Desktop	48%
Mobile	47%
Tablet	5%

AMHF website visits per month



Top 5 AMHF website pages visited (January 2018 to July 2020)

Page	Page views
Homepage	7%
10 surprising facts about men's mental health	6%
5 uncomfortable fact about young men	4%
Male suicides 2017	3%
How to celebrate International Men's Day	3%

APPENDIX G

AMHF – MEN'S HEALTH GATHERING AND MEN'S HEALTH CONNECTED DATA

Attendance at 2018 Men's Health Gathering and Men's Health Connected 2020

Event	Attendance
2018 Men's Health Gathering	144
Men's Health Connected 2020	1,230

APPENDIX H

AMHF – OTHER ENGAGEMENT DATA

Instagram (May 2019 to July 2020)

	Impressions	Followers
2019	NA	150
2020	8,036	386

Facebook (January 2019 to July 2020)

	Impressions	Followers
2019	39,535	2,812

Newsletter subscribers (September 2018 to June 2020)

	Subscribers
2018	441
2019	2510
2020	5035

Age of Facebook and Instagram followers (January 2019 to July 2020)

Age	AMHF Facebook		Men's Health TV Facebook		Instagram
	Men (69%)	Women (29%)	Men (81%)	Women (28%)	Men (72%) and Women (28%)
18-24	6%	2%	2%	1%	5%
25-34	16%	6%	11%	3%	26%
35-44	19%	9%	19%	4%	35%
45-54	16%	8%	23%	4%	20%
55-64	8%	3%	14%	2%	6%
65+	4%	1%	11%	1%	3%

APPENDIX I

AMHF – AMHF SURVEY DATA

PROFILE OF RESPONDENTS

Age

Age	Respondents	%
20-29 years	16	6%
30-39 years	48	17%
40-49 years	57	20%
50-59 years	77	27%
60-69 years	55	19%
70-79 years	32	11%
80 years and over	4	1%
Total	289	100%

Respondent profession

Employment sector	Respondents	%
I'm a health professional	88	30%
Community services	60	21%
I'm an academic or male health expert	56	19%
Advocate or interested in men's health	18	6%
I work in health policy	11	4%
Other	56	19%
Total	289	100%

Health professional type

Employment sector	Respondents	%
Social work	13	19%
Psychologist	9	11%
Nurse	9	13%
Counsellor	3	4%
General Practitioner	1	1%
Psychiatrist	1	1%
Other	33	48%
Total	69	100%

Percentages do not add to 100 due to multiple response question.

Profile of respondents by gender

Gender	Respondents	%
Male	186	72%
Female	67	26%
Non-binary	2	1%
Prefer not to say	2	1%
Total	257	100%

Employment situation

Which of the following best describes your current employment situation?	Respondents	%
Working full time (more than 30 hours a week)	157	61%
Working part time (less than 30 hours a week)	39	15%
Net Employed	196	76%
Retired	25	10%
Unemployed or not in workforce	3	1%
Volunteering	21	8%
Studying	10	4%
Net Not Employed	59	23%
Prefer not to say	1	0%
Total	256	100%

Tenure in health profession

How long have you been working in your health profession?	Respondents	%
Less than a year	3	5%
1 to 2 years	1	2%
3 to 5 years	8	12%
6 to 10 years	10	15%
11 to 20 years	22	34%
More than 20 years	21	32%
Total	65	100%

Health professional type

I primarily work in...	Respondents	%
Primary care	22	34%
Acute care	8	12%
Community care	28	43%
Aged or palliative care	3	5%
Prefer not to say	4	6%
Total	65	100%

Proportion of workload dealing directly with patients

Please estimate what percentage of your workload involves dealing directly with patients.	Respondents	%
0% to 25%	15	24%
26% to 50%	10	16%
51% to 75%	11	17%
76% to 100%	26	41%
Total	63	100%

Regionality

Location	Respondents	%
Metropolitan	181	63%
Regional/Rural	104	36%
Not stated	4	1%
Total	289	100%

State or Territory

Location	Respondents	%
New South Wales	96	33%
Victoria	61	21%
Queensland	38	13%
Tasmania	31	11%
Western Australia	27	9%
South Australia	22	8%
Australian Capital Territory	3	1%
Northern Territory	3	1%
Not stated	8	3%
Total	289	100%

Profile of respondents by gender

Gender	Respondents	%
Male	186	72%
Female	67	26%
Non-binary	2	1%
Prefer not to say	2	1%
Total	257	100%

Employment situation

Which of the following best describes your current employment situation?	Respondents	%
Working full time (more than 30 hours a week)	157	61%
Working part time (less than 30 hours a week)	39	15%
Net Employed	196	76%
Retired	25	10%
Unemployed or not in workforce	3	1%
Volunteering	21	8%
Studying	10	4%
Net Not Employed	59	23%
Prefer not to say	1	0%
Total	256	100%

Tenure in health profession

How long have you been working in your health profession?	Respondents	%
Less than a year	3	5%
1 to 2 years	1	2%
3 to 5 years	8	12%
6 to 10 years	10	15%
11 to 20 years	22	34%
More than 20 years	21	32%
Total	65	100%

Health professional type

I primarily work in...	Respondents	%
Primary care	22	34%
Acute care	8	12%
Community care	28	43%
Aged or palliative care	3	5%
Prefer not to say	4	6%
Total	65	100%

Proportion of workload dealing directly with patients

Please estimate what percentage of your workload involves dealing directly with patients.	Respondents	%
0% to 25%	15	24%
26% to 50%	10	16%
51% to 75%	11	17%
76% to 100%	26	41%
Total	63	100%

Regionality

Location	Respondents	%
Metropolitan	181	63%
Regional/Rural	104	36%
Not stated	4	1%
Total	289	100%

State or Territory

Location	Respondents	%
New South Wales	96	33%
Victoria	61	21%
Queensland	38	13%
Tasmania	31	11%
Western Australia	27	9%
South Australia	22	8%
Australian Capital Territory	3	1%
Northern Territory	3	1%
Not stated	8	3%
Total	289	100%

SURVEY QUESTIONS

Whether have visited the AMHF website

Employment sector	Respondents	%
Yes	238	82%
No	40	14%
I don't know	11	4%
Total	289	100%

Number of times have visited AMHF website

How many times have you visited the AMHF website in the last 6 months? Please provide your best guess	Respondents	%
This is my first visit	12	5%
2 or 3 times	112	47%
4 or more times	91	39%
I haven't visited the website in the last 6 months	15	6%
I don't know	6	3%
Total	236	100%

Frequency of visit to website

How often do you typically visit the Australian Men's Health Forum (AMHF) website?	Respondents	%
Daily	1	0%
Weekly	24	12%
Monthly	57	28%
A few times per year	106	52%
I don't know	15	7%
Total	203	100%

Made first aware of website

How did you first come across the AMHF website?	Respondents	%
Through a Men's Health Week event/activity	83	39%
It came up when I searched about men's health	40	19%
Someone told me about it	21	10%
It came up when I was looking for information about a specific	15	7%
I clicked on a link on social media	13	6%
I saw an ad for it online/on a website	5	2%

How did you first come across the AMHF website?	Respondents	%
Other	24	11%
I can't remember	14	7%
Total	215	100%

Areas of website visited

Which of the following areas of the AMHF website have you visited in the last 6 months? (Please select all that apply, and just give your best guess if you're unsure)	Respondents	%
Factsheets	135	64%
Events page	133	63%
Men's Health Connected	105	50%
News page	92	43%
Men's health report cards	81	38%
Men's Health Awards	72	34%
Position papers	58	27%
Connect page (e.g. to sign up as a member or get involved with the AMHF)	27	13%
Other	5	2%
None	2	1%
Total	212	

Percentages do not add to 100 due to multiple response question.

