National Men’s Health Week, 2009
Evaluation Report

DON'T WAIT

talk to your doctor now!

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This report was prepared on behalf of

the Men’s Health Forum in Ireland (MHFI)

by

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Sept, 2009

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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Background to National Men’s Health Week</td>
<td>4</td>
</tr>
<tr>
<td>2. National Men’s Health Week 2009</td>
<td>7</td>
</tr>
<tr>
<td>3. The “Snail Male” Poster Campaign Evaluation</td>
<td>11</td>
</tr>
<tr>
<td>4. Discussion of findings and Recommendations</td>
<td>18</td>
</tr>
<tr>
<td>References</td>
<td>26</td>
</tr>
<tr>
<td>Appendices</td>
<td>27</td>
</tr>
</tbody>
</table>
1. Background to National Men’s Health Week

1.1 The Men’s Health Forum in Ireland (MHFI)

The Men’s Health Forum in Ireland (MHFI) was established in 2002 and is a voluntary network of individuals and organisations, men and women, who wish to redress men’s health in Ireland by collating key concerns relating to men's health on the island of Ireland as well as increasing understanding of these issues. Specifically, the MHFI aims to enhance the health of men on the island of Ireland through research, education, health initiatives, campaigning and advocacy.

The principal objectives of the MHFI are:

- the advancement of the education of the general public in all matters relating to men's health and in particular, but not exclusively, by providing information, commissioning and disseminating research, and providing education on men's health and associated issues to health professionals and the general public;
- the preservation and protection of men's health.

(see www.mhfi.org).

One mechanism by which the MHFI seek to achieve its aim is via the celebration of International Men’s Health Week.

1.2 International Men’s Health Week (IMHW)

International Men’s Health Week (IMHW) was first established at the second World Congress on Men’s Health which was held in Vienna in 2002. Representatives from around the world launched the concept of an IMHW, with the aim of increasing awareness of male health issues on a global level. Delegates at the Congress agreed to use the week as an opportunity to promote a specific men’s health theme identified by the European Men’s Health Forum (EMHF), of which the MHFI is a member, and to encourage institutions to develop health policies and services that meet men’s specific needs. Every year, IMHW is celebrated in June and during the week ending on National Father’s Day. Since the launch of IMHW in 2002, many countries around the globe including; Australia, the USA and the UK have participated in the week. The MHFI celebrated the first ever National Men’s Health Week (NMHW) in Ireland in June 2005. The aim of the week was to raise awareness of the
growing prevalence of male obesity in Ireland and the MHFI launched the “Hazardous Waste” poster campaign to achieve this aim. Since 2005, the MHFI has taken the leading role in promoting NMHW in Ireland. To date, a number of issues pertaining to men’s health, including mental health and well being and men and work, have been highlighted during NMHW. Each year the MHFI has co-ordinated a clearly-defined campaign (e.g. conference, poster campaign, local and national media campaign, local activities) that focuses attention on men’s health and wellbeing issues and stimulates health promoting activities at all levels. Through IMHW, the MHFI aims to raise awareness of pressing men’s health issues which have been highlighted and identified by research, focusing on the defined theme each year. This theme forms the particulars of the week and all activities and promotion undertaken during this week is centred on the key theme.

Since 2005, NMHW has grown from strength to strength. This is evident through the number of events and activities which have grown steadily over the past number of years. Significantly, this year’s NMHW coincides with the recent publication of the National Men’s Health Policy in Ireland (Department of Health and Children, 2008). This policy is the first of its kind globally and in keeping with the aims of the organisation, the MHFI has been integral to its development at all stages and will continue to advocate for its implementation.

1.3 National Men’s Health Week 2009

The theme for IMHW 2009 was ‘Men and Access to Services’ and in Ireland, the aim of highlighting this issue was to heighten awareness among men of preventable male health problems, and to encourage early detection and treatment of health difficulties. One of the biggest risks to men’s health is their reluctance to seek help at times of difficulty or to take part in health improvement or health promotion programmes (Richardson, 2004). This is often because these services and programmes are not delivered in ways that take account of men’s particular needs (ibid). Therefore, a second aim of NMHW was to raise awareness among service providers of how to effectively engage men in their services and to encourage health care providers and organisations from the statutory, voluntary and community sectors to "do something extra" for men and boys during Men's Health Week..

Details of the campaign adopted by the MHFI for the NMHW 2009 is outlined in Section 2.
1.4 Aims of Evaluation

In keeping with good practice, the MHFI campaign adopted for NMHW 2009 has been independently evaluated. This evaluation has focused on two key areas:

1. An audit of the level of activity, relating to NMHW, that occurred on the island of Ireland during NMHW.
2. An evaluation of the reach and the impact of the “Snail Male” poster campaign that was co-ordinated by MHFI during NMHW.

