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IT'S NOT ROCKET SCIENCE: THE CASE FROM IRELAND FOR A POLICY FOCUS ON MEN'S HEALTH

Noel Richardson, BA, M MedSci, PhD[1] and Paula Carroll, BSc, PhD[2]

[1]National Centre for Men's Health, Institute of Technology Carlow, Ireland

[2]Centre for Health Behaviour Research, Waterford Institute of Technology, Ireland

Corresponding Authors: Noel.richardson@itcarlow.ie and Pcarroll@wit.ie

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ABSTRACT

Historically, men, as a population group, have been conspicuous by their absence at a global and national health policy level. Moreover, most gender-focused health policy initiatives and gender-mainstreaming approaches to health have tended to be synonymous with women's health. This places Ireland's National Men's Health Policy (NMHP) and recent external 5-year review in the collector's item category within the wider health policy landscape.

This paper will review the impetus and background to men's health policy development in Ireland against a backdrop of the invisibility of men more generally from health policy. Reflecting on the key milestones and challenges associated with transitioning from policy development to implementation, the paper will seek to inform a wider public health debate on the case for targeting men as a specific population group for the strategic planning of health. The case for a NMHP on the grounds of a gender inequity will also be explored in the context of contributing more broadly to gender equality. There will be a particular focus on exploring how strategies associated with governance and accountability, advocacy, research and evaluation, partnerships and capacity-building, have acted as a catalyst and framework for action in the rollout of a broad range of men's health initiatives. With the central challenge being the translation of cross-departmental and inter-sectoral recommendations into sustainable actions, the role of NMHP in applying a gender lens to other policy areas will also be discussed.

Ireland's NMHP has raised the visibility of men's health in Ireland; the lessons learned during its implementation provide a strong rationale and blueprint for NMHP development elsewhere.

Historically, men, as a population group, have tended to be overlooked at a global and national health policy level. Despite traditionally occupying a central and powerful presence in political, economic, cultural, and religious spheres; in terms of health, the "gender-spotlight" has been on women, whilst men have "resided backstage."[1,2] A substantive body of literature has highlighted men's "failings" or ambivalence in terms of caring for their own health needs – men's lack of engagement with services, men's unhealthy lifestyles and risk behaviours etc. There has, until more recently, been much less attention on men's "failings" with regard to mobilizing, capaigning or advocating for their own health needs. Whilst men's voices have been prominent in the boardrooms and in almost every bastion of power within society, why have men remained silent and seemingly powerless – at both a personal/advocacy and policy/political level – in relation to this critically important domain of their lives?

Over the past couple of decades, there have been significant developments at a research and, to a lesser extent, an advocacy level, that have challenged this historical inertia surrounding men's health.[2,3] In the midst of these green shoots of men's health research and advocacy developments, Ireland emerged as the first country in the world to publish a National Men's Health Policy.[4,5] A follow-up 5-year National Men's Health Action Plan (*Healthy Ireland Men 2017-2021*) was published in November, 2016.[6] Underpinning Ireland's approach to men's health policy development and implementation has been an explicit focus on gender-specific strategies and strengths-based approaches. Although ostensibly a men's "health" policy, the NMHP sought to explicitly highlight the potential gains and benefits to other sectors and government departments of working in partnership to support men's health. It did so by adopting a social determinants approach and by providing a vision and a framework for action that sought to enable the field of men's health to develop in synergy with other policy areas within and beyond the health sector. It has also been reported that having a NMHP has resulted in men's health in Ireland being more visible and occupying a more prominent place in public discourse.[7]

In June 2014, the Department of Health in Ireland commissioned an independent review of the NMHP with a view to informing the future direction of men's health policy in Ireland aligned to the key themes of Healthy Ireland.[8] This report was published in April 2015[9,10] and informed the development of the follow-up Action Plan. The first section of this paper will review the impetus and background to men's health policy development in Ireland against a backdrop of the invisibility of men more generally from health policy. In the context of the policy review findings, the paper will reflect on the key milestones and challenges associated with transitioning from policy development to implementation. There will be a particular focus on exploring the case for having a NMHP on the grounds of a health inequity and thereby contributing to gender equality. The primary focus in the paper will be on exploring how strategies associated with governance and accountability, advocacy, research and evaluation, working in partnership and capacity-building have been instrumental in the roll-out of a broad range of men's health initiatives. With the central challenge being the translation of cross-departmental and inter-sectoral recommendations into sustainable actions, the role of NMHP in applying a gender lens to other policy areas will also be discussed. More broadly, the paper will seek to inform a wider public health debate on the case for targeting men as a specific population group for the strategic planning of health. Finally, the key lessons learned through policy implementation will be discussed as an important platform from which to inform NMHP development and implementation in other countries.

WHY MEN, WHY IRELAND AND WHY NOT MEN IN OTHER COUNTRIES?

