



Report: Men's Health 2019/2020.



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Participants at The Victory, Hereford

1 Summary

Context

Men fare worse than women in most health measures in Herefordshire and in the UK for example:

- 75% of premature deaths by heart disease are male.
- 1 man in 10 has diabetes.
- Life expectancy in the UK for males is 78.2 years and for females 82.3 years.
- Healthy life expectancy in the UK for males is 63.5 years and for females is 65.7 years.
- Suicide as the biggest single killer of men below 45.

In Herefordshire available public health profile statistics* show:

- Life expectancy in Herefordshire for males is 79.7 for women 83.7 (2016-2018).
- The under 75 mortality rates from cancer considered preventable per 100,000 for men is 72.7 for women 63.6 (2015-2017).
- The incidence rate for alcohol related cancer (per 100,000) for men is 41.09 for women 37.25 (2014-2016).
- Mortality rate from lung cancer (per 100,000) for men is 51.1 and women 34.6 (2015-2017).
- The under 75 mortality rate from colorectal cancer (per 100,000) is 15.7 for men 9.9 for women (2018/2019).
- The percentage of people with Type 1 Diabetes are split as 57.9% male: 42.1% female (2018/2019).
- The percentage of people with Type 2 Diabetes are split as 56.7% male and 43.3% female (2018/2019).
- Under 75 mortality rates from all cardiovascular diseases (per 100,000) male 90.6 female 42.2 (2016-18).
- The under 75 mortality rates from all cardiovascular diseases considered preventable (per 100,000) for men 66.1 and female 21.1 (2016-18).
- Under 75 mortality rates from Heart Disease (per 100,000) for men 57.6 and women 17.5 (2016-18).
- Years of life lost due to alcohol-related conditions. Male 921, Female 338. (2018)
- Under 75 mortality rates from stroke (per 100,000) for men 13.4 for women 9.2. (2016-2018).
- Among men aged 15 to 34 the county's suicide rates per 100,000 are 23.79 compared to 4.1 women.
- Services confirm that fewer men attend health checks than women in Herefordshire.



* <https://fingertips.phe.org.uk/search>

And as we have recently discovered likely due to above health inequalities and underlying conditions, lifestyle and exposure, men are twice as likely to die of Covid-19.

In addition, Healthwatch have found that men tend to get less involved in surveys and giving feedback about services and health matters.

Between July 2019 and March 2020 Healthwatch Herefordshire carried out a series of engagements with Herefordshire men in venues such as pubs, clubs, shops, and leisure facilities. A range of engagement tools were used to have conversations and raise awareness including quizzes, wall chart tick lists, question slips, and post boxes and 126 online and paper surveys were completed before the Covid-19 Pandemic curtailed activities.

We wished to understand whether there were specific barriers that prevented or put off men from accessing preventative services and men's ideas about improving access and improving health messaging.

We challenged ourselves to find better ways to engage with men to increase their involvement. We further hoped to raise awareness and encourage men to converse more about their health and wellbeing and potentially increase take up of health checks.

What we found

We found that men are very willing to talk about their health once they are engaged. Often men do not make time for appointments are stressed and busy and do not prioritise themselves.

They depend a little too much on others to keep them informed especially their wives instead of taking responsibility themselves. 1 in 11 men suggested the importance of wives as preferred ways to access information and/or advice and inform men about how to look after their physical health.

“Via their womenfolk to make sure they understand how vital it is to have regular checks - probably the only ones they listen to”.

This matches findings in a bowel cancer study where it was commented that, public health cannot very well make men's health women's responsibility. In any case not all men have women in their lives and some women we met had similar evasive attitudes as men do.

“Neither of us have gone to our health checks. We know what they will say - lose weight. I am like him I would be scared what they'd find, I'd rather not know”. (Husband nods...)

Men chose options that revealed that some saw no point in going for health checks because they believe they are not unwell (almost 1 in 5), 1 in 16 men are fatalistic choosing “if you are going to get something you will whether you have a check or not”. 1 in 40 men are sceptical about the benefits choosing “does it really prevent anything?” 1 in 26 men chose “it doesn't seem important”, 1 in 40 men thought it unmanly and a small number (1 in 70) didn't go because none of their friends or colleagues go.

This indicates that services need to do more to sell the preventative benefits of health checks and to quell the fears of the 1 in 20 men that chose “I’m scared of what they’ll find - I’d rather not know”, and the 1 in 26 men that found it embarrassing.

Specific findings and comments in the results section will help services to understand further men’s feedback.

Talking about health

We found that men are willing to talk about their health and wellbeing given a catalyst to start the conversation. Men agreed it is not something they generally converse about especially with other men in a leisure situation.

A lot of conversation was prompted in some of the informal pub drop-in sessions we conducted (in time slots just after work), where we encouraged men to have a go at a short quiz that made them think about what they knew.

We observed a reluctance to pick up leaflets in front of others and to read a display. But for many men an activity with a freebie offer of a Man Manual (a small humorous book produced by the men’s health forum) and a pen as a reward prompted participation.

Admittedly, some men refused, and some needed to be cajoled (some by partners) but many willingly took part. Interestingly, we were told to be aware in one pub that men were writing silly answers but, this turned out to be a front and the answers were honest and helpful. Perhaps an example of what one young man perceived as the problem:

“F* toxic masculinity”**

‘Toxic masculinity’ (a phrase we hadn’t come across) is defined by adherence to traditional male gender roles that consequently stigmatize and limit the emotions boys and men may comfortably express while elevating other emotions such as anger.

It can be difficult for men to be openly vulnerable and ask for help and may be one reason why men seem to present at GP’s with symptoms later than women on the whole.

Many third parties (publicans and men’s spouses/partners/ female customers) observed that it was refreshing to see so many men talking about their health openly including mental health.

Of course, not everyone wants to talk about their health and wellbeing when they go to the pub after work or while they are in their leisure activities but encouraging men to talk about their day, their feelings and their health more often, would be a step to helping them de-stress after a hard day’s work, to share issues, and to gain information and support from their peers and from services.

We noted that older men felt it was too late to act to improve their health and wellbeing and younger men felt it didn’t apply to them - something they’d attend to when they are older. The beginnings of a tendency to procrastinate starts young.

Men showed a lot of humour in their responses and there was a feeling that humour could be used more to get messages across. Examples are choosing role models of Oliver Reed, Keith Richards, Alex Higgins (which we assume were a joke?) And messages for advertising that were suggested by men:

“Make a joke of it”.

“Look around you when you are in a pub”. “The mirror”.

Although these may actually be quite effective, other more serious suggestions included for physical health:

“Your body is like a machine and requires servicing from time to time”.

And for mental health comments that men made about the sorts of mental health messages they felt worked included:

“Similar to physical health but need braver people willing to share their experience, nothing like real stories to persuade more men of the need”.

“Be aware of triggers for depression”.

“Stay off Internet”.

“Stop trying to be #1”.

“Help men to see that problems with mental health, like physical health are not always able to be resolved without help. Seeking help is not a failure but exerting control by you over something which is causing distress”.

Encouraging talking and mutual support is key to helping men with physical and perhaps more particularly, mental health issues and men’s comments indicate that authentic personal stories and role models they trust can inspire them to act.

“Genuine experiences”.

What services can do to help

Men are not averse to health services proactively promoting initiatives and many men said they thought the project was a good idea and had made them think.

Providing pubs, sports clubs, community buildings and leisure services with useful posters, information and resources and fun health quizzes, perhaps even offering talks might also be a good way to reach men that are delaying or avoiding taking action, to prevent health issues become more serious.

A good example of successful partnership to drum up interest for health checks was related to us by the rugby club Luctonians in Kingsland, where prostate cancer tests had been encouraged and carried out on a day of major attendance.

In what areas do men need help?

It was good to see that many men do take care of themselves, prioritise their health and act to improve their wellbeing.

“I don't really struggle with any of this, I am a very fit and active 72-year-old because I have always taken good care of myself”.

“I don't struggle to improve my health”.

“I don't struggle with any of these, although I work hard and enjoy it, so have to force myself to stop and get enough sleep!”

Men take steps to improve their health in many areas with over 7 in 10 men, concentrating on exercise, 6 in 10 by being careful what they eat with more than 2 in 5 taking steps to eat fewer ready meals, more than a third having fewer takeaways and a quarter drinking less alcohol.

Almost 2 in 5 men take steps to reduce their stress levels and spend time with friends, and over a third try to get a good life/ work balance and get more sleep. 1 in 7 men take steps to improve their health by stopping smoking.

Men said they struggle in most areas covered and so, providing advice and information to assist them is important. The areas they struggle to act most are to reduce their stress levels, get a good life/work balance, drink less alcohol, and get more sleep.

What ways do men prefer to receive help?

Men were asked to volunteer ideas, and later to select check boxes to tell us about their preferred ways to access information and/or advice that informs men about how to look after their physical health.

Between 1 in 5 and 1 in 6 favoured TV, TV role models and radio. 1 in 7 mentioned being informed through their GP /doctor/ nurse/ health professional, either through email, messaging, letter or at the practice and suggested age appropriate advice.

Before check boxes were given similar routes to accessing information and advice as for physical health were chosen for mental health but perhaps more arm's length in that fewer would go directly to their GP: 15% for Physical health, 11% for Mental health.

Once check boxes gave options, a similar 66.7%, preferred to access information and/ or advice about their mental health from a doctor/ nurse or health professional as for physical health 70.2% men. This may indicate that men do not immediately think of going to their GP surgery about their mental health.

The importance of *“Talking and Listening”*, was emphasised in both with lots of comments for mental health.

In physical health preference for information and advice from family and friends was chosen by a quarter of men while for mental health it was chosen by a third of men. This may reflect a reluctance to seek help outside of known people and perhaps a fear of stigma.

What about Online access?

For some men online and apps is the way to go to access information about their physical and mental health. For mental health 2 in 5 men preferred online access and social media, next came Digital app (including games apps) preferred by a quarter of men and for physical health 1 in 2 selected a check box for online and social media, also mentioning online documentaries and 1 in 3 selected through a digital app.

The Responses showed men do like apps (as suggested by the NHS long term plan), with almost half saying they would be interested in a general app to improve their health and wellbeing. Approximately 1 in 5 men selected specific apps to help them to eat better, improve their mental health, sleep, and reduce stress and to help them exercise. One man stated:

“App for alcohol consumption ticked 3 times!”

However, when asked specifically about apps 1 in 5 did not like apps and 1 in 15 selected “what’s an app?” A significant digital divide in opinion exists and was reflected in men’s comments too.

“I don’t need apps to remind me to be honest, I do all this stuff anyway on my own, I am very motivated to keep both physically and mentally fit”.

“I tend to leave apps to my wife”. “I suck with phone”. “No Internet!”

Services that may tend towards digital outreach, information and advice-giving particularly during and post pandemic, will need to consider this.

Traditional delivery modes

For accessing information about mental health just over 1 in 5 men preferred access through a leaflet, pamphlets, flyers, information, and posters from services and for physical health over a quarter favoured a leaflet and advertising in the press.

Employers and workplaces

Encouraging employers and workplaces to support their male workforce to consider and talk about their health and wellbeing and offering resources that would help is also an idea welcomed by men.

In addition, a productive area for health and wellbeing services to engage in conversation with employers and workplaces would be an emphasis on good HR practice regarding time off for health appointments and support to reduce stress and achieving a good

life/work balance. By supporting men to be healthier physically and mentally employers and workplaces will have a more productive workforce, better retention, fewer longer-term illness absences and a more positive workplace culture.



Participant at The Victory, Hereford

And finally...

Men have many good creative ideas about how to reach them with information and advice and we hope that services will use these insights to better serve their male customers and service users and tweak their current practice. Some simple methods like health messages above urinals much favoured by male customers of The Victory in Hereford for example are inexpensive and appear to be effective.

The complexity and variation in men's replies demonstrates the difficulty in delivery of targeted public health messages to men. Services must continue to deliver a multitude of responses tailored to individual preferences and make men aware of the choices of sources available to them.

Although we met a smaller sample of Herefordshire men than we had hoped due to the pandemic we have found that our results tally with other health research reports and feel confident to make recommendations based on our findings.

For example, in a paper written in May 2013 entitled Gender differences in attitudes impeding colorectal cancer screening for men, the report stated that, "Only illnesses with disabling symptoms were seen as necessitating action".

(<https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-13-500>)

This very clearly tallies with the survey results and the attitude and views of many of the

men we met. The paper says, “a deliberate effort to change these fundamental attitudes in support of preventive care is required”.

This is our chief recommendation too as well as action around fatalism and procrastination also recognised in reports on this subject. These attitudes are not subconscious in most men as they recognise and laugh about it in discussions in quite a self-deprecating way. But it is not amusing when early deaths or life-long debilitating conditions can be prevented.

It was worthwhile for Healthwatch Herefordshire to try out new engagement methods as we found we were able to listen to men’s opinions in far greater numbers. We shall look at using more varied techniques, venues, and timings in future to make sure that we engage fully with different target groups including men who have been underrepresented in our work in the past. We encourage services to engage with men more widely too.

**For greater detail, men’s comments and suggestions
please see full report.**

2 Recommendations

We noted a number of areas that services may wish to consider arising from men's comments. From these we extracted 5 main recommendations:

Recommendations for services

1. To use social settings to reach men with information and messaging advice with a key role of proxy messages that target wives, partners husbands and friends.
2. To use employers and workplaces for giving information and offering health tests and health services that target men.
3. To target military transition training to impart information that informs and links men to health checks and services.
4. To use direct and strong messages backed by role models and promotions like the Man Manual (Men's Health Forum) and quizzes to motivate, incentivise and engage.

Recommendation for Healthwatch

5. To improve men's engagement with Healthwatch and focus on specific communities e.g. ex-military but also farming. To follow up post Covid-19 pandemic as part of other work e.g. with Talk Community.

Services may wish to review and reflect upon the additional considerations noted in question order in Appendix 8.2, as well as the main recommendations above.

For greater detail, please see full report.

3 A selection of service provider and male reader responses.

“I was impressed by its approach to seek out men where they are rather than only relying on traditional health and care settings.

The good news is that the stereotype of Men not interested in their health and wellbeing is fully debunked

Nothing totally surprised me in that it reflected a range of need and desired style of approach.

It is really important to use this information to avoid a one-size fits all approach and rather tailor a menu which enables maximum uptake of initiatives to maintain health and wellbeing alongside traditional illness services”.

Dr Ian Tate - Chair and clinical lead Herefordshire and Worcestershire CCG

“I did share this with my teams... we do however deliver services to a broad cohort of male patients, it was a useful prompt to remind my teams to ensure that they are supporting the identification of risks and addressing them with patients (every contact counts)”.

“At a personal level, I would absolutely recognise the issues and responses identified, and welcome every support to getting these discussed more openly and to improving access to services”.

David Farnsworth - Associate Chief Operating Officer

“In regard to getting greater participation by men in regard to health matters, I feel that working with employers would be very beneficial, as was the case with blood donorship many years ago”.
Patrick Hughes, Volunteer

“I have read the report. It took a long time, and it is somewhat repetitive and same old, but the conclusion seemed promising.

