

HOW TO MAKE WEIGHT-LOSS SERVICES WORK FOR MEN





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MEN'S HEALTH FORUM

Founded in 1994, the MHF is the independent voice for the health and wellbeing of men and boys in England and Wales. Our goal is the best possible physical and mental health and wellbeing for all men and boys.

How To Make Weight-Loss Services Work For Men
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HOW TO... MAKE WEIGHT-LOSS SERVICES WORK FOR MEN

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HOW TO... GUIDES

Men are often considered 'hard to reach' when it comes to health. The Men's Health Forum's 'How To...' Guides give you the blueprint to change that.

INTRODUCTION

Obesity increases the risk of many serious illnesses, such as coronary heart disease, cancer, type 2 diabetes and osteoarthritis. Men are much less likely than women to take part in programmes to help them lose weight, despite the fact that more men than women are overweight and that many of the most damaging obesity-related conditions are more common in men.


- WHEN OVERWEIGHT MEN LOSE WEIGHT, THEY REDUCE THEIR BLOOD PRESSURE AND CHOLESTEROL LEVELS AND REDUCE THEIR RISK OF DEVELOPING TYPE 2 DIABETES.

- THESE CHANGES MAY MAKE IT LESS LIKELY THAT THEY WILL HAVE A STROKE OR HEART ATTACK.

A research group at Aberdeen, Bournemouth and Stirling Universities has conducted a major systematic review of the evidence relating to interventions aimed at tackling obesity in men*. A systematic review aims to find all the existing high-quality research relevant to a particular research question and then apply a form of analysis that identifies the most important and reliable findings. The review was led by Professor Alison Avenell of the Health Services Research Unit at the University of Aberdeen and was funded by the National Institute for Health Research (NIHR). NIHR is the research arm of the NHS.

The NIHR-funded review is the most comprehensive review to have been undertaken and is likely to remain the definitive analysis of this topic for some time to come. The published review runs to several hundred pages. It can be found at the following web link, where there is also a summary of the methodology and findings: www.nets.nihr.ac.uk/projects/hta/0912701

The review sought to establish whether weight-loss programmes should be designed differently for men. It also tried to pin down “what works” in encouraging men to take part in weight-loss programmes. It focused on those programmes that showed that they could help men lose weight and keep that weight off in the longer term. It also looked at the evidence about where and how



weight-loss services should be delivered to make them more attractive to men.

This How To... Guide takes the findings from the Aberdeen-led review and condenses them into a practical guide for those people designing, delivering or commissioning weight-loss services. It does this within the broader context of looking at what is known about male attitudes and behaviour in relation to health more generally. Clearly, the process of reducing such an extensive review to a small number of key recommendations does mean that we are not able to represent anything like the full scope of the original study. Readers of this guide are encouraged to refer to the review itself if more detailed information or supportive evidence is required.

Our aim in publishing this How To... Guide is to encourage the development of weight-loss programmes that men will want to join and that have the greatest chance of delivering positive outcomes for men. This does not mean however, that the guide is about “men only” weight-loss programmes. It should be equally useful to those aiming to put on mixed-sex programmes but who want to make sure they are as effective as possible for both male and female participants.

The value of this How To... Guide is that it is as evidence-based as it is possible to be within current knowledge. The NIHR-funded review was able to pick out those strategies that have been shown to work well and – equally usefully – it was able to identify those things that have been tried and have been found to be less effective.

For these reasons, this guide should help maximise the likelihood of men joining programmes and losing weight within programmes. At the same

- THIS HOW TO... GUIDE IS AS EVIDENCE-BASED AS IT IS POSSIBLE TO BE WITHIN CURRENT KNOWLEDGE.


- EQUALITY LAW REQUIRES PUBLIC BODIES TO AIM FOR UPTAKE OF SERVICES BY GENDER THAT REFLECTS GENDER DIFFERENCES IN NEED.

time, because one of the things shown by the review is that the research base is still relatively limited, there is still plenty of scope to try out new ideas in programme development. We are hopeful that this How To... Guide will improve the chances of those new ideas being good ones.

In addition to summarising the findings from the NIHR-funded review, we have also included a number of case studies in which men describe in their own words their experience of taking part in weight-loss programmes. These case studies give a flavour of the kinds of things that these men liked and disliked about the process of trying to lose weight. They also give an insight into the factors that motivated these particular men to join a weight-loss programme.

Unless otherwise stated, all of the advice given in this How To... Guide originates from the NIHR-funded review. For this reason, we have not given individual references. If you want to find the specific source within the review for any particular piece of advice in this guide, you should be able to do so by word-searching the original. See above for details of where to find the review.

Finally, we have also included a short section on data collection and evaluation. This is the only section of this guide not drawn directly from the Aberdeen-led review. It is important to measure outcomes for individual participants - and most people who run interventions already do that. It is even more important however, to collect (and report) a wider range of standardised group-level data so that one programme can be compared with another. Unless we do this, we will be seriously hampered in our attempts to develop model ways of working that we know are effective and that can be replicated around the country.