Whilst the background, context and mandate for men's health policy development in Ireland has been well documented elsewhere,[5,11–13] it is worth reflecting not just on "why men" and "why Ireland," but also on "*why not"* men in other countries. In Ireland, the early positioning of men's health within a 'health inequalities' framework,[14,15] and thus on the grounds of a health inequity, provided a certain degree of legitimacy and leverage to advancing men's health on to a policy agenda. There is, however, a range of other sub-populations of men, for whom health outcomes are significantly worse than the general population of Irish men. For example, the 2010 All-Ireland Traveller Health Study[16] revealed that life expectancy for Traveller men was 15.1 years lower than their general population counterparts. In fact, at 61.7 years, life expectancy for Travellers was found to be at a similar level to that of the general population in the 1940s. In the context of LGBT groups, a recent report[16] raised grave concerns about higher levels of psychological distress related to victimization and stigmatization among LGBT people. This in turn was related to higher levels of self-harm and suicidality among LGBT people, and young LGBT people in particular, when compared to their heterosexual counterparts. Recent studies also draw attention to high rates of cardiovascular disease[15] and a high prevalence of cardiovascular disease risk factors[17] among farmers and farm workers in Ireland. These examples underline the need for continued and targeted approaches (as distinct from whole population approaches) to tackle the health needs of those sub-populations of men most

in need in order to address health inequalities more broadly in Irish society.

Further "legitimacy" for maintaining a policy focus on men's health has come from widening health inequalities in Ireland that show a greater widening of the gap among men[16–19]; disparities in health outcomes associated with certain health issues[20]; the impact of economic recession and increasing unemployment rates on men's mental health[19] and on increasing suicide rates[22,23]; and, more broadly, by an expanding masculinities and health literature that has illuminated some of the factors underpinning not just sex differences in health status between men and women, but between different populations of men.

Despite being described as 'a particular source of inspiration for other countries,[2] Ireland's pioneering role in men's health policy development has not prompted a cascade effect. There have been numerous calls for an increased policy focus on men's health elsewhere,[10,24,24] as well as from various advocacy groups (e.g., European Men's Health Forum; Global Action on Men's Health; Men's Health Forum, England and Wales; Men's Health Society, Denmark; Men's Health Caucus USA), but have had limited impact. The relative absence of policy action on men's health in other countries is noteworthy, especially among those countries with arguably a stronger case than Ireland for such a focus. A notable and very welcome recent development has been the the WHO's Regional Office for Europe commitment to develop a men's health strategy for the Region, with this strategy due for publication in late 2018. This follows the first State of Men's Health in Europe report[24] which demonstrated stark differences – both sex differences and within sex differences – in health outcomes, life expectancy and premature mortality, with a clear east-west divide evident across Europe. It is to be hoped that the new strategy will provide renewed momentum for a more prominent policy focus on men's health, particularly among Eastern European countries.

POSITIONING MEN'S HEALTH WITHIN GENDER EQUITY AND GENDER MAINSTREAMING CONTEXTS

Whilst acknowledging that the plausibility of positioning men's health on the grounds of a health inequity has been the subject of much debate,[12,26–29] the real question may be not so much "why men" but rather "what (sub-populations) of men" and 'how' does the targeting of particular populations of men on the grounds of health inequity contribute more broadly to gender equality and to better health outcomes for men and women? This raises many interesting challenges in terms of how gender, and gender mainstreaming (GM) approaches are conceptualized and acted upon at a health policy level.

It is well documented that the initial focus on gender and health at a global level, was largely synonymous with women's health.[4] Indeed, in the final report of the WHO Commission on Social Determinants of Health,[30] gender and health continued to be equated with women's health, with the report being largely dismissive of the unique health needs of men.[31,32]

> "Acting now, to improve gender equity and empower women, is critical for reducing the health gap in a generation."[30]

Crucially, the CSDH approoach failed to grapple with gender as a dynamic and multidimensional construct, and failed to recognize how gender orders and gender relations are continuously shifting and producing wide-ranging health effects.[31,33] The positioning of gender as being synonymous with women's health has been reinforced by the historic and continuing focus on women and girls by global health organizations.[34–36] A recent analysis found that fewer than one-third of global health organizations defined gender in a way that accounted for the needs of both men and women and that, whilst more than a third of the NGOs in the sample focused exclusively on the health needs of women and girls, none focused exclusively on the health of men and boys.[37] Within the wider literature, there have also been calls, for example, for GM approaches that conceptualize how to include boys and men in pursuing gender equity,[38] and for the refinement of gender equity indexes that are more sensitive to the impact of health policies on health and illness indicators for both sexes.[39] Although laudable, such calls pose a number of challenges in terms of the practicalities of "how" GM approaches translate into action.[5]

The experience of NMHP implementation in Ireland has highlighted some additional considerations that have a bearing on approaches to GM and gender equity.

Firstly, a key challenge in NMHP implementation has been to create a shift in how gender is understood, both in public discourse and at a wider policy and health service level, beyond binary, categorical and essentialist sex differences. Secondly, by identifying men as a specific population group at a health policy level, there is a danger of aligning men's health with a narrow neoliberal view of health, thereby positioning responsibility for the management of health entirely with the individual. Such a focus on individual responsibility and risk reduction is inherently apolitical and ignores structural factors such as socio-economic status and ethnicity which have been shown to have a profound impact on men's health.[40] Thirdly, although men's health practitioners and advocates have played an active role in the development of Ireland's GM Framework,[41] and the NMHP has provided a blueprint for policy action on GM approaches within the Framework, progress in terms of its implementation to date has been frustratingly slow. Whilst the follow-up NMHP Action Plan[6] continues to emphasize the importance of positioning men's health within a wider gender relations context and "within a mainstreamed equality agenda with a gender focus,"[5] the practicalities of operationalizing this (even with the benefit of a GM Framework, and with men's health advocates and women's health advocates working collaboratively) remains an on-going challenge.