Outcomes of visiting AMHF website

Please indicate the extent to which you agree or disagree with each statement. As a result of visiting the AMHF website I...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
found the information that I needed	2	2	14	100	89	1
incidentally came across information I found useful	2	3	29	100	70	4
understand more about health conditions that affect men and boys	3	5	21	72	105	5
understand more about the impact of gender and other social determinants of health	1	5	22	85	93	2

Please indicate the extent to which you agree or disagree with each statement. As a result of visiting the AMHF website I...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
have attended, or considered attending, a male health conference or other event advertised on the website	2	5	20	55	122	4
have provided resources to a friend, family member or colleague	7	15	33	68	78	7
understand more about the impact of life stages on male health	0	6	25	91	84	2
understand more about the impact of behaviour on male health	1	6	23	86	90	2

Satisfaction with AMHF website

Please indicate the extent to which you agree or disagree with each statement. As a result of visiting the AMHF website I...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
is easy to navigate	1	2	22	102	74	3
provides high quality, evidence-based information	2	1	16	77	103	5
has content that is easy to understand	1	0	6	106	89	2
is visually appealing	1	1	34	97	70	1
uses appropriate images	1	4	18	100	80	1
provides up to date and accurate information	1	1	22	85	92	3

Likelihood to recommend AMHF website

How likely are you to recommend the AMHF website?	Respondents	%
Extremely unlikely	9	4%
Unlikely	1	0%
Neither likely nor unlikely	10	5%
Likely	70	34%
Extremely likely	112	55%
Don't know	2	1%
Total	204	100%

Participation in 2018 Men's Health Gathering

Did you attend the 2018 National Men's Health Gathering?	Respondents	%
Yes	53	19%
No	213	77%
I don't know	7	3%
Total	275	100%

Satisfaction with the 2018 Men's Health Gathering

How much do you agree or disagree that the 2018 National Men's Health Gathering was...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
Well organised	1	1	3	12	36	0
Informative	1	1	3	12	36	0
Interesting	1	0	3	15	34	2
At a convenient place and time	0	0	6	21	26	0
Well publicised	0	6	9	27	11	0

Participation in Men's Health Connected events

Did you attend any Men's Health Connected events?	Respondents	%
Yes	176	66%
No	90	34%
I don't know	1	0%
Total	267	100%

Satisfaction with Men's Health Connected events

How much do you agree or disagree that Men's Health Connected events were...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
At a convenient time	1	4	18	81	69	0
Well publicised	1	11	37	73	48	0
Informative	2	1	11	53	106	2
Interesting	3	1	8	58	104	1
Well organised	2	2	16	51	102	11

Likelihood to attend Men's Health Connected events in the future

How likely are you to attend Men's Health Connected in the future?	Respondents	%
Extremely unlikely	4	2%
Unlikely	4	2%
Neither likely nor unlikely	7	4%
Likely	49	28%
Extremely likely	108	62%
I don't know	1	1%
Total	173	100%

Participation in Men's Health Week

Did you attend, help to organise or facilitate any Men's Health Week events this year? (Please select all that apply)	Respondents	%
Yes, I attended	105	40%
Yes, I helped to organise and/or facilitate an event/s	39	15%
No	123	47%
I don't know	7	3%
Total	262	100%

Satisfaction with Men's Health Week

How much do you agree or disagree that the Men's Health Week events this year were...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
At a convenient time	0	3	17	40	44	0
Well organised	0	1	8	36	58	1
Well publicised	0	7	27	38	29	3
Interesting	0	1	7	33	62	1
Informative	0	0	9	33	62	0

Likelihood to attend Men's Health Week in the future

How likely are you to attend another Men's Health Week event in the future?	Respondents	%
Extremely unlikely	5	5%
Unlikely	0	0%
Neither likely nor unlikely	2	2%

How likely are you to attend another Men's Health Week event in the future?	Respondents	%
Likely	32	31%
Extremely likely	64	62%
Total	103	100%

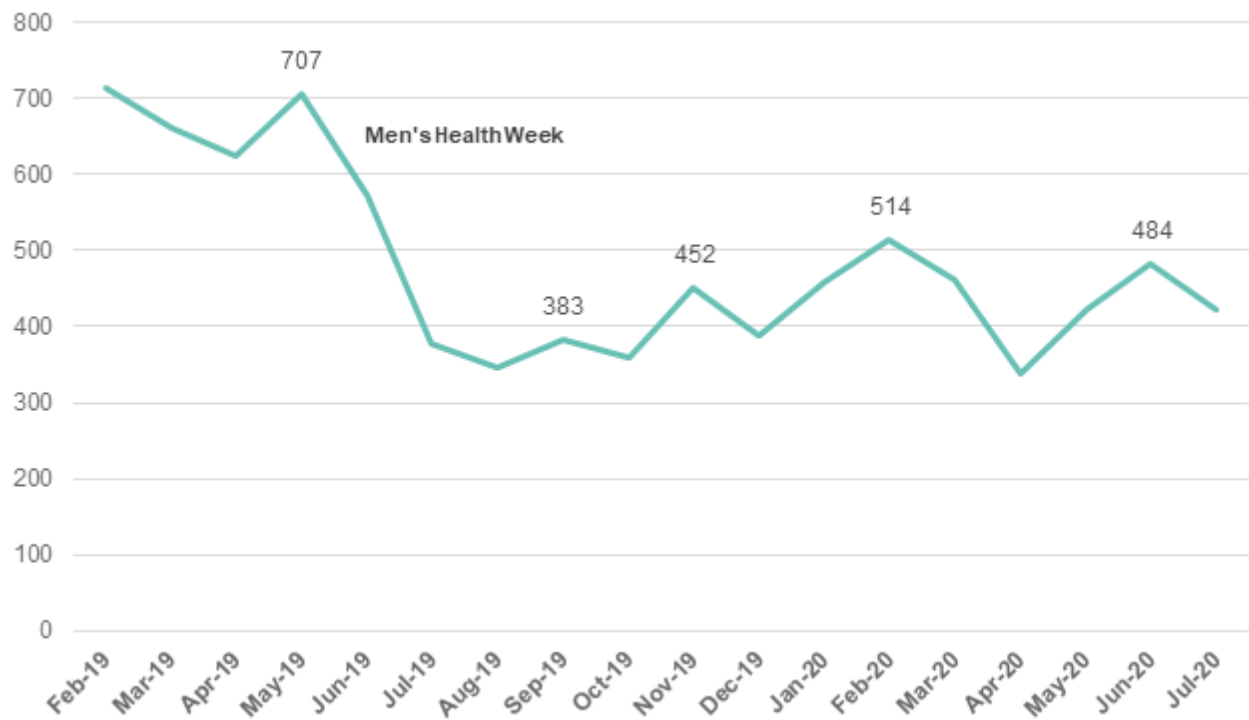
Likelihood to organise or facilitate Men's Health Week in the future