It is proposed that the outcomes of this evaluation will inform future MHFI NMHW campaigns.

National Men’s Health Week (NMHW) 2009 ran from Monday 15th June until Saturday 21st June 2009. Throughout the course of the week the MHFI campaign included the following activities to promote the theme ‘Men and Access to Services’:

[1] Local and national media campaign including print, radio and television media.
[3] Distribution of evidence based “Top Tips” to GP’s to support them to engage men in their services.
[4] Online promotion of all local and national activities conducted as part of NMHW.

The specific activities with respect to each of the categories above will be presented below.

[1] Local and national media campaign.
A press release was prepared (see Appendix 1) in both English and Irish and circulated amongst media networks throughout the island of Ireland. The following is the response to that release;

Print
- Irish Times, June 9th, 2009 – Article entitled ‘Get help quickly’

Radio – Interviews were conducted with the following radio stations;
- Newstalk
- Inishowen
- Radio na Gaeltachta
- LMF
- Castlebar,

Television
- BBC, Northern Ireland News.

In addition to the press release, the producers of the RTE “Nationwide” programme were contacted to conduct a feature on men’s health to be shown during NMHW. The “Nationwide” team agreed to devote an entire programme to men’s health and the MHFI
co-ordinated a 10 minute feature on the programme that was transmitted on the 15th June 2009 (see http://www.rte.ie/news/2009/0615/nationwide_av.html?2562906,null,228).


The MHFI designed and disseminated a “Snail Male” poster (see Appendix 2 and 3 for RoI and NI posters respectively) to GPs' surgeries (n=1,844) and places where men congregate (Bookies (n= 114) and Golf Clubs (n= 314)) alerting men to the need to seek help in a timely fashion. Posters were sent in advance of NMHW and staff at each of the venues was encouraged to display the poster in a prominent position where men could easily view it.


The MHFI drafted evidence based “Top Tips to Support Men to Access Primary Care Services” (see Appendix 4). These tips were distributed to all GP surgeries (n=1,844) on the island of Ireland as well as being made available online (see http://www.mhfi.org/toptips2009.pdf). This was included with the “Snail Male” poster and GPs were encouraged to use the tips to do something extra for men and boys during NMHW.

[4] Online promotion of all local and national activities conducted as part of NMHW.

The MHFI promoted a number of local and national events conducted as part of NMHW on their website (see www.mhfi.org/mhwevents2009.htm). These include the following;

- **Guide to Men's Health for An Post Staff** - Working in partnership with the Men's Health Forum in Ireland, An Post developed a men's health booklet titled: "Male Minder: A Guide to Men's Health for An Post Staff" (see www.mhfi.ie). This was distributed to all An Post employees during Men's Health Week 2009.

- **Man Alive! Conference** - took place on Tuesday 16th June 2009 in NICVA, Duncairn Gardens, Belfast.

- **North East Men’s Health Awareness Days** - Men’s Health Fairs took place on Tuesday 16th June 2009 in Cavan General Hospital and on Friday 19th June in Monaghan Hospital (10.00am - 4.00pm each day). Each event included
information on all men’s health issues, and advice on healthy lifestyles and health gain. The Marie Keating Foundation was also in attendance.

- **"Focus on Fathers" Helpline** - Parents Helpline (within Parents Advice Centre) provides support and guidance on parenting and family issues, and recognises that fathers have a crucial influence on their child’s development. However, parenting can be stressful for fathers (as well as mothers) and to support these men, a special “Focus on Fathers” campaign took place during Men's Health Week. A confidential freephone helpline is still available to any father in Northern Ireland who would like support to address a family issue (Tel: 0808 8010 722).

- **Men’s Health Information Evening** - This event took place on Wednesday 17th June in Drogheda, Co. Louth. It was open to men only, to help heighten awareness of preventable male health problems, and to encourage early detection and treatment of health difficulties for men and boys.

- **Carlow Men’s Health Project** - This year, in keeping with the theme for “International Men’s Health Week”, the CMHP brought local health and community services to where men convene. The first outing was at the local GAA grounds (Dr Cullen Park) on 6th June at the semi-final of the Christy Ring Cup between Carlow and Kerry. At intervals around the match, a total of 40 men availed of health screening that consisted of measuring Body Mass Index (BMI), blood pressure and cholesterol. Health information was also given to many others. It is hoped that by offering this screening and educating men about their health, men may be supported to be proactive about their health and to attend their GP if they have a health concern rather than delaying seeking help. This project is supported by the Health Service Executive (HSE) South Area, and is being evaluated in partnership with Waterford Institute of Technology (WIT).

