



Annual Report

2015

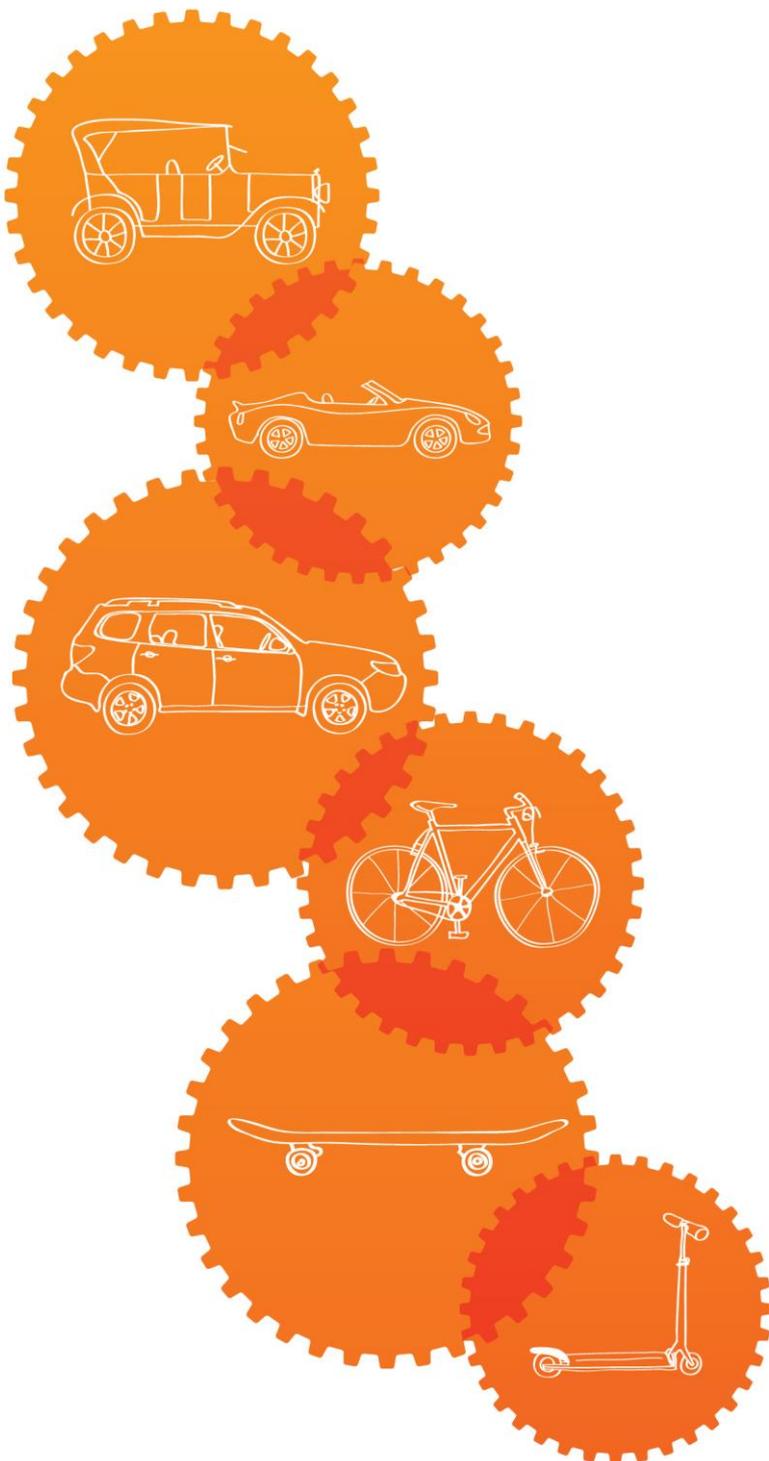


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1 Introduction from the Chief Investigators

The past twelve months have been an exciting time for the Ten to Men team. Wave 1 data collection concluded, preparation of the data is nearing completion and the establishment of the study infrastructure is in its final stages. Moreover preparations for Wave 2 are well underway with pilot testing about to commence.

