

LEEDS METROPOLITAN UNIVERSITY

INSTITUTE FOR HEALTH AND WELLBEING

Understanding men's engagement with health services: the good, the bad and those in-between

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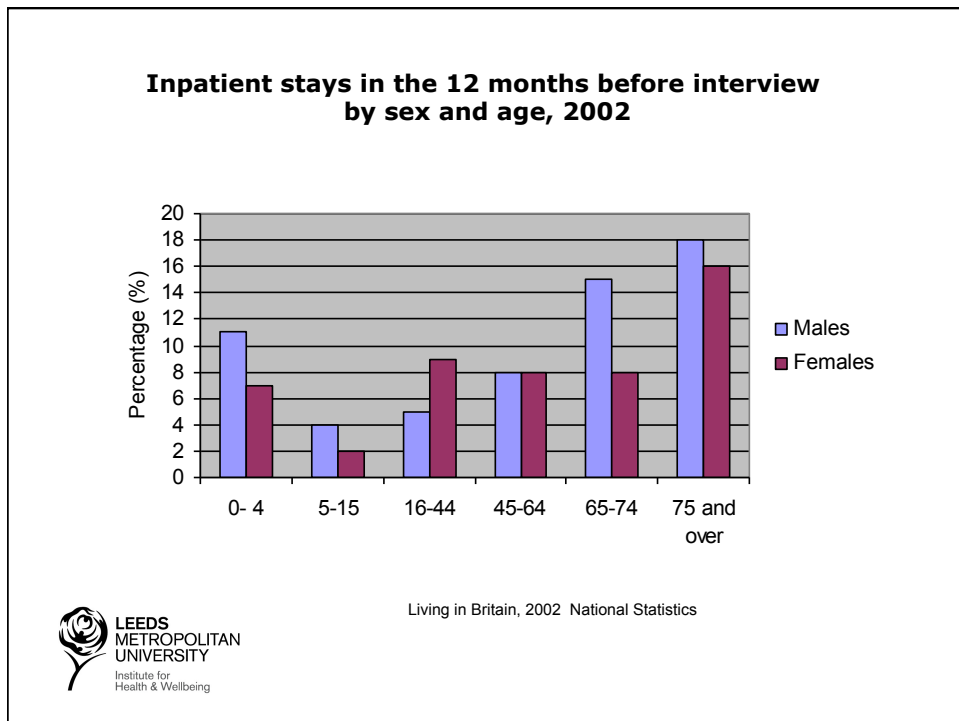
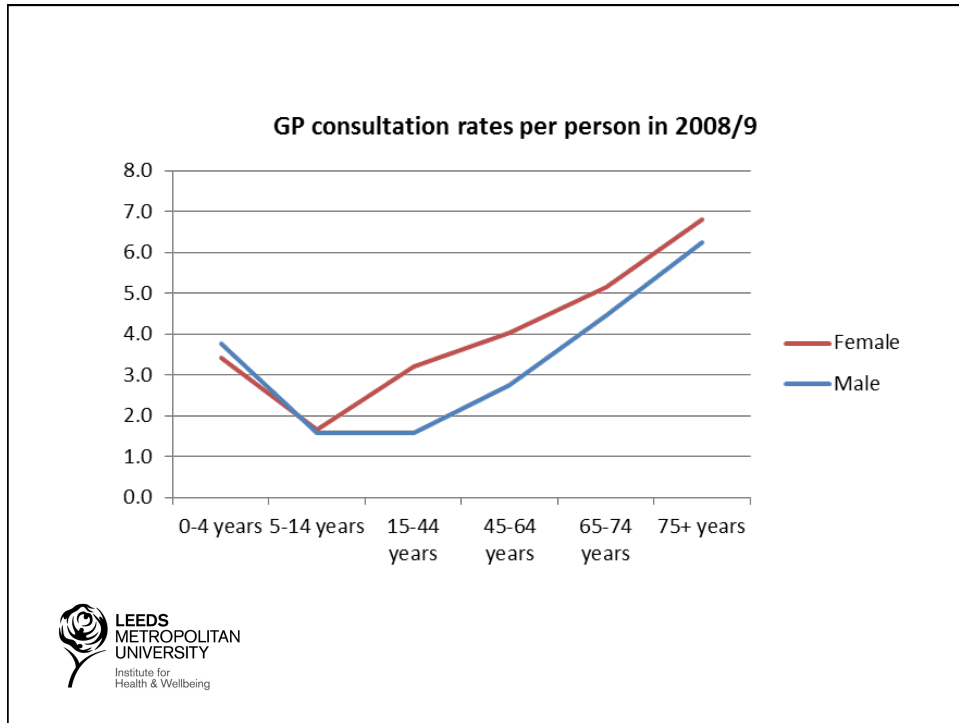
Session aims

Review (UK) statistics and empirical work on men's engagement with health services (bust some myths!?!)

Briefly consider some qualitative work on men's engagement with services

Present findings of "what works" in engaging men





Do men have a problem going to the doctors?