How likely are you to help organise or facilitate another Men's Health Week event in future?	Respondents	%
Extremely unlikely	1	3%
Unlikely	0	0%
Neither likely nor unlikely	2	6%
Likely	14	39%
Extremely likely	19	53%
Total	36	100%

APPENDIX J

MHIRC – MENGAGE WEBSITE ANALYTICS

MENGAGE website visits per month



APPENDIX K

MHIRC – MEN’S HEALTH WEEK DATA

Men's Health Week website visits per month



Men's Health Week materials distributed

Hard copy	2018	2019
Brochures	1000	1000
Posters	4000	4000
Check lists	2000	2000
Resource packs	250	500

APPENDIX L

MHIRC – OTHER ENGAGEMENT DATA

MHIRC Facebook page reach (January 2018 to June 2020)

Year	Facebook reach
2018	3,548
2019	43,697
2020	102,191
Total	149,436

Reach refers to the number of unique people that have seen any content on the MHIRC Facebook page

Paid Facebook campaign reach

Facebook Paid Campaign name	Reach	Campaign close date
Post: "Are you an Individual or an organisation with..."	14,820	2018-06-06
Post: "Yesterday, Senator Kristina Keneally visited the..."	1,299	2019-04-07
Post: "Register your event at:..."	5,242	2019-06-02
Post: "Register your event at:..."	8,556	2019-06-15
Post: "Men's Health Week 2020 Theme announced - "Working..."	12,056	2020-05-13
Post: "Communities Together for Men's Health. Find out..."	5,814	2020-05-22
Post: "Men's Health Week 2020 Theme announced - "Working..."	6,280	2020-05-18
Post: "Cultures Together for Men's Health. Find out more..."	17,732	2020-06-09
Post: "This week is #MensHealthWeek. A week to..."	8,660	2020-06-22
Post: "The Shed in Mt Druitt, is a drop in centre for..."	19,644	2020-06-22
Total	100,103	-

Paid Facebook campaign costs

Facebook Campaign Group Name	Cost	Clicks	CTR
Men's Health Week	A\$357.85	17	0.07%
Register a Men's Health event	A\$113.35	1,693	25.79%

Paid Twitter campaign costs (January 2018 to June 2020)

Twitter Campaign Group Name	Impressions	Cost
Men's Health Week 2020	17,491	\$80.00

APPENDIX M

MHIRC – MENGAGE SURVEY DATA

PROFILE OF RESPONDENTS

Age

Age	Respondents	%
20-29 years	3	9%
30-39 years	5	15%
40-49 years	4	12%
50-59 years	8	24%
60-69 years	8	24%
70-79 years	5	15%
Total	33	100%

Respondent profession

Employment sector	Respondents	%
I'm a health professional	12	36%
I'm an academic or male health expert/advocate	5	15%
Community services	4	12%
I work in health policy	1	3%
Other	11	33%
Total	33	100%

Type of health professional

Which type of health professional are you?	Respondents	%
Nurse	3	27%
Pharmacist	1	9%
Psychologist	1	9%
Other	5	45%
Total	10	100%

Profile of respondents by gender

Gender	Respondents	%
Male	21	64%
Female	12	36%
Total	33	100%

Employment situation

Employment situation	Respondents	%
Working full time (more than 30 hours a week)	18	55%
Working part time (less than 30 hours a week)	7	21%
Net Working	25	76%
Retired	5	15%
Volunteering	2	6%
Net Not Working	7	21%
Prefer not to say	1	3%
Total	33	100%

Tenure in health profession

How long have you been working in your health	Respondents	%
1 to 2 years	2	20%
3 to 5 years	4	40%
11 to 20 years	1	10%
More than 20 years	3	30%
Total	10	100%

Employment type

I primarily work in...	Respondents	%
Primary care	2	20%
Acute care	3	30%
Community care	5	50%
Total	10	100%

Proportion of workload dealing directly with patients

Please estimate what percentage of your workload involves dealing directly with patients: (Just give your best guess if unsure)	Respondents	%
0% to 25%	3	27%
26% to 50%	2	18%
51% to 75%	2	18%
76% to 100%	3	27%
Total	11	100%

Profile of respondents by regionality

Regionality	Respondents	%
Metropolitan	152	70%
Regional/Rural	63	29%
Not stated	1	0%
Total	216	100%

Respondent profile by state

State	Respondents	%
Victoria	84	39%
New South Wales	38	18%
Queensland	30	14%
Western Australia	26	12%
South Australia	22	10%
Tasmania	9	4%
Australian Capital Territory	6	3%
Not stated	1	0%
Total	216	100%

SURVEY QUESTIONS

Ever visited the MENGAGE website

Have you ever visited the MENGAGE website?	Respondents	%
Yes	22	67%
No	9	27%
I don't know	2	6%
Total	33	100%

Number of times visited MENAGE website in the last 6 months

How many times have you visited the MENGAGE website in the last 6 months? Please provide your best guess	Respondents	%
This is my first visit	4	18%
2 or 3 times	6	27%
4 or more times	12	55%
Total	22	100%

Frequency of visiting website

How often do you typically visit the MENGAGE website?	Respondents	%
Weekly	6	33%
Monthly	7	39%
A few times per year	5	28%
Total	18	100%

Made aware of website

How did you first come across the MENGAGE website?	Respondents	%
Through a Men's Health Week event/activity	8	36%
It came up when I searched about men's health	7	32%
It came up when I was looking for information about a specific	3	14%
Someone told me about it	1	5%
Other	2	9%
Total	21	100%