POLICY REVIEW: KEY FINDINGS

The review of the NMHP concluded that, overall, the Policy had made a significant contribution to advancing men's health in Ireland.[9] Specifically, the Review highlighted significant progress in relation to four of the NMHP's strategic aims:

- Promoting an increased focus on men's health research in Ireland.
- Developing health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives.
- Building social capital within communities for men.
- The development and delivery of men's health training for health and other professionals.

The Review also paid tribute to the significant progress that had been achieved in developing sustainable alliances and partnerships in the area of men's health, involving statutory, community/voluntary and academic sectors. The number and scope of the specific policy recommendations and actions were also critically reviewed and adjudged to have been too extensive to be achieved in the timeframe set. However, the limited resources available for implementation of the NMHP, in light of the unprecedented economic recession in Ireland at the time of its launch, were also cited as a significant impediment to its implementation. The next section will review how the NMHP has performed in terms of key markers of effective policy implementation, namely; governance and accountability, advocacy, research and evaluation, working in partnership and capacity building.

TRANSITIONING FROM POLICY DEVELOPMENT TO IMPLEMENTATION – LESSONS LEARNED

Over the lifetime of the NMHP, many lessons were learned that may benefit others seeking to develop and implement men's health policy in other countries. The approach underpinning the success in key areas evolved throughout the 5-year implementation of the NMHP and was informed by evaluation, experience and ongoing reflective practice. The key strategies that are adjudged to have been most effective in terms of policy implementation are summarized in Figure 1. It is important to note that these strategies evolved and developed throughout the lifetime of the NMHP, and intersected in multiple ways. Rather than being seen as independent and fixed, they should be seen as operating synergistically and adapting to particular contexts to produce the desired outcomes. Underpinning all implementation strategies was the core value of adopting gender-specific and strengths-based approaches.

Governance and Accountability

Policy making is recognized as a dynamic process, influenced by factors such as people's assumptions, ideological beliefs, organizational cultures, knowledge, vested interests and power positions, and, not

FIG. 1 An overview of the key strategies adopted to implement Ireland's NMHP.

least, by a limited pool of resources from which to respond to identified "needs."[42] Such a dynamic environment requires good governance; in particular, the responsibilities and accountabilities of the involved partners need to be defined and monitored.[43] Ireland's NMHP was accompanied by a 5-year Action Plan which clearly signposted specific recommendations and actions across a broad range of policy areas.[5] Prior to publication of the NMHP, a series of bilateral meetings were held with key stakeholders (including other government departments) with a view to strengthening and consolidating the commitment of these stakeholders towards acting on their respective areas of responsibility, as well as forming the basis for future partnership and collaboration on key aspects of men's health policy. A NMHP Implementation Group (co-chaired by the Health Service Executive and the Department of Health) was tasked with overseeing the implementation of the Action Plan and this group convened four times per year during the lifetime of the policy. The organizations represented on the NMHP Implementation Group have formed the cornerstone for many of the key alliances and partnerships that have been instrumental in driving the men's health policy agenda in Ireland both before and after publication of the NMHP.

One of the key challenges in transitioning to policy implementation has been to get buy-in across government departments on policy implementation.[9] These challenges have included staff turnover within government departments, the lack of a governance structure to deal with cross-departmental planning and implementation, the impact of economic recession on capacity to fund new initiatives; and the wider challenges of leadership and accountability that are common to any cross-departmental work.[5] A potential way around this is to develop partnerships with organizations that are aligned to or fulfill a specific remit for government departments, where staff members tend to have a less transient profile than their department colleagues. In Ireland, for example, the field of men's health as forged effective partnerships with the National Youth Council of Ireland (aligned with the Department of Education and Science) in the area of young men and mental health, and with the farming organization Teagasc (aligned with the Department of Agriculture) in the area of farmers' health. While it is important to continue to foster inter-departmental

relationships for long term action, it would be pragmatic for those charged with policy implementation to adopt a parallel approach of working with linked organizations for short term action.

A key aspect of governance is to track and monitor progress in relation to policy implementation. The first and second authors were seconded on a part-time basis from academic positions to act as secretariat to the Implementation Group. Part of their brief was to compile an Annual Progress Report to document progress on the policy recommendations and actions. This monitoring and auditing function has served to maintain 'gentle' pressure on those tasked with implementing the policy to follow through on their areas of responsibility. Another key function of the NMHP secretariat has been to represent the voice of men's health on a broad range of cross-sectoral work, including key areas of NMHP such as obesity; cancer prevention, suicide prevention, workplace health promotion, rural men's health, men's sheds, promoting men's health in sport settings and personal development program for boys in schools. In keeping with good practice, the NMHP Implementation Group has placed an explicit focus on building a stronger evidence base in the area of men's health in Ireland with research and evaluation forming a key pillar of emerging work (see section on research and evidence). Finally, a key aspect of governance with respect to NMHP implementation has been the alignment of the NMHP with the development of a Gender Mainstreaming Framework (GMF) within the health services – although, as discussed earlier, the GMF has had a limited impact to date.

Leadership also played an important role in terms of effective governance – particularly at a middle-management and grass-roots level. A key driving force from the outset was a health promotion manager whose vision and passion for driving the men's health agenda forward ensured that men's health did not fall off the policy radar during difficult periods. Indeed, against a backdrop of men's "failings" as advocates for their own health, it is noteworthy that this person; arguably Ireland's most important men's health leader and advocate, is a woman. Whilst the community of men's health workers in Ireland was small, it was made up of strong individuals who, over time, evolved into strong leadership roles. This also played an important role in building strong governance structures around men's health.

