

# The Australian Longitudinal Study on Male Health



**Annual Report**

**May 2012**

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## 1. Introduction from the chief investigators

Australian men on average have a shorter life expectancy (78.7 years) than Australian women (83.7 years) which appears to be due at least in part, to preventable diseases and injuries. There is also evidence that the quality of Australian men's health varies between different populations with some at higher risk of death and disease than others.

In 2010 the National Male Health Policy was released aimed at redressing these disparities in male health, and improving the health and wellbeing of all Australian males in general, and those with the poorest health in particular. The Australian Longitudinal Study on Male Health is a key activity in Priority Area 5 of the Policy – *Building the Evidence Base in Male Health*. The Policy included an allocation \$6.9 million for the establishment of the first national longitudinal study on male health.

In support of the National Male Health Policy, the Australian Longitudinal Study on Male Health, which has been named "Ten To Men", has been designed to gather information from 58,000 Australian males aged between 10-55 years in order to inform policies, programs and initiatives. The University of Melbourne was awarded the contract to establish and conduct the first wave of the study in June 2011.

The study's key research areas are health status and behaviours, risk and protective factors, health service use, health literacy and particularly the economic, environmental, behavioural and social determinants of male health.

Data will be collected from males in three separate age groups: boys aged 10-15 years; young males aged 16-17 years, and adult males from 18-55 years. The study will also collect supplementary data on young males under the age of 18 years from a parent. Males from rural areas will be over-sampled. Where possible, domains of health behaviours and conditions investigated will be common across all cohorts to assist in making comparisons between and tracking transition across the different age groups. The study will complement the two other Australian longitudinal health studies: the Australian Longitudinal Study on Women's Health and the Longitudinal Study on Australian Children. In addition to primary participant data, Ten To Men will collect other relevant secondary health information via data linkage to the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme/Repatriation Pharmaceutical Benefits Scheme and other health related data sets over time.

This establishment phase of Ten To Men comprises three phases: 1) the development and testing of the survey instruments for the study, 2) the piloting (dress rehearsal) of sampling and recruitment methods and of the survey instruments and 3) the first wave of data collection, analyses and reporting of results. It is planned that Ten To Men will collect data at baseline and at subsequent three-yearly waves, and thus build the knowledge base on the individual and social/environmental factors that influence the health of Australian males of all ages across the country. This annual

# Annual Report



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report covers the progress for the first 10 months of the study. It includes the governance of the study, background information on key research questions, a description of the development and testing of the survey instruments, other key study activities and outcomes to date, timelines and a financial overview.

Dallas English

Professor Dallas English



J.P.

Professor Jane Pirkis



## 2. Governance and infrastructure of the study

Professor Dallas English and Professor Jane Pirkis lead the study. They have assembled a large team of co-investigators who form the Study Steering Committee, which meets regularly, as well as a Technical Advisory Group, which provides input on specific issues.

Two external committees provide advice and oversight to the study: the External Scientific Advisory Group and the Data Linkage Steering Committee.

Collectively these groups/committees consist of more than 30 researchers from across Australia who bring their experience in the establishment and leadership of other Australian longitudinal studies and specialist knowledge in male health, epidemiology, public health, sexual health and relationships, mental health, andrology, the social determinants of health, data linkage, and biostatistics to the study. Additionally, study expertise extends across the age range of the study population with the inclusion of a dedicated team of researchers who specialise in the health and wellbeing of children and adolescents.

### Chief investigators

**Professor Dallas English** is the Director of the Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology in the Melbourne School of Population Health at the University of Melbourne. He has extensive experience with running large-scale cohort studies, and in using the data from them to answer significant, policy-relevant questions. He is a co-investigator on the Melbourne Collaborative Cohort Study (MCCS), which was set up in the early 1990s to investigate prospectively the role of diet and other lifestyle factors in causing common chronic diseases - especially cancer, and to investigate possible interactions between these exposures and common genetic variants. Along with his co-investigators, he has successfully sought funding from VicHealth and Cancer Council Victoria to establish and maintain the cohort and from the National Health and Medical Research Council and other granting bodies to explore a range of significant public health questions that could not have been answered in the absence of this longitudinal study.