Outcomes of visiting website

Please indicate the extent to which you agree or disagree with each statement as a result of visiting the MENGAGE website I...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
found the information that I needed	0	0	1	12	8	1
incidentally came across information I found useful	0	0	1	13	7	1
understand more about health conditions that affect men and boys	0	0	0	11	10	1
understand more about the impact of gender and other social determinants of health	0	0	2	10	9	1
have attended, or considered attending, a male health conference or other event advertised on the website	0	2	5	6	8	1
have provided resources to a friend, family member or colleague	0	0	3	8	10	1
have submitted, or considered submitting, a resource	1	2	3	7	5	4
understand more about the impact of life stages on male health	0	0	2	10	8	2

Please indicate the extent to which you agree or disagree with each statement as a result of visiting the MENGAGE website I...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
understand more about the impact of behaviour on male health	0	0	1	11	9	1

Satisfaction with website

How strongly do you agree or disagree that the MENGAGE website...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
is easy to navigate	0	0	1	11	9	1
provides high quality, evidence-based information	0	0	1	9	11	1
has content that is easy to understand	0	0	0	10	11	1
is visually appealing	0	0	4	10	7	1
uses appropriate images	0	0	2	10	10	0
provides up to date and accurate information	0	0	2	13	7	0

Visited the website to find

Made aware of website	Respondents	%
Conditions		
Cancer	5	23%
Cardiovascular disease	2	9%
Continence	1	5%
Dementia	2	9%
Depression	12	55%
Diabetes	1	5%
Eating disorders	1	5%
Eye disease	1	5%
Mental health	12	55%
Stress	12	55%
Behaviours		
Domestic violence	4	18%

Made aware of website	Respondents	%
Drinking and alcoholism	5	23%
Drug abuse	4	18%
Road safety	1	5%
Smoking	3	14%
Suicide	15	68%
Social violence	6	27%
Other		
The social determinants of health	15	68%
Communication and engagement with men	17	77%
Other	1	5%

Percentages do not add to 100 due to multiple response question.

Likelihood to recommend website

Made aware of website	Respondents	%
Extremely unlikely	1	5%
Unlikely	0	0%
Neither likely nor unlikely	1	5%
Likely	4	18%
Extremely likely	16	73%
Don't know	0	0%
Total	22	100%

Participation in Men's Health Week

Did you attend, help to organise or facilitate any Men's Health Week events this year?	Respondents	%
Yes, I attended	12	36%
Yes, I helped to organise and/or facilitate an event/s	6	18%
No	16	48%
I don't know	1	3%
Total	33	100%

Satisfaction with Men's Health week event

How much do you agree or disagree that the Men's Health Week events this year were...	Strongly disagree (n)	Disagree (n)	Neither agree nor disagree (n)	Agree (n)	Strongly agree (n)	Don't know (n)
Well organised	0	0	1	6	5	0
Informative	0	0	2	6	4	0
Interesting	0	0	2	5	5	0
At a convenient time	0	0	1	6	5	0
Well publicised	1	0	2	5	3	1

Likelihood to attend Men's Health week event in the future

How likely are you to attend another Men's Health Week event in the future?	Respondents	%
Extremely unlikely	0	0%
Unlikely	0	0%
Neither likely nor unlikely	0	0%
Likely	3	25%
Extremely likely	9	75%
Don't know	0	0%
Total	12	100%

Likelihood to help organise/plan Men's Health week event in the future

How likely are you to help organise or facilitate another Men's Health Week event in future?	Respondents	%
Extremely unlikely	1	17%
Unlikely	0	0%
Neither likely nor unlikely	0	0%
Likely	1	17%
Extremely likely	4	67%
Don't know	0	0%
Total	6	100%

APPENDIX N

SUMMARY OF THE AUSTRALIAN MEN'S HEALTH POLICY LANDSCAPE

Jurisdiction Policy	Overview	Specific Health Promotion and Literacy Activities
Australia <i>National Men's Health Strategy 2020-2030</i> (Commonwealth of Australia (Department of Health), 2019)	<p>The National Men's Health Strategy outlines the objectives and actions to achieve the goal that <i>"every man and boy in Australia is supported to live a long, fulfilling and healthy life"</i> (Commonwealth of Australia (Department of Health), 2019, p. 6).</p> <p>The Strategy comprises three objectives, which aim to:</p> <ul style="list-style-type: none"> ▪ <i>"Empower and support men and boys to optimise their own and each other's health and wellbeing"</i> ▪ <i>Strengthen the capacity of the health system to provide quality appropriate care for men and boys.</i> ▪ <i>Build the evidence base for improving men's health"</i> (Commonwealth of Australia (Department of Health), 2019, p. 7) <p>Nine action areas, along with five priority health issues (<i>mental health; chronic conditions; sexual and reproductive health and conditions where men are over-represented; injuries and risk taking; and healthy ageing.</i>), and six principles for action underpin the Strategy.</p> <p>The Strategy provides a framework for collective national action to improve the health of men and boys in Australia.</p>	<p>Four of the nine action areas have a specific focus on improving the health knowledge and awareness of men and boys. These include:</p> <ul style="list-style-type: none"> ▪ A national public awareness campaign that aims to highlight the diversity of men and boys in Australia and reduce stigma associated with the health system or ill-health, including with help-seeking behaviour. ▪ Health promotion initiatives which aim to increase health literacy, improve understanding of health risks, and encourage proactive health improving activities. ▪ Establish a Health Promotions Grants Program to test and evaluate local and regional health promotion activities ▪ Create a Population Health Grants Program for projects that implement approaches to engage with men and boys in local, regional, state, territory and national level health education, prevention, and early detection initiatives <p>An additional action area which focused on improving men's health knowledge and capability within the health workforce by:</p> <ul style="list-style-type: none"> ▪ Reviewing existing education and training for gaps in elements of men's health or approaches to engaging men and boys ▪ Advocating for the inclusion of men's health modules in undergraduate health education ▪ Developing online training modules which reflect key men's health topic areas

Jurisdiction Policy	Overview	Specific Health Promotion and Literacy Activities
<p>NSW</p> <p><i>NSW Men's Health Framework</i></p> <p>(Health and Social Policy, 2018)</p>	<p>The NSW Men's Health Framework sets the vision to achieve <i>"optimal health and wellbeing outcomes for the diversity of boys and men in NSW"</i> (Health and Social Policy, 2018, p. 6).</p> <p>To achieve this vision, the Framework establishes five guiding principles, and identifies seven priority populations and four priority health areas, including:</p> <ul style="list-style-type: none"> ▪ Mental health and wellbeing ▪ Cancer ▪ Healthy living and chronic disease ▪ Sexually transmissible infections <p>Within these priority areas, the Framework sets out the current response and identifies the further actions required to improve health outcomes for men and boys.</p>	<p>Within each of the four priority health areas, a range of campaigns, education and prevention programs, and NGOs have been identified as currently working to improve health awareness, knowledge and literacy for men and boys.</p> <p>Each priority health area identifies a range of further health promotion and awareness activities needed to improve outcomes for men and boys. These include:</p> <p>Mental Health</p> <ul style="list-style-type: none"> ▪ <i>"Encourage help-seeking behaviour and focus on removing gendered barriers to accessing care"</i> ▪ <i>"Reduce the stigma attached to mental ill-health and service access"</i> (Health and Social Policy, 2018, p. 21) <p>Cancer</p> <ul style="list-style-type: none"> ▪ <i>"Increase early detection, including promoting participation in the National Bowel Cancer Screening Program"</i> (Health and Social Policy, 2018, p. 25) <p>Healthy living and chronic diseases</p> <ul style="list-style-type: none"> ▪ <i>"Deliver a gendered approach to health care and promotion"</i> ▪ <i>Focus efforts on preventative health measures</i> ▪ <i>Focus on outreach activities, bringing health initiatives to men"</i> (Health and Social Policy, 2018, p. 29) <p>Sexually transmissible infections</p> <ul style="list-style-type: none"> ▪ <i>"Increase comprehensive STI and HIV screening"</i> ▪ <i>Support delivery of comprehensive gender and culturally appropriate education and prevention programs in</i>