Recruitment and Wave 1 data collection concluded in June 2014 wrapping up ten months of intensive fieldwork by Roy Morgan Research. 16,000 men and boys from across Australia joined the study making it the largest male only cohort study that includes both boys and adult men in the world. Following the close of fieldwork the next major undertaking was processing the extensive data collected – both the participant response data and the household recruitment data. That work is nearing completion with the finalisation of the sample weights and the preparation of analytical datasets. There has been considerable interest in the Ten to Men data from external researchers and the male health community and data access procedures are currently being finalised. It is expected that requests for access to Ten to Men data will be open from late June 2015.

Having successfully recruited the cohort, the retention phase immediately commenced. A major recontact event was conducted in November 2014. Newsletters and small gifts were mailed to all participants to thank them for their participation and to maintain their engagement with the study. Following the mail-out tracking was commenced for participants who could not be contacted. Retention and tracking are crucial to the long-term success of the study and a dedicated retention and tracking team has been established.

Wave 2 fieldwork is scheduled for the first half of 2016, and significant preparatory work has been undertaken in the past 12 months to meet that timeline. Ethics approval has been sought and received, Roy Morgan Research was appointed via competitive tender to conduct the pilot and main data collections, Wave 2 questionnaires have been developed and undergone cognitive testing, and the pilot study is about to go into the field. Wave 2 is an exciting time for the study. Not only does the commencement of the longitudinal phase of data collection greatly enrich the data and capacity to investigate a broader range of research question, but it offers the opportunity to implement new data collection protocols. The Wave 2 protocol is designed to maximise retention, particularly of hard-to-engage participants, and to build the long-term viability of the study by using a mixed-methods approach that takes advantage of lower-cost data collection methods including online questionnaires and mail-out data collection. The pilot study results will be used to fine-tune the final data collection protocols for Wave 2.

Over the past twelve months the study team have been disseminating information and promoting the study through a range of activities including the Annual Workshop, conference presentations, upgrades to the study website, and media activities. To raise awareness of the study and inform researchers and other stakeholders of the scope and type of data available the Ten to Men study team has commenced work on initial reporting including a Cohort Profile and preparing a Compendium of descriptive papers covering key constructs and methodology.

It has been a busy and productive twelve months and with the imminent availability of the Wave 1 data we look forward to turning our attention to addressing the objectives of the study. The capacity to do so is greatly enhanced by the commencement of the longitudinal

phase of the study with Wave 2. We believe the study is well placed to become an important resource for researchers, policy makers, and the broader male health community and ultimately improve the health and wellbeing of Australian males.

We would like to acknowledge the contributions of our dedicated team, especially Dianne Currier the study coordinator, all our study committee members and the professional staff at University of Melbourne for their efforts in moving the project forward over the past 12 months. We would also like to thank the Department of Health for their continued support and commitment to the success of the study. Finally, and most importantly, we thank the men and boys who joined the study for their generous contribution without which the study would not be possible. We look forward to a long and mutually rewarding association across subsequent waves.



Professor Dallas English



Professor Jane Pirakis



2 Study Personnel & Committees

2.1 Study Team

Sashane Sahabandu took up the position of Data Manager in September 2014. Sash has a Masters of Public Health from the University Melbourne and came to the team from Deakin University where he was responsible for data management and analysis for a range of behavioural epidemiological studies in the area of physical activity and nutrition.

With the conclusion of recruitment and the shift in focus to cohort retention, Robert Lukins has moved into a Project Officer position overseeing cohort maintenance including regular re-contact with the cohort and tracking participants. Narelle White and Samantha Croy joined the team as casual trackers.

Marisa Schlichthorst has left the Ten to Men team to take a role on another male health project. Funded by Movember the project 'A documentary promoting resilience in men and boys at key transition points in their lives', is led by Professor Jane Pirkis Co-Chief Investigator on Ten to Men. The documentary project was developed to align with Ten to Men and will draw on Wave 1 and 2 data. Marisa will continue as an affiliated researcher with the study.

2.2 Steering Committee

The Study Steering Committee met several times during the year. The focus of those meetings was data access and research outputs, Wave 2 methods and Wave 2 questionnaire development.