The Equality Act 2010 requires providers of public services both to “advance equality of opportunity” between the sexes and to “eliminate unlawful discrimination” (this is intended to include indirect discrimination). This means in practice, that health service providers should aim to achieve service uptake and health outcomes that reflect health need. In other words, providers should be aiming at the very least to equalise the numbers of men and women on publicly-funded weight-loss programmes.

We know that many men are keen to improve their health, their lifestyles and their fitness. The key to helping them do that is to provide services that properly meet men’s needs and that are designed to be as appealing to men as possible. The aim of this How To... Guide is to help you to achieve those two objectives. We have tried to make the guide as practical and as readable as possible. Please read on - and good luck in your efforts to help men lose weight.

* Robertson C, Archibald D, Avenell A, Douglas F, Hoddinott P, van Teijlingen E, Boyers D, Stewart F, Boachie C, Fioratou E, Wilkins D, Street T, Carroll P, Fowler C. “Systematic reviews of and integrated report on the quantitative, qualitative and economic evidence base for the management of obesity in men.” *Health Technol Assess* 2014; 13: 35

ABOUT THE SYSTEMATIC REVIEW OF EVIDENCE

- RANDOMISED CONTROLLED TRIALS ARE GENERALLY REGARDED AS PROVIDING THE STRONGEST FORM OF EVIDENCE IN RELATION TO MEDICINE AND PUBLIC HEALTH.

WHAT DID THE SYSTEMATIC REVIEW AIM TO FIND OUT?


The review addressed the following questions:

- > “What works” in obesity management for men?
- > How can weight-loss services engage men most effectively?

WHAT EVIDENCE DID THE REVIEW LOOK AT?

The review looked at the evidence from the following types of study and/or intervention:

- > Those interventions from anywhere in the world that were aimed at men only and were designed as randomised controlled trials. Randomised controlled trials, or RCTs, are regarded as producing the highest standard of evidence. This section of the review was limited to interventions aimed at obese men who were followed up at least one year later to see whether the intervention had made a long-term difference. 11 RCTs were included in this part of the review.
- > Interventions meeting the same criteria as above but which included both men and women and where the results were presented separately for men and women. 20 RCTs were included in this part of the review.
- > UK interventions of any setting, study design or duration aimed either at men or at both sexes where data were presented separately for men and women (i.e. this part of the review was not limited to RCTs). 26 interventions were included in this part of the review.

- 
- > Qualitative studies that explored men's experiences of weight management interventions in which they had participated. Thirteen such studies were included in the review. This part of the study also included nine UK qualitative studies on obesity that were not linked to interventions but which did seek men's views.

The review also looked at economic evaluations of weight-loss interventions for men but the findings from that part of the review are not included in this guide.

HOW RELIABLE ARE THE FINDINGS FROM THE REVIEW?

The findings represent the best knowledge available anywhere in relation to helping men to lose weight. The review could, however, only look at the evidence that currently exists. There is plenty of scope to improve the evidence base, which is why this How To... Guide includes a section on planning data collection. Very few of the RCTs came from the UK, so there might be questions about how relevant the findings were for UK planning – there was however, consistency between the findings from different countries which suggests that it is possible to generalise from one country to another. Further, the findings from the qualitative studies were consistent with those from the other parts of the review.

In addition to the two central research questions, the review was guided by the following more detailed questions:

- 1 How are men initially motivated to lose weight?
- 2 How are men attracted to taking part in the trial/intervention?

- 3 Are men consulted in the design of the intervention?
- 4 If it is found that interventions for men should be different than those for women, how should they be different and why?
- 5 Are group-based interventions for men found to be more effective for weight-loss than those delivered to individual men?
- 6 Are certain features of diets found to be more attractive for obese men?
- 7 Are certain features of physical activity stated to be more attractive for obese men? How and why are these features more attractive?
- 8 What efforts are made to help men continue with the programme?
- 9 Do men state who they believe to be the best person/persons to deliver the intervention?
- 10 Are programmes deliberately involving partners/families more effective?

MORE MEN HAVE A
BMI OF 25 OR MORE
(67%) >



THAN WOMEN
(58%) >



YET ONLY 10-30% OF PARTICIPANTS ON WEIGHT-MANAGEMENT
PROGRAMMES ARE MEN ...



OBSTACLES TO ENGAGING MEN IN WEIGHT-LOSS PROGRAMMES

The evidence is not unequivocal for any of the factors listed below but all have been indicated by research as being more common in men. All these factors present challenges – but taking account of them from the outset will greatly increase the chances of weight-loss programmes succeeding with men:

Men may not know or care they have a weight problem: Men may be less likely to recognise that they have become overweight or obese and less likely to consider their body weight a risk for their health.

The idea of “lifestyle change” may hold less appeal for men: Men tend to have greater reluctance to make changes and may be more cynical about “health messages”.

Being “big” may be regarded as a good thing by some men: Socio-cultural influences encourage a larger more “masculine” body. This may make some men anxious about losing too much weight. It may also mean men would rather try to attain a more muscular body-shape than a slender body-shape.

Men may feel awkward about joining weight-loss programmes: Men may regard weight-loss programmes as “feminised spaces”. They may also feel embarrassed about discussing their weight in a group, whether mixed-sex or men-only.

