



MEN'S HEALTH AND PRIMARY CARE: IMPROVING ACCESS AND OUTCOMES IN NORTHERN IRELAND

**A REPORT OF A ROUNDTABLE EVENT
HELD ON 12 NOVEMBER 2014**

Introduction

Men's health across Europe is irrefutably and unnecessarily poor. In the European region as a whole in 2011, average life expectancy at birth was 72 for men and 79 for women, a difference of seven years. Life expectancy at age 60 was another 19 years for men and 23 for women, a difference of four years.¹

Of particular concern is the high level of premature mortality among men. There were 630,000 deaths among men of working age (15-64) in 2007 across the European Union countries; by comparison, there were 300,000 deaths in women of working age. Recent improvements in the life expectancy at birth of men and women have mostly occurred at older ages; there has been little improvement in the high rate of premature death in men.²

In Northern Ireland specifically, life expectancy at birth in 2010-12 was 78 years for men and 82 for women.³ In 2013, 45% of all male deaths were under 75 years compared to 28% for all female deaths.⁴

According to Michael Marmot's review of social determinants and the health divide in Europe, one important reason for men's poorer survival rates is that they are less likely than women to visit a doctor when they are ill and to report the symptoms of disease or illness.⁵ A *BMJ* editorial on men's health in Europe observed that 'a major challenge is to engage with the many men who do not access health services.'⁶

Primary healthcare services are central to strategies to improve men's health in terms of prevention, early diagnosis and treatment. The European Men's Health Forum (EMHF) has therefore begun a work programme which will lead to improvements in men's use of primary care services. The first stage was a roundtable meeting held in Brussels in June 2013 which brought together a wide range of relevant organisations with a Europe-wide remit to learn from their expertise and experience and to determine how best to tackle the problems.⁷

One of the key recommendations from the Brussels meeting was that a similar event should be held in each European nation to take account of its specific circumstances, to provide an impetus for action in that country and to inform EMHF's Europe-wide approach. EMHF is therefore convening, in as many nations as is practicable, one-day roundtable meetings of the organisations representing the different stakeholders in primary care. The first national roundtable, for England, was held in London in July 2014. The second, for Northern Ireland, was held in Belfast on 12 November 2014. This report summarises the main findings of that event.

The Northern Ireland roundtable

The roundtable was chaired by EMHF President, Professor Ian Banks. The event took place at the British Medical Association's Belfast offices and participants were welcomed by the Chief Executive of Action Cancer, Gareth Kirk. There were over 25 attendees from a wide range of settings, including health charities, the NHS, universities, patient and professional organisations, and the pharmaceutical industry.

The roundtable began with a series of short presentations on men's use of primary care services from different perspectives. The speakers were:

- Dr Caroline Lappin, dentist, Assistant Clinical Director of the Community Dental Service in the South Eastern Health and Social Care Trust
- Dr Julie-Anne Little, optometrist, Lecturer in Optometry, Ulster University and past President, European Council of Optometry and Optics
- Michael Lynch, Director, Men's Action Network and Chairperson, Men's Health Forum in Ireland
- Eilis McCaughan, Professor in Cancer Care, Institute of Nursing and Health Research, Ulster University
- Dr Terry Maguire, pharmacist, Honorary Senior Lecturer, School of Pharmacy, The Queen's University of Belfast and past President, Pharmaceutical Society of Northern Ireland
- Dr Alan Stout, GP, Deputy Chairman, BMA Northern Ireland General Practitioners' Committee and Assistant Secretary, Eastern Local Medical Committee.

The Roundtable participants then met in small workshop groups to discuss the barriers to men's effective use of primary care and potential solutions. This was followed by a plenary discussion.

The barriers

The speakers and participants identified the following barriers to men's effective use of primary care:

- **Cultural**
 - Men are brought up to be less aware of and interested in health issues than women and their health literacy is lower. Women's traditional role as the 'health gatekeeper' can further disempower men.
 - Men are less likely to engage with prevention advice and tend to use general practice and other primary services late, when the problem has reached the point where it interferes with their daily lives.