**Professor Jane Pirkis** is the Director of the Centre for Health Policy, Programs and Economics in the Melbourne School of Population Health at the University of Melbourne. She has conducted numerous evaluations of large-scale mental health programs and suicide prevention initiatives (e.g. beyondblue, the National Mental Health Strategy, the National Youth Suicide Prevention Strategy, the Queensland Government Suicide Prevention Strategy). She has a particular interest in men's mental health because males are known to have high rates of particular disorders (e.g. substance use disorders) and suicide and has pursued this interest via several studies, including the Suicide in Men (SiM) project. She was involved in the design of the 2007 National Survey of Mental Health and Wellbeing and has conducted analyses of data derived from population-based longitudinal studies, including the internationally-renowned National Longitudinal Study of Adolescent Health (Add Health).

## Study Staff

This group of researchers and allied staff are responsible for the day to day management of the project. The staff include:

**Dr Dianne Currier:** is responsible for the overall co-ordination of the study and has a background in Public Health and Cultural Studies.

**Dr Marisa Schlichthorst:** is responsible for the day-to-day running of the study and has a PhD in Business and Social Science.

**Dr Maree Brinkman:** shares responsibility for the day-to-day running of the study and has a PhD in Biomedical Sciences.

**Associate Professor Joanne Williams:** provides expert advice and guidance on child and adolescent health to the study team and is a principle research fellow at the Murdoch Children's Research Institute.

**Mr Robert Lukins:** is the study administrator and has a Bachelor of Arts.

**Ms Pauline Tsang:** is responsible for the set-up of the data management systems of the study and has a degree in Bioinformatics.

## The Study Steering Committee

The Study Steering Committee is responsible for the successful conduct of Ten To Men. In 2011/2012 this committee was involved in all aspects of the design and implementation of the study including: framing research questions, developing and refining the survey instruments and developing the sampling and recruitment strategies. The study steering committee will continue to provide scientific guidance and advice throughout the course of this first wave of the study. This committee meets fortnightly and its membership comprises:

- Professor Dallas English (Co-chair)
- Professor Jane Pirkis (Co-chair)
- Professor George Patton (Director of Adolescent Health Research, the Centre for Adolescent Health Murdoch Children's Research Institute/the University of Melbourne)
- Professor Anne Kavanagh (Head of the Centre for Women's Health, Gender and Society in the Melbourne School of Population Health at the University of Melbourne)
- Professor John Hopper (Director (Research) of the Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology in the Melbourne School of Population Health at the University of Melbourne)
- Associate Professor Shyamali Dharmage (Principal Research Fellow in the Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology in the Melbourne School of Population Health at the University of Melbourne)

- Professor Billie Giles-Corti (Professor of Health Promotion & Director of the McCaughey VicHealth Centre at the University of Melbourne)
- Associate Professor Lena Sanci (Deputy Head of the Department of General Practice and Primary Health Care at the University of Melbourne)
- Professor David Studdert (holds a joint appointment at the Melbourne School of Population Health, where he is Deputy Head, and the Melbourne Law School)
- Professor Jane Gunn (Head of Department, Chair of Primary Care Research, Director of the Primary Care Research Unit at the University of Melbourne)
- Professor John Carlin (Director of Clinical Epidemiology & Biostatistics Unit at the Murdoch Childrens Research Institute and Professorial Fellow in the Centre for MEGA Epidemiology in the Melbourne School of Population Health at the University of Melbourne)
- Associate Professor Jane Hocking (Deputy Director, Centre for Women's Health, Gender and Society in the Melbourne School of Population Health at the University of Melbourne)
- Dr Louise Keogh (Health Sociologist in the Centre for Women's Health, Gender and Society in the Melbourne School of Population Health at the University of Melbourne)
- Professor Louisa Degenhardt (NHMRC Senior Research Fellow in the National Drug and Alcohol Research Centre at the University of New South Wales)
- Dr Belinda Lloyd (Senior Research Fellow in the Turning Point Alcohol & Drug Centre at Monash University)
- Mr Paul White (Manager of Informatics System Development in the Centre for Genetic Epidemiology & Biostatistics at the University of Western Australia)
- Dr Craig Olsson (Post-Doctoral Research Fellow in the Centre for Adolescent Health at the Murdoch Childrens Research Institute and the University of Melbourne)
- Dr Matthew Spittal (Senior Research Fellow in the Melbourne School of Population Health at the University of Melbourne)
- Associate Professor Joanne Williams (Epidemiologist and Director of the Healthy Neighbourhoods Project at the Murdoch Children's Research Institute)

## **The Technical Advisory Group**

The Technical Advisory Group has been assembled to provide advice on methodological issues such as framing research questions and selecting data collection instruments. This group was primarily active during the study design stage and it is expected to make a significant contribution again during the data analysis stage of the study. The Technical Advisory Group meets twice yearly and as required.