Men may be less interested than women in dieting to achieve weight loss: Weight-loss diets are perceived as less satisfying and less appetising. It may also be (similarly to the point above) that men regard dieting as a feminised activity.

CASE STUDY:

'NOW I'VE LEARNT TO ENJOY MY FOOD'

BRUCE, 58



I was motivated to lose weight because I felt pretty unfit and my fitness levels weren't great. Lack of time has always been the main reason why I have not been able to get active. Also, now that I'm in my 50s, I didn't feel as if I could be as active as I would like to be.

I joined the weight-loss programme because I wanted to lose weight and get fitter. I was a bit apprehensive like most men going to a weight-loss class but the programme I attended was very good - although, the exercise programme did take some getting used to. Having the lifestyle coach to motivate me really helped and their knowledge and expertise helped keep me engaged and motivated. I really enjoyed the programme and the balance between the healthy eating element and the exercise was really useful. My weight loss has been steady and not too bad, hopefully I can keep it off now I know how to look after myself. I definitely feel fitter and healthier now.

The sessions have helped me understand my eating patterns - I eat at regular times now and I've learnt to enjoy my food. I drink less coffee and drink more fluids like water instead. Also, my lifestyle coach has helped me enjoy exercise again and I can keep active away from the sessions.

I would encourage men to get out and get fitter whatever their age. I also think learning how to manage your diet and eat at the right times is really important for weight loss. It definitely worked for me!

CASE STUDY:

'I LIKED THE WELL-BALANCED PROGRAMME'

BRIAN, 66



I weighed 93.4kg. My BMI was 29. Being overweight affected my self esteem, particularly on holiday. Also, being a keen walker, I felt that by reducing my weight I could reduce the strain on my joints. I had previously been on a weight-loss programme, achieving my target weight. However, this was by diet only. Therefore, I did not feel any fitter and slowly the weight problem recurred.

I liked the programme because it was well balanced containing circuit training, football exercise and diet education. It is not just about losing weight but about improving your shape and stamina. However, being one of the older members, it was important to remember that sinew and tissue no longer had the resilience that they once had. Especially when playing football!

I think motivation is key; the mental attitude and the will to succeed must be there. One of the most helpful things was support from my wife and the Monday 'weigh-in'. Monitoring my weight daily was helpful, particularly after overindulging at weekends or trips away. It became the norm to quickly reduce my intake and take extra exercise. I also did not rule out using low-calorie ready meals.

One important gain was with my problem knee. Physiotherapy gave some slight improvement but not nearly as much as the circuit training sessions.

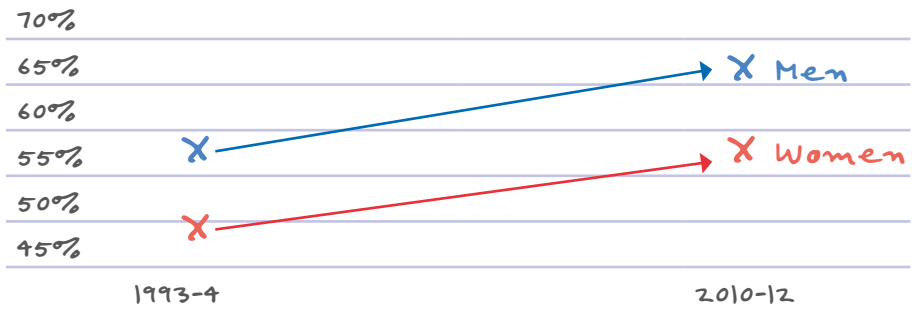
At the end of the course my weight had reduced to 84.7kg. When I removed my coat at work last week one person said: "Where have you gone?"

ASPECTS OF WEIGHT-LOSS PROGRAMMES WHERE MEN DO BETTER THAN WOMEN

There is encouragement in knowing that, in some particular ways, male participants in weight-loss programmes have the potential to experience more positive outcomes than might be expected:

- > Although they are much less likely to join weight-loss programmes, men are better than women at staying with the programme to the end.
- > Men may do better than women at sticking to a reducing diet, provided they are convinced that their bodyweight is sufficiently high to be damaging their health.
- > Men are more likely than women to embrace the physical activity component of weight-loss programmes where that option is offered.
- > Men report health gains beyond simple weight-loss when they participate successfully in weight-loss programmes; for example reduced need for medications. One very male-specific outcome of successful engagement with an intensive weight-loss programme is a reduction in erectile dysfunction.

PROPORTION OF MEN AND WOMEN WHO ARE OVERWEIGHT OR OBESE:



OVERWEIGHT IN BOTH MEN AND WOMEN HAS BEEN INCREASING RAPIDLY OVER THE PAST TWO DECADES

WHAT WORKS IN MALE WEIGHT-LOSS PROGRAMMES?

The following findings from the NIHR-funded review will be helpful in developing programmes that have the greatest chance of encouraging successful participation by men.