The best way to encourage men or women to get checks is to instill fear into messaging and make health topical through constant messaging.

How to make Good Health competitive and something to be looked up to. There should be adverts on prime-time TV with hard hitting messages like We don't like fat people! Look in the mirror! Out of breath?? Of course, this will never happen.

Its hard work keeping healthy but it's worth it! Diets that don't tell you not to drink would be very popular! Perhaps the WHO should set something up

These are just wild ideas probably not feasible but worth discussion”.

Bob Ellis, member of the public.

“It is a great piece of work unfortunately hampered by the Covid outbreak. The summary is well laid out and contains some facts that need to be known and shared.

I believe that attitudes are changing and that men are becoming more aware of illnesses that particularly and only affect men. Breast cancer can affect men, and this should be more widely advertised.

Communication is important and targeted posts through areas that are predominately male are important.

Thank you, Mary, for sending this out and to all who completed it.

David Faulkner, Volunteer.

4 Introduction

Between July 2019 and March 2020 Healthwatch Herefordshire carried out a series of engagements with men of Herefordshire in venues such as pubs, clubs, shops and leisure facilities.

We used a range of engagement tools including:

- Wall charts and stickers.
- Comments to questions posted in boxes.
- Survey hard copy and online and short Facebook questions.
- Quizzes.
- And information, advice, and display.

The purpose of the engagements was:

- To understand the barriers that men face to access services.
- To understand what health messaging works from men's point of view and where they access their information.
- To listen to their ideas for improving access and messaging about men's health and wellbeing.
- To raise awareness and take up of Annual health checks and other services like prostate cancer test.
- To provide useful intelligence for services in areas that will be useful and likely to improve service or be timely for in-service development or change.
- To improve Healthwatch engagement with men for future projects.

Through conversations, engagements, and some online activity 126 surveys were completed. Sadly, the pandemic in early 2020 meant that many pub quizzes that were planned had to be abandoned.

4.1 Acknowledgements

Healthwatch Herefordshire would like to thank the venues and organisations that allowed us to engage with their male customers:

- The Bell, Tillington + Hereford and Wye Valley Rotary Club.
- The Salutation, Weobley.
- The Mill restaurant, Peter church.
- The Dog Inn, Ewyas Harold.
- The Victory, Hereford.

- The Royal Oak Kington.
- National Autistic Society, Lads and dads club and the Autism ball.
- Addaction.
- Halo Leisure Centre.
- Scoutshire Jam.
- Widows Friendship Group, St. Martin's Hereford.
- Men's Shed, Aspire.
- Our News Our Views.
- B&Q Hereford.
- And Herefordshire Council Learning Disability and Autism Partnership Boards.

Thank you to all of the men that agreed to fill our surveys and participate in the quizzes.

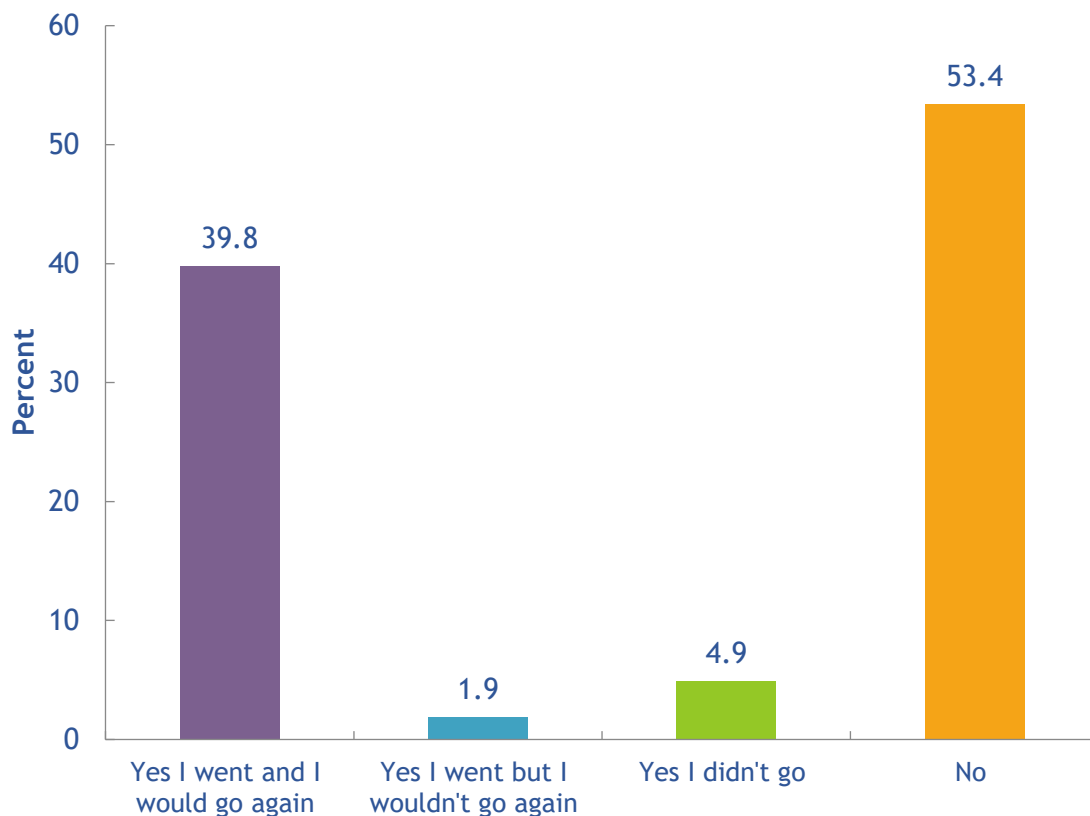
4.2 Disclaimer

Please note that this report relates to findings observed on specific dates. Our report is not a representative portrayal of the experiences of all male service users, only an account of what was observed and contributed at the time.

5 Results of survey

1) Far fewer men take up the opportunity to have an NHS Health Check in Herefordshire (and elsewhere in Britain) than women.

Have you been invited to have an NHS Health Check by your GP?



Just over half (53.4%) said they had not been invited.

Most of the men were over 40 and would have been eligible, so this seems high. Some were over the age when you would be invited, and some would be going regularly for health conditions so would not be asked to go for a general health check.

Over a third of men (39.8%) said yes, they'd been invited and would go again.

1 in 20 men (4.9%) said yes, they'd been invited but didn't go.

1 in 53 men (1.9%) said they were invited and went but would not go again.

2) What would encourage you to go to have an NHS Health Check?

Asked what would encourage men to go to have an NHS Health check, 90 men (70%) of men made comments that indicated:

- **Over a third** were happy to go to get a health check but felt that they had not been invited (**38%**).
(Not including those too young but may include some that have underlying conditions and are checked regularly for these and don't have a health check. May also include some men over 70).
- **1 in 7** said that finding a convenient time for working people was a barrier (**14%**).
- **1 in 5** said they would only go if they had a problem (**19%**) or they'd go if a family member (their wives usually) told them to go (**2%**).
- **1 in 10** thought they were not free (**2%**) or mistrusted services and were unhappy with communication (**6%**) or they feared the doctor/ or feared hearing bad news (**3%**).



3) What puts you off going to have an NHS Health Check? (Are there barriers to going that you can tell us about?)

81 men (64%) commented:

3 in every 5 men (60%) said nothing puts them off or they always go.

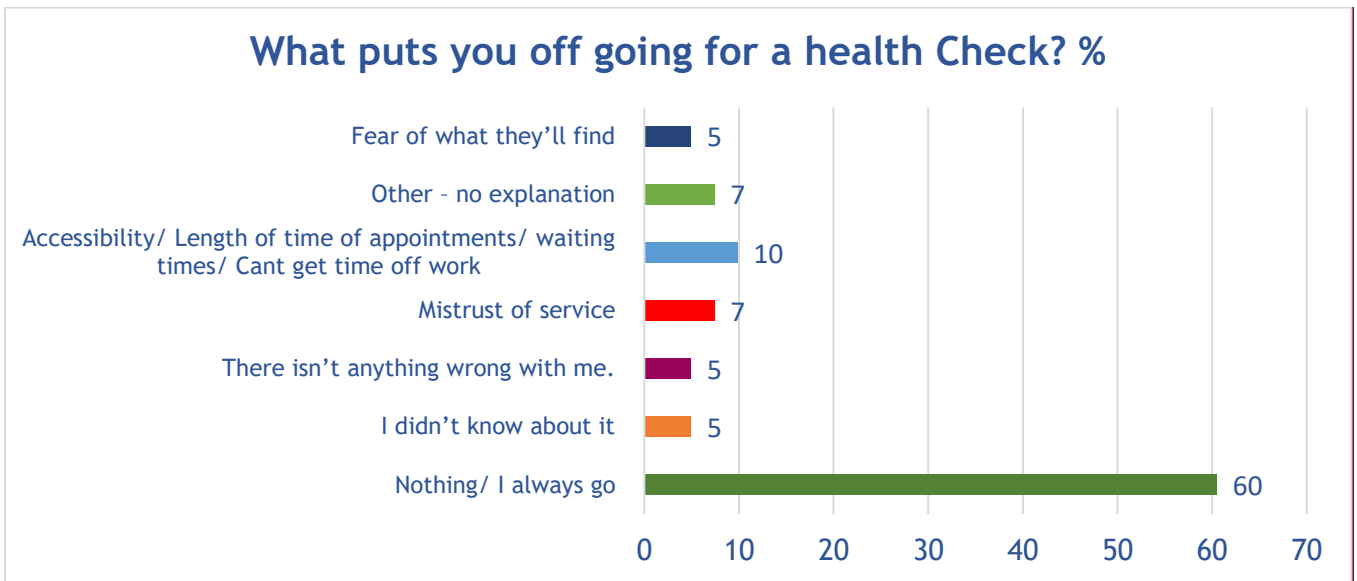
1 in 10 men (10%) say there are barriers to do with getting time off work and or the length of time it takes.

1 in 20 (5%) say why go if there is nothing wrong with me?

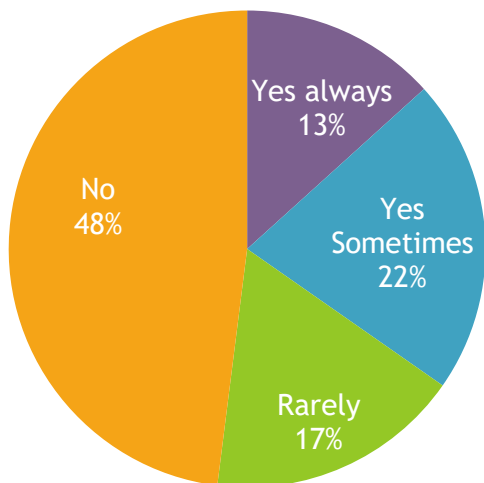
1 in 20 (5%) say they didn't know about it.

1 in 20 (5%) say fear of what they'll find puts them off.

1 in 14 men (7%) mistrust services.



4) Do male role models talking about men's health issues encourage you to seek medical help or take action to improve your health and wellbeing?



52% of men said that role models encouraged them to seek medical help or take action to improve their health and wellbeing.

But only 13% said this was always the case, 22% sometimes and 17% rarely.

48% said no.

5) Can you give an example of a role model that has made a difference to you?

98 men answered this question and 40 gave the following examples:

Specific well-known people

“Live shows”.

“Lewis Hamilton”.

“Jason Manford - he talked about his mental health issues at the end of one of his shows”.

“Arnold Schwarzenegger, Dwayne ‘The Rock’ Johnson”.

“Bob Monkhouse”.

“Cant be specific but football pundits wearing prostate cancer logos”.

“Bill Turnbull”.

“Richard Madeley”.

“Jon Partridge”.

“Stefan G. Butcher”.

“Jack Septic Eye”.

“Mark Cavendish”.

“Oliver Reed, Keith Richards, Alex Higgins”.

“Senior golfers walking the course 2/3 times per week”.

“Rugby sportsman...”

“Footballers talking about cancer scares”.

“Newsreader”.

“Gareth Thomas”.

“James Wade (mental health)”.

“A rugby player can’t remember his name about 10yrs ago for prostate cancer”.

“Vinney Jones”.

“Mark E Smith (he died an appalling death, so I don’t want to be like him...)”.

“Stephen Fry”.

Family members, friends and colleagues

“My Dad”.

“Friend diagnosed with prostate cancer”.

“Friend with prostate cancer”.

“Was asked to take a PSA test this I did. 6 months later had the prostate removed due to cancer! All well now!”

“My Father”.

“My brother”.

“My Father”.

“Dad”.

“Work colleagues”.

Media

“People in the media, advertising boards etc”.

“People that give blood”.

“People in Social media. Men that talk about their own suffering”.

“Can’t remember the person but to do with 1) Prostate cancer 2) Testicular cancer”.

“There isn’t one who has influenced me”.

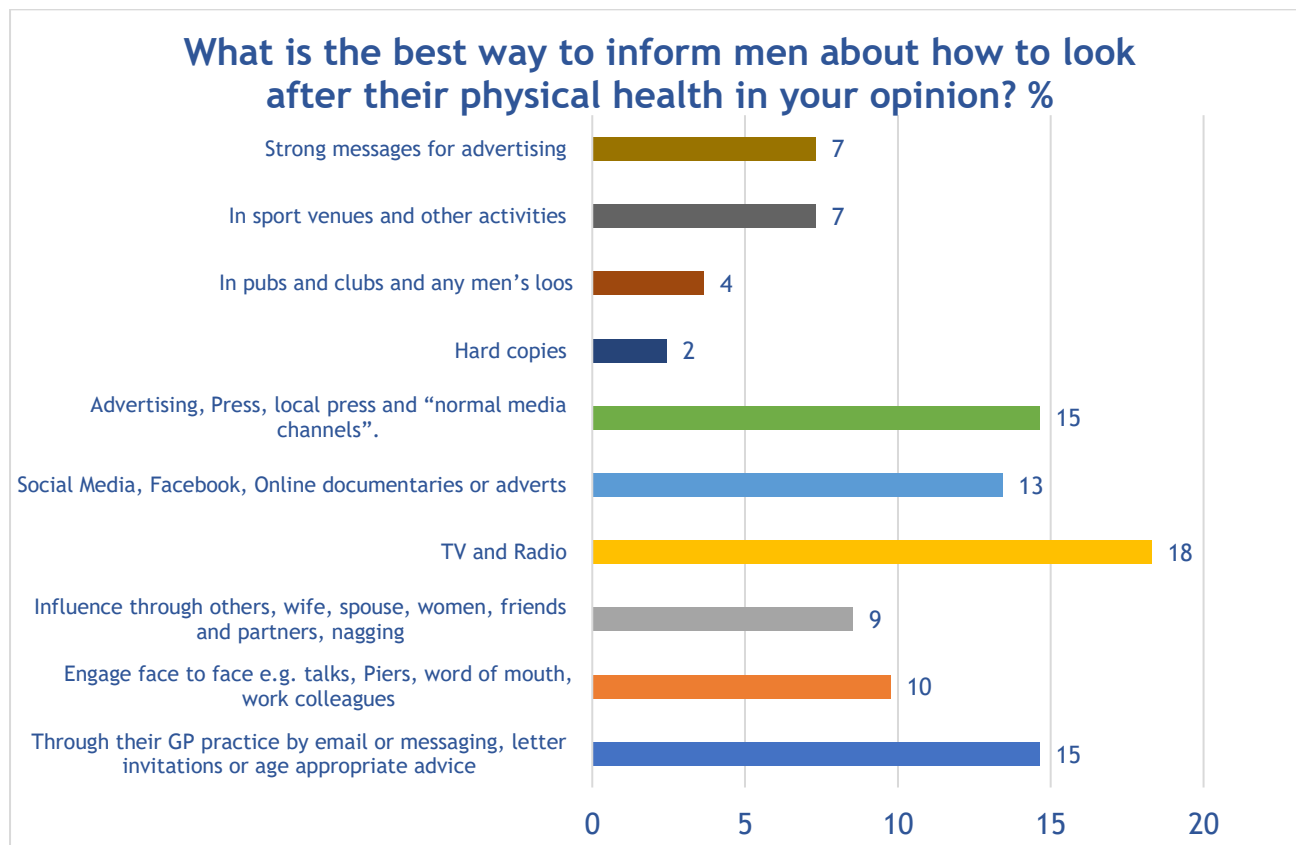
“Checking for prostate cancer”.