Advocacy

> *"When it comes to policy a lot of attention is given to 'the win'…However, in reality, the win is just the beginning—a necessary first step in a much longer and equally as fraught process of policy implementation.… And, just as in the case of 'the win', advocacy plays an important role in shaping implementation."*[43]

Whilst providing a clear roadmap and mandate for action, the publication of the NMHP was, like all new policies, "just the beginning." Advocacy was a critically important factor, but a "hard slog," in transitioning to policy implementation. Advocating for policy implementation should be viewed as a continuum that extends throughout the development process and this was the case for the NMHP. An extensive consultation process was integral to the development of the NMHP which played a key role in raising awareness of men's health and developing partnerships[10] that was critical for policy implementation. Successful policy implementation advocates stress the importance of technical expertise[44] when implementing policy. In the case of men's health, it is important that those in implementation organizations are cognisant of the needs of men and understand the approaches required to address those needs. Furthermore, the focus needs to be on working in partnership rather than adopting "oppositional approaches," whilst building capacity, developing an evidence base and securing funding are also central to advocating for effective policy implementation. One particularly noteworthy strategy within an Irish context, was the role played by key advocates in delivering keynote and workshop presentations across a broad range of sectors which, over time, helped to raise awareness and foster partnerships.

One of the more daunting challenges of measuring the impact of any health policy is to track ripple effects. In the context of Ireland's NMHP, it is worth highlighting some of these within an advocacy context. For example, whilst the number of staff with a dedicated remit for men's health has not changed, the community of advocates for men's health has grown significantly via the ENGAGE Trainers (see Capacity

Building section) and other partnership networks. The exponential growth in Men's Sheds in Ireland is indicative of more typically marginalized or isolated men being proactive by joining a Shed to seek solace, share skills, and work towards a common purpose.[45,46] There has been increasing evidence in Ireland of high profile men in areas such as sport and entertainment speaking out about health issues and being advocates for other men. Many male-dominated organizations and high profile men have been active in advocating for boys and men to support Ireland's 2015 White Ribbon Campaign (to end violence against women). It would also appear that the visibility of men's health in popular culture and the media is much greater post compared to pre policy implementation. More recently, legislation has been passed that allows for 2 weeks paid paternity leave for new fathers – something that was called for in the NMHP. Whilst it is impossible to align any of these ripple effects with having a NMHP, nevertheless they are notable developments in the context of the historical absence of men from health advocacy and gender equality spaces.

Research and evaluation

The NMHP stressed the importance of "establishing a stronger evidence base to support the on-going development of policy and services for men."[5] Consequently, the implementation of the NMHP was a collaboration between a number of sectors including academia which played a key role in supporting and developing evidence-based practice. An important development has been the establishment of a National Centre for Men's Health which, to date, has played a pivotal role in advancing and coordinating men's health research activities in Ireland. The NCMH was also a contributing Centre to the first State of Men's Health in Europe Report[24] and is currently contributing to the preparation of the WHO Regional Office for Europe's men's health strategy.

> The NMHP explicitly called for an increased focus on gender in research that would account for how men actively construct beliefs, attitudes and behaviours in relation to their health, and that would inform the design and delivery of services and programs. Previous studies have highlighted a dearth of knowledge, resources and supports available to service providers as a key barrier to engaging effectively with men.[47–51] There was therefore, an explicit focus from the outset, on conducting research that would result in knowledge translation activities and that would inform best practice in the provision of services for men.

Over the lifetime of the policy a range of research activities have taken place that have yielded a range of research outputs, including but not limited to peer reviewed publications. There has been a particular research focus on men's health policy[5,12–14]; capacity building and community engagement in men's health[45,54–60]; health conditions affecting men[18,20,57,58]; men and mental health[59–62]; middle-aged men and suicide[23] and the health and service needs of men.[8,18,45,53,63,64] Toolkits and guides were developed for service providers[55,65,66]; and these were integrated into the development and delivery of training programs (see Capacity Building section for further details on ENGAGE)[67–69] Men's health information booklets, informed by the target population groups of men, were also developed to support service providers in the field as well as individual men.[8,52] These, together with a number of on-going developments in men's health, provide an important blueprint for evidence-based and gender-sensitive practice in the future.

The research also had a cascade effect; it underpinned many successful funding applications for men's health initiatives and further research; it strengthened partnerships as non-academic partners were supported by the evidence in their workplaces and further funding allowed for further collaboration.

Working in Partnership

It is well established that inter-departmental and cross-sectoral partnerships play a key role in government policy for tackling complex problems.[70] This was particularly true for Ireland's NMHP given its more holistic approach to defining men's health and it's explicit focus on a social determinants approach. The value of partnership working has been well documented; partnerships offer opportunities for meeting new people and learning how to work more effectively, and they can lead to more effective action via the merger of resources, including funding.[70,71] External drivers can also influence partnerships, including the economic climate to which organizations are forced to respond and organizational policy that calls for partnership work.[71] Both of these factors were instrumental to the

partnership approach adopted for the implementation of the NMHP. Specifically, working in partnership met a key recommendation of Ireland's overarching health strategy, Healthy Ireland,[8] which was essential for advocating within the health sector.