PROGRAMME DESIGN

- > Programmes that include both a diet and an exercise component are more successful in helping men lose weight than programmes that include only one of those components.
- > Men do better in programmes that include training in behaviour change in addition to diet and exercise components. A variety of behaviour-change interventions were included in programmes examined by the review and it was not possible to specify whether any particular behaviour change intervention was better than others. Examples that have been tried include goal-setting, advance planning for social situations that might undermine resolve and maintaining food diaries.
- > A behaviour change component also improves the chances of men maintaining a healthy weight once the programme ends.
- > Men seem to respond well to programmes that include a higher degree of personalisation – that is to say, programmes which can tailor the interventions on an individual basis. This may be because this increases men’s personal sense of “control” or that, by and large, men tend to have greater need than women for basic education in weight management.
- > Greater frequency of contact with the programme produces better results for men. (This may be wholly or partly explained by the fact that programmes that contain an exercise component necessitate more frequent contact).

ENCOURAGING AND SUPPORTING MEN TO TAKE PART

- ALTHOUGH MANY HEALTH PROFESSIONALS RECOGNISE THAT PEOPLE'S SOCIO-CULTURAL CIRCUMSTANCES PLAY AN IMPORTANT PART IN WHETHER OR NOT THEY ARE OVERWEIGHT, MOST OVERWEIGHT MEN DO NOT EVEN CONSIDER THIS EXPLANATION. THEY TEND TO VIEW WEIGHT ENTIRELY AS A MATTER OF INDIVIDUAL BEHAVIOUR REQUIRING AN INDIVIDUAL RESPONSE.

- > Encouragement from a spouse or partner motivates some men to attend programmes.
- > Active support from a spouse or partner and/or other family members appears to help men lose weight once they are on a programme. Where spouses or partners participate in the weight-loss programme together, this may help them lose weight too.
- > Where family and friends do not take men's efforts to lose weight seriously, men's motivation is adversely affected.
- > Humour in promotional materials makes programmes more attractive for men, as does the knowledge that other men have participated and have succeeded in losing weight.
- > Men who join weight-loss programmes are more likely to be motivated by personal health concerns. A formal diagnosis of "obesity" may be the tipping point for some men. A serious health "scare" and/or hospitalisation are particular motivators. This suggests that offering a programme to men at such times may increase their willingness to join a programme.
- > The proportion of men attending is higher on programmes that take NHS referrals than on programmes that rely on participants' personal motivation to join. This point, and the one immediately above, highlight the crucial role of NHS staff in encouraging men to consider joining weight-loss programmes.

A pencil is positioned vertically on the left side of the page, pointing downwards. The background is a light blue architectural drawing of a building floor plan. The drawing includes various lines, rectangles, and circles representing walls, doors, and furniture. Some text is visible on the drawing, including 'TREPPENHAUS' and '0.4 9.55m'.

WHERE SHOULD WEIGHT-LOSS PROGRAMMES TAKE PLACE?

- > Men may actively prefer NHS weight-loss programmes over those provided by commercial organisations. This is probably because the emphasis is perceived to be on “health” rather than feminised notions of achieving an attractive appearance.
- > Weight-loss programmes based in the workplace and weight-loss programmes associated with professional sports clubs have proved particularly successful in engaging men.
- > In general, although men prefer NHS weight-loss programmes (see above), they prefer that programmes should actually take place in community or workplace settings rather than in NHS settings.

MIXED-SEX OR MEN-ONLY?

- > Evidence is inconsistent about whether men prefer men-only or mixed sex programmes and it may be there is no clear, generalisable preference. It does seem though, that some men may feel more “comfortable” in a men-only group. Offering a men-only option may therefore make it more likely that such men will participate.
- > In the UK, three of the most well-known commercial weight-loss programme providers have experimented with men-only groups. Where data have been collected, men seem to have done better in men-only groups than in mixed-sex groups - although it should be noted that men have successfully lost weight in both types of group.