“Fitness folk, no one in particular”.

One man commented “No - don’t need this. I am motivated to go anyway, I value my health”.

6) What is the best way to inform men about how to look after their physical health in your opinion?

91 men commented about this. 7 were not sure and 2 thought nothing could be done. Grouping the 82 other comments produced the following chart:



More than 1 in 6 (18%) favoured TV and radio. "Genuine experiences was stated twice".

1 in 7 (15%) mentioned being informed through their GP, either through email, messaging, letter or at the practice and suggested age appropriate advice.

1 in 7 (15%) said advertising, press or local press and "normal media channels" but were not specific.

Just under 1 in 8 (13%) favoured social media mostly nonspecific but Facebook was mentioned and online documentaries.

1 in 10 (10%) suggested that the greatest influence was through piers, talks and word of mouth. Two mentioned making talks accessible in the workplace and one person mentioned the important influence of work colleagues.

1 in 11 men (9%) suggested the importance of wives. "Via their womenfolk to make sure they understand how vital it is to have regular checks - probably the only ones they listen to".

Strong messages for advertising that were suggested by men were:

- “Sensible lifestyle”.
- “Walking, plenty of fresh air, regular walking, exercising for 1 hour a day”.
- “Common sense and assertiveness”.
- “Look around you when you are in a pub”.
- “The mirror”.
- “Your body is like a machine and requires servicing from time to time”.

Men’s comments that referred to where and how to advertise to attract men’s attention included:

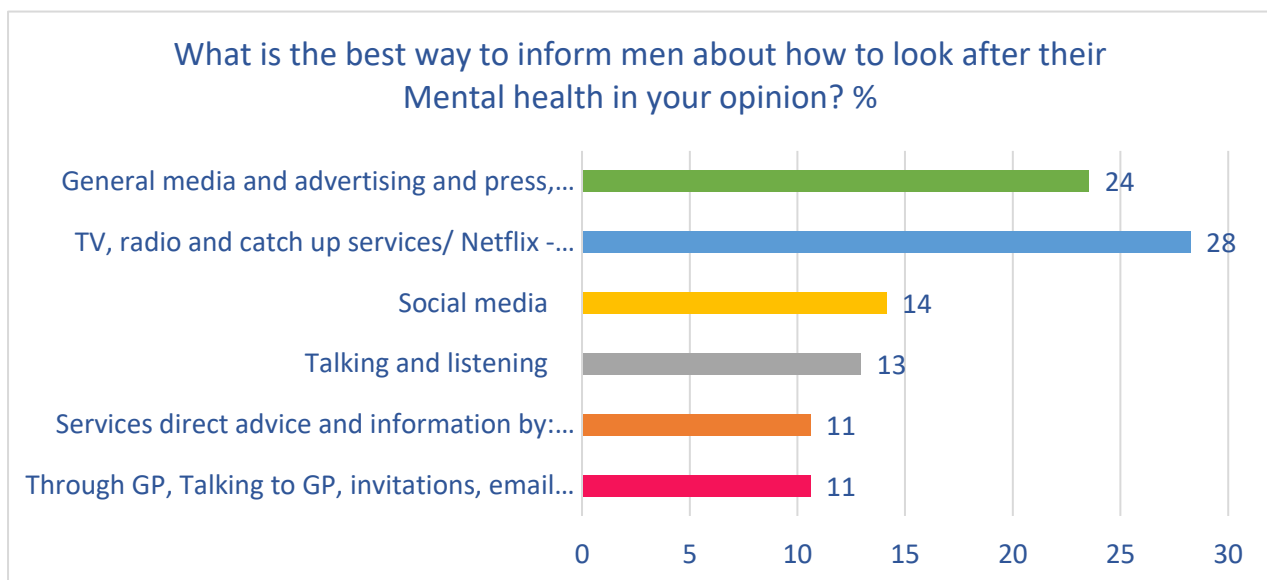
2 men (2%) favoured hard copies - simple leaflets in plain English but necessary for other languages to be available and by pamphlet.

3 men (4%) in one of the pubs (The Victory) mentioned the health messages about Prostate cancer above urinals and they commented that this was effective.

6 men (7%) suggested using sport venues and activities to reach men with health messages for example: “Offers on gym memberships”; “Advertise during sports TV or in sports publications”; Advertisement for more inclusive sports”; “Inform through activities”.

7) What is the best way to inform men how to look after their mental health in your opinion?

A lot of men said ditto for this question or repeated what they said for the previous one or declared it was not a problem for them. 75 men answered this question.



Over a quarter of men (28%) favoured national campaigns using TV and radio on catch up services on Netflix some suggesting the use of celebrities others said adverts but also news and documentaries. One man added “Tactful approaches”.

Almost a quarter of men (24%) suggested general media advertising and press such as newspapers and magazines. Many cited sports magazines and one suggested games app.

1 in 7 men (14%) said social media - mostly non-specific but 3 said Facebook.

1 in 8 men (13%) noted the importance of “Talking and Listening” and further clarified this:

“Talking to other men who have experienced issues”

“Talking about it”

“Start in school and train children from young age to look after themselves”

“Talking to each other”

“Peers talking about it”

Friends, partners and family”

“Speak to the wife”, “Ask their spouse”, “Their spouses!”

1 in 9 men (11%) also favoured talking about it and specified the GP.

1 in 9 men (11%) said pamphlets, flyers, information and posters from services were a good method and suggested places that they could be placed in work settings, above urinals in leisure places or directly via email or delivered as a talk.

“Should be awareness and proactive response at work”.

“Get local access to “specialist” persons via workplaces to get wider access”.

“Simple leaflets in plain English but necessary for other languages to be available”.

“Information on flyer with predisposing symptoms identified”

“Information above the urinal”.

“By pamphlet or by email”.

Comments that seven men made about the sorts of messages they felt worked were:

“Similar to physical health but need braver people willing to share their experience, nothing like real stories to persuade more men of the need”.

“Be aware of triggers for depression”.

“Stay off Internet”.

“Stop trying to be #1”.

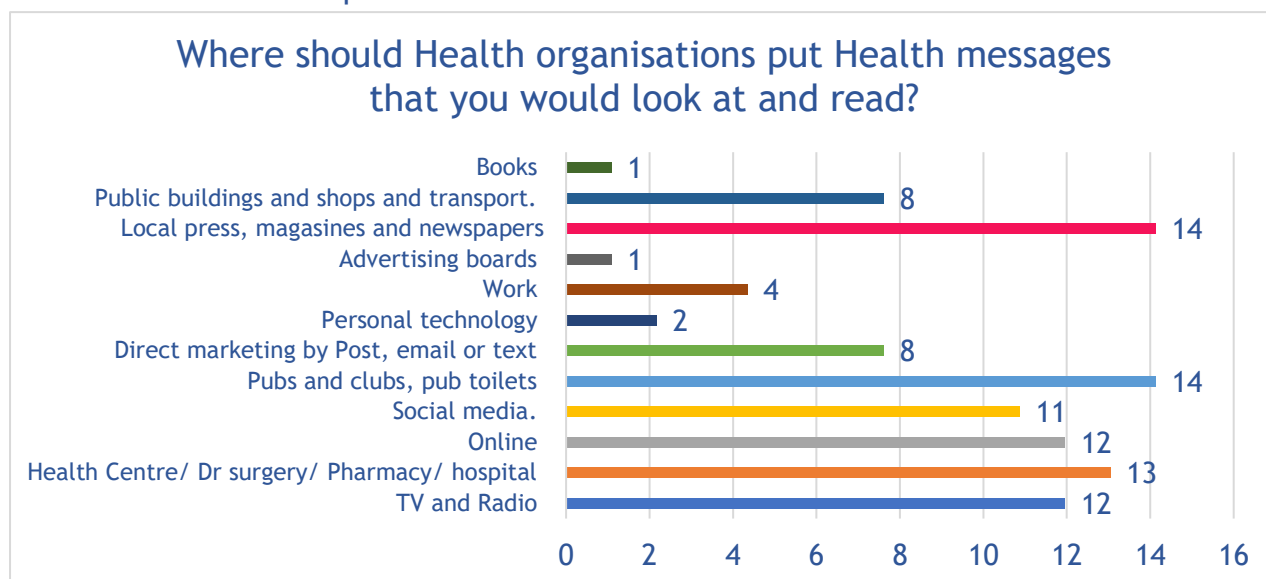
“Make a joke of it”.

“Make sport and activity a norm in society. Make inactivity socially unacceptable”.

“Help men to see that problems with mental health, like physical health are not always able to be resolved without help. Seeking help is not a failure but exerting control by you over something which is causing distress”.

8) Where should Health organisations put Health messages that you would look at and read?

76 men answered this question.



1 in 7 men (14%) Said pubs and clubs, pubs toilets.

“Public toilets with information bullet points”.

“on beer mats”.

“Toilet advertising spaces”.

“Above urinals”.

“Where men congregate: work;clubs;pubs”.

1 in 7 men (14%) said local press, magazines and newspapers. The only specific one mentioned was Hereford times.

“Local papers - hard copy. e.g. Herefords Times and freebie papers”.

“Men’s magazines”.

“A flyer in the local paper”.

“Local Newspapers”.

1 in 7 (14%) said pubs and clubs and pub toilets. Comments included:

“Public toilets with information bullet points”.

“Toilet advertising spaces”.

“Where men congregate work, clubs and pubs”.

“Pub toilets”.

“Beer mats”.

“Gents toilets above urinals”.

1 in 8 men (13%) said Health Centre/ Dr surgery/ Pharmacy/ hospital.

Just under 1 in 8 men (12%) said TV and Radio

“I think radio interviews would work too”.

“No-one reads very often. So, radio or TV”.

Just under 1 in 8 men (12%) said Online.

“Social media sites they are likely to use and especially sporting ones”.

“The Web”.

“Internet”.

“On their own websites and online”

“Adverts on the Internet”.

“I’d look Online personally”.

“Facebook”.

1 in 9 men (11%) said Social Media.

“Facebook and other relevant social media channels by age group, also interest groups and for businessmen, sites like LinkedIn”.

8% Direct marketing by Post, email, or text.

“In the post”.

“Mailshots”.

“E mail Message”.

“By email (wrapped up with other articles)”.

“Text”.

1 in 12 men (8%) said Public buildings and shops and transport.

“Everywhere”.

“Schools and universities daily”.

“Village hall notice boards/ community boards”.

“Job centre”.

“Supermarkets”

“Libraries”.

“Places where you tend to be 'captive'! Railway stations, public transport etc”.

1 in 25 men (4%) said in the work place.

“Emails at work”.

“Where men congregate at work”.

“Workplace”.

A few men (2%) mentioned personal technology.

“Phone App”.

“Somehow need to be sent electronically - by an app”?

1 man (1%) said advertising boards.

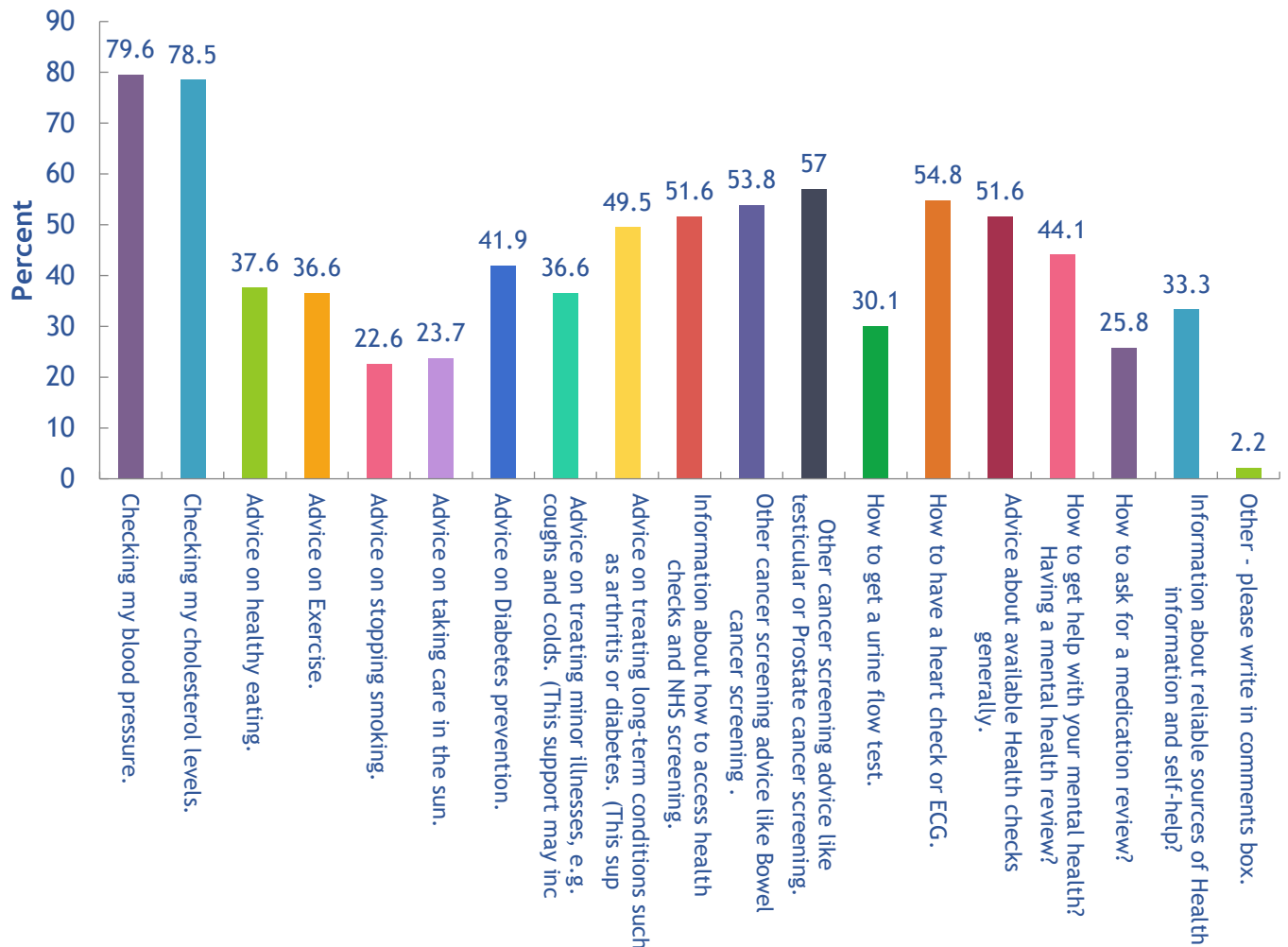
“By the road - like adverts are”.