The NMHP specifically addressed the need for integrative health and community development strategies that promoted and capitalized upon community capacity, and that positioned men's health within synergistic partnerships between and among sectors.[67] By forging new partnerships and strengthening existing partnerships, the core community of men's health workers were exposed to a range of resources that were made available to support the NMHP via individual partners that included (a) their expertise in a specific area, (b) human, and in some cases fiscal, resources from their own organizations, and (c) their extended networks.[48,53] These partnerships have also paved the way for improved capacity building and the creation of greater accountability and transparency.[53] Partners involved in the implementation of the NMHP reported that aligning personal or organizational missions, having shared principles and values, identifying available skillsets and expertise, setting and maintaining a commitment to common goals, providing strong leadership, consistent communication and establishing trust, were instrumental processes in building sustainable partnerships.[67] Critically, over time, men's health has been integrated into the business plans of partners via the inclusion of collaborative initiatives. For example, the ENGAGE training[67,68] is an excellent example of how five institutions [Health Service Executive, Institute of Technology Carlow, Men's Development Network, Waterford Institute of Technology and Men's Health Forum in Ireland] formally partnered to design, deliver and evaluate both the process of delivering[54] and the outcome[72] of the ENGAGE training across Ireland.

A key factor in the early stages of forming partnerships was making links between the NMHP and other policy and strategy areas. This resulted in a variety of cross-sectoral partnership work in areas such as cancer research and cancer prevention (Irish Cancer Society [ICS]), cardiovascular disease screening targeted at men (Irish Heart Foundation [IHF]), suicide prevention and young men (National Office for Suicide Prevention [NOSP]); physical activity programs targeted at previously sedentary men (Local Sport Partnerships [LSPs]); and research focused on the impact of recession on men (Institute of Public Health [IPH]). In effect, it was essential to demonstrate how the implemtation of particular elements of the NMHP served a dual purpose of addressing strategic policy priorities in other areas. This approach has become integral to Ireland's new Action Plan for men's health[6] where links have been identifed across a range of health strategies including, for example, the Cardiovascular Health Strategy,[73] the Cancer Strategy,[74] the National Physical Activity Plan.[75–78] Specific links have also been made beyond the health sector that include the Departments of Agriculture; Education and Skills; Jobs, Enterprise and Innovation; and Social Protection.

Multiple, simultaneous partnerships co-existed to implement the NMHP. For example, the Men's Health Forum in Ireland adopted a collaborative and partnership approach to meet its objectives for National Mens Health Week [NMHW; see www.mhfi.org). For the record, the partnership in 2016 was 48 organizations strong and included senior figures from organizations such as the Irish Cancer Society, Union of Pharmacies in Ireland, Marie Keating Foundation and Union of Students in Ireland. With such strong partnerships represented, NMHW is a calendar event for many of the leading organizations in Ireland and its profile has grown along with the size and nature of the interventions year on year. The "inventive partnership model"[67] was adopted by the Larkin Centre in Dublin's inner city and was a collaboration between community, academic, industry and an international football club. The "Men on the Move" partnership is an example of a partnership that evolved over time; initially the partnership was established between a single LSP and an academic institution to support an evaluation of a local community based physical activity program for men. Currently the partnership consists of 14 organizations across statutory, academic and community sectors that are overseeing the delivery and evaluation of the Men on the Move program across eight counties in Ireland. In keeping with that reported elsewhere, these collaborative partnerships are time consuming, however, they are vital to progress the men's health agenda in Ireland now and in the future.

Capacity Building

Capacity building at individual, partnership and community levels is a critical component of both the process and outcome of positive engagement with men.[53] Specifically, training of those working in the field has been identified previously in research as an essential component of developing effective strategies for reaching and engaging men.[49] The need to build capacity among front line service providers was recognized in Ireland's NMHP (Rec 8.1-8.4) and 'ENGAGE', Ireland's National Men's Health Training program, was developed to meet that recommendation.[67] The Diffusion of Innovations Theory[77] informed the approach used to implement the ENGAGE training with the intended end result being that service providers who are exposed to a new idea (i.e., gender sensitivity in service provision) adopt a new behaviour (i.e., gender-sensitive work practices). A "Training of Trainers" [ToT] cascade model of delivery was adopted and individuals from key organizations were recruited to become ENGAGE Trainers. Trainers committed to deliver three ENGAGE training programs. By September 2015, 57 ENGAGE Trainers had delivered 61 one-day training programs to 801 front line service providers. In 2015, an additional Unit 'Connecting With Young Men' was developed and, by the end of 2015, 17 Trainers have delivered this one-day program to 176 front line service providers. In order to ensure quality assurance, the development and delivery of both ENGAGE[54,72] and Connecting with Young Men[78] have been evaluated. A critical learning from the implementation of ENGAGE has been the need to provide ongoing support to Trainers both from peer networks and the ENGAGE team and to promote individual and organizational "buy-in" in order to maintain momentum and to build a spirit of community and mutual support within the group of Trainers.[54]

These findings are also relevant beyond the Trainers' community, within men's health work more generally. A recurring theme to emerge from evaluations was the personal investment that was needed to succeed in men's health work – particularly in reaching "hard to reach" populations of men, often with limited resources. This was captured succinctly in one such NMHP program:

> "The emotional work of supporting men can be onerous as responsibilities and commitments often extend beyond standard work hours."[53]

In keeping with Action 5.2.1 from the NMHP, building research capacity also has also been an ongoing part of implementing the NMHP. The exponential rise in postgraduate research in men's health; the partnership work between academic, statutory and community/voluntary organizations; and the explicit focus on knowledge translation activities, have greatly strengthened the field of men's health in Ireland. Finally, the capacity to reach so called 'hard-to-reach' groups of men, has been greatly strengthened by the growth of men's sheds nationally (n=300), facilitated by the Irish Men's Sheds Association, and by the extensive work conducted and resources developed by the Men's Development Network as part of its national brief on community development for men in Ireland.