- Men's can delay using services because they feel they will be wasting the clinician's time and they also fear the impact of their illness on their partner and family.
 - Although men often do want information and practical support for long-term conditions, they remain reluctant to ask for help.
 - Men often hesitate to tell practitioners what their problem is, in part because of embarrassment and concerns about privacy. They may not feel heard or understood and stupid if they ask for clarification.
 - There is a particular stigma for men associated with help-seeking for mental health and erectile dysfunction.
- **Structural**
 - Men can have problems 'navigating' the health system. The reasons include unsuitable appointment times (because of work patterns) and the location of services. Men may also not know how the primary care system works.
 - Waiting rooms are often not 'male-friendly' and some men find it difficult to talk to a female receptionist.
 - Primary care services generally do not try to pro-actively engage men.
 - Current interventions for men, where they exist, are rarely evidence-based.
 - Cost is an access barrier for dentistry, as is anxiety.
 - The partitioning of services (e.g. mental health, drugs and sexual health services are usually delivered independently at different locations) can be a problem.
- **Political**
 - Politicians are not engaged with the issue of men's health.
- **Employment**
 - The demands of work can make it more difficult for men to access health services.
 - There are too few workplace-based interventions for men.
- **Research**
 - There is a lack of research into gender differences and a lack of gender-disaggregated data in many areas. Very little known about gender differences in the use of eye care services, for example.

The Solutions

The following changes were suggested to improve men's use of primary care:

- **Cultural**
 - Action is needed to improve men's health literacy, to help men express themselves better and to change their approach to help-seeking.
- **Educational**
 - Prevention should be addressed with boys at any early age, in primary or even nursery education, and health education for boys should be provided in all schools.

- **Structural**
 - There should be a more pro-active culture towards men in primary care.
 - Men should be welcomed to primary care services with a 'strengths-based' approach – this means that men are not just 'a problem' to be solved but are people with a positive contribution to make and who can become more active agents and advocate for their own health.
 - Services should provide a more male-friendly environment, introduce realistic appointment times (and more time for appointments) and go to where men are rather than wait for men to turn up.
 - There is a need for sustained male-targeted messaging, tailored to different groups (e.g. single, gay, low-income, older, younger men).
 - Men should be targeted at specific moments in their lives (e.g. going to college, becoming a father, unemployment, retirement).
 - IT can be used to engage young men in particular.
 - Health promotion should be gender-specific and there is a particular need for oral health education for men. Campaigns aimed at men should be sustained, not limited to short-term, one-off initiatives.
 - More events and services could be specifically and explicitly targeted at men, e.g. Action Cancer's annual Action Man campaign.
 - Lessons can be learned from the AAA (Abdominal Aortic Aneurysm) screening programme which is currently successfully reaching large numbers of men.
 - All inter-actions with men should be used to maximum advantage ('making every contact count').
 - Partnership working between NGOs is needed to make smarter use of the available resources for men's health and there should also be more funding for community and voluntary sector activity.
 - Community champions could help to reach more men and peer networks and mentoring for men might also have a role.
 - Better signposting of services for men would help, as would more joined-up services.

- **Political**
 - Politicians need to be convinced of the case (in terms of improving health outcomes and reducing economic costs) for investing in men's health. NGOs should take the lead in lobbying the government.
 - There is a need for a national men's health policy that includes primary care. This could build on the existing BMA Northern Ireland Men's Health Policy (see box below) and include a funded implementation plan with clear priorities linked to achievable outcomes.
 - The policy needs to address the implications for men of the rising retirement age, e.g. how can they be enabled to continue to work with chronic and often serious long-term conditions.

- **Employment**
 - Employers should be encouraged to be more 'health-friendly'.
 - Occupational health services are a potentially important access point for men.
 - There is an important role for occupational therapists and others to support men with disabilities back into work, e.g. through the Disability Employment Service's Condition Management Programme (CMP).

- **Training**
 - Men's health should be embedded in educational and training programmes for all health professionals.

- **Research**
 - More gender-disaggregated data is needed.
 - Practitioners and policymakers require more good evidence about what works with men.
 - More research is needed into men's use of the full range of primary care services and their views of healthcare professionals.

BMA Northern Ireland: *Improving Men's Health in Northern Ireland (2011)*

The report recommended:

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.

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.

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.

Next steps

To take this work forward, EMHF will:

- Publish and disseminate the findings of the Northern Ireland roundtable.
- Support organisations in Northern Ireland to utilise the roundtable findings.
- Add the learning from the event to its wider European work programme on men's use of primary care.
- Continue to organise roundtable events in a range of European countries.

About EMHF

EMHF was established in 2001 and is an autonomous, non-profit-making, non-governmental organisation based in Brussels.

EMHF is the only European organisation dedicated to the improvement of men's health in all its aspects. Its vision is a future in which all men in Europe have an equal opportunity to attain the highest possible level of health and well-being. Its mission is to improve men's health across all countries in Europe by promoting collaboration between interested organisations and individuals on the development and application of health-related policies, research, education and prevention programmes. EMHF is committed to gender equality and fully supports activities to improve women's health.

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Partners and sponsors



None of the sponsors or partners has had an input into or influence over the content and agenda of the roundtable or this report.

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