1 man (1%) said books. However, the offer of the Man Manuel was popular and many men filled the survey to get one and were reluctant before the offer!

Many said don’t know and were not included above but two other comments were of potential interest. One man said, “Under my pillow”. And another said, “I don’t look”.

9) If there were local community initiatives to help you to improve your health and wellbeing what services would you consider accessing? (Please tick all that apply).

This question was answered by 93 men.



Men said that they would consider accessing services for a wide range of health and wellbeing areas. The highest rated were blood pressure and cholesterol checks, middle rated were cancer screening (especially prostate/ testicular) and heart checks and lower ranking checks included healthy eating and exercise and advice to stop smoking.

However, they were all checked by over one in five (20%) of men which indicates an overall willingness to access health checks in many areas to improve health and wellbeing.

Comments included:

“Already know about 'healthy eating', 'exercise', 'sun', diabetes (had Type 2 and 'eliminated it' via diet/weight loss), 'cancer screening', 'medication reviews' etc”.

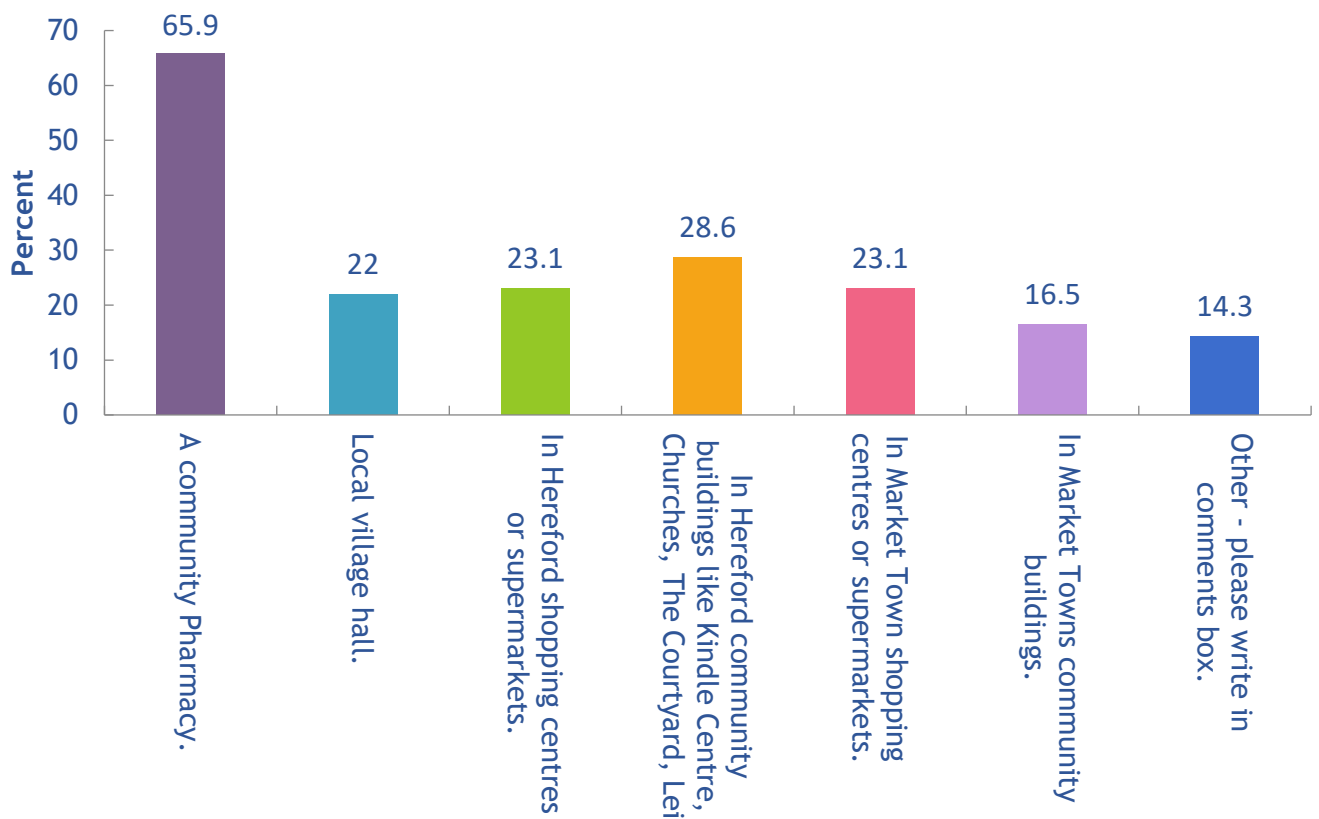
“Any of the above really”.

“Top 8 done by nurse every 6 weeks. British Heart Foundation is good at this”.

“I am already very fit and healthy, know this because I get regular checks and run marathons, so only need a few extra services to complete the health monitoring picture”.

10) Where in the community would you most likely access this information? (Please tick all that apply).

This question was answered by 91 men.



Over 6 in 10 men (65.9%) said they would access information in a community Pharmacy.

Almost a third of men (28.6%) chose in Hereford community buildings like Kindle Centre, Churches, The Courtyard, Leisure Centres.

Over 1 in 5 chose In Market Town shopping centres or supermarkets (23.1%), In Hereford shopping centres or supermarkets (23.1%), and their Local village hall (22%).

1 in 6 men (16.5%) chose in Market towns community buildings.

And 1 in 7 (14.3%) made comments.

Men’s additional suggestions for locations were:

GP (5 people).

Leisure Centre/ Hinton Community Centre/ Gym (3 people).

Local Shops/ community shops (2 people).

Need a home visit (supported living and person housebound with ME) (2 people).

Library (1 person).

Pubs (1 person).

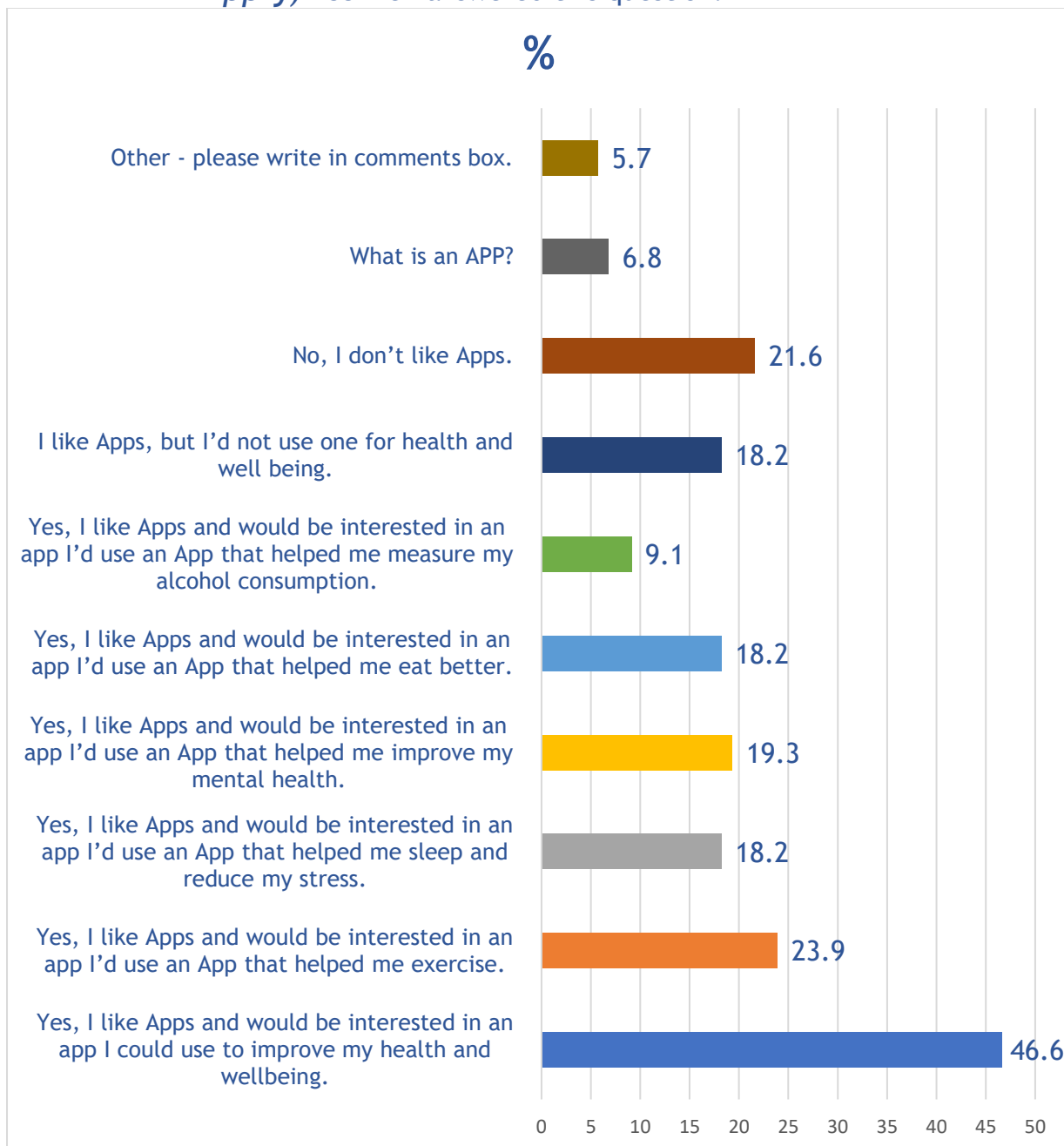
Other comments included:

“The trouble with all those locations... you have to be at those locations and spot the information. It needs to be electronic - an app I think”.

“Query: If I want a prostate check where do I go?” We gave this gentleman information and he noted that he had ended his military career in which, “men often have everything done for them”. He felt that the transition programme at the end should contain some advice re: taking care of your own health and where to go.

One said, “I am pretty well aware already, but reminders always important” and another commented “You wouldn’t”.

11) The NHS long Term Plan suggests that men like digital Apps? “Give a man a gizmo and he’ll use it”. Is this true for you and would you use one to help you improve your health and wellbeing? (Please tick all that apply). 88 men answered this question.



The Responses showed men do like apps with almost half saying they would be interested in a general app to improve their health and wellbeing (**46.6%**).

Approximately 1 in 5 men selected specific apps to help them to eat better, improve their mental health, sleep and reduce stress and to help them exercise (**18.2%**, **19.3%**, **18.2%** and **23.9%**) respectively.

1 in 20 would use an app to help them to measure their alcohol consumption (**9.1%**).

However, 1 in 5 did not like apps (21.6%) and 1 in 15 (6.8%) selected “what’s an app”.

Men that selected these explained:

“May be generally true - but not for me”.

“Do not have apps”.

“No. A letter would be more likely to be read by myself”.

“I don't need apps to remind me to be honest, I do all this stuff anyway on my own, I am very motivated to keep both physically and mentally fit”.

“I tend to leave apps to my wife”.

“I like information in digital form but, in my case, I prefer to read/print it from a large screen PC/laptop, rather than a 6" smart phone!”

“I suck with phone”.

“No Internet!”

“Use of Apps can become all consuming. Advice given one day is often changed the next. Apps can create anxiety as well as resolve it”.

“Assuming these apps do not need massive amounts of input as this would be counterproductive”.

1 in 18 men (5.7%) left further comments:

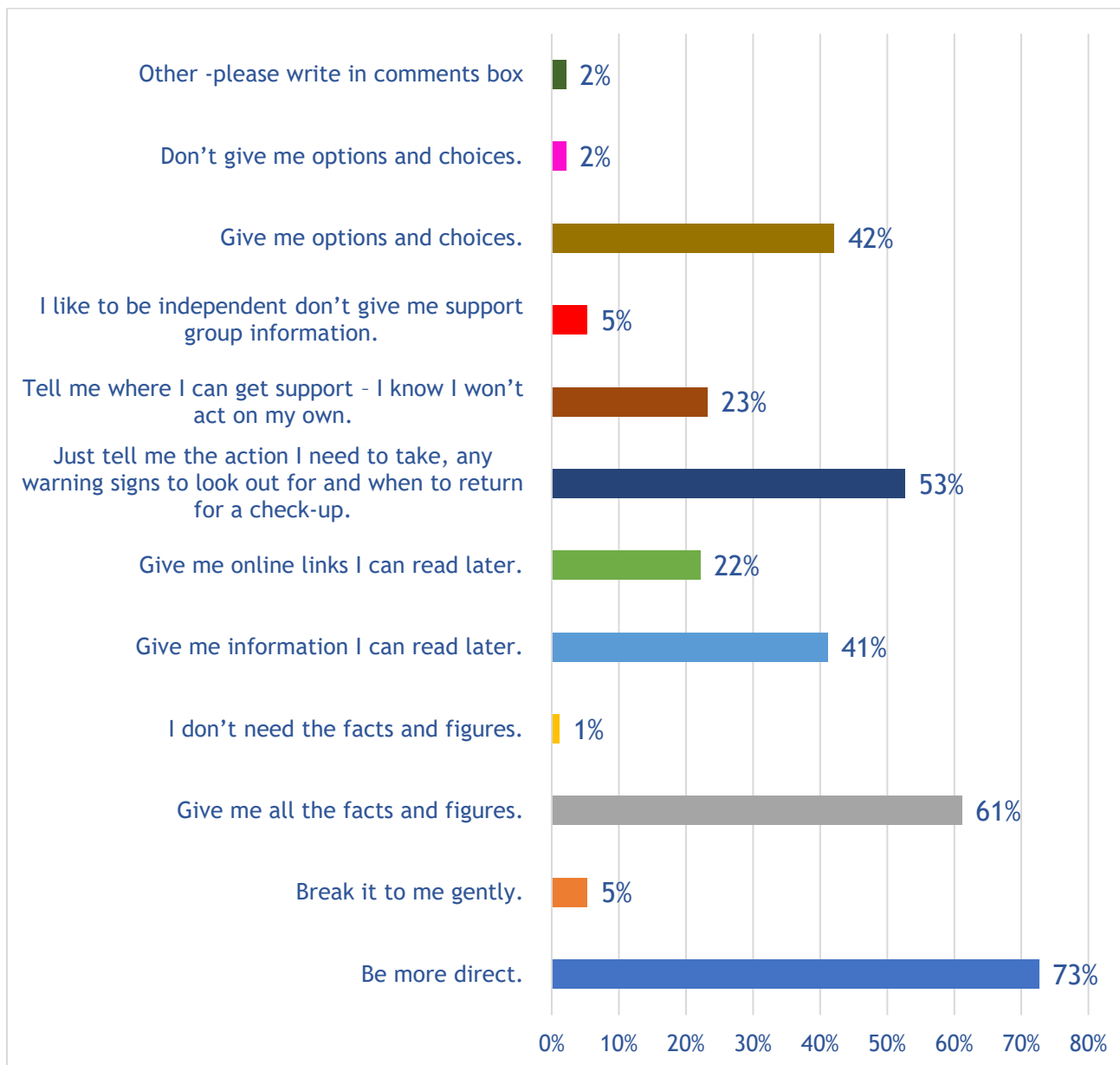
“App for alcohol consumption ticked 3 times!”