This group includes the following researchers who are also active as members of the Study Steering Committee:

- Professor Dallas English (Co-chair)
- Professor Jane Pirkis (Co-chair)
- Professor George Patton
- Professor Anne Kavanagh
- Professor John Hopper
- Professor Shyamali Dharmage
- Professor Billie Giles-Corti
- Associate Professor Lena Sancic
- Professor David Studdert
- Professor Jane Gunn
- Professor John Carlin
- Associate Professor Jane Hocking
- Dr Louise Keogh
- Professor Louisa Degenhardt
- Professor David Ames
- Dr Belinda Lloyd
- Mr Paul White

The following researchers are involved in the study solely as members of the Technical Advisory Group:

- Professor Christopher Fairley (Professor of Sexual Health & Director, Melbourne Sexual Health Centre in the Melbourne School of Population Health at the University of Melbourne)
- Associate Professor Margaret Kelaher (Deputy Director Centre for Health Policy, Programs and Economics in the Melbourne School of Population Health at the University of Melbourne)
- Associate Professor Tony La Montagne (Principal Research Fellow in the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing in the Melbourne School of Population Health at the University of Melbourne)
- Professor Robin Room (Director of the Centre for Alcohol Policy Research (CAPR) at Turning Point Alcohol & Drug Centre)
- Professor Tony Scott (ARC Future Fellow and Professorial Research Fellow at Melbourne Institute of Applied Economic and Social Research at the University of Melbourne)

## **The External Scientific Advisory Group**

The aim of the External Scientific Advisory Group is to ensure that Ten To Men meets the highest scientific standards possible in collecting the most relevant information for addressing current and future male health priorities. To that end, in convening the group, representation was sought from investigators with experience in longitudinal study design and conduct, and researchers and community members with specific expertise or interest in male health issues.

The members of this committee are:



- Ms Sally Goodspeed (the Health in Social Policy Branch of the Department of Health and Ageing (DoHA))
- Dr Ben Edwards (manages Growing Up in Australia: The Longitudinal Study of Australian Children at the Institute at the Australian Institute of Family Studies (AIFS))
- Professor Melissa Wake (Royal Children's Hospital Melbourne - heads up the design team of Growing Up in Australia: The Longitudinal Study of Australian Children)
- Professor Emily Banks (Scientific Director of the NSW 45 and Up Study and an NHMRC Senior Research Fellow in the National Centre for Epidemiology and Population Health at the Australian National University)
- Professor Rob Moodie (Professor of Global Health at the University of Melbourne)
- Professor John McDonald (Director of the Men's Health Information & Resource Centre at the University of Western Sydney)
- Professor Annette Dobson (Director of the Australian Longitudinal Study on Women's Health and Professor of Biostatistics with the School of Population Health at the University of Queensland)
- Professor Osvaldo Almeida (Chair of Geriatric Psychiatry at the University of Western Australia, Director of Research of the Western Australian Centre for Health & Ageing)
- Associate Professor John Glover (Director of the Public Health Information Development Unit (PHIDU) at the University of Adelaide)
- Mr Steve Biddulph (Psychologist and author on parenting and men and boys' issues)<sup>1</sup>

The initial meeting of this group focussed on questionnaire development issues, and group members have provided feedback on questionnaire development at each stage of the development process. Individual members of this group have also been called upon for specific advice and assistance, for example assessing bids to conduct the cognitive testing. The group will meet in person approximately twice a year, and will be convened at such times as there are important design or other scientific issues to be discussed.

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<sup>1</sup> Note: Mr Biddulph has resigned from the committee as of May 2012 due to other commitments. His replacement is currently being sought.

## **The Data Linkage Steering Committee**

The main purpose of the Data Linkage Steering Committee is to establish the protocols and guidelines for linkage of primary data gathered by Ten To Men and health related data held by the Commonwealth and other sources.