CONCLUSION

The simplest but most poignant question to ask of any policy is: has it made a difference? We may not be without bias in attempting to answer this question! It is, nevertheless, our strong contention that the NMHP has been a significant catalyst for the rollout of a broad range of men's health initiatives in Ireland. This paper makes a number of new and important contributions to the health policy literature. Firstly, in response to WHO's policy question[79] – 'How can gender equity be addressed through health systems?' – the experience from NMHP implementation in Ireland is that a policy focus on men's health has a crucial role to play in addressing the issue of gender equity, thereby contributing to gender equality. Secondly, the most critical factor in the transition from policy development to implementation has been the adoption of strengths-based approaches associated with governance and accountability, advocacy, research and evaluation, capacity building and partnerships. This has greatly strengthened the capacity of health policy to reach, in particular, so-called 'hard-to-reach' groups of men. Thirdly, it is also our contention that GM approaches alone simply cannot achieve the same reach or traction that a specific men's health policy focus can achieve. Indeed, if GM approaches are to have any meaningful impact in practice, they are more likely to do so with

the help of NMHPs. Fourthly, whilst the cross-sectoral and inter-departmental responsibilities associated with promoting men's health continue to be a challenge, ongoing and emerging projects are increasingly drawing attention to the potential gains and benefits to other sectors and government departments of working in partnership to support men's health. The growth in evidence-based and gender-sensitive practice has been crucial, not just in terms of NMHP implementation, but also in applying a gender lens to key Actions in Healthy Ireland. Therefore, it is not rocket science; there is, in our opinion, a clear rationale for a policy focus on men's health. Ireland's NMHP has raised the visibility of men's health in Ireland; the lessons learned during its implementation provide a strong rationale and blueprint for NMHP development in other countries.

REFERENCES

1. Sabo DF and Gordon DF. Men's Health and Illness. Gender, Power, and the Body. Volume 8. Sage Publications; 1995.
2. White A, McKee M, Richardson N, et al. Europe's men need their own health strategy. BMJ 2011;343:d7397–11.
3. Richardson N. Getting Inside Men's Health, Health Promotion Unit, Department of Health and Children; 2004. Available at: http://www.healthpromotion.ie/news/?id=36.
4. Richardson N and Smith J. National men's health policies in Ireland and Australia: what are the challenges associated with transitioning from development to implementation. Public Health 2011;125(7):424–32.
5. Richardson N and Carroll P. National Men's Health Policy. Department of Health and Children. 2008-2013; Dublin; 2009.
6. Richardson N. and Carroll P. Health Service Executive. Healthy Ireland Men 2017-2021. National Men's Health Action Plan; 2016.
7. Richardson N and Osborne, A. Staying fit for farming'. A health booklet for farmers. J Agromedicine 2015;20(3):381–5. doi: 10.1080/1059924X.2015.1047551.
8. Department of Health. Healthy Ireland: A framework for improved health and wellbeing 2013-25. Department of Health, Dublin; 2013.
9. Baker P. Review of National Men's Health Policy and Action Plan 2008-13: Final report for the Health Service Executive; 2015. Available at: http://www.mhfi.org/policyreview2015.pdf.
10. Baker, P. National men's health policies: can they help? Trends in Urology. November/December: 24-26; 2015. Available at: http://trendsinmenshealth.com/wp-content/uploads/sites/13/2015/11/Mens-Health-Policy.pdf
11. Richardson N and Carroll P. Getting men's health onto a policy agenda – charting the development of a national men's health policy in Ireland. J Men's Health 2009;6(2):105–13.
12. Smith J, White A, Richardson N, and Robertson S. The men's health policy contexts in Australia, the UK & Ireland: Advancement or abandonment? Critical Public Health 2009;9(3-4): 427–40.
13. Richardson N. Building momentum, gaining traction: Ireland's national men's health policy- 5 years on. New Male Studies 2013;2(3):93–103.
14. University College Dublin. All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin; 2010.
15. Balanda KP and Wilde J. Inequalities in mortality – A report on All-Ireland mortality data. The Institute of Public Health in Ireland. Dublin; 2001.
16. GLEN. LGBT Self-Harm & Suicidality: An Overview of National & International Research Findings; 2015; Available at: http://www.glen.ie/attachments/LGBT_Self-Harm_&_Suicidality_-_an_overview_of_national_and_international_research_findings.pdf.
17. Smyth B, Evans DS, Kelly A, et al. The farming population in Ireland: mortality trends during the 'Celtic Tiger' years. Eur J Public Health 2013 Feb;23(1):50–5.
18. Van Doorn D, Richardson N, and Osborne A. Farmers Have Hearts Evaluation: A report commissioned by the Irish Heart Foundation. Institute of Technology Carlow; 2015.
19. Layte R, Banks J, WalshC, and McKnight G. Trends in socio-economic inequalities in mortality by sex in Ireland from the 1980s to the 2000s. Ir J Med Sci 2014.
20. Clarke C, Sharp L, and Richardson N. An examination of the excess burden of cancer in men. Institute of Technology Carlow; 2013.
21. Institute of Public Health in Ireland. Facing the challenge: The impact of recession and unemployment on men's health in Ireland; 2011. Available at: http://www.publichealth.ie/document/facing-challenge-impact-recession-and-unemployment-mens-health-ireland.
22. Corcoran P, Griffin E, Arensman E, et al. Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis. Int J Epidemiol 2015;44(3):969–77.