Jurisdiction Policy	Overview	Specific Health Promotion and Literacy Activities
<p>Victoria</p> <p><i>Improving men's health and wellbeing: strategic directions</i></p> <p>(Victorian Department of Health, 2013)</p>	<p>Victoria's strategic direction for improving men's health and wellbeing aims to better inform men about their health to empower them to act and ensure the health system is better equipped to respond to men's health needs.</p> <p>To achieve this, the Strategy sets out four action areas to achieve six outcomes for Men's health. These action areas include:</p> <ul style="list-style-type: none"> ▪ <i>"Building an understand of men's health issues</i> ▪ <i>Improving the health system's responsiveness to men's needs</i> ▪ <i>Strengthening preventative health interventions targeting men</i> ▪ <i>Focusing on priority health conditions for men"</i> (Victorian Department of Health, 2013, p. 15) <p>A range of example activities targeting five stakeholder groups are identified for each action area to guide the achievement of positive health outcomes for men.</p>	<p><i>schools, with Indigenous communities, and with men who have sex with men"</i> (Health and Social Policy, 2018, p. 33)</p> <p>The Strategy identifies nine types of responses which can be used in different combinations to guide activity in each action area. Four responses focus specifically on specific health promotion activities, including:</p> <ul style="list-style-type: none"> ▪ <i>"New ways of promoting services/programs to men</i> ▪ <i>Partnerships with organisations which can assist engaging men</i> ▪ <i>Developing consumer materials which target men</i> ▪ <i>Use outreach approaches to provide information to men"</i> (Victorian Department of Health, 2013, p. 17) <p>Two responses focus on improving the knowledge and capacity of the health workforce, including:</p> <ul style="list-style-type: none"> ▪ <i>"Staff training and capacity building</i> ▪ <i>Development of service/practice guides focusing on men"</i> (Victorian Department of Health, 2013, p. 17) <p>Some examples of suggested activities under each action area include:</p> <ul style="list-style-type: none"> ▪ <i>"Include a greater focus on men's health within education and training for health and allied health workers"</i> (Victorian Department of Health, 2013, p. 19)

Jurisdiction Policy	Overview	Specific Health Promotion and Literacy Activities
		<ul style="list-style-type: none"> ▪ “Encourage and reward the use of innovative approaches to engage men” (Victorian Department of Health, 2013, p. 21) ▪ “Integrate interventions targeted to men into existing systems of events” (Victorian Department of Health, 2013, p. 23) ▪ “Invite community leaders from diverse communities who are taking active responsibility for their health to act as role models for men’s health” (Victorian Department of Health, 2013, p. 23)
Western Australia <i>Men’s Health and Wellbeing Policy</i> (Western Australian Department of Health, 2019)	<p>The Western Australian Men’s Health and Wellbeing policy aims to “<i>optimise the health and wellbeing of all men and boys in WA</i>” by “<i>providing direction to the WA health system and its partners to delivery strategies to improve men and boy’s physical, mental, social, and emotional wellbeing</i>”. (Western Australian Department of Health, 2019, p. 2)</p> <p>To achieve this, the Policy sets three goals:</p> <ul style="list-style-type: none"> ▪ “Men are empowered to be proactive in managing their health and wellbeing ▪ Men have equitable access to services ▪ Men’s health and wellbeing needs are monitored, evaluated, and inform continual improvements” (Western Australian Department of Health, 2019, p. 2). <p>These goals are achieved through 38 areas for action across five identified policy domains, including:</p> <ul style="list-style-type: none"> ▪ “Build healthy public policy 	<p>Across the three goal in the Policy a total of nine priority areas are identified to guide implementation. Of these nine priority areas, three specifically focus on health awareness and promotion, including:</p> <ul style="list-style-type: none"> ▪ “Increase efforts towards appropriate health promotion approaches and activities ▪ Ensure access to information at appropriate life stages ▪ Encourage early intervention, including opportunistic screening and treatment” (Western Australian Department of Health, 2019, p. 2) <p>Of the 38 areas for action identified in the Policy, a large number relate to health awareness and promotion, as well as building workforce capacity. Some examples of these action areas include:</p> <ul style="list-style-type: none"> ▪ “Explore opportunities for the establishment of an online resource centre to be a central repository for resources,

Jurisdiction Policy	Overview	Specific Health Promotion and Literacy Activities
	<ul style="list-style-type: none"> ▪ <i>Create supportive environments</i> ▪ <i>Strengthen community actions</i> ▪ <i>Develop personal skills</i> ▪ <i>Reorient health services”</i> (Western Australian Department of Health, 2019, p. 2) 	<p><i>services and advice for the community on men’s health and wellbeing</i></p> <ul style="list-style-type: none"> ▪ <i>Encourage service providers, workplace and community organisations to develop supportive spaces and culture for men to have discussion and seek support on health and wellbeing issues”</i> (Western Australian Department of Health, 2019, p. 13) ▪ <i>“Create a network of local champions/community advocates/ambassadors to promote key messages and address negative stereotypes”</i> (Western Australian Department of Health, 2019, p. 14) ▪ <i>“Actively promote, using all means (multimedia and community voices), the delivery of male-friendly health services</i> ▪ <i>Upskills health professionals with current, best practice methods and approaches to use every consultation as an opportunity to engage men in a conversation about their health and wellbeing”</i> (Western Australian Department of Health, 2019, p. 18) ▪ <i>“Promote opportunistic screening or referral to appropriate services when men access services related to major life events”</i> (Western Australian Department of Health, 2019, p. 19) ▪ <i>“Implement sustainable systems for educating, training, mentoring and supervision of all health professionals and support staff working with men”</i> (Western Australian Department of Health, 2019, p. 19)

Men's Health in Other Australian Jurisdictions

While desktop research and analysis did not uncover specific men's health policies for other Australian jurisdictions, some men's health information was publicly available for Queensland, South Australia, and the Northern Territory. These jurisdictions also tend to have general health promotion or preventative health initiatives through which male health can be addressed. A summary of the men's health information in these jurisdictions is provided below. Desktop research did not identify any specific men's health information for Tasmania or the ACT.