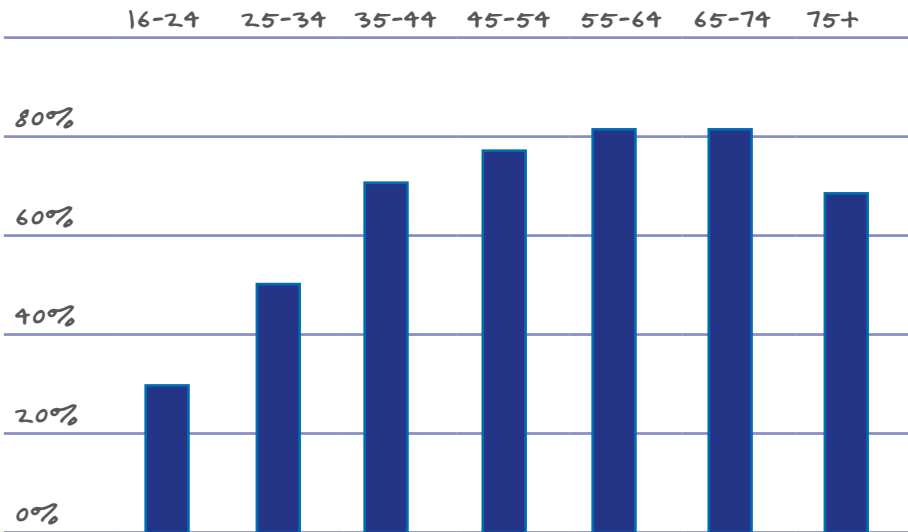
MOTIVATING MEN AND ENCOURAGING ADHERENCE TO THE PROGRAMME

- > Men tend to focus on overcoming overweight and obesity by their own efforts rather than by looking outside themselves at their social and economic circumstances.
- > “Humour, banter and camaraderie” between male participants help build positive relationships within weight-loss programmes and promote adherence.
- > Setting weight-loss “goals” helps motivate men, as does the feeling of self-accountability and accountability to the group (e.g. over food choices).
- > Men prefer that information materials provided as part of weight-loss programmes should be individualised, fact-based and easy-to-understand.
- > Using a pedometer as part of a weight-loss programme motivates men to build more exercise into their daily lives. By extension, it is possible that other “gadgets” (and perhaps phone or computer apps) may also help motivate men.
- > Men report concern that their motivation and adherence to a healthier lifestyle will diminish once the programme ends. It may be that some kind of lower-key longer-term support would be helpful.

MEN AND DIETING

- > Although reducing diets are needed for greater weight-loss, strict diets seem unpopular and terms such as “healthier eating” and “portion control” seem to be more appealing to men. Programmes which incorporate a more flexible approach to diet may be able to allow some “treats” such as alcohol.
- > Men want to avoid looking “too thin”.
- > Men find scientific appeal in the equation of energy intake and calorie expenditure and like developing the ability to monitor their performance in relation to these markers.

PROPORTION OF MEN OBESE OR OVERWEIGHT IN EACH AGE GROUP



WEIGHT GAIN IN MEN TENDS TO TAKE PLACE BETWEEN THE AGES OF 25 AND 55. FOR WOMEN IT IS MORE EVENLY DISTRIBUTED ACROSS THE LIFE COURSE.

CASE STUDY:

'I WAS MADE TO FEEL WELCOME BY THE COACH'

LEE

Losing weight had long been on my mind. I was bigger than I should have been but unfortunately, injuries and a lack of self-motivation had always been a barrier for me.

I found out about the local weight-loss programme through a friend who wanted to lose weight too. It provided a great place to start my fitness routine and improve myself physically. I was made to feel very welcome by the lifestyle coach and the rest of the group. The training sessions were fun and friendly which made it easier to follow. I can honestly say there wasn't anything that I disliked about the programme and because I was enjoying it, I didn't find it that hard to lose the weight.

Once you start and you find that self-motivation it makes it easy and fun. Having a lifestyle coach that pushes you helps too. Training as a group provides extra support. As you make friends, you don't want to let them down by not turning up.

Since I've been doing the sessions I've found I have more energy, feel better in myself, sleep better and feel loads fitter. My mood has picked up. I feel a lot happier and better about myself now than before I started. It is important to have confidence in yourself and take charge of your health.

I would advise any man who is worried about his weight to sign up. Whether it's a starting point, getting back to fitness or you're looking to do something different I can't fault the programme I attended and I can't wait to go again.



CASE STUDY:

‘THE WEIGH-IN WAS A GREAT MOTIVATOR’

DAVID, 64



Over the years I had developed high blood pressure and cholesterol levels above the normal limit. I was also diagnosed with type 2 diabetes. I was overweight and knew that I had to do something. I came across one of the organisers recruiting men who wanted to lose weight at a local medical centre. I decided to give it a try.

At the first session I was weighed and given a target weight for the 12 weeks. The weekly weigh-in was a great motivator to achieve it. After the weigh-in we discussed the various types of food and drink to get a better understanding of a healthier diet. This prompted me to take a look at my eating habits and certainly changed my meal menus. I was still eating wholesome meals, never felt hungry and I was losing weight each week.

The last hour of each session was for exercise: a gentle warm up followed by circuit training which was more strenuous. The last 20 minutes was a game of football played at a slow pace (thank goodness). I really enjoyed it. At first I was worried that I might not be up to it - I was out of breath and my muscles were tight - but as the weeks went by, my muscles felt stronger and I was breathing more easily. By the end of the 12 weeks I was not out of breath hardly at all and had at least doubled the repetitions in the circuit training.

At the last week weigh in, I found that I had lost 6% of my bodyweight which exceeded my original target. My clothes are not tight fitting any more, in fact I now need a belt to keep my trousers up.

EVALUATION AND DATA COLLECTION

- WE STRONGLY
RECOMMEND THE
PUBLIC HEALTH
ENGLAND'S
COLLECTION OF
RESOURCES ON
EVALUATION (CORE)
FOR OBESITY
PROGRAMMES.

It is widely recognised that locally-based public health interventions can be difficult to evaluate. This is sometimes because the intervention does not easily lend itself to evaluation, sometimes because there are insufficient resources to evaluate the intervention properly and sometimes because not enough importance is attached to the need to evaluate.

Evaluation and good data collection are particularly important in the field of male health. This is because interventions are often more successful at engaging women than men. Unless all data are collected and reported in gender disaggregated form, men's under-use of services may pass unnoticed.