- **Men's Health Sessions in Prisons** - The Northern Ireland Prison Service organised Men's Health Awareness sessions - delivered by Action Cancer - in all three prison establishments. They sought to raise awareness of the need to seek help at an early stage and the value of early detection.
• **Stuck In The Middle** - The Centre for Young Men’s Studies has carried out a series of consultations with 130 young men, aged 13-16 years, from more than 20 areas across both Catholic and Protestant communities. The purpose of this research was to give a voice to young men’s attitudes and experience of violence, conflict and safety; to initiate discussion and debate about the needs of young men and the problems some young men cause within their communities; and to make tentative suggestions for initiatives and interventions that can increase safety and reduce violence and conflict within communities. A presentation of the findings took place on 16th June 2009 from 10.00am to 1.00pm in YouthAction Northern Ireland, 14 College Square North, Belfast.

• **Dry Arch Dad’s Day** - The Dry Arch Children’s Centre in Dungiven, Co. Derry, invited all dads and grandads to come along with their children/grandchildren to enjoy a fun packed afternoon of activities on Saturday 20th June 2009 from 2.00pm to 4.30pm. Refreshments were provided, and there was a free football for all children who attended. Activities included men's health checks and advice, design and make your own breakfast set, free hair cuts, a complimentary photograph, face painting, PINATA filled with toys and sweets for the children.

• **Dads’ Fun and Health Day** - LAST Sure Start ran a Dads’ Fun and Health Day in Omagh, Co. Tyrone, on Saturday 20th June 2009.
3. The “Snail Male” Poster Campaign – Evaluation

3.0 Methodology

As outlined in Section 2, a total number of 2,281 posters were distributed nationally targeting three specific areas; including GP Practices, Boylesports bookmakers and Golf clubs. Building on the experience of previous NMHWs, it was deemed most appropriate to disseminate the posters at locations where men congregate i.e. bookmakers and golf clubs as well as clinical practice settings. A random sample of venues was selected for the evaluation. The names and addresses for each were obtained from national databases, whilst, phone numbers were manually searched and collated. Telephone questionnaires were administered as a means to evaluate the reach of the posters. A maximum of three attempts were made to contact the venues sampled after which a “non-response” was recorded.

3.1 Study Sample

The reach of the poster campaign was evaluated with service providers (GP’s, golf clubs and bookmakers) and the impact of the poster was evaluated among GPs and service users. Section 3.1.1 and 3.1.2 below will outline the methodologies used in this study for service providers and users respectively.

3.1.1 Service Providers

a. GP Practices

A random sample of 200 Practices was manually selected from the national database of 1,844 GP Practices (~ 11% of Practices). A questionnaire (see Appendix 5) was administered to each Practice by phone during NMHW. In brief, using a combination of closed and open ended questions, data was obtained relating to the following areas;

- the number of Practices that had received the poster
- the number of Practices that had prominently displayed the poster
- the Practices’ perception of men’s response to the poster
- the Practices’ perception of the effectiveness of posters as a means of raising awareness
- the Practices’ response to the “Top Tips” to support men to access primary care services
- the Practices’ perceived role in supporting men’s health
- to ascertain whether the Practice had been active in promoting men’s health in the past.
The goal was to interview Practice Nurses, Practice Managers or available GP’s. When this was not possible, the receptionist was asked to assist with the evaluation and in such instances only the first two areas were addressed in the interview.

b. Golf Clubs
A random sample (n=100; ~32%) of Golf clubs was selected from the national database for inclusion in this study. Questionnaires (see Appendix 5) were administered by phone during NMHW and investigated a) whether the poster was received and b) whether it was placed in a position of prominence in the golf club. The questions were to determine the reach of the posters.

c. Boylesports Bookmakers
A random sample (n=100; ~88%) of bookies was selected from the national database for inclusion in this study. However, it was not possible to contact all 100 outlets as the company policy restricted the distribution of their outlets phone numbers. A total of (n=15; ~13%) phone numbers were however retrieved and these were contacted. The questionnaire administered to golf clubs was also administered to bookmakers.

3.1.2 Service Users
A quota sample of men (n=331) was targeted at various locations (GP Practices, golf clubs and bookmakers) in the South East over a 2-day period (Thursday and Friday of NMHW). It was envisaged to administer the questionnaires to service users in both Cork and Kilkenny but permission to do so was not granted by GPs. Consequently, data was collected from the same GP Practices in Waterford over the two days. The following locations in Waterford and Tipperary were targeted; GP Surgeies - Ardkeen Medical Centre, Rowe Creavin Medical Practice (n=3); Betting Offices - Bruce Betting, Carrick on Suir and Carrick Beg, BoyleSports, Ardkeen and Paddy Powers, Lisduggan and Ballybrikken (n=5); Carrick on Suir golf club (n=1). The researchers ensured that the poster was displayed in each venue prior to administering the questionnaire. In the Bruce Betting and the Paddy Power bookmakers, the researcher hung the poster prior to administering the questionnaire. The sample was targeted on leaving selected premises of service providers and was asked about their views and recollection of the poster (See Appendix 6). In brief, men were asked the following questions; did you see the poster; did you read the poster; what was the key message on the poster; what did you think of the poster; did the poster make you think about
your health; did the poster make you think about going to the doctor; do you plan on going to see the doctor as a result of seeing the poster and do you plan on doing something about your health as a result of seeing the poster. If a man did not see the poster at the venue, he was asked to take a few minutes to look at one which the researcher provided before being asked questions 3 to 7 above. Some service users failed to answer all questions on the questionnaire, which led to a decreased sample size in some questions.