“I already use a health and wellbeing app”.

“I already use Samsung health to monitor my daily exercise”.

“I have a health App on my phone but I never use it”.

12) When talking to doctors and health professionals how would you prefer them to inform you about ways to improve your health? (Please tick all that apply). 95 men answered this question.



Over 7 in 10 men (73%) wished doctors and health professionals to be more direct although 1 in 20 men (5%) preferred doctors and health professionals to break it to them gently.

6 in 10 men (61%) wanted to be given all the facts and figures while 1 in 100 men (1%) selected “I don’t need the facts and figures”.

Half of men (53%) chose “Just tell me the action I need to take, any warning signs to look out for and when to return for a check-up”.

Over 2 out of 5 men (42%) wanted to be given the options and choices and a similar number (41%), wanted to be given information that they could read later. 1 in 50 men (2%) preferred not to be given options and choices.

1 in 5 men (23%) wished for doctors and health professionals to tell them where they can get support recognising that they won't act on their own. Conversely 1 in 20 men (5%) preferred to be independent and didn't want doctors and health professionals to give them support group information and 1 in 5 (22%) preferred to be given online links that they could read later.

2% made comments. Men commented about what they want:

"Concise guidelines e.g. - 5 things: Hydrate; Eat breakfast; Exercise; 5 a day; Omega 3"

"Listen! I told you I was ill".

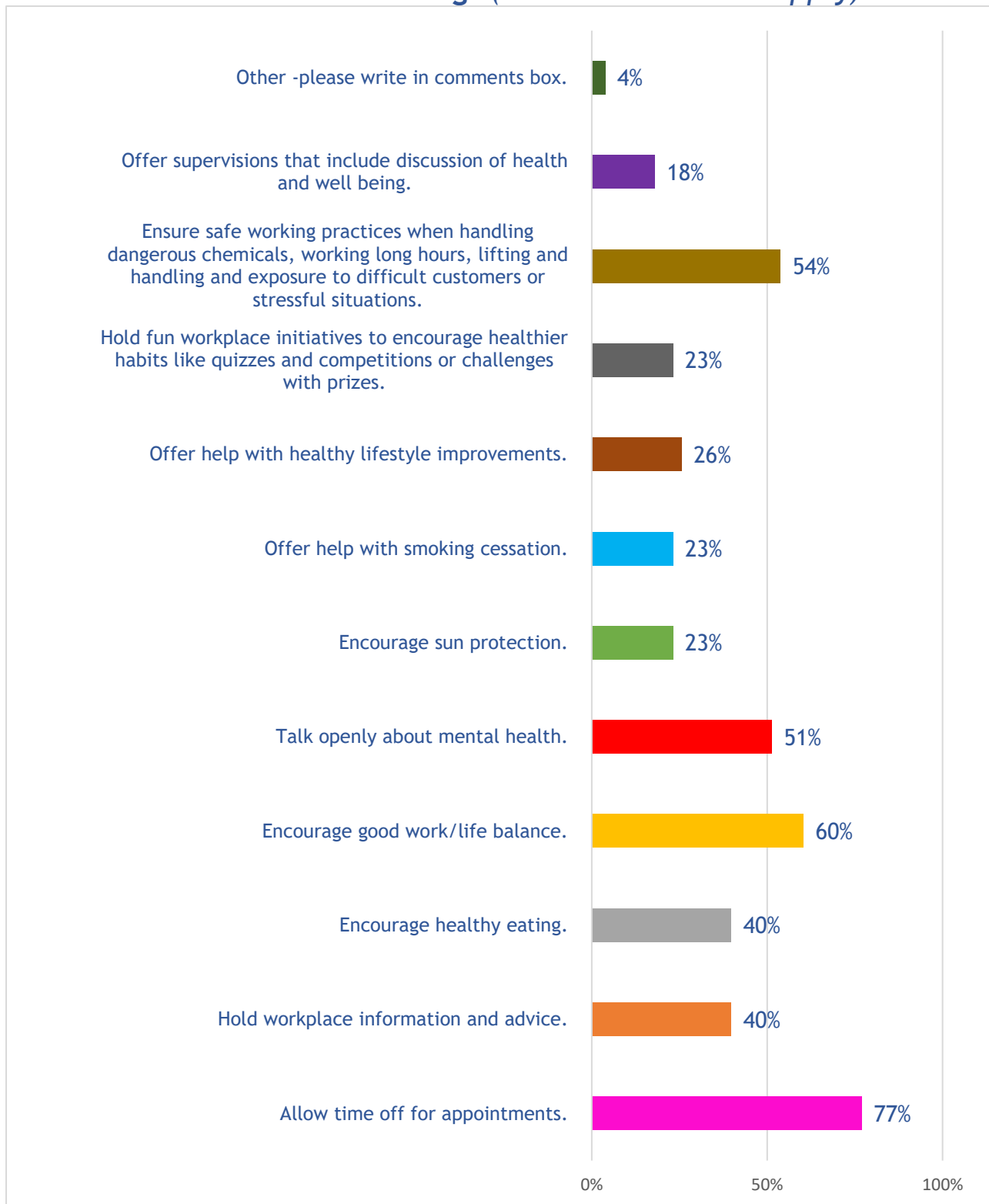
"I want to know as much detail as possible and to be direct, give me the facts and options so I can make informed decisions".

"Much birch surgery with their 5000 patients is very good".

And what they don't want:

"I would not feel comfortable in a support group. They can work such, as AA, but require skilled handling".

13) What could workplaces and employers do to help men to look after their health and wellbeing? *(Please tick all that apply).*



78 men answered this question.

Over 7 out of 10 men (77%) agreed that work places and employers could help men to look after their health and wellbeing by allowing time off for appointments which tallies with the number of men that felt time off work for appointments was a barrier.

6 in 10 men (60%) agreed that work places and employers could help by encouraging good work/life balance.

More than one in three men agreed that workplaces and employers could help by encouraging healthy eating (40%), holding information and advice (40%) and talking openly about mental health (41%).

1 in 5 men felt that workplaces and employers could help by encouraging sun protection (23%) and offering help with smoking cessation (23%)

1 in 4 agreed that workplaces and employers could help by offering help with healthy lifestyle improvements (26%).

Over 1 in 5 (23%) agreed that work places and employers could help by holding fun workplace initiatives to encourage healthier habits like quizzes and competitions or challenges with prizes.

Over half (54%) unsurprisingly agreed that workplaces and employers could help by ensuring safe working practices when handling dangerous chemicals, working long hours, lifting, and handling and exposure to difficult customers or stressful situations. However, as this ought to be legal standard health and safety practice it may be more surprising that it isn't a higher percentage and may reflect that men in spite of legal requirements men do not expect this standard practice at work which is a bit worrying.

Just under 1 in 5 (18%) agreed that workplaces and employers could help by offering supervisions that include discussion of health and wellbeing.

4% wrote comments including some men that said they were retired. Other comments included:

“Fortunately, my employer does all of above”.

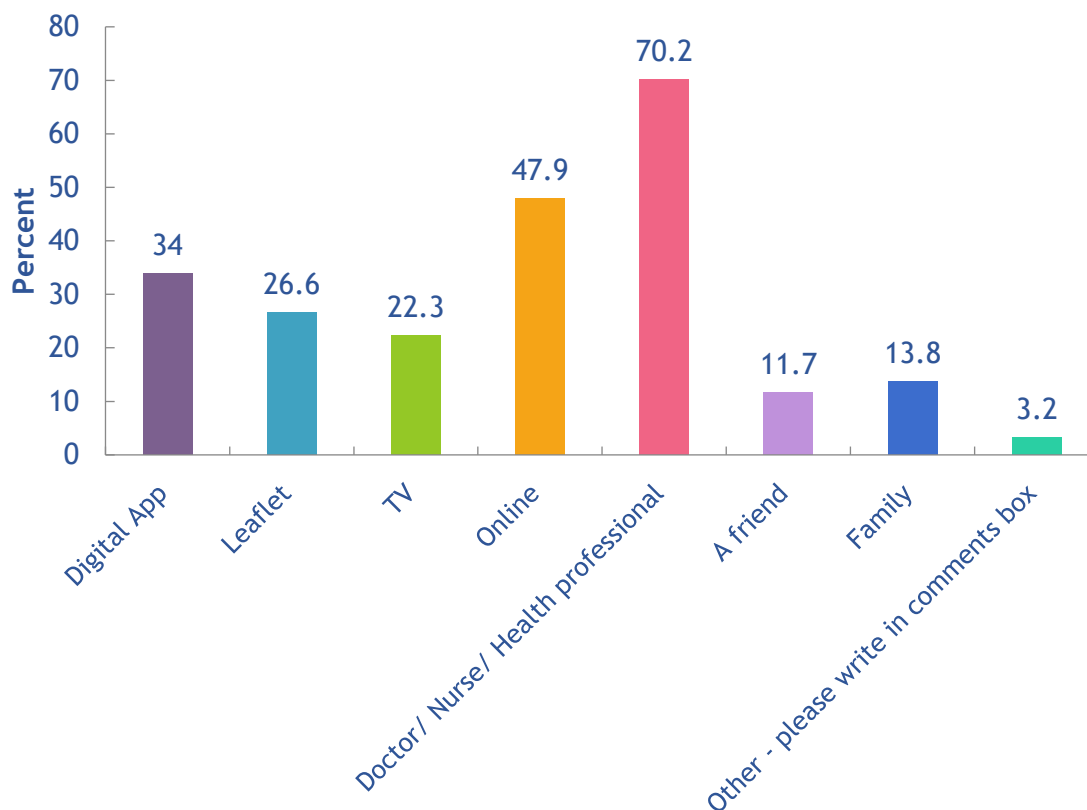
“All of these would help - most men treat this far too lightly and need reminding plus showing how important it is!”

“Be kinder”

“Depends if the workplace is large enough to sustain nurse/medical contact. This would have to operate on an outreach basis being inclusive of all workers and not dependent on men coming to them”.

14) My preferred ways to access information and/ or advice about my physical health: (Please tick all that apply).

94 men answered this question.



7 in 10 (70.2%) men preferred to access information and /or advice about their physical health from a doctor/ nurse/ health professional.

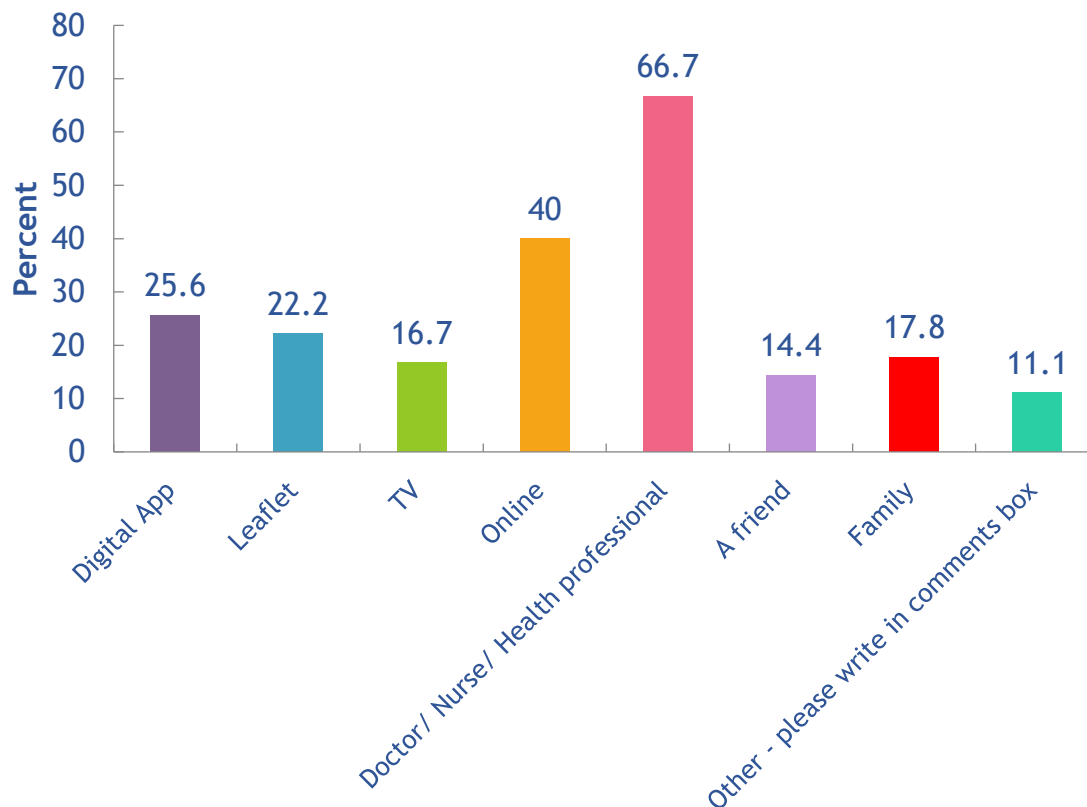
1 in 2 preferred online (47.9%), **1 in 3** through a digital app (34%), and **1 in 5** by TV (22.3%) while **over a quarter** favoured a leaflet (26.6%).

Just over 1 in 10 preferred to access information or advice about their physical health from family (13.8%) or a friend (11.7%). Influencing men through their families and friends is reflected in other questions too.

Additional suggestions made by **3.2%** included radio, tv role models and by text.

15) My preferred ways to access information and/ or advice about my mental health: (Please tick all that apply).

87 men answered this question.



This shows a very similar profile to access to services for physical health except that more suggestions were made.

A similar percentage, the majority, **over 6 in 10 men (66.7%)**, preferred to access information and/ or advice about their mental health from a doctor/ nurse or health professional.

2 in 5 men (40%) preferred online access, next came Digital app preferred by **a quarter of men (25.6%)** and **just over 1 in 5 men (22%)** preferred access through a leaflet.

Just under 1 in 6 men (17.8%) preferred to access information and advice about mental health through their family and **1 in 7 (14.4%)** through a friend.

In physical health preference for information and advice from family and friends was chosen by a quarter of men while for mental health it was chosen by a third of men. This may reflect a reluctance to seek help outside of known people and perhaps a perception of stigma?

1 in 6 men (16.7%) preferred to access information and /or advice about their mental health from the TV.