Queensland

The Queensland Government publishes information on their website on five key men's health topics, including:

- 1) Watching your waist (Queensland Government, 2019)
- 2) Heart health (Queensland Government, 2016)
- 3) Coping with the daily grind (Queensland Government, 2018)
- 4) Cancer (Queensland Government, 2015)
- 5) Men's health through the decades (Queensland Government, 2018)

For each of these health topics, information is provided on specific health issues and their risk factors, tips for preventative actions, and options for further support.

South Australia

SA Health maintains information about Men's Health Services on their website (SA Health, n.d.). This includes a range of information on health conditions which are prevalent with men, health risk factors and preventative actions, and links to other men's health resources or organisations supporting men's health.

SA Health have adopted a celebrity ambassador strategy to communicate men's health information. This includes a series of videos with professional AFL player Robbie Gray who shares his own story about testicular cancer and provides information and advice on a range of topics including nutrition, physical activity, responsible drinking, smoking, immunisation, skin protection, sleep, and managing children's screen time (SA Health, n.d.).

Northern Territory

The Northern Territory Government publishes a short Men's health statement on their website which highlights men's health outcomes and identifies key health risk factors, particularly for Aboriginal and Torres Strait Islander men (Northern Territory Government, 2020). The statement acknowledges the importance of raising awareness and preventative actions to improve men's health outcomes.

APPENDIX 0

SUMMARY OF KEY HEALTH AND WELLBEING ACTIVITIES FOR MEN IN AUSTRALIA

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
Ten to Men <i>National</i> (Australian Institute of Family Studies, n.d.)	As part of the National Mental Health Policy 2010, the Australian Government committed \$16.7 million to a range of male health initiatives (Commonwealth Department of Health, 2018). This included \$6.9 million over four years to fund Australia's first longitudinal study 'to improve the health and wellbeing of men and boys' (Ten to Men, n.d.).	<p>The Ten to Men study does not include any specific male health promotion or literacy initiatives or interventions but does contribute to the evidence base for men's health, including approaches to health promotion and literacy.</p> <p>To date, the study has produced several journal articles related to health promotion and literacy including:</p> <ul style="list-style-type: none"> ▪ The influence of masculine norms and mental health on health literacy among men: Evidence from the Ten to Men Study - <i>Milner, A., Shield, M., & King, T.L. (2019)</i> ▪ Treatment seeking by employment characteristics among Australian males: a longitudinal study from the Ten to Men study - <i>Milner, A., King, T.L., Scovelle, A.J., Currier, D., Spittal, M.J. (2018)</i> ▪ Why do men go to the doctor? Socio-demographic and lifestyle factors associated with healthcare utilisation among a cohort of Australian men - <i>Schlichthorst, M., Sanci, L. A., Pirkis, J., Spittal, M. J., & Hocking, J. S. (Australian Institute of Family Studies, n.d.)</i> <p>The study also produces periodic reports exploring their findings. An insight report on "health literacy and health service use among Australian men" is due to be released in November 2020 (Australian Institute of Family Studies, n.d.).</p>	N/A
Men's Sheds <i>National</i>	Developing and growing since the early 2000s, the Australian Men's Shed movement is a major stakeholder in the field of men's health	A core aim of Men's Sheds is to improve the health and wellbeing of men who participate, by fostering a sense of community and a place	In 2016, an evaluation of the ASMA was conducted, which addressed, in part, the health and wellbeing

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
(AMSA, n.d.)	<p>and wellbeing. Men's Sheds are described as 'any community-based, non-profit, non-commercial organization that is accessible to all men and whose primary activity is the provision of a safe and friendly environment where men (Shedders) are able to work on meaningful projects at their own pace in their own time in the company of other men.' (AMSA, n.d.).</p> <p>The Australian Men's Shed Association (AMSA) provides practical support, specialised services and resources to the more than 1000 Men's Sheds across Australia.</p>	<p>where men can talk openly about their emotional wellbeing.</p> <p>In collaboration with other community services, the AMSA has developed a range of men's health resources and initiatives which are distributed through the network of Men'</p> <p>The most prominent example is the national 'Spanner in the Works?' men's health screening program which has successfully engaged men by providing a visual interpretation of a body as a vehicle. This allows the program to deliver health screening, improve health literacy and distribute health information (AMSA, n.d.).</p>	<p>role of Men's Shed's. Key findings related to Men's Shed's health and wellbeing activities included:</p> <ul style="list-style-type: none"> Men join Men's Sheds for personal and community connections, which aligns with the National Male Health Policy (2010) aim to alleviate social isolation by supporting Men's Sheds. Shedders find the health improvement activities of Men's Shed's to be useful, especially the 'Spanner in the Works?' program. Keeping mentally and physically healthy are top health priority of Shedders Men's Sheds expressed a preference for more collaborative health-related events <p>The evaluation recommended an increased focus on mental health-related activities through new health partnerships, to address Shedders' health priorities (Siggins Miller, 2016)</p>
<p>Older Men: New Ideas (OM:NI)</p> <p>NSW, Victoria</p> <p>(OMNI, n.d.)</p>	<p>'Older Men: New Ideas' aims to enhance the health, wellbeing and lifestyle of older men, and to this end it conducts small, community-based men's groups which meet on a fortnightly basis.</p>	<p>OM:NI provides a space for older men to discuss issues they face in their lives, including those related to their health and wellbeing, and seek support from their peers. Typically, an OM:NI meeting would provide opportunities for group members to individually 'check in' with</p>	<p>While no formal evaluations of OM:NI are available, some observed impact of these groups are shared through their website. Key observed outcomes include:</p>