3.2 Results

The results from both service providers and service users are outlined in sections 3.2.1 and 3.2.2 below

3.2.1 Service Providers

a. General Practices

As can be seen from Table 1 below, of the 200 GPs sampled, 94.5% (n=189) responded within three attempts to contact them. Table 2 below shows the majority of Practices that responded (85%; n=160) indicated that they had received the “Snail Male” poster and 97% (n=155) of those, indicated that they had displayed it in a prominent place.

<table>
<thead>
<tr>
<th>Table 1</th>
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<tbody>
<tr>
<td>GP Practices contacted (n=200)</td>
</tr>
<tr>
<td>94.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Poster (n=189)</td>
</tr>
<tr>
<td>85%</td>
</tr>
<tr>
<td>Displayed Poster (n=155)</td>
</tr>
</tbody>
</table>

Due to difficulties in accessing a Practice Nurse or Practice Manager for interview, data from only 28% of Practices (n=56) was collected for the remaining areas of the questionnaire. The majority of GP Practices (89%; n=50) indicated that there was not a notable reaction from either male or female patients to the poster. However, 93% (n=52) of Practices indicated that,
in general, posters are effective in raising awareness among men of their health. All GP Practices indicated that they have a role to play in supporting or promoting men’s health and the majority of GP Practices (98%; n=55) indicated that they were active in promoting men’s health in the past.

Table 3 (n=56)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notable Reaction from patients</td>
<td>7.5%</td>
<td>89%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Health posters in general are effective in raising awareness</td>
<td>93%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Does Practice have role in men’s health</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have prior experience of actively promoting men’s health</td>
<td>98%</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Note: A notable reaction was defined as any feedback or general conversation about the men’s health poster from both male and female patients in each Practice.

Practice nurses and managers identified a number of ways in which their service could support men’s health. These include;

- Increase in BP checks, PSA’s, cancer screening, bloods etc. (“Include checks i.e. bloods with regular check ups”)
- Information evenings (“Men aren’t able to talk in the waiting area like the women do”)
- Make the setting more user friendly (“Put more of an emphasis on men”), (“Help the men to feel more comfortable”)

The majority of GP Practices (70%) indicated the Top Tips to Support Men to Access Primary Care Services was the responsibility of the doctor to use the top tips to engage with men. It should be noted that these tips may also be relevant for other members of staff within the Practice. Future campaigns should specify this when disseminating the literature and highlight the value of the tips for all Practice staff when engaging with men.
b. Golf Clubs
Just over half of the golf clubs (52%; n=51) indicated that they had received the Men’s Health Poster and of those, 90% (n=46) indicated that they had displayed it in a prominent place. A further 6% (n= 3) did not put up the poster while 4% (n=2) did not know if the poster was placed within the club.

<table>
<thead>
<tr>
<th>Golf Clubs contacted (n=100)</th>
<th>Responded</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 5

<table>
<thead>
<tr>
<th>Received Poster (n=97)</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52%</td>
<td>29%</td>
<td>19%</td>
</tr>
<tr>
<td>Displayed Poster (n=51)</td>
<td>90%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

c. Boylesports
Just under a half of Boylesports (47%; n=7) indicated that they had received the “Snail Male” poster and of those, 72% (n=5) indicated that they had displayed it in a prominent position.
Table 6

<table>
<thead>
<tr>
<th></th>
<th>Responded</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookmakers contacted (n=15)</td>
<td>86.5%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

Table 7

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received Poster (n=13)</td>
<td>54%</td>
<td>31%</td>
<td>15%</td>
</tr>
<tr>
<td>Displayed Poster (n=7)</td>
<td>72%</td>
<td>29%</td>
<td></td>
</tr>
</tbody>
</table>

3.2.2 Service Users

Table 8

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw Poster (n=306)</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Read Poster (n=80)</td>
<td>83%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Some 26% (n=80) of men saw the men’s health poster on the walls of the selected premises. From the men who saw the poster, 66 men (83%) read the poster of their own accord. Those men who did not see the poster (74%; n=226) were then shown a copy of it by the researcher and asked the remaining questions (3-8) on the questionnaire.
Figure 2 below illustrates the key messages on the “Snail Male” poster identified by the men interviewed (n=331)

![Pie chart showing key messages on the poster.]