The Data Linkage Steering Committee's principal aim is the protection of the confidentiality of participant data. It will also ensure the quality and integrity of linked data, and the provision of a transparent and equitable process for researchers seeking access to linked data. The members of this committee are:

- Professor Louisa Jorm (Chair of the committee – University of Western Sydney)
- Professor Dallas English (University of Melbourne)
- Professor Jane Pirkis (University of Melbourne)
- Dr Dianne Currier (University of Melbourne)
- Mr Ian McLean (Department of Health and Ageing (DoHA))
- Mr Ross Saunders (Department of Health and Ageing (DoHA))
- Dr Phil Anderson (Australian Institute of Health and Welfare (AIHW))
- Ms Di Rosman (Department of Health, Western Australia)
- Mr Martin Butler (Department of Health and Ageing (DoHA))

## Consumer Reference Group

A Consumer Reference Group is under development to support and enhance the work of the study in researching the social and personal factors impacting on the health and wellbeing of Australian males at different life stages. Dr Anne McKenzie is a leader in the field of consumer and community participation in research has provided advice on the role of such a group, how to constitute the CRG, and recruitment strategies.

The aim of the group is to facilitate the development of partnerships in which consumers, community members and researchers will work together to develop and achieve research priorities and goals and disseminate results.

Group members will have an opportunity to provide a consumer and community perspective on the study and researchers will have ready access to many community networks. At present the composition of membership is being finalised and some initial recruitment of members is underway, following full recruitment an inaugural meeting held. In terms of constituting the group it is not feasible to have a representative committee given the diversity of males in the population. Nor is it desirable to have overrepresentation from groups who are active in just one area of male health as they may bring a perspective related only a single issue rather than male health and wellbeing more generally. Rather recruitment will aim for a diversity of viewpoints and a mix of representatives from advocate groups and community based organizations and individuals who have an interest in male health, including parents of young males. Representatives from men's health groups will be involved not in the capacity as an authority on their area of interest, but as a gateway to networks of groups and men in the community. For example Greg Millan has agreed to join the group. Greg is an active member of the Men's Health Forum and involved in other national and international male health networks, and through his organization *Men's Health Services* and professional consultancy work has contact with a wide variety of other men's groups and males in the community and workplace. In terms of recruiting individuals, we will be seeking individuals who are linked into community groups and networks, and who can bring the perspective gained from their experience of a range of different segments of the male population to the group. Recruitment will be the focus of the second half of 2012.

### 3. Key activities and outcomes

#### Development of research questions

The development of research questions is a collaborative and ongoing process. Working groups led by a member of the Steering Committee with expertise in each specific area of research (e.g. mental health, sexual health, social determinants of health etc.) and supported by researchers from both within and external to the Melbourne School of Population Health contributed questions. Working groups were constituted around the major domains identified in study aims which were developed based on the Male Health Policy priority areas. There were 7 working groups: Health Status, Injury and Disability, Mental Health, Social Determinants, Health Behaviours, Sexual and Reproductive Health, and Children and Adolescents. The groups were chaired by a member of the Steering Committee who had expertise in that field (Dallas English, David Studdert, Jane Pirkis, Billie Giles-Corti, Dallas English, Jane Hocking and George Patton respectively), drew membership from researchers with relevant expertise in the technical and steering committees and also consulted relevant external experts.

Given the scope of the study, both in terms of aims, questionnaire content and the age range of participants there is a multiplicity of specific research questions that can be investigated with the study data. In designing the questionnaires, rather than trying to predefine all possible research questions a structural approach was taken, whereby the types of research questions that the study might be able to address were first elucidated. Types of research questions identified included cross-sectional questions, causality over time including moderators and mediators, transitions over the course of the study, disease course, multiple exposures and single outcomes, single exposures and multiple outcomes and so on. Following this, specific questions were sought to cover the constructs of interest that had been identified under the broad domains outlined in the study aims. The questions were selected based on being able to provide the kind of data necessary to take advantage of the range of research question types the study design allows. Thus for example in terms of the domain of health status, to be able to address the causal pathways type of questions it is essential to identify participants who already have outcomes of possible interest at baseline. Therefore, a key set of health status questions regarding lifetime and current health conditions, brief diagnostic measures for depression and anxiety, injury and disability etc. were selected for the Wave 1 surveys.

#### Development and finalisation of the questionnaires

##### Content of the surveys

Creation of age appropriate questionnaires for Wave 1 data collection was one of the major initial tasks of the study. The development of these questionnaires was an iterative process and guided by focus areas identified from the 2010 National Male Health Policy. Specific attention was directed at the

inclusion of age relevant questions for each of the four different questionnaires: boys (10-15 years), adolescent males (16-17 years), adult males (18-55 years) and parents of males aged 10-17 years. A team of experts in child and adolescent health led the development of questionnaires for the boys, young males and their parents.