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
	<p>Originally an initiative of the Council on the Ageing (COTA) NSW, it has since developed into an incorporated body operating in NSW and Victoria.</p> <p>OM:NI groups are unique in creating a safe male-only sharing experience that is about mateship and providing a place where men listen to other men, share joys, sorrows, achievements and hopes.</p> <p>OM:NI is not political and is not an activity or service club.</p>	<p>the others as to how they are travelling, and if there are significant issues that a member may be dealing with, an opportunity is provided to delve into this at greater length (COTA Victoria, 2018). There may also be a designated focus topic, for which the men would have been able to prepare before the meeting (COTA Victoria, 2018).</p>	<ul style="list-style-type: none"> Members feeling a strong sense of belonging to their group many examples of men addressing significant issues that have prevented them from enjoying full and enriching lives. greater willingness of men to become more involved in family and community events increased interest in retirement, in better communications, and improved listening skills with family members, friends and community. an enhanced sense of direction and purpose in their lives. <p>In addition, partners and family members report improved companionship and members tell of being empowered to take greater control of their lives (OMNI, n.d.)</p>
<p>Gay and Married Men's Association (NSW) Inc (GAMMA)</p> <p>NSW</p> <p>(GAMMA, n.d.)</p>	<p>GAMMA is a peer-support program supporting 'men who are or have been involved in long-term heterosexual relationships and are now coming to terms with their sexual attraction to other men' (GAMMA, n.d.).</p> <p>GAMMA host a range of activities including support group meetings, social events, and an online resource library.</p> <p>The support group meets twice a month to discuss 'their sexuality and the relationships in their lives' (GAMMA, n.d.) in a supportive and safe environment. This includes strategies for</p>	<p>The support group is GAMMA's key health promotion activity. Each meeting follows four principles: confidentiality; non-judgmental environment; support not therapy; non-sexualised environment. (GAMMA, n.d.)</p> <p>Experienced GAMMA members, often with professional or lived experience facilitate each meeting, and so they have a first-hand understanding of what participants are going through. Support group meetings often include guest speakers with specific knowledge on topics such as:</p>	N/A

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
	managing family and formal spousal or partner relationships, safe sex education, sexual health, mental health and wellbeing and other general support (GAMMA, n.d.).	<ul style="list-style-type: none"> Relationships with former spouses and partners Safe Sex education and awareness Support Groups, both social and professional (GAMMA, n.d.) <p>GAMMA's online resource library offers written articles and links to other services on a wide variety of topics, including those related to health and wellbeing.</p>	
Prostate Cancer Foundation of Australia (PCFA) <i>National</i> (PCFA, n.d.)	PCAF is a 'community organisation and the peak national body for prostate cancer in Australia' (PCFA, n.d.). The Foundation has three primary strategic focuses: research, awareness and advocacy, and the provision of support to those impacted by prostate cancer, such as promoting access to information and resources, support programs and Cancer Specialist Nurses (PCFA, n.d.).	<p>PCFA's health promotion and awareness activities fall into three categories, information provision, Ambassador Program, and information for health care professions. These activities are outlined in brief below.</p> <p>PCFA provides general information through their website about prostate cancer, family history, and survivorship. They also publish information packs for diagnosed men and their families, with further detailed information available on treatments and side effects</p> <p>The PCFA Ambassador Program raises community awareness of prostate cancer and to provide resources for individuals which are delivered by volunteers and can be booked online.</p> <p>PCF publishes information for health care professionals including clinical practice guidelines and monographs in prostate cancer, information about specialist nursing service, and culturally appropriate resources for health professionals working with indigenous communities.</p>	<p>PCGA's Social Impact Report for 2018-2019 (PCFA, 2019) outlines key health promotion and awareness achievements including:</p> <ul style="list-style-type: none"> over 12,000 info packs distributed 4,500 online community members accessing information 5,000 volunteer hours, delivering the Ambassador Program.

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
OzHelp Foundation ACT	<p>The OzHelp Foundation aims to <i>'reduce the incidence of suicide and mental ill-health, and to enable positive workforce wellbeing across Australia'</i> (OzHelp Foundation, n.d.). While the Foundation initially focused on supporting men in male-dominated industries such as construction and mining, Ozhelp is now a leading provider of workplace wellbeing programs (OzHelp Foundation, n.d.).</p>	<p>The 'Workplace Tune Up' program is a key health promotion awareness activity for the OzHelp Foundation. The program provides an online screening tool to provide employees a digital health check and connect them with appropriate support (OzHelp Foundation, n.d.).</p> <p>OzHelp Foundation also provides online resources, including health promotion workplace posters, and delivers workplace education programs on wellbeing and mental health awareness.</p>	<p>OzHelp Foundations 2018/19 year in review (OzHelp Foundation, 2019) outlines key health promotion and awareness achievements including:</p> <ul style="list-style-type: none"> 40,000 individuals connected to OzHelp (services, information, tools, campaigns) 90% of clients would recommend OzHelp. Demand for health screening programs increased by 28%. Mental Health Awareness Training participants reported: <ul style="list-style-type: none"> 86% increase in awareness of the warning signs of anxiety, depression and suicide. 86% increase in their own awareness of mental health protective factors.
Australian Institute of Male Health and Studies National (AIMHS, n.d.)	<p>The AIMHS was established to 'pursue and promote excellence in the fields of male health and male studies' (AIMHS, n.d.). The Institute has a strong focus on research, publishing and education, as well as programs that apply 'a social determinants and prevention approach to enhancing male health and mental health' (AIMHS, n.d.).</p>	<p>AIMHS' key health promotion activity is their Menswatch peer support training program. Is a holistic approach to promoting male mental health and suicide prevention across Australia (AIMHS, 2016).</p> <p>This program uses an all-male group setting to build men's confidence supporting other men, particularly in relation to suicide and mental health.</p> <p>The one-day program consists of a range of modules covering topics such as:</p>	<p>The Menswatch program has been formally evaluated, however the outcomes were not publicly available.</p> <p>AIMHS demonstrate the proven track record of their Menswatch program citing that over 1,500 South Australian men have completed the program and that the program was awarded the SA Government, 2009 Dr Margaret Tobin Award for Excellence in</p>

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
		<ul style="list-style-type: none"> Depression Stress Principles and strategies for helping Grief and separation 	Community Mental Health Education (AIMHS, n.d.).
ACON NSW (ACON, n.d.)	<p>ACON is a 'health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health' (ACON, n.d.). The organisation provides a range of supports for specific groups of men, including gay and bisexual men, young gay men and Asian gay men. The available supports include counselling, information and resources, workshops, HIV testing and inclusion programs.</p>	<p>One of ACONs core focus areas to end HIV transmission in all their communities. This focus area adopts a health promotion and awareness approach through social marketing campaigns and peer led prevention programs (ACON, n.d.).</p> <p>The most visible health promotion initiative was the WE TEST / WE CAN campaign, a multi-platform approach to encourage frequent HIV testing and promote HIV prevention strategies.</p> <p>Over 4 months , the campaign used a mix of distribution channels including social media, outdoor media, video, online dating apps, print, radio, and event presence to promote the campaign message. (ACON, 2019)</p> <p>The WE CAN phase of the campaign promoted ending HIV transmissions through means of prevention, the health benefits of HIV treatment and the importance of combating HIV-related stigma (ACON, 2019).</p>	<p>The results of the WE TEST / WE CAN campaign were reported in ACON's 2018/19 Annual report. Key results included:</p> <p>Campaign Reach:</p> <ul style="list-style-type: none"> 400 outdoor placements of campaign materials Distribution of 10,000 promotional products 160,000 viewing of the We Test Video, with almost 5,000 engagements <p>Campaign Outcomes</p> <ul style="list-style-type: none"> 68% campaign recall rate, which increased to 79% for people born in non-English speaking countries. 97% effectiveness of message communication Evidence which indicates the campaign increased health literacy within the community. <p>(ACON, 2019)</p>