- Encourage men to go to the doctor 51%
- Give statistics on men’s health 22%
- Men are slow to go to the doctor 18%
- Make fun of men and how they manage their health 5%
- Other 3%
- Delaying seeking help end up with a more serious prognosis 2%

Given that some service users failed to answer all questions on the questionnaire, an increase or decrease in sample size occurred in some questions i.e. Figure 2. For clarity purposes the sample size numbers are highlighted in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liked the Poster (n=232)</td>
<td>48%</td>
<td>32%</td>
<td>20%</td>
</tr>
<tr>
<td>Made them think about their health (n=305)</td>
<td>66%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Made them think about going to their doctor (n=306)</td>
<td>43%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Plan on going to doctor after seeing poster (n=305)</td>
<td>15%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Plan on doing something about their health after seeing poster (n=303)</td>
<td>18%</td>
<td>82%</td>
<td></td>
</tr>
</tbody>
</table>
4. Discussion of findings

The key aims of NMHW 2009 were to raise awareness of preventable male health problems, and to encourage early detection and treatment of health difficulties for men. The purpose of this evaluation report is to determine the impact of the “Snail Male” poster campaign that was co-ordinated by MHFI during NMHW as well as auditing the level of activity, relating to NMHW that occurred on the island of Ireland during NMHW. The audit of activities has been documented in Section 2 of this evaluation. This section will discuss the impact of the “Snail Male” poster campaign and make recommendations arising from the key findings.

4.1 Reach of the poster

From a response rate of 94.5% (n=189) of GP Practices, 85% (n=160) received the men’s health poster (Table 2), and of those who received the poster, 97% (n=155) of Practices displayed the poster in a prominent position (Table 2), generally the waiting area. Of the 2.5% (n=4) of Practices that received the poster but did not display it within the Practice, reasons included; lack of wall space and lack of support from GP’s.

“He (GP) just doesn’t like too many posters up in the waiting area”.

From a response rate of 97% (n=97) of golf clubs, 52% (n=51) indicated that they had received the poster (Table 4), and of those who received the poster, 90% (n=46) placed the poster prominently within the club, generally the men’s locker room. In relation to Boylesports bookmakers, the response rate was 86.5% (n=13), albeit from a relatively small sample size (n=15). Some 54% (n=7) of bookmakers received the poster, with 72% (n=5) displaying the poster in a prominent position (Table 6).

These findings suggest that GP Practices are the most appropriate settings for getting health messages across to men. This is clear from the 75% of the sample (n=200) who displayed the poster prominently within the Practice, in comparison to only 46% of golf clubs (n=100) and 33% of bookies (n=15). This may be related to the fact and that 93% of GP Practices indicated that posters are an effective way of raising awareness among men of their health (see Table 3 - an area which will be looked upon in the following paragraphs). The vast
majority of participating GP Practices placed a value and importance in supporting men’s health, and this was also seen by male patients as an integral part of a successful intervention:

“We are very lucky that our own doctor here is very proactive in relation to men’s health, this is very important in order to fully support or promote an issue as one needs to show value and belief in an area in order for it to be effective”

The significance of targeting the other settings (golf clubs and bookies) should not be overlooked. Whilst only half approximately reported receiving the poster, the majority of these (88% of golf clubs -Table 5 and 72% of Boylesports outlets - Table 7) reported that the poster was displayed in a prominent location. In terms of conveying health messages, these venues may be more important in reaching out to men who may not necessarily be in contact with health services. It could be argued that GP Practices, on the other hand are primarily targeting the ‘worried well’. These findings suggest that there are different merits in targeting GP Practices, golf clubs and bookmakers for such campaigns, and all are areas that could be drawn upon for future NMHWs.

R 1 There is merit in targeting a range of settings for a men’s health poster campaign. Whilst posters are more likely to be displayed in a prominent position when sent to GP surgeries as opposed to golf clubs and bookies, the latter venues may be more appropriate settings in which to target health messages at men who may not be in contact with health services.