23. O'Donnell S and Richardson N. Middle-Aged Men and Suicide in Ireland. Dublin: Men's Health Forum in Ireland; 2018.
24. White A, de Sousa B, De Visser R, et al. The first state of men's health in Europe report. European Union, Brussels; 2011.
25. Baker P and Shand T. Men's health: time for a new approach to policy and practice? J Global Health 2017;7(1):010306.
26. Tsuchiya A and Williams, A. A'fair innings' between the sexes: are men being treated inequitably? Soc Sci Med 2005;60:277–86.
27. Lohan M. How might we understand men's health better? Integrating explanations from critical studies on men and inequalities in health. Soc Sci Med 2007;65:493–504.
28. Banks I. 'Male Minder'. A health booklet for An Post staff. An Post. Dublin; 2009.
29. Williams R, Robertson S, and Hewison A. Men's health, inequalities and policy: contradictions, masculinities and public health in England. Crit Pub Health 2009;19:475–88.
30. World Health Organization. Commission on the Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva; 2008.
31. Bates L, Hankivsky O, and Springer K. Gender and health inequities: a comment on the final report of the WHO Commission on Social Determinants of Health. Soc Sci Med 2009;69:1002–4.
32. Smith J, Robertson S, and Richardson N. Understanding gender equity in the context of men's health policy development. Health Promot J Aust 2010;21(1):76–77.
33. Connell RW. Gender, health and theory: Conceptualizing the issue, in local and world perspective. Soc Sci Med 2012;74(11):1675–83.
34. Hawkes SJ and Buse K. Analysis of gender in health and development. Lancet Child Adolesc Health 2017;1(3):166–67
35. Hawkes SJ and Buse K. Gender blind? An analysis of global public-private partnerships for health. Globalizat Health 2017;**13**:26 https://doi.org/10.1186/s12992-017-0249-1
36. Hawkes SJ Buse K. Gender myths in global health. Lancet 2017;5 (Correspondence): 871
37. Global Health 50/50. The Global Health 50/50 Report: How gender-responsive are the world's most influential global health organizations?', London, UK; 2018.
38. Tolhurst R, Leach B, Price J, et al. Intersectionality and gender mainstreaming in international health: Using a feminist participatory action research process to analyse voices and debates from the global south and north. Soc Sci Med 2012;74(11):1825–32.
39. Fernández-Sáez J, Ruiz-Cantero MT, Guijarro-Garví M, et al. Looking twice at the gender equity index for public health impact. BMC Pub Health 2013;13:659.
40. Richardson N. 'The 'buck' stops with me' – reconciling men's lay conceptualisations of responsibility for health with men's health policy. Health Soc Rev 2010;20(2):419–36.
41. Health Service Executive. A framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery. National Women's Council of Ireland, Dublin; 2012. Available at: https://www.nwci.ie/download/pdf/equal_but_different_final_report.pdf.
42. Bull FC, Bellew B, Schöppe S, and Bauman AE. Developments in National Physical Activity Policy: an international review and recommendations towards better practice. J Sci Med Sport 2004;7(1 Suppl):93–104.
43. Stachowiak S, Robles L, Habtemariam E, and Maltry M. Beyond the Win: Pathways for Policy Implementation. ORS Impact and the Atlas Learning Centre; 2016. Available at: http://www.atlanticphilanthropies.org/learning/report-beyond-win-pathways-policy-implementation.
44. Department of Prime Minister and Cabinet. Implementation of Program and Policy Initiatives: Making implementation matter. Commonwealth Australia, Canberra; 2006.
45. Lefkowich M and Richardson N. Men's health in alternative spaces: Exploring Men's Sheds in Ireland. Internat Health Promot 2016;1–11 doi: 10.1093/heapro/daw091
46. Wilson NJ and Cordier R. A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and well-being. Soc Care Commun 2013;21(5):451–63.
47. Heenan D. A partnership approach to health promotion: A case study from Northern Ireland, Health Promot Internat 2004;19(1):105–113.
48. Kirwan L, Lambe B, and Carroll P. An investigation into the partnership process of community based health promotion for men. Internat J Health Promot Educat 2013;51(2):108–20.
49. Robertson S, Witty K, Zwolinsky S,and Day R. Men's health promotion interventions: What have we learned from previous programs. Commun Practit 2013;86(11):38–41.