Membership of the Steering Committee comprises: Professor Jane Pirkis, Professor Dallas English, Professor Anne Kavanagh, Professor John Hopper, Professor Shyamali Dharmage, Professor Billie Giles-Corti, A/Professor Lena Sanci, Professor David Studdert, Professor Jane Gunn, Professor John Carlin, A/Professor Jane Hocking, Professor George Patton, Professor Louisa Degenhardt, Dr Jo Williams, Dr Matt Spittal, and Dr Belinda Lloyd.

2.3 Technical Advisory Group

Input from members of this group was sought on development of Wave 2 methods and development of sample weights.

Membership of the External Scientific Advisory Group comprises: Professor Jane Pirkis, Professor Dallas English, Professor Anne Kavanagh, Professor John Hopper, Professor Shyamali Dharmage, Professor Billie Giles-Corti, A/Professor Lena Sanci, Professor David Studdert, Professor Tony Scott, Professor Nick Crofts, Professor Robin Room, Professor Jane Gunn, Professor Christopher Fairley, Professor John Carlin, Professor Margaret Kelaher, A/Professor Jane Hocking, Professor Tony LaMontagne, Dr Louise Keogh, Professor George Patton, Professor Louisa Degenhardt, Professor David Ames, Dr Jo Williams, Dr Matt Spittal, Dr Belinda Lloyd, and Dr Noel Faux.

2.4 External Scientific Advisory Group

The External Scientific Advisory Group met in person in Melbourne on September 30th 2014. The focus of the meeting was to discuss data collection methods for Wave 2, maximising research outputs from Wave 1 and establishing appropriate data access procedures and mechanisms. The External Scientific Advisory Group expressed strong support for the study and recognised it as a significant contribution to public health research in Australia.

Current membership of the External Scientific Advisory group is Ben Edwards (Longitudinal Study of Australian Children), Melissa Wake (Longitudinal Study of Australian Children), Emily Banks (45 & Up), John McDonald (Men's Information & Resource Centre, University of Western Sydney), Annette Dobson (Australian Longitudinal Study on Women's Health), Osvaldo Almeida (Centre for Medical Research, University of Western Australia), and John Glover (Public Health Information Development Unit, University of Adelaide).

Rob Moodie (Melbourne School of Population and Global Health) and Sally Goodspeed (Department of Health) have left the group. Ms Goodspeed has been replaced by Ms Holly Jones. A replacement for Professor Moodie is being sought.

2.5 Data Linkage Steering Committee

The Data Linkage Steering Committee has not met in the past twelve months. It is expected that the group will be convened in mid-2015 to plan the initial linkage with MBS and PBS scheduled for late 2015.

Membership of the Data Linkage Steering Group comprises: Louisa Jorm (University of New South Wales), Dallas English (Ten to Men), Jane Pirkis (Ten to Men), Dianne Currier (Ten to Men), Phil Anderson (Australian Institute of Health and Welfare), Di Rosman (WA Department of Health), and Martin Butler (Department of Health). Additional representation from the Australian Institute of Health and Welfare has been included on an informal basis.

2.6 Community Reference Group

The Community Reference Group met twice in the past 12 months: May 29 2014 for a teleconference and on 29 October 2014 in person at the University of Melbourne.

At those meetings progress of Wave 1 data collection, access to study data, Wave 2 planning, and raising awareness of, and support for, the study were discussed. The Community Reference Group congratulated the University of Melbourne team on the successful recruitment of the cohort and expressed strong support for the study and emphasised the importance of its continuation.

There were a number of membership changes in the past year. Marie-Claire Cheron-Sauer from the Prostate Cancer Foundation Australia and Julian Krieg from Australian Men's Health Forum have been added to the committee. Gavi Ansara has replaced Shaun Staunton as the representative from the National LGBTI Health Alliance, and Atari Metcalf has replaced Aram Hosie as the ReachOut representative. Tass Mousaferiadis and Greg Millan agreed to continue on as Co-Chairs for 2015.

Current membership of the Community Reference Group comprises: Jonathan Bedloe and Julian Krieg (Australasian Men's Health Forum), Greg Millan (Men's Health Services), Gavi Ansara (National LGBTI Health Alliance), Atari Metcalf (ReachOut), Tass Mousaferiadis (*beyondblue* Men's Program Leader), Peter Kelly (Male Health Victoria), Gary Green (Australian Men's Shed Association), Gary Misan (National Rural Health Alliance), and Marie-Claire Cheron-Sauer (Prostate Cancer Foundation Australia).