4.2 Impact of the poster
Just a quarter of service users (26%, n=80) reported seeing the poster and, of these, 83% (n=67) read the poster. This equates to 22% of the total sample size (n=306) who answered the question, and therefore indicates that the poster had a limited reach. The aim of the poster was to raise awareness among men of the importance of going to the doctor. When shown the poster by an MHFI researcher, over half of respondents identified this as the key message. This would suggest that the poster was effective in getting its key message across. Even though the poster appears to have had a limited reach among men, it was nevertheless, effective in conveying its message when read. The other key question was whether the poster influenced behaviour. When shown the poster by an MHFI researcher, sixty six per cent of
respondents (n=202) felt that the poster made them think about their health, while 18% (n=55) said that they would consider doing something about their health as a result of seeing the poster. Forty three per cent (n=133) of respondents indicated that the poster made them think about going to the doctor, while 15% (n=47) said that they would go to the doctor as a result of seeing the poster. In the context of Prochaska and DiClemente’s behaviour change cycle, this data suggests that some men moved from pre-contemplative to contemplative stages (66% and 40%), while others have actually moved to the next stage i.e. preparation (18% and 15%). This suggests that the men’s health poster was effective in influencing behaviour change. In summary, whilst the reach was somewhat limited, the poster does appear to have been effective in conveying its message and influencing behaviour change.

R2 A men’s health poster campaign is an effective method of conveying key messages and in influencing behaviour change among. Future men’s health campaigns should consider adopting similar strategies to raise awareness of health issues among men.

Based on the responses of Practice staff, it appeared that there was very little reaction to the posters from patients who attended the Practices. This was evident from the 89% (n=50) of Practices who reported that they didn’t notice a response (Table 3). However, this may not be a true reflection of patients’ reaction to the poster.

“Men are slow to take these things in, they need a bit of time, then they might talk about it”

“The more they look at it, the more it may trigger something”

In relation to the limited impact observed by Practice staff, it may in part reflect the short time span between dissemination of the posters and evaluation. Future campaigns should allow a greater time span between dissemination of posters and the evaluation being carried out. Four Practices (7.5%) did notice a reaction, among these were related to the camaraderie men have about health issues, more generally gender specific issues,

“I heard one man reading the poster aloud to the other men who were in the waiting room. It sparked a conversation and I think the whole waiting room were involved”
Although some GP Practices were not completely satisfied that the response was solely associated with the men’s health poster, they did however believe it contributed to an increase in attendance of men in the clinic (during men’s health week).

“I can’t say it is as a direct result of the poster but, yes I have noticed that a number of men have booked into the well man clinic in the last few days”

Although Practices were not entirely sure that an increase in attendance was due to the poster, one Practice noted how the national media had a significant impact. This signifies that the media that surrounded the week (including the posters) may have contributed to reaching out to men and enticing them to visit their GP.

“Noticed an increase (in attendance) after Nationwide”

It would appear therefore that the poster had a greater impact as part of a wider campaign which included a media focus on men’s health. The impact of television (Nationwide feature) seems to have been of particular value. Overall, it was not possible to evaluate the true impact of the poster campaign on male patients within the GP Practices, due to the limited time span between dissemination of posters and evaluation.

R3 Future evaluations of men’s health poster campaigns should consider a more lengthy time span between dissemination of posters and evaluation. This will allow time for an observed impact to be made.

R4 The poster campaign was supported by the national and local media during NMHW. Similar to the strategy for NMHW 2009, future campaigns should adopt a multi-level approach and focus should be paid to the poster campaign in all media coverage.

4.3 Effectiveness of the poster

The majority of Practices reported that health posters in general are an effective means of raising awareness of health issues among men. This positive response was highlighted by 93% (n=52) of GP Practices. These Practices believe that health posters facilitate men to engage with a particular issue.

“Yes, men wouldn’t ask so posters are good”
In addition to the Practices’ perception of health posters, some 48% (n=111) of men indicated that they liked the poster. Those men, who liked the men’s health poster, stated that, the poster helped to influence them in changing their behaviour.

“Put the idea in your head to go to the doctor”
“Got me thinking”

Further, the statistical content to the poster was also recognised as an important aspect of the poster,

“They opened my eyes”
“A lot of truth to it”

Primary care staff indicated that men are consciously interested in their health (“Leaflets are important; they (men) discretely put them in their pockets”), (“Men quietly take the literature in their own time”). The Practices also reported that men rarely initiate conversation in relation to health concerns (“Men wouldn’t ask, so posters are good”), (“Men wouldn’t be as forward as women would be”). The fact that men may not be as willing to be more open about their own individual health needs, is widely accepted in the literature to be rated to masculinity; the stereotypical male as being disinterested or disconcerted about their own health. Although it was not possible to account for the number of men who saw or read the posters distributed in the primary care settings, observations from primary care staff indicated that health posters are effective among men and may help to endorse behaviour change.

Men’s health posters may provide an important vehicle for prompting men to open up about health issues and may act as a catalyst for mainstreaming and normalising health discussions among men.

