

Improving Men's Health in Northern Ireland

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STANDING UP FOR DOCTORS

Improving Men's Health in Northern Ireland

The British Medical Association

The British Medical Association (BMA) is a professional organisation and trade union for the medical profession across the United Kingdom, with over 140,000 members. The BMA Northern Ireland (BMA(NI)) represents around 70% of the medical profession in Northern Ireland, and has a keen interest in changes to the healthcare system which will impact positively on patients and carers.

Working in partnership

In order to better inform its policy development, the BMA(NI) established a Patient Liaison Group in 2007. The BMA(NI) firmly believes that the experience of lay people will result in constructive suggestions for effective healthcare, and welcomes the opportunity to engage with representatives from the voluntary and community sector, under the auspices of the Patient Liaison group, to gain valuable insight into local healthcare issues which affect patients and other service users.

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Introduction

I am delighted and honoured to write the introduction to this document on what is belatedly, although increasingly, being recognised as a major health issue – namely men's health.

It is a matter of concern that men in the UK generally ignore important health issues, only seeking help when lasting long-term damage has occurred, the time for effective intervention or therapy has passed or indeed the outcome is terminal with tragic consequences for the individuals concerned, their families and dependents.

One may consider it a damning indictment of our health priorities that this issue is not being tackled effectively.

This paper considers initiatives to improve men's health; the need to engage men about their health; and makes recommendations as to how access to supportive health care services can be improved.

Recommendations also seek to encourage individuals to take responsibility for their own health and well-being.

BMA(NI) intends, with the support of all concerned, to address this problem.

We will drive to influence policy so that all men – fathers, sons, brothers, partners, shall be enabled to enjoy full healthy lives, empowered to fully engage in their central roles in the family and wider society contributing in full measure to the social and economic life of Northern Ireland.

Dr Paul Darragh
Chairman
BMA(NI) Council in Northern Ireland

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Summary of recommendations

1 The need for increased research to develop a men's health policy

Priority Actions:

- Develop the male health evidence base, particularly in relation to population groups of males at risk of poor health
- Develop, fund and implement a cross-departmental, inter-agency holistic policy to improve men's health in Northern Ireland

2 The need for improved services in a supportive environment

Priority Actions:

- Identify barriers that exist that prevent men from accessing healthcare
- Commit to provide services that address such barriers
- Develop creative approaches to promote and encourage engagement with men to improve health outcomes
- Develop and deliver health related initiatives and services taking into account the needs of males and ways of promoting optimal health outcomes for males

3 Promoting responsibility

Priority Actions:

- Promote a holistic and positive focus on men's health that supports men to take greater ownership of their own health
- Development and use of 'male-friendly' health information which is easily available and accessible to men e.g. credit card size publications
- Consider alternative methods of communicating effectively with men such as social media, the use of celebrity role models and websites

Improving male health is a shared responsibility. Governments, health professionals, community organisations and men themselves need to take action on a number of fronts.

In Northern Ireland, healthcare professionals recognise there is still reluctance for men to consider and discuss their own health and well-being. Men are often adopting a 'last resort' approach to seeking professional help and many die from illnesses due to the fact that they seek help too late.

However before action can be taken, there needs to be an understanding of what issues men may face in terms of seeking to improve their health and so BMA(NI) sought to explore the underlying causes and how we can encourage men to look after their own health through an interactive workshop with a range of stakeholders.

What is a men's health issue?

'Men's health' is a term frequently used by the media, academics, health practitioners and the general public. However, there are subtle differences in how men's health can be defined. While there is recognition that men's health extends beyond male-specific conditions of the reproductive organs, such as prostate problems, testicular concerns and erectile dysfunction, these concerns have remained a prominent feature of the general discourse relating to men's health, sometimes representing the only definition

The Men's Health Forum in England and Wales (MHF) definition of good health draws on the World Health Organisation definition but has taken into account the analytical developments which have occurred in the last 50 years:

Good male health is a state of physical, mental and social well-being that enables individual boys and men, and the male population as a whole, to meet the demands of everyday life and to realise their aspirations and biological potential.

The following definition of a male health issue has been proposed:

A male health issue is one that arises from physiological, psychological, social, cultural or environmental factors that have a specific impact on boys or men and/or necessitates male-specific actions to achieve improvements in health or well-being at either individual or population level¹.

This definition acknowledges that there are more factors involved than the biological; that the health of men and boys cannot be divorced either from prevailing notions of masculinity or from the influences of the wider world, of work or relationships.

By stressing that one of the defining characteristics of a male health issue is that "male-specific" actions are needed to bring about an improvement, the definition also recognises the crucial point that services will need to differ by gender in their design and content.