3 Key Activities and Outcomes

3.1 Completion of Wave 1 data collection.

The bulk of recruitment and Wave 1 data collection was completed by June 2014, with residual data collection activities including re-canvassing a small number of areas where interviewer issues were identified, following-up participants to correct invalid consent forms and so on continued until December 2014. At the close of recruitment 16,057 males had agreed to participate.

3.2 Data management and analysis

Hardcopy and electronic record storage arrangements have been implemented. The Digitisation Plan for the household forms has been finalised and approved and digitisation of those forms is underway. The Digitisation Plan for the remaining Wave 1 hardcopy documents is being finalised.

Development work continues on the Respondent Management System which is now in the testing phase. Work is also continuing on establishing the study data access procedures and mechanisms including identifying a suitable data repository for the research datasets.

Development of the data access procedures and mechanisms continued. The Australian Data Archive has been selected as the repository for Ten to Men data and discussions are continuing with the Archive to finalise the access protocols and documentation.

Extensive quality assurance has been completed and preparation of the Wave 1 analytical datasets is underway. This involves creating derived variables, implementing confidentialisation measures, merging the three age-based datasets and developing methods to adjust for sample design issues such as clustering. It is anticipated that the analytical datasets will be available by mid-year and analysis of data can begin at that time. Preliminary analysis and reporting were conducted based on interim datasets comprising 85% of the cohort for response statistics and 97% of the cohort for participant socio-demographic characteristics. Those results are available in the Ten to Men Technical Report #3 available on the Ten to Men website (<http://www.tentomen.org.au/technical-reports.html>).

Associate Professor Lyle Gurrin has been engaged to develop the sample weights in consultation with Professor John Carlin from the Study Technical Advisory Group and Dr Matthew Spittal, the study statistician.

A Wave 1 Data User's Manual has been prepared and is available on the study website in the Researcher section (<http://www.tentomen.org.au/supporting-documents.html>). The Wave 1 Data Dictionaries and copies of the Wave 1 questionnaires are also available at that site.

Wave 2 data dictionaries for the pilot questionnaires and contact information form have been created.

3.3 Cohort retention activities

Cohort retention is critical to the ongoing success of a longitudinal study. As well as maintaining sufficient numbers in the cohort to undertake a broad range of analyses, retention has a direct effect on the ability to produce valid findings. In consultation with the study committees and other experts, a program of retention activities has been developed and implementation has commenced. In November 2014 the first major round of recontacting participants from the pilot testing group and the main cohort took place. Newsletters or postcards and a small gift were sent to a total of 16, 828 men, boys and parents of boys. A change of address postcard was included. Approximately 165 participants notified the study that they had changed address, and updated addresses were obtained for a further 250 participants by the tracking team after their newsletter was returned to sender.

In May 2015 the next six-monthly re-contact took place. This contact was a brief email or postcard for participants who did not provide an email address. Participants were asked to update or confirm their contact details and were offered the incentive of going into a prize draw to win an iWatch if they did so. 10,317 emails and 4,742 postcards were sent. Tracking is currently underway for the mail returns and email bounce-backs.

3.4 Development of Wave 2 methods

In the course of developing the Wave 2 data collection methodology extensive consultation occurred in 2014. Groups consulted included the Ten to Men Study Steering Committee, the External Advisory Group, the Study Technical Committee, and the Department of Health. Additionally, input was sought from the Community Reference Group and the Wave 1 sub-contractors. The process resulted in the adoption of an approach that maximises retention by using lower-cost data collection methods initially, and then focussing higher-cost data collection efforts on locating participants who do not respond to the initial approaches or who have moved. This approach will aid in re-engaging difficult-to-retain participants. A three phase approach will be taken. In Phase 1 all participants over the age of 15 will be invited by email to complete an online questionnaire. In Phase 2, participants who did not receive the email invitation as no email address was held by the study, and those who received the invitation but did not complete the online questionnaire will be sent an invitation to participate and a hardcopy questionnaire in the mail, to be posted back on completion. They will also be provided with instructions for completing the questionnaire online. In Phase 3 participants who have not returned an online or hardcopy questionnaire in the mail will be approached face-to-face with interviewers dropping off study documents and returning to collect them. Phase 3 will only apply to participants who remain in-area. In-area is defined as within the major metropolitan area for major cities, and within 50 kilometres of a Wave 1 SA1 for regional areas. Participants who have moved out of area will be more intensively followed up in Phase 2. All boys under the age of 15 will be interviewed, with