For both pragmatic and comparative purposes, where appropriate, validated instruments that had been used in studies with participants that were of similar age groups those in Ten To Men, these include the PHQ9 depression screener which has been used in both young people and adults, the SF12 which is widely used in health studies of adults, the Special Health Care Needs screener which is a parent report instrument, the pubertal development scale, the MOS social support scale, the CIMI masculinity scale and so on. Another major objective was to include questions that aligned with those in use in other national longitudinal and cross-sectional health studies including, the Australian Health Survey, the Longitudinal Study of Australian Children, the Australian Longitudinal Study on Women's Health and the National Survey of Mental Health and Wellbeing. In some instances, this was not possible due to new and emerging areas of research, and the need to adopt a specifically male focus (e.g. social networking, health literacy, social determinants). As a result, a number of new questions were developed specially for Ten To Men.

The content of all questionnaires underwent multiple rounds of review by the Steering Committee, individual working groups, the study team, and the chief investigators. The chief investigators were responsible for the final decision on the inclusion or exclusion of questions in the instruments, based on a pre-determined protocol that prioritised questions according to relevance to the Male Health Policy, burden and prevalence of diseases/health conditions, inclusion in other national longitudinal studies, the longitudinal nature of the study, and novelty of the research questions associated with them.

The questionnaires were circulated to the External Scientific Advisory Group and to interested parties in the Department of Health and Ageing for comment and suggestions.

### **Cognitive testing of the surveys**

Cognitive testing was conducted on all questionnaires to further refine them and to test specific questions of a potentially sensitive nature, higher level of complexity, and questions newly designed for the study.

The University of Melbourne contracted Roy Morgan Research to conduct two rounds of cognitive testing for each of the four questionnaires. Roy Morgan Research tested participant burden and overall comprehensibility of the surveys and the specified questions in depth. Additionally, they evaluated the consenting process, and the overall experience of participants completing the questionnaires/interviews.

Roy Morgan Research conducted 60 interviews across a range of males from all age cohorts of the study and parents of boys aged 10-17. Their final report included recommendations for rewording, reformatting, reordering, and cutting of some questions. The instruments are being revised for the Dress Rehearsal in the light of these recommendations.

## **Ethics**

For the cognitive testing, dress rehearsal and wave 1 primary data collection ethics approval has been sought from the University of Melbourne HREC. In the second half of 2012 a separate ethics application to conduct linkage with Medicare and other health databases will be made. That application will be made to the University of Melbourne HREC and to the DoHA Ethics Committee. Ethics approval was granted for the cognitive testing, and is currently being sought for the Dress Rehearsal and Wave 1. A single application has been submitted that includes both the Dress Rehearsal and Wave 1 data collection, split into two sections, adult males and males under 18 years and parents. Due to the number of additional ethical issues involved in conducting research with minors and with the face-to-face mode of data collection plus the overall complexity of the Dress Rehearsal design it was considered that this approach would minimise the burden on the University of Melbourne Human Ethics Scientific Committee. The applications are currently under review.

## **Sampling**

A working group has been established to develop the detailed sampling plan for the study. The members of this working group are: Dallas English, Jane Pirkis, Ian Gordon, John Carlin, Matthew Spittal, Dianne Currier and Marisa Schlichthorst. Professor Ian Gordon heads the Statistical Consulting Centre at the University of Melbourne and will be developing the detailed sampling plan.

In order to achieve the total target sample of 58,000 Australian a multi-stage sampling approach will be utilised with the specific intention of oversampling males from rural and regional areas. The sampling frame will include males from all states and from major/capital cities and inner and outer regional Australia (Australian Standard Geographical Classification (ASGC) remoteness classification categories). Males from areas classified as remote or very remote will not be sampled for the study. The sample will be stratified by state, and postcodes will be the primary sampling unit.