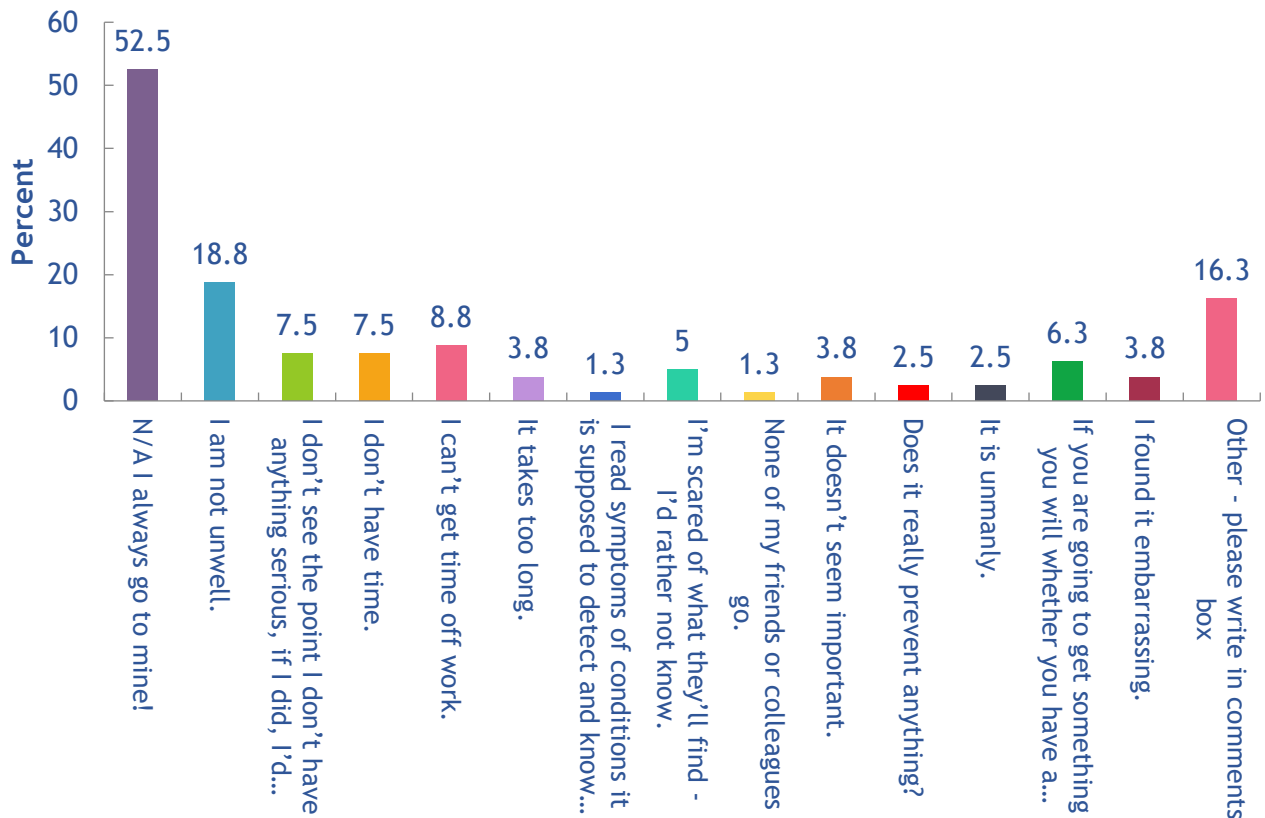
1 in 9 men made comments:

Additional preferences included “Radio”, “Wife”, “Text”, specific mental health services such as “IAPT”, “Let’s Talk 2Gether” and “Books”.

Other comments included “I’m too old to access information online”, “N/A”, “Deal with it myself”, “I do not have any mental health issues so have never looked into it”.

16) The reason I don’t go for an offered health check is because: *(Please tick all that apply).*

75 men answered this question.



Over half of men (52.5%) chose I always go to mine!

Men chose options that revealed that they saw no point because they believe they are not unwell **almost 1 in five (18.8%)**, they don’t have anything serious, if they did, they’d know (**1 in 13 men, 7.5%**).

A small number of men have read the symptoms of conditions it is supposed to detect and know they are ok (**1.3%**).

1 in 13 (7.5%) say that they don’t go because they don’t have time or they can’t get time off work (**1 in 11 men 8.8%**) or it takes too long (**1 in 26 men 3.8%**).

1 in 40 men (2.5%) are sceptical about the benefits choosing does it really prevent anything?

1 in 16 men (6.3%) are fatalistic choosing if you are going to get something you will whether you have a check or not.

1 in 20 men (5%) were fearful choosing I'm scared of what they'll find - I'd rather not know, while **1 in 26 men** found it embarrassing (**3.8%**).

1 in 26 men (3.8%) chose it doesn't seem important, 1 in 40 men thought it unmanly (2.5%) and a small number (**1 in 70, 1.3%**) didn't go because none of their friends or colleagues go.

Comments included many men saying they had not been offered one or didn't know about them:

"I didn't even know about health checks. Have never seen or heard about them".

"I am never offered one".

"Not been asked". "Not offered". "Never been offered". "Haven't been offered".

"I don't think I've ever been offered a health check".

"I've never been offered one. (young person)".

"I haven't been offered one but if I was I would".

Men said they always go:

"I always go to checks if offered".

"Already have regular health checks".

"Never pass one up!"

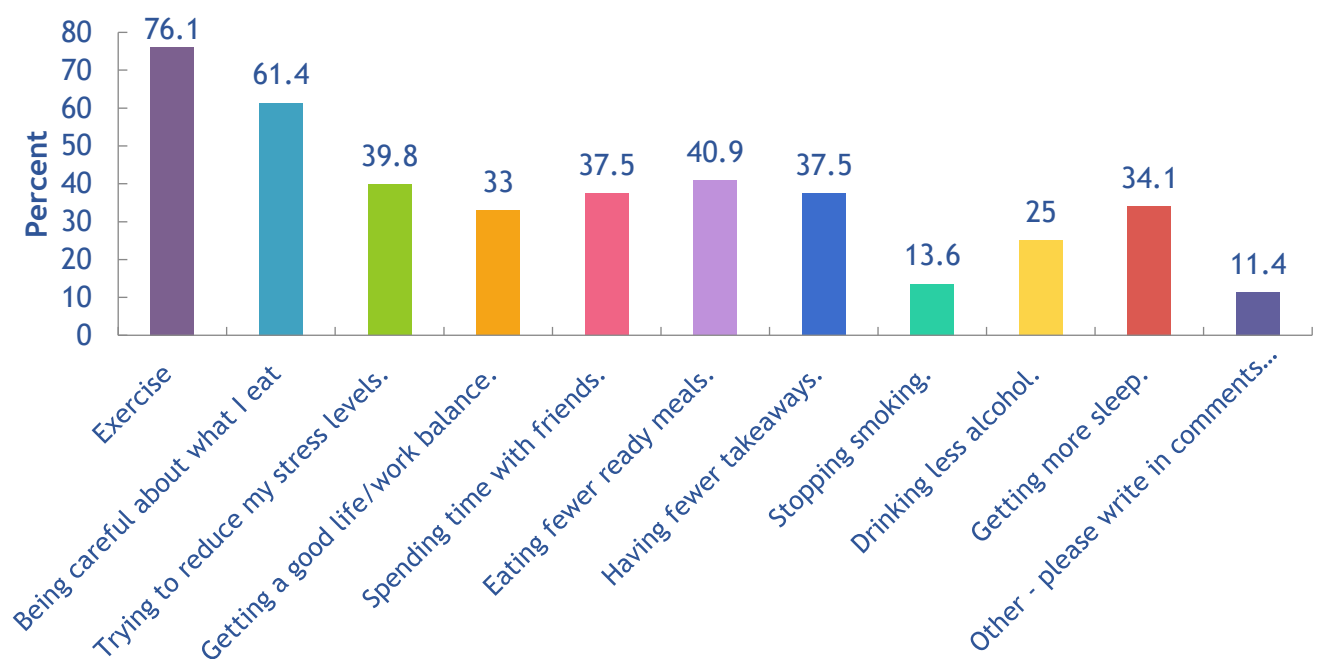
"Not offered"

A few men explained their mistrust or issues with services:

"It's always too hard to book a timeslot".

"Doctors do not reassure me about what is going on".

17) I take steps to improve my health by: (Please tick all that apply).



88 men answered this question.

Men take steps to improve their health in many areas with **over 7 in 10 men, (76.1%)**, concentrating on exercise.

Many men take steps to improve their health by being careful what they eat (**6 in 10 men, 61.4%**), with **more than 2 in 5 (40.9%)** taking steps to eat fewer ready meals, **more than a third (37.5%)** having fewer takeaways and **a quarter (25%)**, drinking less alcohol.

Over a third of men (39.8%) take steps trying to reduce their stress levels, getting a goodlife/ work balance (**33%**), spending time with friends (**37.5%**) and getting more sleep (**34.1%**).

1 in 7 men (13.6%) take steps to improve their health by stopping smoking.

Over one in ten men left comments (11.4%) including:
Three that said they didn't take steps to improve their health.

"I don't"

"I wish!!"

"I am sorry to say I don't take steps - fate?"

One commented "My stress is high".

Four men felt that they did not need to take steps because they did not have unhealthy habits to combat:

"No smoking."

"Don't eat ready meals or takeaways".

"I stopped smoking 15 years ago".

"Never smoked and drink very moderately".

Three men had additional suggestions for steps to improve their health:

"Live music".

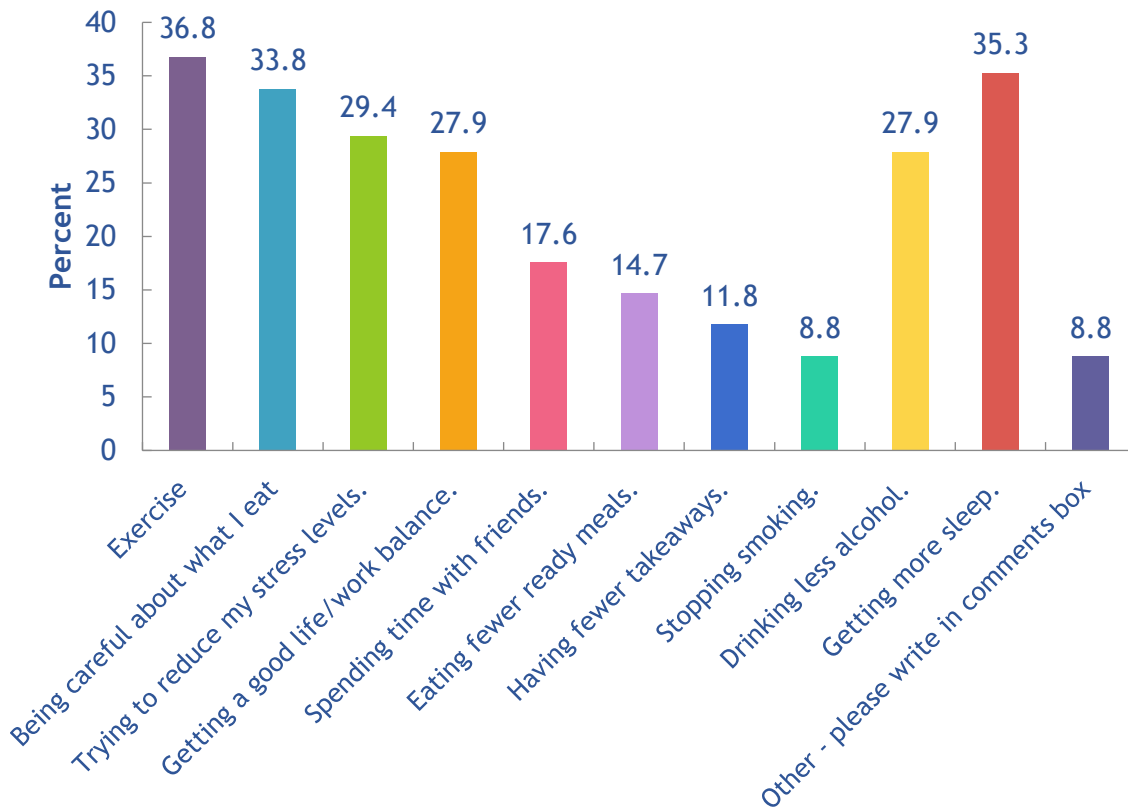
"Go for a swim".

"Sex".

One man with M.E. had concerns about what more they could do for themselves and felt services could offer them more help:

"There is nothing more I can do which would improve my very poor health. I need help, which the NHS resolutely refuses to provide, to ameliorate the devastating effect of M.E. No treatment, no care, no support - no compassion. M.E. sufferers have been abandoned".

18) I struggle to improve my health in these areas:
 (Please tick all that apply). 68 men answered this question.



Approximately half the number of men taking steps to improve their health in the previous question said they struggled in some areas by filling this question (47.3%).

Over a third struggled to improve their health in the area of exercise (36.8%).

Over a third (33.8%) struggled to be careful about what they ate, 1 in 7 (14.7%) men struggled to eat fewer ready meals and 1 in 10 (11.8%) men struggled to have fewer take-aways.

Over a quarter of men (27.9%) struggled to drink less alcohol.

Just under a third of men (29.4%) struggled trying to reduce their stress levels, getting a good life/work balance (27.9%), 1 in 6 men (17.6%) struggled to spend time with friends and over a third (35.3%) struggled with getting more sleep.

1 in 11 men (8.8%) struggled to stop smoking.

Comments were mostly from men that had not checked any boxes because they felt that they did not struggle with steps to improve their health.

“I don’t really struggle with any of this, I am a very fit and active 72-year-old because I have always taken good care of myself”.

“I don’t struggle to improve my health”.

“I don’t struggle with any of these, although I work hard and enjoy it, so have to force myself to stop and get enough sleep!”

One commented, “I cannot speak for all men, but it would be easier for me to speak about health problems (sexual health included) if I speak to a female doctor”. One man said, “Don't go to Broadlands swimming pool”, one simply said “Sleep” and another said “F*** toxic masculinity”.