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
Top Blokes Foundation <i>National</i> (Top Blokes Foundation, n.d.)	The Top Blokes Foundation helps ' <i>more young males lead health and safe lives</i> ' by challenging and nurturing them ' <i>to be their best selves</i> ' (Top Blokes Foundation, n.d.). The Foundation ' <i>work with groups of boys and young men for 3 to 6 months to increase their resilience, empathy, and respect for self and others</i> ' (Top Blokes Foundation, n.d.)	<p>Top Blokes Foundation deliver social education and mentoring programs to young males aged 10-24 years. They deliver three programs (see below) which address a range of health and wellbeing related topics including:</p> <ul style="list-style-type: none"> Alcohol and drug use Mental health peer pressure understanding masculinities sexuality and relationships online behaviour <p>Stepping Up (Top Blokes Foundation, n.d.)</p> <p>The Stepping Up program is for 10-13-year-olds and addresses the emerging social issues facing boys to help them develop key social and decision-making skills. The 8-week program is delivered in schools and is tailored to meet the needs of the participating cohort.</p> <p>Junior Top Blokes (Top Blokes Foundation, n.d.)</p> <p>Junior Top Blokes is 16-week mentoring program delivered In high schools and community settings for 14-17 year olds. The content has been assessed by clinical psychologists and regulated updated to reflect the latest research and current trends.</p> <p>Building Blokes (Top Blokes Foundation, n.d.)</p> <p>Building Blokes is a personal development program for 16-24 year olds that aims to:</p>	<p>A three-year social impact study conducted by EY found:</p> <ul style="list-style-type: none"> That 11,317 young men were mentored a 65% improvement in participant's mental health a 78% reduction in participants antisocial behaviours a 75% improvement in participants life skills and outlook <p>(Top Blokes Foundation, n.d.)</p>

Activity <i>Reach</i>	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
		<ul style="list-style-type: none"> Improving their well-being by increasing their conflict resolution skills; Building stronger relationships with their partners, peers and families; Increasing their skills to avoid the harmful impacts of gambling, drugs and alcohol; Developing resilience to common life pressures, such as peer pressure and social media; among many others. 	
Beyond Blue <i>National</i>	<p><i>Beyond Blue</i> is a national NGO that provides 'information and support to help everyone in Australia achieve their best possible mental health' (Beyond Blue, n.d.). As part of its focus, the organisation provides a range of health information and support services targeted at men, such as the Healthy Dads program, which aims to 'support the mental health of men during the transition to fatherhood' (Beyond Blue, n.d.).</p>	<p>Beyond Blue's approach to health promotion and awareness is summarised in their Community Engagement Strategy (Beyond Blue, 2020). The Strategy outlines four Community Engagement Pillars, two of which have a particular focus on health promotion.</p> <ul style="list-style-type: none"> Lived experience and community participation. Community advocacy – support, tools and resources to champion and advocate for mental health issues. Reach – including engagement activities for people at risk of depression/anxiety / suicide Shared benefit <p>The strategy also outlines the key programs which Beyond Blue facilitates as part of their health promotion activities. These include:</p> <ul style="list-style-type: none"> Blue Voices Volunteers Speakers and Ambassadors 	<p>The most recent evaluation of Beyond Blue (Beyond Blue, 2019) (2015-2018) highlighted that overall Beyond Blue meets its objectives and provides appropriate, effective and valuable work.</p> <p>Specifically, regarding their health promotion and awareness activities, the evaluation found evidence supporting the effectiveness and appropriateness of Beyond Blue's services, campaigns and initiatives.</p> <p>Beyond Blue's Community Engagement Strategy was developed as a response to some of these evaluation findings.</p>

Activity Reach	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
		<ul style="list-style-type: none"> Events Community Partnerships Community Fundraising 	
Movember Foundation <i>National</i> (Movember Foundation, n.d.)	The Movember Foundation funds projects designed to impact men's health around the world (Movember Foundation, n.d.). The Foundation has three key priority areas; namely, prostate cancer, testicular cancer and mental health and suicide prevention.	<p>The Movember Foundation uses a range of activities to raise awareness of men's health and to raise money for research and other men's health projects. These activities include:</p> <p>The annual Movember campaign which asks people to grow a moustache, "Move for Movember", or host "Mo-ments" (events) during November (Movember Foundation, n.d.).</p> <p>The distinguished gentleman's ride, which invites people from over 700 cities around the world to dress up and ride classic and vintage motorcycles in support for men's health (Movember Foundation, n.d.).</p>	<p>The Movember Foundation measure their impact by the outcomes of the research and projects they fund, rather than their awareness raising activities.</p> <p>Since 2003, more than 5 million people have been involved in annual Movember campaign (Movember Foundation, n.d.).</p>
MensLine Australia <i>National</i> (On The Line, n.d.)	MensLine is ' <i>a telephone and online counselling service for men with family and relationship concerns</i> ' (On The Line, n.d.). The service is delivered by On The Line and provides men with access to professional counsellors who are experienced in a range of areas, such as ' <i>men's mental health, anger management, family violence (using and experiencing), substance abuse, healthy relationships and integrated wellbeing</i> ' (On The Line, n.d.).	<p>MensLine offers five types of counselling services including an open phonenumber, call back service, online chat, video chat, and assisted referrals.</p> <p>Through these services MensLine provides:</p> <ul style="list-style-type: none"> <i>"A safe and private place to talk about concerns"</i> <i>Confidential, anonymous, and non-judgmental support</i> <i>Coaching and practical strategies for managing personal relationship concerns</i> 	<p>While no formal evaluation of MensLine was available, the OnTheLine Annual Report 18-19 (On The Line, 2019) reports that 66,726 MensLine sessions answered in FY19.</p>

Activity <i>Reach</i>	Overview	Male Health Promotion and Literacy Interventions	Evaluation or Impact of Health Promotion and Literacy activities
		<ul style="list-style-type: none"> ▪ <i>Relevant information and links to other appropriate services and programs as required</i> (On The Line, n.d.) <p>To ensure the service is appropriate, counsellors recognise that when faced with a problem, men are often more focused on solutions than talking about their feelings, and so offer a practical approach to counselling, while also encouraging men to deal with important emotional issues. Phone and online counselling are particularly attractive to men, who often find it tough to ask for help and may find face-to-face discussions about difficult issues confronting.</p> <p>Telephone and online counselling provide:</p> <ul style="list-style-type: none"> ▪ <i>“Visual privacy</i> ▪ <i>An immediate response</i> ▪ <i>Anonymity, enabling greater honesty in the client</i>” (On The Line, n.d.) 	

APPENDIX P

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