## **Dress Rehearsal**

As is customary when rolling out a new study a dress rehearsal will be conducted to field test the materials and methods of the study prior to the conduct of Wave 1. The Dress Rehearsal will test the questionnaires in order gain information on the performance of individual questions in terms of missing responses, skipped questions, errors in understanding and so on, based on which the questionnaires will be refined before Wave 1. The dress rehearsal will also trial different recruitment strategies (pre-notification or not, reminder or not, type of reminder) in order to determine which combination

produces the optimal response rate. The Dress Rehearsal will also test which mode of administration is most appropriate for 15 year old boys: interview or self-complete, paper-based questionnaire. Finally, the Dress Rehearsal phase of the study will assess the feasibility and effectiveness of the three different sources of contact information for potential participants. It will compare the performance of Medicare versus the Australian Electoral Roll for adult males and Medicare versus Australian schools for males less than 18 years of age. The Dress Rehearsal will be conducted in two Australian states: Victoria and South Australia. The results of the Dress Rehearsal will be used to inform the choice of contact information source and to select the optimal recruitment strategy, both of which will be evaluated in terms optimizing response rates balanced against feasibility and cost.

Table 1 details the sample size and composition for the Dress Rehearsal. The sample size is based on an estimated 20% response rate.

**Table 1: Sampling information for the Dress Rehearsal**

Age cohort	Sample Size by contact information source
<b>10-15 years</b>  Face-to-face interviews	Proposed sample size: (n=500)  Medicare Australia enrolments used to randomly select males from within identified regions (n=250)  Students in schools randomly selected from within identified regions; randomly select students from within schools (n=250)
<b>15-17 years</b>  Self-complete paper based questionnaire	Proposed sample size: (n=750)  Medicare Australia enrolments used to randomly select males from within identified regions (n=375)  Students in schools randomly selected from within identified regions; randomly select students from within schools (n=375)
<b>18-55 years</b>  Self-complete paper based or online questionnaire	Proposed sample size (n=2,500)  Medicare Australia enrolments used to randomly select males from within identified regions (n=1,250)  Australian Electoral roll used to randomly select males from within identified regions (n=1,250)

<b>Parents</b>	Proposed sample size (n=1,250)  Medicare (n=625) Schools (n=625)
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## **Branding and website development**

The study will be supported by a communication strategy aimed engaging the different stakeholders. The development of this strategy is in progress, with the initial task of developing a study identity and brand being complete. A professional brand and communication agency, Streamer, was contracted to develop the study brand. Their brief was to create a brand name, brand essence, an integrated brand and communication strategy with all relevant brand graphics and communication templates. Streamer conducted several workshops both internally with the study team and Steering Committee and externally with insight sessions to develop and test the brand concepts. Streamer presented proposed brand names and logos to the Study Team and the name “Ten to Men” was selected (refer front cover). The brand will be incorporated into all paper-based and online material associated with the study, including its website, which is currently under development. Another aspect of the communication strategy is the study website which will provide study information and updates to the different stakeholders such as the general public, participants, internal and external researchers and funding and Government organisations. The graphic and layout concepts for the website are being finalized by Streamer, following which a website developer will be contracted to develop the site. The public facing website will be the first to be rolled out, and it is anticipated that it will be live in late August 2012. The participant and researcher sections will be rolled out shortly thereafter.

## **Data linkage and access**

The Data Linkage Committee has met to review the issues and existing protocols for linkage to specified administrative datasets, for example, the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme, hospital admissions data and so on.

The committee has adopted a two stage process for seeking ethics approval for data linkage. The initial (current) study ethics application seeks approval for consent for linkage. The second application will seek specific approval to conduct linkage with specified datasets. This second application will be submitted to the relevant ethics committees and governing bodies (the University of Melbourne’s Human Ethics Scientific Committee and the Department of Health and Ageing’s Human Research Ethics Committee). The study team has begun conducting an informal review of data linkage procedures used in other health studies, including linkage to Health Databases and for linking geospatial data to individual level data.



Data collected by Ten To Men will be made available to researchers within the University of Melbourne as well as to the wider research community. An access application and approval policy is currently being developed.

We have contracted The Ark to provide informatics support for the study. The Ark is an international informatics software project team based at the University of Western Australia.

### **Annual Workshop Presentation**

The chief investigators and members of the study team will be hosting a workshop at the Population Health Congress, which will be held in Adelaide on 9 September 2012. The event will include an outline of the study background, methods, questionnaire content, data linkage and mechanisms for obtaining study data. A presence at this congress will provide the opportunity to elevate the study's profile within the wider research community, thereby maximising the utility of the study.

## **4. Timelines**

The Dress Rehearsal will commence pre-field preparation in June 2012 and undertake data collection in late 2012. Wave 1 Data collection will commence in early 2013.