Although the men’s health poster was effective in influencing behaviour change, it was, in part, overpowered by men’s strong reluctance in actually going to the doctor,

“It got to me, but I still won’t go to the doctor”

Some of the stated reasons for such reluctance included “lack of time and money” and this reluctance was evident amongst 85% of men. As mentioned in the previous section, some 15% of men indicated that they planned on going to the doctor as a direct response of seeing the poster. Furthermore, 18% of men indicated that they planned on doing something about their health. It should be noted that the above responses are solely as a result of the poster campaign. In other words the poster influenced 15% and 18% of respondents respectively to either go to the doctor or do to something about their health. This indicates the effectiveness of the poster campaign in prompting behaviour change. However, GP Practices were asked
about their views of health posters in general as distinct from the Snail Male poster. Future evaluations should look at the Practices perception of the Men’s Health poster as opposed to health posters in general. This would highlight whether the Practices endorsed the MHFI poster campaign.

R6 Future evaluations of men’s health poster campaigns should pay more specific attention to the views of Practice staff on their views in relation to the effectiveness of the specific poster.

Targeting service users on leaving selected premises provided a more practical approach to evaluation as the results indicated that the poster was effective in conveying its message and influencing behaviour change among men. Future campaigns should aim to target more service users. This would confer the physical impact of the poster on male patients.

Some Practices reported that health posters are only effective when the content is of significant interest to the individual,

“If somebody is interested in a particular issue, then the info on the posters hits home”

A minor proportion of Practices (n=4) reported that health posters alone are ineffective and believed the national media had a more influencing effect on raising awareness of health issues among men,

“Posters don’t spread much interest however, the media does”

“Media coverage more effective, like the Nationwide show”

Some 20% of men, who didn’t like the men’s health poster, stated that they felt the picture did not convey a message for men’s health nor did it grab the man’s attention. These men did however suggest a number of ways in which the poster could be improved. The most prevalent among these suggestions was in relation to the use of scare tactics to attract men’s attention to it. In contrast others noted that the picture should be more humorous. The other suggestions were in relation to the use of brighter or more vibrant colours. However, given that almost half of the men who saw the poster liked it, this indicates that the poster content and design elicited a mixed reaction among those who saw it. Future campaigns should consult men in advance to acknowledge their views of the poster prior to dissemination.
R7 Future men’s health poster campaigns should engage with more men in the design of the poster to identify what will work best for men. This consultation may also be valuable for planning other aspects of future NMHW campaigns.

R8 The national media, and, in particular the Nationwide broadcast on men’s health, was identified as a highly effective means to raise awareness of health issues among men. Therefore such a media campaign or an increase in media surrounding the week could be used in future NMHW campaigns.

4.5 Effectiveness of the ‘Top Tips to Support Men to Access Primary Care Services’

Among GP Practices, there was a 28% response rate (n=56) to this question with the majority (70%), stating that these ‘Top Tips’ were the responsibility of the doctor and were not discussed with the staff. A further 25% stated that they did not recall seeing the ‘Top Tips’. However, of the five GP’s (3% of sample size) who were interviewed directly by the MHFI researcher, all reported that they had a Practice discussion in relation to the evidence based tips. These findings indicate that a complete evaluation of the impact of the ‘Top Tips’ was beyond the reach of this evaluation, as it was not possible to speak with all GP’s directly. It should also be noted that these tips may also be relevant for other members of staff within the Practice. Future campaigns should specify this when disseminating such literature and highlight the value of the tips for all Practice staff when engaging with men.

R9 Future evaluations should endeavour to consult with GPs directly on the impact of targeted messages directed at GPs. It should also be made clear that campaigns that feature ‘Top Tips’ for GP Practices have a bearing on all Practice staff, and not just GPs.

4.6 GP Practices role in supporting men’s health

The general consensus among the Practices was that their primary role in supporting men’s health was through increasing awareness of men’s health issues and increasing health checks and screenings i.e. PSA’s, blood pressure, etc. The media was also portrayed as an important catalyst to heighten awareness among men.
“Well they come in for the NCT’s or so they call it” so maybe try and increase health checks”

“Things like the nationwide show should be increased, I heard my husband chatting about it with his friends the other week”

When asked how this could be achieved the varied responses included:

“Help men feel more comfortable, this might help them to come in”

“Awareness through multinational companies/ corporate companies/ banks these are the people you need to be targeting. As this Practice rarely sees any men between the ages of 24-40 unless they are unemployed or seriously injured”

“More information evenings – men aren’t able to talk in the waiting room like women do”

“Focus on a group approach”

Other’s noted that they were fairly proactive in supporting men’s health but, due to changes in the current economic climate, their efforts are no longer feasible

“Very open to supporting men’s health and used to run a men’s well clinic every so often, but due to increase in GSM they had to stop”

Other Practices were very proactive and offered recommendations to other primary care teams:

“Our primary care team ran a Men’s Health awareness day last year – info stands, random PSA’s, glucose and BP checks. It was a free event ran in three different locations around limerick with 100 men in attendance at each. It was advertised through the media and through each Practice. We met men who had not been in with the doctor for years. Very successful I recommend other primary care teams to take this up”.