In other words, the onus is on policy-makers to demonstrate initiative about improving male health.

The importance of men's health

There is a need to value and support the significant contribution made by men in our society. Men play varied and important roles, including as fathers, partners, providers, carers, sons, brothers, grandfathers, uncles, friends and role models.

Improved health will not only have a positive impact on individual lives, it will also contribute to improvements in participation and productivity, improvements in the cultural and social life of our communities, and substantial reductions in the need for provision of high-cost health care services.

It must also be recognised that not all male population groups have the same outcomes. In Northern Ireland, there are gaps in access, services and treatment in rural or remote areas, in areas of social disadvantage and other groups, particularly traveller, gay, bisexual or transgender males.

Biology provides only a partial explanation for poor health in men; lifestyle is also a significant factor. Men are more likely than women to drink alcohol above recommended levels, smoke cigarettes and eat a poor diet. Men are generally less physically active at the level that results in health benefits and therefore suffer increased levels of obesity and higher body mass indices.

Northern Ireland context

In Northern Ireland,

- Men are more likely to die from coronary heart disease than women, with 1351 deaths in 2008 compared to 1059 for women²
- Deaths from colorectal cancers are higher in men than women³
- Men are more likely than women to drink above the weekly guidance limit, with 23% of male drinkers exceeding the weekly limit of 21 units⁴
- Men who smoke are more likely than women to be heavy smokers⁵
- In 2009 there were 260 deaths registered as suicide in Northern Ireland, of which 205 were males and 55 were females⁶
- In 2006-08 male life expectancy reached 76.4 years which represented a 0.8 year increase from 2001-03, compared to 81.3 years for women⁷.

Male death rates are significantly affected by social deprivation and the ongoing recession will have a major impact on men's mental and physical health. Men from lower socio-economic groups are up to six times more likely to die from the leading causes of death⁸.

Poor lifestyles and preventable risk factors account for a high proportion of chronic diseases such as coronary heart disease, diabetes, stroke and some cancers. Almost two-thirds of Northern Irish men (64%) are either overweight or obese, less than a quarter (22%) are compliant with eating, on average, five portions of fruit or vegetables per day, while almost one in four (23%) male drinkers exceed their sensible weekly limit of 21 units⁹. Such data partly explains why cardiovascular disease (CVD) is higher among men than women, and why Northern Irish men are twice as likely to have suffered a heart attack and almost twice as likely to have suffered a stroke¹⁰.

Young men aged 18-35 years are a high-risk group – they are almost four times more likely to die earlier than their female counterparts¹¹ and currently have the second highest rate of suicide among the 30 OECD Member States¹².

As reported by the Northern Ireland Cancer Registry in 2006, cancer is more common in men than women: 14% more cases and 40% more deaths. The most commonly diagnosed cancers between 1993 and 2003 in men were skin, lung, prostate and colorectal cancer. In the last 10 years, rates of prostate cancer have increased by 46% while testicular cancer has increased by nearly 58%¹³.

International focus on men's health

Examples of politically-led activity directly intended to improve men's health by the development of dedicated policy and/or investment in health programmes targeted at men can be seen in Australia and the Republic of Ireland.

There has been an upsurge in interest and activity on men's health in the Republic of Ireland over the past decade which has revolved around research, advocacy work and a variety of grass-roots work in both the statutory and voluntary sectors. The most significant development has been the recent publication of a national men's health policy¹⁴.

Its publication in January 2009 followed a commitment, as set out in the National Health Strategy¹⁵, to develop a national policy for men's health. An increased focus on the statistics for men in relation to life expectancy, mortality and morbidity provided a strong impetus for men to be identified for the first time at a national health strategy level, as a specific population group in need of strategic health planning.

Australia has a long track record of activity on men's health both at the community and government levels. Australia has also developed a national policy for men's health¹⁶ and appointed a group of "Men's Health Ambassadors" to inform government thinking and galvanise public opinion.

Initiatives at this level are very much welcomed and are a tribute to the campaigning work of men's health organisations as well as to the foresight of the governments concerned.

Men's health fora

The European Men's Health Forum (EMHF) supports a network of activist organisations. One of their most influential initiatives has been the Vienna Declaration on the Health of Men and Boys¹⁷. The Declaration was launched in 2005 and now has over 500 key signatories from 48 countries. The Declaration calls on 'the EU, national governments, providers of health services and other relevant bodies' to:

- Recognise men's health as a distinct and important issue
- Develop a better understanding of men's attitudes to health
- Invest in 'male sensitive' approaches to providing healthcare
- Initiate work on health for boys and young men in school and community settings
- Develop co-ordinated health and social policies that promote men's health

Within the island of Ireland, the Men's Health Forum in Ireland (MHFI) is a diverse network of individuals and organisations, men and women, which seeks to

- identify the key concerns relating to male health
- increase understanding of these issues
- tackle the impact of this inequality

MHFI works on an all-Ireland basis to enhance the health and well-being of men and boys through research, advocacy, training, networking and demonstration projects (www.mhfi.org).