50. Coles R, Watkins F, Swami V, et al. What men really want: A qualitative investigation of men's health needs from Halton and St. Helens primary care trust men's health promotion project. Br J Health Psychol 2010;15(4):921–39.
51. Carroll P, Kirwan L, and Lambe B. Engaging 'hard to reach' men in community based health promotion. Internat J Health Promot and Educat 2014;52(3):120–30.
52. Carroll P. Men's Health Matters. A Practical Guide to Healthcare for Men; 2013. Available at: http://www.carlowsports.ie/sites/default/files/Healthcare-for-Men.pdf.
53. Lefkowich M, Richardson N, and Robertson S. (2015a). "If we want to get men in, then we need to ask men what they want." Pathways to Effective Health Programming for Men 2015; online pii: 1557988315617825.
54. Lefkowich M, Richardson N, Brennen L, et al. A process evaluation of a Training of Trainers (TOT) model of health training in Ireland. Health Promotion International 2016;doi: 10.1093/heapro/daw056
55. Carroll P, Kirwan L, and Lambe B. Community Based Health Promotion for Men: A Guide for Practitioners. Waterford: Centre for Health Behaviour Research, Waterford Institute of Technology; 2013. Available at: http://www.researchgate.net/publication/260479595_Community_Based_Health_Promotion_for_Men._A_Guide_for_Practitioners.
56. Van Doorn D., Richardson N. and Osborne A. Finding a space for health within the context of 'occupational risk' and farm policy: Ireland's 'farmers have hearts' workplace cardiovascular screening program. Occup Environ Med 2017;74:A84–A85.
57. Van Doorn D, Richardson N, and Osborne A. Farmers Have Hearts: the prevalence of risk factors for cardiovascular disease among a sub-group of Irish livestock farmers. J Agromed 2017;22(3):264–74.
58. Richardson N, Clarke C, and Fowler C. Young men and suicide project. A report from the Men's Health Forum in Ireland; 2013. Available at: http://www.mhfi.org.
59. Grace B, Richardson N, and Carroll, P. Engaging Young Men Project. A report on the mapping exercise conducted in Ireland in 2014. Dublin: Men's Health Forum in Ireland; 2015. Available at: http://www.mhfi.org.
60. Kinsella P. An evaluation of the efficacy and effectiveness of a mental health promotion and suicide prevention program targeted at young males in a disadvantaged community. MSc Thesis. Institute of Technology Carlow, Ireland; 2013.
61. Keohane A. Applying a gender lens to suicide prevention interventions with a focus on men. MSc Thesis. Institute of Technology Carlow, Ireland; 2015.
62. Keohane A and Richardson N. Negotiating gender norms to support men in psychological distress. Am J Men's Health 2017; DttOpsI://1d0o.i.1o1rg7/71/01.1515779/185853719878731370793 30
63. Byrne N. Investigating the impact of a men's health and wellbeing program targeted at disadvantaged men in dublin's inner city. (Unpublished Masters in Science Dissertation). Institute of Technology Carlow; 2013.
64. Dunne N, Richardson N, and Clarke N. The Larkin Centre: Men's Health and Wellbeing Program Evaluation Report. Centre for Men's Health, IT Carlow; 2010.
65. McCarthy M and Richardson N. Best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting: A resource Booklet for Health Care Professionals working with obese men in the Primary Care Setting. Centre for Men's Health, IT Carlow; 2011.
66. Lefkowich M, Richardson N, and Robertson S. Engaging men as partners and participants: guiding principles, strategies, and perspectives for community initiatives and holistic partnerships. Institute of Technology Carlow; 2015.
67. Richardson N, Brennan L, Lambe B, and Carroll P. 'Engage': National Men's Health Training Program & Resource Pack. Men's Health Forum in Ireland; 2013.
68. Fowler C, Richardson N, Carroll P, et al. 'Connecting with Young Men': Engaging Young Men National Training Program & Resource Pack. Men's Health Forum in Ireland; 2015.
69. Men's Development Network. 7 Questions Training. Men's Development Network, Waterford, Ireland; 2013.
70. Boydell L, Rugkasa J, Hoggett P, and Cummins A. Partnerships: The Benefits. Dublin: Institute of Public Health in Ireland; 2007.
71. Rees J, Mullins DB, Ovaird R. Partnership Working. Research Report (88). Third Sector Research Centre; 2012. Available at: http://www.birmingham.ac.uk/generic/tsrc/documents/tsrc/reports/research-report-88-partnership-working.pdf
72. Osborne A, Carroll P, Richardson N, Doheny M, et al. From training to practice: the impact of ENGAGE, Ireland's national men's health training program. International Health Promotion; 2016. doi: 10.1093/heapro/daw100.

73. Department of Health and Children (2010). Changing Cardiovascular Health: National Cardiovascular Health Policy 2010-2019. Department of Health, Dublin
74. Department of Health. (2015a). National Cancer Strategy 2006: A Strategy for Cancer Control in Ireland (Evaluation Panel Report 30th Dec 2014). Department of Health, Dublin
75. Department of Health. (2016). Get Ireland Active: National Physical Activity Plan for Ireland. Department of Health, Dublin.
76. Department of Health. (2015b). Connecting for Life: Ireland's national strategy to reduce suicide 2015-20. Department of Health, Dublin.
77. Rogers, E.M. (eds). (2003). Diffusion of Innovations. 5th Edition. New York: Free Press.
78. Grace B., Carroll P. & Richardson N. (2016). 'Connecting with Young Men' Engage Unit 6 - National Men's Health Training Program: An Evaluation REPORT NO. 2: Engaging Young Men Project. The Men's Health Forum in Ireland
79. World Health Organization. (2009). How can gender equity be addressed through health systems? Payne S: Policy brief 12. http://www.euro.who.int/__data/assets/pdf_file/0006/64941/E92846.pdf