In relation to weight loss specifically, collection of the right data reveals whether there are gender differences in engagement with the project or in health outcome. Ultimately it is not possible to differentiate between what works well for women and what works well for men, unless the right data are collected and good evaluation processes are in place.

Poor or inadequate evaluation disadvantages both sexes but is, in general, more likely to disadvantage men. If women are more likely to use a service in the first place, then evaluation that does not take gender into account will inevitably tend to identify as more successful, those elements that work well for women. These elements will then be emphasised in future interventions thus – albeit inadvertently - creating a cycle in which male need is consistently under-acknowledged.

We strongly recommend the Public Health England's Collection of Resources on Evaluation (CoRE) for obesity programmes:
<http://www.noo.org.uk/core>.

Among the CoRE resources is the Standard Evaluation Framework (SEF) for Weight Management Interventions. This provides a simple checklist of the most essential data that need to be collected. The SEF is reproduced on pages 24 - 27.

ONLY FOUR COUNTRIES IN WESTERN EUROPE HAVE A HIGHER PERCENTAGE OF OVERWEIGHT MEN THAN THE UK



CHECKLIST

This is Public Health England's Standard Evaluation Framework (SEF) of the most essential data that need to be collected when running any weight-loss programme. More detail about the SEF, including the information supporting each criterion, is available by searching the Public Health England website.

| PART ONE: INTERVENTION DETAILS | | Essential | Desirable |
|---------------------------------------|--|-----------|-----------|
| 1 | Title/name of intervention | | |
| 2 | Aims and objectives (including primary and secondary outcomes) | | |
| 3 | Intervention timescale (exposure, quantity and duration) | | |
| 4 | Intervention delivery dates | | |
| 5 | Duration of funding (including dates) | | |
| 6 | Location and setting | | |
| 7 | Description of intervention: <ul style="list-style-type: none"> > target population > content > delivery method > deliverer > unit of delivery > details of quality assurance mechanisms | | |
| 8 | Rationale for intervention (including theoretical basis) | | |
| 9 | Core staff competencies required | | |
| 10 | Equipment and resources required | | |
| 11 | Incentives for attendance | | |
| 12 | Details of training needs (including quality assurance of training) | | |

| | | Essential | Desirable |
|----|--|-----------|-----------|
| 13 | Method of recruitment and referral | | |
| 14 | Participant consent mechanism | | |
| 15 | Participant admission/exclusion criteria | | |
| 16 | Cost of intervention per participant | | |
| 17 | Cost to participant | | |
| 18 | Detailed breakdown of cost | | |
| 19 | Type of evaluation and evaluation design | | |
| 20 | Details of equality impact assessment | | |
| 21 | Relevant policy and performance context | | |
| 22 | Details of health needs assessments that have been conducted | | |
| 23 | Contact details | | |
| 24 | Commissioner(s) of the intervention and sources of funding | | |
| 25 | Declaration of interest | | |
| 26 | Details of type and extent of any clinical involvement | | |

PART TWO: DEMOGRAPHICS OF INDIVIDUAL PARTICIPANTS

| | | | |
|----|---|--|--|
| 27 | Age | | |
| 28 | Sex | | |
| 29 | Ethnicity | | |
| 30 | Disability | | |
| 31 | Measure of socio-economic status | | |
| 32 | Additional information including marital status, medical history, smoking status, parity and family make-up | | |
| 33 | Details of parental weight status (for children) | | |

PART THREE: BASELINE DATA

| | | Essential | Desirable |
|----|--|-----------|-----------|
| 34 | Height and weight (to calculate Body Mass Index) | | |
| 35 | Additional proxy measures for adiposity | | |
| 36 | Measure(s) of dietary intake and behaviour | | |
| 37 | Measure(s) of physical activity levels and behaviour | | |
| 38 | Potential facilitators of, and barriers to, lifestyle change | | |

PART FOUR: FOLLOW-UP DATA

Impact evaluation

| | | | |
|----|---|--|--|
| 39 | Follow-up data: minimum of three follow-up points, including at one year | | |
| 40 | Follow-up data on key measures (height, weight, physical activity and diet) over a greater term than one year | | |
| 41 | Height and weight (to calculate Body Mass Index) | | |
| 42 | Follow-up data on additional proxy measures for adiposity (if collected at baseline) | | |
| 43 | Dietary intake and behaviour | | |
| 44 | Physical activity levels and behaviour | | |
| 45 | Follow-up measures on potential facilitators of, and barriers to, lifestyle change (if collected at baseline) | | |

Process evaluation

| | | | |
|----|---|--|--|
| 46 | Number invited | | |
| 47 | Number recruited | | |
| 48 | Number attended each session or contact point | | |
| 49 | Number completed | | |

| | | Essential | Desirable |
|----|--|-----------|-----------|
| 50 | Number of participants at each follow-up point | | |
| 51 | Methods of data collection and timings | | |
| 52 | Reasons for opt-out (where applicable) | | |
| 53 | Details of any unexpected outcomes and/or deviations from the intended intervention design and the reasons why | | |
| 54 | Participants' satisfaction with the intervention | | |
| 55 | Plans for sustainability | | |