In taking forward work on men's health, BMA(NI) would plan to draw on the expertise of fora such as these.

BMA(NI) recommendations

Given the concerns outlined above regarding the men's health in our society, the BMA(NI) wanted to know if these concerns were reflected by other stakeholders. Representatives from the community and voluntary sector, who were willing to act as advocates for their client groups were invited to an interactive workshop (Appendix 1)

The workshop aimed to identify how we can work together to address men's health and wellbeing in Northern Ireland through developing policy, improving services, creating a supportive environment; and promoting responsibility.

The outcomes of the workshop are summarised as follows, with key recommendations for action.

Further feedback from participants from the workshop is contained in Appendix 2.

1 The need for increased research to develop a men's health policy

Men's health is critical to their own wellbeing and that of their families and friends. Good health enables them to fulfill their roles in society, the economy and their own community. Men, and boys, have unique needs within the health system and failing to address these needs contributes to unequal health outcomes between males and females and between different groups of males.

A policy specifically for males would allow these unique needs to be addressed, and for efforts to be focused on high priority areas.

Historically, the greatest progress in health has depended not only on improvements in clinical practice but from public policy developed by government. There is widespread recognition of the relationship between action of this kind and better health. However, Northern Ireland currently lacks a clear directive and measurement framework for meeting men's health needs.

The publication of a national men's health policy in the Republic of Ireland¹⁸ was a significant and important step in providing a clear blueprint and an unequivocal evidence base for tackling men's health. Undoubtedly, there will be much national and international interest in the progress of the policy.

There are challenges facing the development of any men's health policy for Northern Ireland, not least the harsh economic climate and the reduction in public spending envisaged across all government departments. However long-term thinking now is required to change the situation for the better.

Any men's health policy must dovetail with existing policy and ensure that resources are targeted by focusing on collaboration and partnership in developing men's health work.

A concerted interdepartmental effort to improve male health is required, involving changes, for example, to education and employment policy, the criminal justice system and family law, as well as initiatives that could be taken within the health sector.

Valid and reliable data on men's perceptions of their health, their health practices and their health needs is also required to affect change. Although much health research has used men as subjects, they are rarely investigated specifically as men. Most research, whether clinical or non-clinical, considers the impact of a particular approach or treatment on a sample of people and does not draw conclusions based on an analysis of gender.

It is common for research which covers both men and women to aggregate data so that separate findings for men and women are not available. Some male-specific health concerns, for example, prostate cancer, are widely acknowledged to have lagged behind in terms of scientific research.

Priority Actions:

- Develop the male health evidence base, particularly in relation to population groups of males at risk of poor health
- Develop, fund and implement a cross-departmental, inter-agency holistic policy to improve men's health in Northern Ireland

2 The need for improved services in a supportive environment

Men in the UK visit their GP 20% less frequently than women. The difference in usage is most marked for the 16-44 age group – women of this age are more than twice as likely to use services as men.

Men's reluctance to seek help is an underlying cause of their poor use of primary health services. Embarrassment leads many men to delay seeking help with prostate disease, for example intimate examinations are perceived as a particular threat to the male image. Many want to appear strong, independent and in control in front of a male GP.

Evidence suggests that the health of men and boys is inextricably linked to the settings in which they lead their day-to-day lives. This applies at the overarching level of community and the physical environment, as well as at the more specific level of school, workplace and social setting.

Men's unwillingness to seek help is reinforced by a number of practical barriers, including the demands of long working hours and problems with accessing primary care services near the workplace. Anecdotal evidence suggests that some men are deterred by a perception that GP and pharmacy services are aimed mainly at women and children and feel like 'feminised' spaces.

A lack of familiarity with the health system may also be a factor. Women are much more likely to use health services routinely – for contraception, pregnancy, childbirth and for their children's health. When they are ill, they are more likely to know how to access services, and which services to use, and to feel more comfortable with a healthcare professional.

Men in specific groups may be deterred because they fear or experience discrimination. There is evidence of widespread homophobia which impacts on the ability of gay and bisexual men to access healthcare¹⁹. Older men often do not feel that services run specifically for their age group are appropriate for their needs. They tend to avoid services where participants and staff are mostly women.