Two men commented on the survey itself:

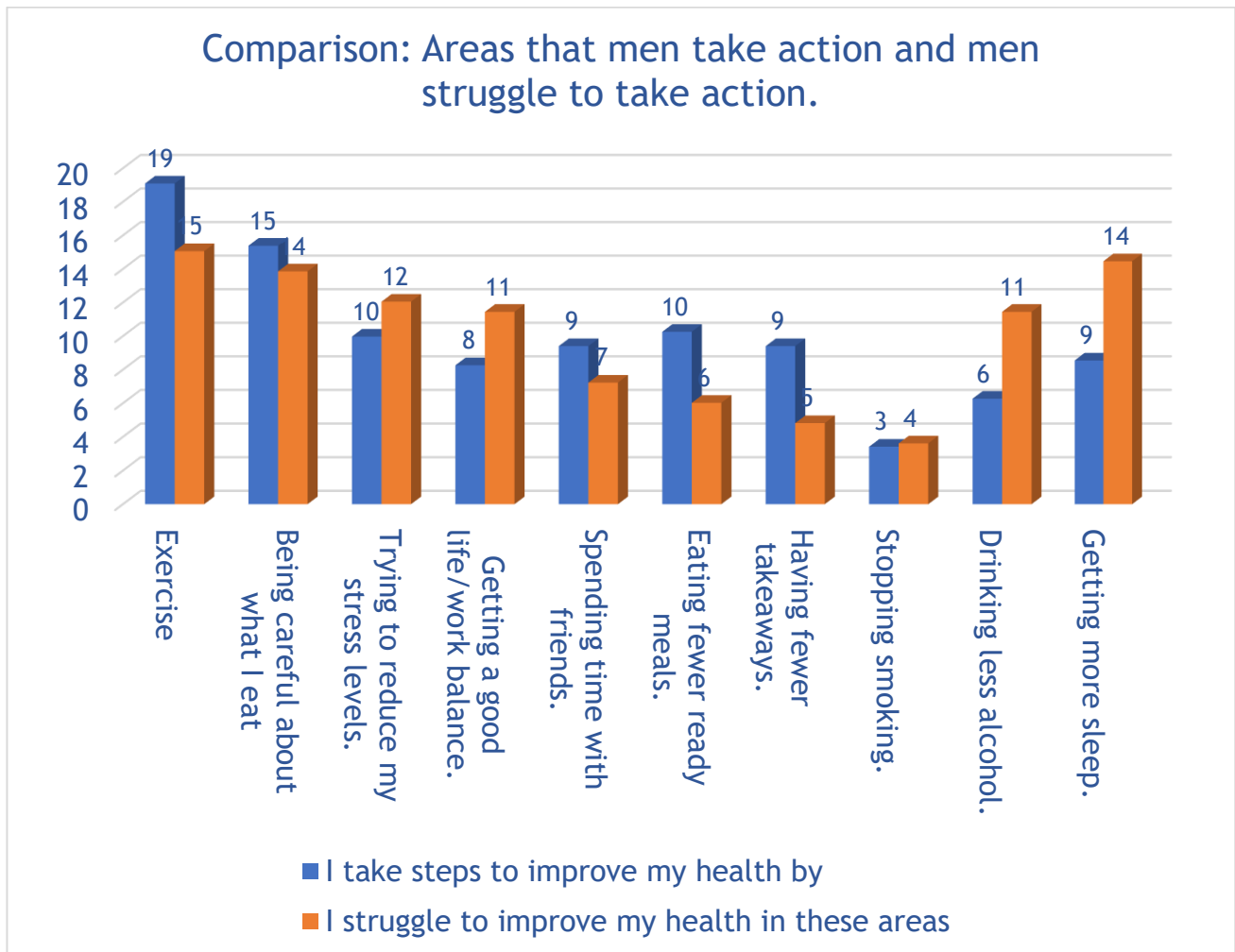
“I feel that in so many older men information is solely gained from doctors and trained nurses. the questionnaire is too large to answer with any real critique”.

“Rather badly written questionnaire! and patronising! (So difficult to answer suitably/usefully). And annoying! How about putting in the occasional 'Don't Know' option, for example?”

One man questioned why they should eat fewer ready meals, “Eating fewer ready meals???” and another commented “You are what you eat”.

Comparing the two last questions.

There is overall a good correlation that seems to indicate that men are taking action to improve their health even in areas that they struggle with. The graph below indicates that in this sample of men, the men struggling to take action to reduce their stress levels, get a good life/work balance, drink less alcohol, and get more sleep outweigh those taking action in that area.



6 Conclusion

Men are very willing to talk about their health once they are engaged. Often men do not make time for appointments are stressed and busy and do not prioritise themselves. They depend a little too much on others to keep them informed especially their wives instead of taking responsibility themselves.

Men are willing to talk about their health and wellbeing given a catalyst to start the conversation - it is not something men generally converse about especially with other men. A lot of conversation was prompted in some of the informal drop-in sessions we conducted where we encouraged men to have a go at a short quiz that made them think about what they knew.

Other pub-goers, often women, and the publicans, noted how they don't normally talk about this sort of thing even though many of the men are combatting health issues, and felt it was positive that they were all continuing to talk about their health around the pub after they'd completed the quiz and the survey, before we left.

Of course, not everyone wants to talk about their health and wellbeing when they go to the pub after work or while they are in their leisure activities but encouraging men to talk about their day, their feelings and their health more often would be a step to helping them de-stress after a hard day's work, to share issues, and to gain information and support from their peers and from services.

Encouraging talking and mutual support is key to helping men with physical and perhaps more particularly, mental health issues and men's comments indicate that authentic personal stories and role models they trust can inspire them to act.

Arming pubs and leisure services with useful posters, information and resources and fun health quizzes, perhaps even offering talks might also be a good way to reach men that are delaying or avoiding taking action to prevent health issues become more serious.

It was good to see that many men do take care of themselves, prioritise their health and act to improve their wellbeing. Men said they struggle in most areas and advice and information with recommended apps and online links for those who enjoy technology are useful to them. The areas they struggle to act most are to reduce their stress levels, get a good life/work balance, drink less alcohol and get more sleep.

Encouraging employers and workplaces to support their male workforce to consider and talk about their health and wellbeing and offering resources that would help is also an idea welcomed by men.

In addition, an emphasis on good HR practice regarding time off for health appointments and support to reduce stress and achieving a good life/work balance seems a productive

area for health and wellbeing services to engage in conversation with employers and workplaces. By supporting men to be healthier physically and mentally employers and workplaces will have a more productive workforce, better retention and a more positive workplace culture.

Men have many good creative ideas about how to reach them with information and advice and we hope that services will use these insights to better serve their male customers and service users.

It was worthwhile for Healthwatch Herefordshire to try out new engagement methods as we found we were able to listen to men's opinions in far greater numbers.

We shall look at using more varied techniques, venues and timings in future to make sure that we engage fully with different target groups including men who have been underrepresented in our work in the past.

8 Appendices

8.1 Additional considerations and observations

We noted a number of areas that services may wish to consider arising from men's comments. From these we extracted 4 main recommendations. Services may wish to reflect upon these additional considerations noted under the areas questioned, as well as the main recommendations.

Health Checks

1. Consider why so many men say that they have not been offered a health check.
2. Consider targeting the main barriers to attending health checks with publicity and messaging about what health checks are and their benefits and importance in prevention aiming to address or combat views that you should only go if you feel ill, fears of receiving bad news, other men don't go, and embarrassment.
3. Consider ways to make booking easier and appointment timings reliable.
4. Consider offering easy quick health check access in alternative venues such as in pharmacies, sports and community venues or workplaces in partnership with organisations that would encourage their users, members, or employees to participate.

Role Models

1. Consider how Herefordshire could use male role models to promote action to seek medical help or take action to improve their health and wellbeing.

The preferred ways to access information and/or advice and inform men about how to look after their physical and mental health.

1. Continue to use multiple media platforms to give and promote information and/or advice about how men can look after their physical health including the most popular ones of Social media, Online and TV and radio and to promote apps.
2. Continue to use direct mailing methods through the GP/ doctor/ nurse / and health professionals by email, messaging, letters, and leaflets including ensuring that men know they can go to their GP about their mental health.

3. Consider how to create useful information to reach men through family and friends, piers, and workplaces especially, to help support networks to encourage men to seek help with their mental health.
4. Consider the messages that men suggest and places to advertise or place leaflets or information posters. For example, pubs and clubs, pub toilets, sport venues, workplaces, and pharmacies.
5. Consider publicising and making men aware of the choices of sources and modes of delivery available to them and how to access them.

Where should Health organisations put Health messages that you would look at and read?

1. Consider men's suggestions and compare to current practice to see if new approaches could be tried.
2. Consider free promotions such as using the Men's Health Forum Man Manual, other resources, and fun activities like quizzes to engage and to encourage men to hear and act upon health messages.

What services did men say they would consider accessing if there were local community initiatives to help them to improve their health and wellbeing? Where in the community would men most likely access local community initiatives to help improve their health and wellbeing?

1. Consider offering specific health checks that men would consider accessing in new venues such as community buildings and public spaces particularly blood pressure and cholesterol checks and cancer screening (especially prostate/ testicular) as well as pharmacies that men recognise as an easy and quick access point.
2. Consider linking with army transition programmes when men end their military career as, ex-military men told us that "men often have everything done for them" and it would be useful if the transition programme at the end contains some advice re: taking care of your own health and where to go.

The NHS long Term Plan suggests that men like digital Apps? "Give a man a gizmo and he'll use it". We asked men, is this true for you and would you use one to help you improve your health and wellbeing?

1. Consider men's responses and publicise available apps in the areas that most were interested in to help them to eat better, improve their mental health, sleep and reduce stress and to help them exercise.

When talking to doctors and health professionals how would men prefer them to inform them about ways to improve their health?

1. Doctors and health professionals to consider men's comments when informing men about ways to improve their health as most wish them to be more direct (always bearing in mind those few that don't).

What men thought workplaces and employers could do to help men to look after their health and wellbeing.

1. Consider how workplaces and employers can be more proactively targeted and supported and motivated by services to help men to look after their health and wellbeing by encouraging men to take time off for appointments (allowing it), encouraging good work/life balance encouraging healthy eating, offering fun health inspiring activities, safe work places and encouraging supervision.

What steps do men take to improve their health? In what areas do men struggle to improve their health? Comparing what steps men take to areas they struggle in to improve their health.

1. Continue to encourage men to take steps to improve their health in all areas that they wish.
2. Consider targeting the areas that they struggle in most and consider whether more could be done in those areas to help men to reduce their stress levels, get a good life/work balance, drink less alcohol and get more sleep.

8.2 Survey

Men's Health

This survey is intended for men to fill please.

Thank you for helping Healthwatch Herefordshire to carry out its men's health project in 2019/20.

We aim to make sure that men's views and wishes are heard by services that are offering information, advice, support and services to improve health and social care in Herefordshire.

As well as this survey we will be out and about with quizzes, engagements and Man Manuals to raise awareness of changes to your lifestyle that can improve your health and well being.

See our website for details.

Thank you again.

Men's Health Survey

1) Far fewer men take up the opportunity to have an NHS Health Check in Herefordshire (and elsewhere in Britain) than women.

Have you been invited to have an NHS Health Check by your GP?

Yes I went and I would go again

Yes I went but I wouldn't go again

Yes I didn't go

No

Comments:

2) What would encourage you to go to have an NHS Health Check?

3) What puts you off going to have an NHS Health Check? (Are there barriers to going that you can tell us about?)

4) Do male role models talking about men's health issues encourage you to seek medical help or take action to improve your health and well being?

Yes always

Yes Sometimes

Rarely

No

5) Can you give an example of a role model that has made a difference to you?

6) What is the best way to inform men about how to look after their physical health in your opinion?

7) What is the best way to inform men how to look after their mental health in your opinion?

8) Where should Health organisations put Health messages that you would look at and read?

9) If there were local community initiatives to help you to improve your health and wellbeing what services would you consider accessing? (Please tick all that apply).

Checking my blood pressure.

Checking my cholesterol levels.

Advice on healthy eating.

Advice on Exercise.

Advice on stopping smoking.

Advice on taking care in the sun.

Advice on Diabetes prevention.

Advice on treating minor illnesses, e.g. coughs and colds. (This support may include medicines which you can buy over the counter from the pharmacy without a prescription).

Advice on treating long-term conditions such as arthritis or diabetes. (This support may include medicines which you can buy over the counter from the pharmacy without a prescription).

Information about how to access health checks and NHS screening.

- Other cancer screening advice like Bowel cancer screening .
- Other cancer screening advice like testicular or Prostate cancer screening.
- How to get a urine flow test.
- How to have a heart check or ECG.
- Advice about available Health checks generally.
- How to get help with your mental health? Having a mental health review?
- How to ask for a medication review?
- Information about reliable sources of Health information and self-help?
- Other - please write in comments box.

Comments:

10) Where in the community would you most likely access this information? (Please tick all that apply).

- A community Pharmacy.
- Local village hall.
- In Hereford shopping centres or supermarkets.
- In Hereford community buildings like Kindle Centre, Churches, The Courtyard, Leisure Centres.
- In Market Town shopping centres or supermarkets.
- In Market Towns community buildings.
- Other - please write in comments box.

Comments:

11) The NHS long Term Plan suggests that men like digital Apps? “Give a man a gizmo and he’ll use it”. Is this true for you and would you use one to help you improve your health and wellbeing? (Please tick all that apply).

- Yes, I like Apps and would be interested in an app I could use to improve my health and wellbeing.
- Yes, I like Apps and would be interested in an app I’d use an App that helped me exercise.
- Yes, I like Apps and would be interested in an app I’d use an App that helped me sleep and reduce my stress.
- Yes, I like Apps and would be interested in an app I’d use an App that helped me improve my mental health.

Yes, I like Apps and would be interested in an app I'd use an App that helped me eat better.

Yes, I like Apps and would be interested in an app I'd use an App that helped me measure my alcohol consumption.

I like Apps, but I'd not use one for health and well being.

No, I don't like Apps.

What is an APP?

Other - please write in comments box.

Comments:

12) When talking to doctors and health professionals how would you prefer them to inform you about ways to improve your health? (Please tick all that apply).

Be more direct.

Break it to me gently.

Give me all the facts and figures.

I don't need the facts and figures.

Give me information I can read later.

Give me online links I can read later.

Just tell me the action I need to take, any warning signs to look out for and when to return for a check-up.

Tell me where I can get support - I know I won't act on my own.

I like to be independent don't give me support group information.

Give me options and choices.

Don't give me options and choices.

Other -please write in comments box

Comments:

13) What could workplaces and employers do to help men to look after their health and wellbeing? (Please tick all that apply).

Allow time off for appointments.

Hold workplace information and advice.

Encourage healthy eating.

Encourage good work/life balance.

Talk openly about mental health.

- Encourage sun protection.
- Offer help with smoking cessation.
- Offer help with healthy lifestyle improvements.
- Hold fun workplace initiatives to encourage healthier habits like quizzes and competitions or challenges with prizes.
- Ensure safe working practices when handling dangerous chemicals, working long hours, lifting and handling and exposure to difficult customers or stressful situations.
- Offer supervisions that include discussion of health and well being.
- Other -please write in comments box.

Comments:

14) My preferred ways to access information and/ or advice about my physical health:
(Please tick all that apply).

- | | | |
|--------------------------------------|--|------------------|
| <input type="checkbox"/> Digital App | <input type="checkbox"/> Doctor/ Nurse/ Health professional | <i>Comments:</i> |
| <input type="checkbox"/> Leaflet | <input type="checkbox"/> A friend | |
| <input type="checkbox"/> TV | <input type="checkbox"/> Family | |
| <input type="checkbox"/> Online | <input type="checkbox"/> Other - please write under comments | |

15) My preferred ways to access information and/ or advice about my mental health:
(Please tick all that apply).