PART FIVE: ANALYSIS AND INTERPRETATION

| | | | |
|----|--|--|--|
| 56 | Summary of results compared to baseline (for primary and secondary outcomes) | | |
| 57 | Details of any further analyses and statistical methods used | | |
| 58 | Limitations and generalisability | | |

CASE STUDY:

'I LOVE THE CAMARADERIE OF ALL BLOKES'

STEPHEN, 34



A "side on" photo my daughter took of me on holiday was the final straw. I had to change! There was a burning desire to live longer and come off blood pressure tablets. I think I have used the wrong approaches in the past which led me to failure and resulted in me doing more of the bad stuff like eating and drinking too much. I found it very difficult to lose weight as a result.

Friends and work colleagues at work had tried a local programme so I thought I would give it a go. I've finally found the right approach. I love the camaraderie of being in an "all blokes" session and the realisation that others are there looking like me with aims like mine. The exercise is the most enjoyable part and I continue to enjoy the sessions. It's like a lads' night out with exercise instead of beer. It's a laugh with serious outcomes and it's free! I really hope the service continues.

Since I've been doing the sessions I have more energy. I can now fit into 'normal' clothes. I save £150 a month on petrol because I cycle into work each day. It used to take me 1½ hours to cycle to work whereas now it can take as little as 22 minutes and I'm not out of breath at the end.

Nice comments from friends really keep me motivated. My blood pressure is right down – no more nose bleeds. I sleep better and have lots more self-confidence. I would advise others to see your doctor first for a check-up, start with small changes and sign up for a programme. You'll soon be flying and enjoying life once again!



CASE STUDY:

‘I LIKED HOW YOU COULD GO AT YOUR OWN PACE’

MATTHEW, 36



All my life my weight has been up and down. When I tried to lose weight, I would usually start off pretty well and lose weight but after a while I would get complacent and the weight would creep up. I'd just been through a period of being “up” again and needed to lose weight and get fitter. Wanting to keep up with my two year-old daughter was definitely a motivating factor.

I started a 12 week weight-loss programme. I really liked the mix of theory and exercise. This allowed you to get to know the other guys and feel comfortable joining in and wanting to come back the next week. I liked how you could exercise at your own pace and not feel everyone was judging your fitness. It really wasn't difficult to lose weight whilst on the programme. I attended all sessions, altered my diet where needed, did a little exercise at home and I met my 5% weight-loss target.

I enjoyed the programme very much and continued after the 12 weeks. My lifestyle coach made each session fun. The other guys in the group became friends and we encouraged each other. I now fit into clothes I haven't worn for a few years. I can do more strenuous exercise for longer without feeling as out of breath. I generally have more energy and feel happier.

Weight loss is all about getting in the right frame of mind. There is generally more encouragement in society for women to go to exercise classes and “fat clubs”. This is slowly changing and more men are getting involved. I hope that continues.

TOP TEN TIPS

- MEN PREFER THAT PROGRAMMES ARE OVERTLY DEDICATED TO IMPROVING HEALTH OR FITNESS, RATHER THAN SIMPLY ABOUT LOSING WEIGHT.


✓ **Choose an opportune moment:** Overweight men are most motivated to lose weight following a health scare or the diagnosis of a weight-related health problem. Encouragement from a health professional at this point can make all the difference. This is also the time when family and friends are most likely to support and encourage a man to lose weight.

✓ **Focus on the concern that is most important to men:** Men prefer that programmes are overtly dedicated to improving health or fitness, rather than simply about losing weight.

✓ **Find the best setting:** Although, in general terms, men prefer NHS-provided weight-loss programmes to commercial programmes, their preference is for sessions to take place away from healthcare settings. Men prefer community settings such as their workplace or at the football club they support.

✓ **Make it clear that the programme has been designed with men in mind:** Both sexes appreciate knowing that health improvement interventions are “gender-sensitive”. It is possible to accommodate both male and female attitudes and aspirations within mixed sex programmes but men like to know that they are welcome and their needs have been accounted for.

✓ **Adopt the most “male-friendly” approach:** Losing weight by dietary changes alone is stereotyped by many men as a female activity. Men are more likely to take part in weight-loss programmes that pay at least as much attention to physical activity as to “dieting”.



✓ **Avoid what men don't want:** Men don't like "strict diets" and some men are anxious about looking too thin. It is important that programmes clearly are about improving "fitness" rather than becoming "slim".

✓ **Remind men that they have a lot to gain:** There are numerous health benefits associated with losing weight. It may be worth spelling out those health benefits in promotional literature, highlighting potential gains (feeling fitter, the possibility of coming off medication, reduced incidence of erectile dysfunction) rather than dwelling on the risks of not taking part.

✓ **Create the right atmosphere:** Humour, banter and camaraderie are important in keeping men engaged and in developing mutual support.

✓ **Share responsibility with male participants:** Men tend to believe that overweight is a personal issue and that it requires individual action to tackle it. Men appreciate an individual plan and may enjoy taking personal responsibility for monitoring, and accounting for changes in their food intake and activity level.