In terms of service development, the promotion of public health, a focus on early intervention and illness prevention would have a major impact on preventable illnesses and men would therefore benefit greatly. Organisations must take positive action to ensure their service is accessible and available to men.

The recent House of Commons Select Committee inquiry into health inequalities acknowledged that such inequalities related to gender are not even 'being adequately measured let alone addressed' and called for a proper examination of the issue that would encompass 'not just unequal outcomes' but also 'unequal access that would lead to unequal outcomes'²⁰.

Health initiatives and services should be developed in a way that promotes equal health outcomes for men and women. While males and females share many similar health issues, they also have unique

biological needs. These, combined with the social circumstances of male lives, present particular challenges in working towards optimal health outcomes for both males and females.

There is a need to develop training and support for service providers on best practice while engaging with men. This could be included in relevant undergraduate and post-graduate courses and provided as part of professional training to existing health and allied health professionals.

Priority Actions:

- Identify barriers that exist that prevent men from accessing healthcare
- Commit to provide services that address such barriers
- Develop creative approaches to promote and encourage engagement with men to improve health outcomes
- Develop and deliver health related initiatives and services taking into account the needs of males and ways of promoting optimal health outcomes for males

3 Promoting responsibility

Developing the capacity of individual men to improve, maintain and monitor their own health is vital. From pre-school onwards, information and advice should be delivered in a manner consistent with a male viewpoint. This incorporates health promotion, education and the personal development necessary to utilise services effectively, the self-confidence to request and accept help, and the ability to cope with changes in physical and mental functioning.

A major risk to men's health is their reluctance to seek help at times of difficulty or to take part in health improvement programmes. This is consistent with UK and Europe-wide data on malignant melanoma which shows that while women are more likely to develop this type of cancer, men are more likely to die from it. This is almost certainly because men present when the cancer is more advanced and harder to treat.

One of the key promotional and marketing challenges will be to reverse the belief that help-seeking is synonymous with weakness, and rather to portray good health maintenance and prompt help-seeking as part of being a strong man. Men also need to be given health information in ways they can easily relate to and essential health information must be freely available to health professionals, the community, and males themselves.

Priority Actions:

- Promote a holistic and positive focus on men's health that supports men to take greater ownership of their own health
- Development and use of 'male-friendly' health information which is easily available and accessible to men e.g. credit card size publications
- Consider alternative methods of communicating effectively with men such as social media, the use of celebrity role models and websites

Conclusion

The BMA(NI) will use this policy to influence decision makers to ensure that men's health needs are considered when necessary.

As this BMA(NI) policy takes into account both the views of doctors and also the views of the other organisations with an interest in the men's health the BMA(NI) would welcome the opportunity to work constructively with all its stakeholders to advance the recommendations contained herein.

APPENDIX 1 – contributing organisations

The following organisations contributed to the development of this policy

Progressive Supranuclear Palsy Association NI
NICAN
East Belfast Surestart
Rainbow Project
RNIB
WEA
East Belfast Community Development Agency
Men's Advisory Project
NI Transplant Association
NSPCC Childline
HIV Support Centre
Cruse Bereavement Care
Women's Institute
Disability Action
Crossroads Young Carers Project
Chinese Welfare Association
Cara-Friend
Men's Health Forum in Ireland
Men's Action Network
Newry and Mourne Carers
Northern Ireland Kidney Research
Foyle Advocates
Mind Yourself
European Men's Health Forum

Members of the BMA in Northern Ireland

APPENDIX 2 – Feedback from participants in the development of this policy

During the course of the workshop, it was suggested that the following changes would assist in addressing the range of potential barriers to healthcare:

- *After-hours healthcare* – health care settings which are open on a flexible or after-hours basis are much more accessible to men who work full time, have long commuting times and find it difficult to attend during normal opening hours
- *Supportive primary healthcare practice* – a more gender-neutral environment could include seating arrangements, posters and magazines suited to males, combined with a friendly, affirming approach that delivers respectful, competent male-orientated medical services
- *Male health care providers* – Some men prefer to see a male health care provider for some issues, such as sexual and reproductive health problems

Creative approaches to promote and encourage engagement with men might include:

- *Male health clinics* – Clinics specifically for men
- *Familiar settings* – Providing information and services in settings which are frequented by males, such as the workplaces, clubs, sporting events, churches, pubs, service stations, rural shows and community centres
- *Anonymity, confidentiality and convenience* – Telephone helplines and websites populated with accurate information.
- *Education* – school, colleges and universities play an important role in establishing attitudes and behaviours from early age

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