“The evidence for greater consultation amongst women for two common symptoms - headache and back pain - was surprisingly weak and inconsistent.”

Hunt, K. et al (2011) Do women consult more than men? A review of gender and consultation for back pain and headache. *J Health Serv Res Policy* 16(2): 108-117

“Women were less likely than men to report that they had talked to their GP or practice nurse about their diabetes in the previous 12 months”

Hippisley-Cox et al (2006) Sex inequalities in access to care for patients with diabetes in primary care. *British Journal of General Practice* 56(526): 342-348



Do men have a problem going to the doctors?

“Women were no more likely than men to consult a GP in the previous year when experiencing four of the five most common groups of conditions. In addition, women were no more likely than men to consult at a given level of severity for a given

condition type.” Hunt K, Ford G, Harkins L, Wyke S. Are women more ready to consult than men? Gender differences in family practitioner consultation for common chronic conditions. *Journal of Health Services Research & Policy*, 1999; 4(2): 96-100.

“A review of gender-comparative studies does not support the hypothesis that men are less likely than women to seek help when they experience ill-health.”

Galdas P, Cheater F, Marshall P. Men and health help-seeking behaviour: literature review. *Journal of Advanced Nursing*, 2005; 49(6): 616-23.



Frank: If there was a salad I didn't enjoy, and a burger that I would enjoy that was gonna do me more harm, I'm sorry but I'd eat the burger. Enjoy your life. I think you have to be a bit sensible, you can't be totally brash, you have to be sensible and responsible to a point. There's a point and once you get past that point your being silly again. Some people are too careful, that's not me, you've got to get it right.

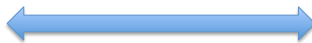
Robertson, S. (2007) *Understanding Men & Health*. Open University Press



Men's health moral dilemma



Don't care



Should care



Responsibility

SR: “Do you think that the NHS has a responsibility in helping you to stay well?”

QUINN: “No. No, I think it should be like it is. You know if you injure yourself then you go and get sorted, but it’s not down to them to make sure you’re all right in everyday life. It’s down to yerself innit.” [Quinn, DM2]

“I think it’s [NHS] got a responsibility to get you well, but it doesn’t have a responsibility to keep you well, that’s down to yourself.” [Frank, DM6]



Robertson, S. (2007) *Understanding Men & Health*. Open University Press

Responsibility

SR: Do you think the NHS should have a role in helping men stay well?”

Bob: “ In the maintenance respect? [SR: yeah] I mean, yes, fantastic as another part to the service yes, because it’s a fabulous service it really is. *As another part of it yeah*, I mean if there are the resources there to do it, without affecting current standards then yeah. But are they not stretched a little bit far at the moment, I would have thought so. [Bob]



Robertson, S. (2007) *Understanding Men & Health*. Open University Press

Screening & health prevention

The lifetime risk for men of developing bowel cancer is 1 in 16 compared with a 1 in 20 risk for women (CRUK 2011)

Yet

Since the NHS National Bowel Cancer Screening Programme began, only 51% of men have taken up the offer of screening compared to 56.6% of women, with similar findings in other countries (Peris et al. 2007; Steele et al. 2009)

"They've got to bombard them with men's health checks, I went for mine. [...] If it's voluntary to go, men won't go and the response rate wouldn't be high, you know, because it's ignorance, men don't want to change" [Owen]



What works in UK men's health interventions?

Interviews with nine previous men's health project/programme leads

Review of 35 men's health project/programme reports



What works in UK men's health interventions?

1. The setting of delivery
2. The 'style' or 'approach' taken
3. Active asking and listening
4. Training
5. Cultivating partnerships



1. The setting of delivery

"It's easier to talk in a working environment because they're there and you've designated time for it and they're getting paid to come and see you... It's not so good when you're at the bar at Scunthorpe United and you're the last person in this world they'd want to see!"

"The workplace has been great, it's their domain and males are quite territorial, so if you're actually in their domain they feel like they've got the power"



2. The 'style' or 'approach' taken

"If I had to pick out one thing then I'd say it's about making it male specific or very clearly promoted as being 'for men'"

"Keep it relaxed and keep it in their language not health service speak, they pick up very quickly if they think you're a bit of a fraud, you have to be prepared to be down to Earth and interact on their level, whatever that may be."

"We don't always promote it as 'health' as it can be a turn off for many men. So to badge it up using sport and the club makes it more palatable for many men"



3. Active asking and listening

"What do you want, how do you want it and where do you want it"

"It improve sustainability as projects can run on their own"



4. Training

“It’s important that the people delivering interventions understand men; they need proper training and a certain level of understanding”



5. Cultivating partnerships

“Partnership working is key, we rarely do things on our own. Some partners see the value of men’s health, some don’t. It’s about how easy we make it for them and what it might cost.”

“There needs to be, as part of the process, mainstream organisations involved early on so that they can work with you to learn from what’s going on and see the advantages of different kinds of approach.”

“I started it with external funding, proved the case and used evidence-based material to present the case then got permission to mainstream and have formal funding. So we’ve started the opposite way to the way you’d like to start!”



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