✓ **Be encouraged that weight-loss programmes work for men:** Men are significantly less likely than women to join weight-loss programmes - but once recruited they are less likely than women to drop out and may do better at sticking to certain elements of the programme.

OTHER INFORMATION SOURCES AND FURTHER READING

There is very little specialist literature on helping men to lose weight. Most of the resources listed below therefore contain “gender neutral” advice. In many cases however, there will be the potential to adapt the guidance to help with the development of “male-friendly” interventions.

Both Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE) have obesity-specific sections on their websites, both with a wide range of resources and guidance. We strongly recommend visiting these websites at the planning stage of weight-loss programmes.

In addition to the full version of the NIHR-funded review, a link to which is given in the Introduction, the following publications are useful. With the exception of the first, all are available online:

- > Alan White and Maggie Pettifer (eds): *Hazardous Waist: Tackling male weight problems*. Radcliffe Publishing, 2007.
- > Becky Rowe and Dr Tina Basi: *Maximising the Appeal of Weight Management Services*. ESRO, 2010.
- > Department of Health: *Developing a Specification for Lifestyle Weight Management Services: Best Practice Guidance for Tier 2 Services*. Department of Health, 2013.
- > Public Health England: *Report of the working group into: Joined up clinical pathways for obesity*. PHE, 2014.
- > Government Office for Science: *Tackling Obesities: Future Choices – Project Report (“The Foresight Report”)*. Government Office for Science, 2007.

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Even a document as short as this one is not possible without the help of a lot of other people. Particular thanks are due to the National Institute for Health Research, and Professor Alison Avenell and her research team for permission to use their systematic review as the basis for this guide.

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- > Professor Alison Avenell, Health Services Research Unit, University of Aberdeen
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- > Penny Blair, Obesity and Health Weight Team, Public Health England
- > Dr Paula Carroll, Department of Health Sciences, Waterford Institute of Technology, Ireland
- > Scott Elliott, Senior Public Health Manager, Medway Council
- > Samantha Montel, Obesity and Healthy Weight Team, Public Health England
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- > Jim Pollard, Editorial and Creative Consultant, Men's Health Forum
- > Martin Tod, Chief Executive, Men's Health Forum

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David Wilkins has worked for the Men's Health Forum since 2002.

He has written policy papers on several aspects of male health including: men's mental health; men's sexual health; male obesity; and cancer in men. He edited the 'Gender and Access to Health Services Study' for the Department of Health and, with Erick Savoye, 'Men's health around the world: a review of policy and progress across 11 countries'.

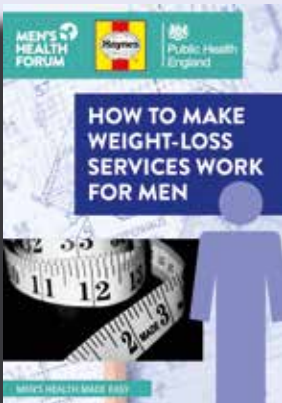
In recent years, David has written two national reports about evidence and practice in relation to men's mental health and a report looking at men's uptake of relationship support services.

David has managed a number of practical men's health projects both for the MHF and in the NHS. Most recently, he led a three-year Department of Health funded project which aimed to increase men's participation in the National Bowel Cancer Screening Programme. David writes frequently on men's health issues and represents the "male health interest" on a number of national policy development bodies.

David has a particular interest in male weight-loss. He was an advisor to recent NIHR-funded systematic evidence review on the management of male obesity led by Aberdeen University. He also contributed two chapters to 'Hazardous Waist' (Radcliffe Publishing, 2007), which remains the only full length book examining how to tackle the problem of overweight and obesity in men.

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HOW TO... MAKE WEIGHT-LOSS SERVICES WORK FOR MEN



The need to tackle overweight and obesity is one of the greatest challenges facing the NHS. More men than women are overweight but men typically make up less than a third of those attending weight-loss programmes regardless of whether those programmes are delivered by the NHS or by commercial providers.

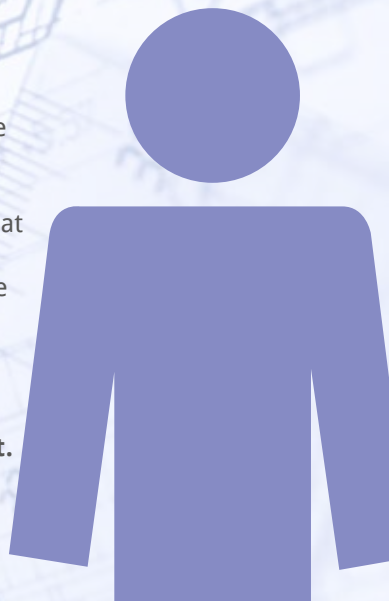
In 2012, the National Institute for Health Research funded a major review of the evidence about men's engagement with weight-loss programmes. The findings from that review have provided reliable indicators of 'what works' in encouraging men to take part in such programmes.

This 'How To...' Guide condenses the findings from that review into practical, user-friendly advice for those whose job it is to design and deliver services to tackle overweight and obesity.

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