“We are lucky that our own doctor here is very proactive in relation to men’s health” this is very important as in order to fully support or promote an issue as one needs to show value and belief in the area in order for it to be effective
All the Practices agreed that they have a role to play in supporting or promoting men’s health, with (98%) of Practices reporting to have been active in promoting men’s health in the past. Future evaluations should explore in more detail what this means in practice. However, given that the Practices reported that they felt responsible for supporting men’s health, this indicates that the primary care setting is an ideal location to intervene and to promote health among men. A number of areas were identified in which GP Practices could further support or promote men’s health. One area identified was in relation to the role of the GP in advocating health among men. It was acknowledged that the GP holds the strongest link to engaging with, or in promoting health among men. In order for the GP to be successfully influential in raising awareness among men, it was acknowledged that s/he needs to place value in men’s health and not hold any stereotypical views. Further to placing value and believe in the area, another element identified by primary care staff, is in relation to camaraderie or banter, “Men are very good for coming in, we must go against the trend- they come in for the GAA news”

In relation to help to further promote health among men within primary care, one Practice suggested that information evenings would be beneficial, while another suggested a group approach should be initiated. In addition, other Practices acknowledged the need to make the Practices more user friendly in terms of evening surgeries, after hour services as well as to place emphasis on the setting itself to help men to feel more comfortable.

The GP Practice represents a key setting in which to promote a men’s health campaign, and future campaigns should consider consulting with GP Practices prior to such campaigns. This could be achieved through a focus group approach, thus empowering Practices to be active in endorsing the campaign, as well as highlighting potential new directions in which to direct the campaign.

Reference
APPENDIX 1

PRESS RELEASE – REPUBLIC OF IRELAND

Men’s Health Week: 15 – 21 June 2009

Theme – “Men and Access to Services”

Men’s Health Week 2009 is an opportunity to focus on men’s health, provide opportunities to create awareness of men’s health issues and support men in making healthier choices.

The theme this year is ‘Men and Access to Services’.

Finian Murray of MHFI said ‘one of the biggest risks to men’s health is their reluctance to seek help at times of difficulty or to take part in health improvement programmes like weight loss clinics and smoking cessation programmes. Overcoming this risk requires a change of attitude by men but also a change in service delivery to take account of men’s particular needs’.

He continued ‘Men’s Health Week gives everyone (health care providers, public policy makers, community groups, employers, the media and individuals) an opportunity to encourage men and boys to seek help or treatment at an early stage’.

To mark this week the MHFI with support from Eli Lilly is:

- Distributing posters to General Practice surgeries and places where men congregate (such as Bookies and Golf Clubs) alerting them to the need to seek help early before a problem gets out of control. There are two posters being disseminated – one for the Republic of Ireland and one for Northern Ireland.
- Offering GPs and other health providers some tried-and-tested “Top Tips” to support men to access primary care services.
- Promoting the importance of male health via national media. For example, the RTE Nationwide television programme will screen an in-depth feature on the need to focus on men’s health.
- Encouraging health care providers and organisations from the statutory, voluntary and community sectors to ‘do something extra’ for men and boy’s during Men’s Health Week. Go to www.mfhi.org to see examples of what is taking place.

Supporting the week Minister for Health Promotion, Áine Brady TD said ‘I am delighted that the Men’s Health Forum has chosen “Men and Access to Services” as the theme for Men’s Health Week. Presenting early is key to improving men’s health. I encourage men to respond positively to this campaign and become more proactive in making contact with their GP. General Practices and services can also help by making changes to become more user friendly for men and the Men’s Health Forum has provided some very useful tips to support this move’.
Further information can be obtained from:

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**Note to Editors:**

The Men’s Health Forum in Ireland established in 2002 works on an all-island basis to enhance the health of men. The Forum recognizes the right of all men to good health regardless of age, gender, sexual orientation, disability, race, culture, religious or political affiliations.

Men’s Health Forum initiatives to mark Men’s Health Week 2009 are supported by an educational grant from Eli Lilly.
DON'T WAIT

talk to your doctor now!

SOME FACTS – REPUBLIC OF IRELAND

• Nearly 3,000 men die each year from heart disease
• An increasing number of men are prone to depression and suicide
• A high proportion of men aged over 40 suffer from erectile dysfunction
• Over 4,000 men die each year from cancer

EARLY DETECTION SAVES LIVES
SOME FACTS – NORTHERN IRELAND

- Nearly 1,500 men die each year from heart disease
- An increasing number of men are prone to depression and suicide
- A high proportion of men aged over 40 suffer from erectile dysfunction
- Over 2,000 men die each year from cancer

EARLY DETECTION SAVES LIVES