out-of-area boys being interviewed by telephone. The protocol will be reviewed following pilot testing.

3.5 Appointment of sub-contractor for Wave 2

In October 2014 a Request for Tender for Wave 2 data collection including the pilot study was issued. In accordance with the University of Melbourne's procurement procedures, tenders were received, evaluated, a preferred supplier selected, and the selection approved by the Major Tender Board and the Commonwealth Department of Health. In February 2014 Roy Morgan Research was commissioned to provide Wave 2 data collection, participant tracking and data processing services.

3.6 Questionnaire Development and Cognitive Testing Wave 2 Instruments

Review of Wave 1 questionnaires and development of Wave 2 questionnaires took place from September 2014 to April 2015.

The majority of questions were retained as the longitudinal design of the study is based on repeat measures of key exposures and outcomes in order to track patterns of exposure and to ascertain incident outcomes in order to identify causal sequences.

Other questions were retained based on their importance to policy and research and the likelihood of the change in the construct over time. A number of questions were not carried into Wave 2 as they captured traits that were unlikely to change either ever, or in the period between waves.

Questions which did not perform adequately in Wave 1 were also dropped.

There was limited scope to introduce new questions, however selection of new questions was based on gathering more detail on certain constructs that could not be examined in any depth in Wave 1, including a small number of new constructs of interest that were unable to be included in Wave 1 because of space limitations and also because they are not time-dependent.

As in Wave 1, questionnaire development was conducted as a consultative process whereby content experts were asked to review specific sections of the questionnaire, make recommendations and source new questions for inclusion where a need was identified.

Cognitive testing was conducted by IPSOS IView. New questions were tested in one-to-one cognitive interviews with males of different ages and from different socio-economic backgrounds. No major issues were identified and the questionnaires were reviewed to incorporate suggested changes into the pilot testing versions. Efforts were made to reduce the size of the questionnaires as they were quite lengthy in Wave 1, and for all four instruments some reduction in size was achieved.

Questionnaire performance will be reviewed following pilot testing.

3.7 Wave 2 Ethics

Two Wave 2 ethics applications were approved by the University of Melbourne Human Ethics Sub-Committee (Health Sciences) in February 2015 - Questionnaire Cognitive Testing, and Wave 2 Data Collection, including the pilot study. A further amendment to Wave 2 data collection protocol to refine the phased data collection approach and include online parent consent was approved in April 2015.

Approval was received to use an 'implied consent' model for participants of all ages, whereby participants do not provide an explicit written consent/assent, but by completing and returning the questionnaire, or interview in the case of boys, indicate that they consent to participate in the Wave 2 data collection. Participants under the age of 18 still require parental consent, and approval was received to collect parental consent in either verbal or written form for boys aged 14 years and younger and verbal, written or online for young men aged 15 to 17 years.

3.8 Wave 2 Pilot

On May 6 2015 the Study Team sent participants a pre-notification and request to update their contact details. The pre-notification was sent by email to 437 participants and by postcard to a further 304 for whom the study did not have an email address. Approximately 9% of emails bounced-back and went into tracking, and 20 postcards were returned to sender. Wave 2 pilot testing field-work will commence in early June with the online phase for participants 15 years and older. In total the pilot test will include approximately 700 participants and will trial the full three-phase study protocol. Pilot testing field-work will conclude in late August 2015.

3.9 Data Linkage

Approvals are in place for linkage with the Medicare Benefits Schedule and the Pharmaceutical Benefits Schedule and the National Death Index; however no data linkage has been undertaken to date. Planning is underway to conduct linkage with the MBS and the NDI in the second half of 2015.