- | | | |
|--------------------------------------|--|------------------|
| <input type="checkbox"/> Digital App | <input type="checkbox"/> Doctor/ Nurse/ Health professional | <i>Comments:</i> |
| <input type="checkbox"/> Leaflet | <input type="checkbox"/> A friend | |
| <input type="checkbox"/> TV | <input type="checkbox"/> Family | |
| <input type="checkbox"/> Online | <input type="checkbox"/> Other - please write under comments | |

16) The reason I don't go for an offered health check is because: (Please tick all that apply).

- N/A I always go to mine!
- I am not unwell.
- I don't see the point I don't have anything serious, if I did, I'd know.

- I don't have time.
- I can't get time off work.
- It takes too long.
- I read symptoms of conditions it is supposed to detect and know I'm ok.
- I'm scared of what they'll find - I'd rather not know.
- None of my friends or colleagues go.
- It doesn't seem important.
- Does it really prevent anything?
- It is unmanly.
- If you are going to get something you will whether you have a check or not.
- I had one before and it said I was fine.
- I found it embarrassing.
- Other - please write in comments box

Comments:

17) I take steps to improve my health by:
(Please tick all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Having fewer takeaways. |
| <input type="checkbox"/> Being careful about what I eat | <input type="checkbox"/> Stopping smoking. |
| <input type="checkbox"/> Trying to reduce my stress levels. | <input type="checkbox"/> Drinking less alcohol. |
| <input type="checkbox"/> Getting a good life/work balance. | <input type="checkbox"/> Getting more sleep. |
| <input type="checkbox"/> Spending time with friends. | <input type="checkbox"/> Other - please write in comments box |
| <input type="checkbox"/> Eating fewer ready meals. | |

Comments:

18) I struggle to improve my health in these areas:
(Please tick all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Having fewer takeaways. |
| <input type="checkbox"/> Being careful about what I eat | <input type="checkbox"/> Stopping smoking. |
| <input type="checkbox"/> Trying to reduce my stress levels. | <input type="checkbox"/> Drinking less alcohol. |
| <input type="checkbox"/> Getting a good life/work balance. | <input type="checkbox"/> Getting more sleep. |
| | <input type="checkbox"/> Other - please write in comments box |

() Spending time with friends.

() Eating fewer ready meals.

Comments:

Thank You!

8.3 Quiz

Men's Health - Quiz

- 1 The average male should consume about 3,000 calories a day. A pint of beer/ Lager contains 300 calories. Which of these has more calories?
 - a) A slice of pizza
 - b) A slice of Chocolate Cake
 - c) A sugar glazed doughnut
 - d) Half a tube of Pringles
- 2 Below what waist measurement (measuring along the line of your belly button NOT under your belly), should a man aim to have, to lower their risk of developing heart disease, type 2 diabetes, cancer and erection problems to “OK”?
 - a) 32 inches or lower
 - b) 37 inches or lower
 - c) 37-40 inches or lower
 - d) 45 inches or lower
- 3 The under 75 mortality rates for cardiovascular diseases considered preventable for men is almost three times as high as for women in Herefordshire (280%).

One of the 4 main risk factors linked with cardiovascular disease is a poor diet what are the other 3?

- 4 Nice, (National Institute for health and care excellence), guidelines say an adult should eat no more than 6g of salt a day. How many teaspoons a day is this?
 - a) ½ teaspoon
 - b) 1 teaspoon
 - c) 2 teaspoons
 - d) 3 teaspoons
- 5 The government recommends that: men should not have more than 30g of saturated fat a day.

Put these foods in increasing order of saturated fat:

- a) A Greg's 103g sausage roll.
- b) A Pizza Hut peperoni individual pan pizza (9").
- c) A Pukka Steak and Ale Pie.
- d) An average Indian takeaway.
- e) A standard, 51-gram Mars bar.

6 For how many hours a week does the NHS recommend that men aged 19 -64 should do moderate aerobic activity or exercise?

- a) 30 minutes 5 days a week.
- b) 30 minutes three times a week.
- c) 15 minutes a day moderate aerobic activity.
- d) At least an hour a day of moderate aerobic activity every week.

7 According to cancer research UK experts say that 4 out of 10 cancers are preventable by lifestyle changes. They describe 8 lifestyle changes for example not smoking. Name 5 others.

8 The NHS defines binge drinking as 8 units of alcohol in a single session for men and 6 units in a single session for women.

Dan the Man goes out for a drink on three successive Saturdays.

- On the first he has 2 pints of 5.2% lager,
- On the second 5 bottles (330ml) of 5% strength beer
- And the third 5 small (125ml) glasses of 13% wine.

On which Saturday did Dan binge drink?

- a) All of them.
- b) The second and third Saturdays.
- c) The third Saturday only.
- d) None of them.

9 GP practices send out invitations and arrange for people aged 40 years or over to attend for their NHS Health Check every 5 years. Between 2014 and Quarter 1 2018/2019 96.8% of Herefordshire population were offered NHS Health Checks. What percentage were taken up?

- a) 22.3%
- b) 45.4%

c) 67.3%

d) 86.2%

For a bonus point what screening is offered to men and women aged 60 to 74?

10 What is the single biggest killer of men below 45 in Britain?

a) Heart disease.

b) Alcohol.

c) Obesity.

d) Suicide

e) Cancer.

XX

8.4 Quiz Answers

Pub-style Quiz - Men's Health Answer sheet

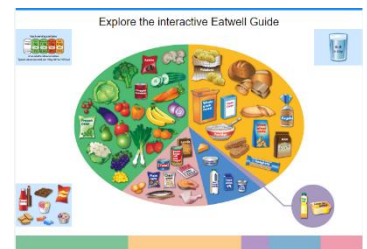
Men's Health - Quiz

- 11 The average male should consume about 3,000 calories a day. A pint of beer/ Lager contains 300 calories. Which of these has more calories?
- e) A slice of pizza
 - f) A slice of Chocolate Cake
 - g) A sugar glazed doughnut
 - h) Half a tube of Pringles

Answer d). Half a tube of Pringles is 506 calories!
a), b) and c) contain about 200 calories about the same number of calories in a pint of beer or lager.

The Eatwell Guide shows that to have a healthy, balanced diet, people should try to:

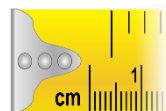
- eat at least 5 portions of a variety of fruit and vegetables every day (see 5 A Day)
- base meals on higher fibre starchy foods like potatoes, bread, rice or pasta
- have some dairy or dairy alternatives (such as soya drinks)
- eat some beans, pulses, fish, eggs, meat and other protein
- choose unsaturated oils and spreads, and eat them in small amounts
- drink plenty of fluids (at least 6 to 8 glasses a day)



If you're having foods and drinks that are high in fat, salt and sugar, have these less often and in small amounts. Try to choose a variety of different foods from the 5 main food groups to get a wide range of nutrients.

To read more go to: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>
There's a lot more on eating on the Men's Health Forum website:
<https://www.menshealthforum.org.uk/food-faqs>

- 12 Below what waist measurement (measuring along the line of your belly button NOT under your belly), should a man aim to have, to lower their risk of developing heart disease, type 2 diabetes, cancer and erection problems to "OK"?
- e) 32 inches or lower
 - f) 37 inches or lower
 - g) 37-40 inches or lower
 - h) 45 inches or lower



Correct answer is b) 37 inches or lower.

Why is belly fat important?

Even if you have a healthy weight and body mass index (BMI), carrying too much fat around your middle (waist) can increase your risk of developing heart disease, type 2 diabetes, cancer and erection problems.

To measure your waist: find the bottom of your ribs and the top of your hips measure midway between these points (probably around your belly button) breathe out naturally before taking the measurement.

If your waist is 94cm (37ins) or more (for men) you are at higher risk of the diseases mentioned. If your waist is 102cm (40ins) or more you are at very high risk and should see your GP. Got a tape measure handy?

13 The under 75 mortality rates for cardiovascular diseases considered preventable for men is almost three times as high as for women in Herefordshire (280%).

One of the 4 main risk factors linked with cardiovascular disease is a poor diet what are the other 3?

Answer: physical inactivity, smoking and excessive alcohol consumption.

The nice (National Institute for health and care excellence), guideline covers the main risk factors linked with cardiovascular disease:

poor diet, physical inactivity, smoking and excessive alcohol consumption.

<https://www.nice.org.uk/guidance/ph25>

Nice aims to reduce the high incidence of cardiovascular disease.

This, in turn, will help prevent other major causes of death and illness, such as type 2 diabetes and many cancers.

(Cardiovascular disease: conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke).

14 Nice, (National Institute for health and care excellence), guidelines say an adult should eat no more than 6g of salt a day. How many teaspoons a day is this?

- e) ½ teaspoon
- f) 1 teaspoon
- g) 2 teaspoons
- h) 3 teaspoons



Correct answer is b) 1 teaspoon.

The British Nutrition Foundation advises that adults should eat no more than 6g of salt a day (2.4g sodium) – that's around 1 teaspoon or 1-2 rashers of bacon.

High levels of salt in the diet are linked with high blood pressure which, in turn, can lead to stroke and coronary heart disease. High blood pressure often has no symptoms, and many people who have high blood pressure don't know it.

Nice highlights what it is most concerned about in a poor diet as high levels of salt, reducing general consumption of saturated fat, trans fatty acids:

15 The government recommends that: men should not have more than 30g of saturated fat a day.

Put these foods in increasing order of saturated fat:

Answer ORDER: e, a, c, b, d however a Mars bar has 30.4 grams of sugar!

Adults should have no more than 30g of free sugars a day, (roughly equivalent to 7 sugar cubes).

- a) A Greg's 103g sausage roll has 13g saturated fat,
- b) A Pizza Hut pepperoni individual pan pizza (9") has 20g saturated fat,
- c) A Pukka Steak and Ale Pie has 14.5g of saturated fat,
- d) An average Indian takeaway contains 23.2g of saturated fat.
- e) A standard, 51-gram Mars bar contains 4.2 grams of saturated fat. This serving size has 35.1 grams of carbohydrates, of which 30.4 grams are from sugar!

As part of a healthy, balanced diet, you should consume fewer foods and drinks that are high in sugars. Sugary foods and drinks can cause tooth decay, especially if you have them between meals.

Many foods that contain added sugars also contain lots of calories but often have few other nutrients. Eating these foods frequently can contribute to becoming overweight. Being overweight can increase your risk of health conditions such as: heart disease, type 2 diabetes and stroke.

Buying lower fat foods: The nutrition labels on food packaging can help you cut down on total fat and saturated fat (also listed as "saturates", or "sat fat").

16 For how many hours a week does the NHS recommend that men aged 19 -64 should do aerobic activity or exercise?

- a. 30 minutes 5 days a week.
- b. 30 minutes three times a week.
- c. 15 minutes a day moderate aerobic activity.
- d. At least an hour a day of moderate aerobic activity every week.

Answer: a) 30 minutes 5 days a week.

To stay healthy or improve health the NHS now recommends that on 2 or more days a week you do exercises that work all the major muscles (Legs, hips, back, abdomen, chest, shoulders and arms) as well as aerobic exercise that strengthens your heart and lungs.

All adults should also break up long periods of sitting with light activity.

17 According to cancer research UK experts say that 4 out of 10 cancers are preventable by lifestyle changes. They describe 8 of these for example not smoking. Name 5 of them.

The cancer rate for all cancers in Herefordshire (excluding breast cancer), is significantly worse for men than for women.

<https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/can-cancer-be-prevented>

How many cancers could be prevented?

In the UK, 1 in 2 people will develop cancer at some point in their lives. Every year, around 360,000 people are diagnosed with the disease. But experts estimate that around 4 in 10 cancer cases could be prevented, largely through lifestyle changes, such as:

1. not smoking
2. keeping a healthy bodyweight

Saturated fats

Saturated fats are found in animal products such as butter, cheese, whole milk, ice cream, cream, and fatty meats, and oils such as coconut, palm, and palm kernel oil.



3. eating a healthy, balanced diet
4. cutting back on alcohol
5. enjoying the sun safely
6. keeping active
7. doing what you can to avoid certain infections (such as HPV or hepatitis)
8. being safe at work (see cancer risks in the workplace)

Surveys have shown that people aren't necessarily aware that all of these things are linked to cancer. For example, studies have found that 15 in 20 people don't know obesity causes cancer, and 18 in 20 people aren't aware of the link between alcohol and cancer.

18 The NHS defines binge drinking as 8 units of alcohol in a single session for men and 6 units in a single session for women.

Dan the Man goes out for a drink on three successive Saturdays.

- On the first he has 2 pints of 5.2% lager, 6units+
- On the second 5 bottles (330ml) of 5% strength beer, 8 units
- And the third 5 small (125ml) glasses of 13% wine, 8 units

On which Saturday did Dan binge drink?

- e) All of them.
- f) The second and third Saturday's.
- g) The third Saturday only.
- h) None of them.



Answer: b) The second and third Saturdays

Binge drinking usually refers to drinking lots of alcohol in a short space of time or drinking to get drunk.

In the UK, binge drinking is drinking more than:

- 8 units of alcohol in a single session for men
- 6 units of alcohol in a single session for women

For more examples, use Alcohol Change's [unit calculator](#).

This is not an exact definition for binge drinking that applies to everyone, as tolerance to alcohol can vary from person to person.

The speed of drinking in a session can also alter alcohol's effects.

Drinking too much, too quickly on a single occasion can increase your risk of:

- accidents resulting in injury, causing death in some cases
- misjudging risky situations
- losing self-control, like having unprotected sex



19 GP practices send out invitations and arrange for people aged 40 years or over to attend for their NHS Health Check every 5 years. Between 2014 and Quarter 1 2018/2019 96.8% of Herefordshire population were offered NHS Health Checks. What percentage were taken up?

- e) 22.3%
- f) 45.4%
- g) 67.3%
- h) 86.2%



Answer: b) 45.4%

For a bonus point what screening is offered to men and women aged 60 to 74?

Answer bonus point: Bowel Cancer Screening

If you are aged 40 or over, do not already have diabetes, stroke, heart or kidney disease, and are not already being treated for high blood pressure or high cholesterol levels then you are eligible for a free NHS Health Check.

In Herefordshire fewer men access health checks than women do.

NHS Health Check: Between 2012 and 2013 the percentage of people in Herefordshire with heart disease, kidney disease, diabetes or suffering a stroke was higher than the average for England. The NHS Health Check is your chance to get a free midlife MOT. It is a sophisticated check of heart health aimed at adults in England aged 40 to 74.

Your NHS Health Check can spot early signs of these conditions and help prevent them happening to you, which means you'll be more likely to enjoy life for longer.

Visit the NHS Health Check page to find out more about what to expect.

Bowel cancer screening

There are 2 types of screening for bowel cancer.

A home testing kit is offered to men and women aged 60 to 74.

20 What is the single biggest killer of men below 45 in Britain?

- f) Heart disease.
- g) Alcohol.
- h) Obesity.
- i) Suicide
- j) Cancer.

Answer: d) suicide.

Herefordshire Let's Talk service for people experiencing Mental Health difficulties is used by significantly more women than men.

Admission episodes for mental and behavioural disorders due to alcohol is higher in men by 190%

The yearly suicide rate among all males between 15 and 34 in Herefordshire is 23.79/100,000. Higher than average nationally (although not statistically significant...)



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