3.10 Annual Workshop

In October 2014 the third Ten to Men Annual Workshop was held at the University of Melbourne. Attendance once again increased from the previous year, and included representatives from male health organisations including Foundation 49, Andrology Australia, Victorian Men's Shed Association, Victorian Department of Health, Movember, Victorian Aids Council, Men's Health Victoria, University of Melbourne, University of South Australia, Federation University, Deakin University and *beyondblue*.

The first hour of the session was a presentation by the Ten to Men team. Co-chief investigator Jane Pirkis presented on the background and development of the study, Rachel Koelmeyer presented a snapshot of the Wave 1 cohort, Marisa Schlichthorst presented on accessing Ten to Men data and Dallas English presented on planning for Wave 2. The second hour of the Workshop was a general discussion. There was a great deal of enthusiasm and support for the project and recognition that it would fill a much

needed gap. Attendees were very interested in data access procedures and mechanisms and there was a fruitful discussion about how to maximise access while maintaining the integrity of the data.

The 2015 Annual Workshop will take place as part of the Australasian Men's Health Gathering in October 2015. This is the major event in the Male Health calendar and will make the workshop accessible to a substantially wider range of male health researchers and practitioners.

3.11 Other conferences & presentations & information dissemination activities

1. Presentation: Ten to Men: A New Resource to Assist with Shaping Solutions
Marisa Schlichthorst
Men's Health Week Seminar
12 June 2014
Victorian Department of Health, Melbourne
2. Presentation: Ten to Men: The Australian Longitudinal Study on Male Health
Dallas English
Andrology Australia 2014 forum
15 June 2014
Launceston, Tasmania
3. Presentation: Ten to Men: Crunching the Data and Forward Planning
Dianne Currier
Victorian Men's Health Gathering
10 September 2014
Melbourne
4. Ten to Men Annual Workshop
29 October 2014
University of Melbourne
Melbourne
5. Presentation: Depression and Suicidality in Males
19 February 2015
The Mental Health Services Summer forum
Sydney

In June 2014 Professor Dallas English was interviewed by Richard Stubbs on ABC radio 774 as part of Men's Health Week.

3.12 Study Website & Social Media

The study website is located at www.tentomen.org.au. Phase two of the development of study website was completed in March 2015 with the participant section being established and content updated. Work is underway on Phase three – the researchers' area. To date information on access to study data and supporting documents, including the Wave 1 questionnaires, the Data User's Manual, links to the Wave 1 data dictionaries, and the most recent technical report are all available for researchers.

Further development is underway including preparation of the remaining documents required for requesting access to study data.

4 Timelines

Residual Wave 1 data collection activities and the size and complexity of the datasets introduced some delay into the delivery of the final Wave 1 datasets by the sub-contractor. However interim datasets were made available and allowed quality assurance procedures to be developed and trialled, major discrepancies and other issues to be identified and communicated to the subcontractor, all of which decreased the data preparation time when the final datasets were delivered in January 2015.

Preparation of the final Wave 1 analytical datasets is almost complete and it is anticipated they will be available for initial internal use by early June 2014 and made available to external researchers via the data access request process shortly thereafter. Preparation of the datasets has been an extended process, however it was necessary in order to conduct essential quality assurance and guarantee that high-quality analytical datasets are produced. The quality of the analytical datasets is crucial to the validity of study findings.

Until such time as the datasets are available research outputs have been limited to preliminary descriptions of the response rates and characteristics of the cohort based on interim datasets. However a publication plan is in place and preparation is well underway for the Special Supplement on the study being prepared for BMC Public Health, and a Cohort Profile paper. Both are on-track for publication within the next 12 months.

Regular six-monthly re-contact with participants has occurred as scheduled.

The development of the Respondent Management System has taken longer than anticipated due to competing commitments. However, the major development work has been completed and the testing and refinement phase is underway. It is anticipated that the RMS will be fully functional by the end of 2015.

Wave 2 data collection is scheduled for completion by June 2016, and timelines for obtaining Ethics approval, engaging a sub-contractor, questionnaire development including cognitive testing have been met.

The Wave 2 pilot study is progressing according to schedule.