

Appendix E

Getting to the Heart of the Matter: a scrutiny review of men's health

**Staying healthy: a survey of men aged 40 years
living or working in Haringey**

**Overview & Scrutiny Committee
Haringey Council**

April 2012

1. Introduction

- 1.1 The Overview & Scrutiny Committee commissions a number of in depth reviews each year. These reviews assist decision making processes within the council, and can be used to inform service improvement or policy development. Reviews are conducted by a panel of non-executive councillors and the conclusions and recommendations made within the reviews are reported to Overview & Scrutiny Committee and Cabinet (the decision making body of the council).
- 1.2 The following report provides an analysis of survey data collected as part of scrutiny review of men's health undertaken in 2011/2012. It is expected that the data presented in this report may guide and inform the conclusions and recommendations reached within the review.

2. About the scrutiny review

- 2.1 *Getting to the Heart of the Matter* is a scrutiny review of men's health. This is an in-depth study of the issues which may affect men's health and what men can do to help them stay healthy. The review will aim to develop recommendations that help to increase male life expectancy and address health inequalities that exist between those residents within the east and west of the borough.
- 2.2 Given local prevalence data, the review has focused on issues relating to cardiovascular disease, in particular those risk factors associated with this condition (e.g. smoking, obesity), and those underlying factors in relation to broader health inequalities (e.g. education, deprivation). Information obtained within the review will help to inform how local agencies engage the target population and develop appropriate interventions in relation to:
- prevention: smoking, physical activity, alcohol, obesity
 - early intervention (adults over 40):cardiovascular disease.
- 2.3 The review is due to conclude and report to Overview & Scrutiny Committee in April 2012. Once approved by the committee, the recommendations will be considered by the Council executive for approval and implementation.

3. About the survey

- 3.1 The survey had three overarching aims:
- to ascertain current behaviour that men adopt to stay healthy
 - to identify those barriers which may prevent men from keeping fit and staying healthy
 - identify those interventions which may support men to stay healthy.
- 3.2 This survey was designed in consultation with panel members, local officers (Policy, Public Health) and men's health organisations. The survey was also piloted with a sample of officers from Haringey Council and after subsequent amendments, the final survey that was distributed is depicted in Appendix B.

3.3 The target population of this survey was men aged 40 years and over who lived and worked in Haringey. Accordingly, the survey was distributed both electronically and manually via local men's health groups, public health networks, local employers and street outreach. Of the 159 surveys returned:

- 77% were completed on-line
- 13% were completed via street outreach
- 11% were completed via local men's groups.

3.4 It is not possible to calculate a response rate given the electronic distribution of some survey. The absolute number of responses (n=159) was however felt to be sufficient to provide robust and meaningful data and to support the scrutiny review process.

4. Demographics of those who responded

4.1 Demographic characteristics of those of men who responded to the survey are given in Table 1a. This demonstrates that a majority of respondents were aged under 60 years of age, were of white British ethnic origin and heterosexual (Table 1a). Christianity was the most recorded religion among respondents, though 40% of respondents indicated that they were not religious (Figure 1a).

Table 1a – Demographics of respondents					
Age Group (n=150)		Ethnicity (n=151)		Religion (n=145)	
40-49	47%	White British	52%	None	40%
50-59	39%	White other	15%	Christian	41%
60-69	11%	Black African	7%	Muslim	8%
70-79	4%	Black Caribbean	11%	Hindu	6%
Sexuality (n=135)		Indian	5%	Rastafarian	1%
Heterosexual	90%	Asian other	7%	Buddhist	1%
Bisexual	1%	Chinese	1%	Other	4%
Homosexual	10%	Mixed orig.	2%		

4.2 Proportionally fewer responses were received from men who lived in Haringey (38%) compared to those who lived elsewhere in London (Table 1b). Of those respondents that lived in Haringey, N17 was most commonly cited post code of residence (Figure 1). Almost one quarter of respondents (23%) indicated that they had a disability (or long term illness or infirmity). The overwhelming majority of respondents (92%) were in either full-time or part-time paid employment (Table 1b).

Table 1b - Demographics of respondents					
Disability (n=151)		Haringey resident (n=148)		Employment status	
Yes	23%	< 2 years	2%	Full-time	84%
No	77%	2-5 years	7%	Part-time	8%
		6-10 years	5%	Retired	6%
		11 years +	24%	Voluntary	1%
		Non- resident	62%	Unemployed	1%

5.0 Health status of respondents

- 5.1 Respondents were asked to indicate how they would describe their current health status from a preset scale of 'excellent' through to 'poor'. In total, 79% of respondents were in good or better health, with just 4% of respondents indicating that they were in poor health (Figure 2). Perhaps not unexpectedly, further analysis of responses found higher levels of self-reported 'fair' or 'poor' health among those with a disability and older respondents (Table 2).

Table 2 - Health status					
	Excellent	Very Good	Good	Fair	Poor
All (n=156)	8%	31%	40%	17%	4%
Age (n=149)	Excellent/Very Good/Good			Fair/ Poor	
40-49 years	79%			21%	
50-59 years	86%			14%	
60-69 years	81%			19%	
70-79 years	33%			67%	
Ethnicity (n=151)					
White (British and Other)	85%			15%	
Black and other minority	69%			31%	
Disability (n=149)					
Yes	56%			44%	
No	87%			13%	
Resident (147)					
Haringey	71%			29%	
Out of borough	86%			14%	
Employment (n=143)					
Paid employment	84%			16%	
Not in paid employment	50%			50%	

- 5.2 In terms of ethnic origin, respondents from white ethnic groups (white British and white other) reported better health than those from black and other minority ethnic groups (Table 2). Thus, 85% of respondents from white ethnic groups reported good or better health compared to just 69% of BME groups (Table 2). Lower levels of good health were reported among respondents living in Haringey, though this differential is likely to be a product of survey distribution which included local men's health groups (e.g. Age UK).

- 5.3 Proportionally more respondents in paid employment (83%) reported 'good' or better health than those not in paid employment (50%), though this may be expected given the greater propensity of those not in paid employment to be retired, older or have a disability (Table 2).

6.0 Last visit to General Practitioner (GP)

- 6.1 To obtain contextual data concerning respondents use and access to health services, respondents were asked to indicate when they made their last visit to a General Practitioner. Analysis of responses found that a majority of men responding to this survey had visited their GP in the past year and almost 9 in 10 had done so in the past 2 years (Figure 3). About 1 in 20 respondents (6%) had not visited their GP for over 5 years (Figure 3).

- 6.2 It would appear that there is a strong positive relationship between the age of respondents and their last visit to their GP, with the proportion of respondents indicating that they have been to their GP in the past year increasing with age (Table 3). Almost 1 in 5 (19%) of respondents aged 40-49 years of age had not visited their GP for 3 years or more (Table 3).

Table 3 - Respondents last visit to GP				
	<1 year	1-2 years	3-5 years	>5 years
All (n=157)	66%	22%	6%	6%
Age (n=150)				
40-49 years	54%	27%	6%	13%
50-59 years	66%	24%	9%	2%
60-69 years	88%	6%	6%	0%
70-79 years	100%	0%	0%	0%
Ethnicity (n=152)				
White (British and Other)	59%	24%	9%	8%
Black and other minority	77%	18%	2%	4%
Disability (n=150)				
Disabled	83%	14%	3%	0%
No disability	59%	24%	8%	9%
Resident (n=148)				
Haringey	70%	16%	7%	7%
Out of borough	60%	27%	7%	7%
Employment (n=144)				
Paid employment	61%	25%	7%	8%
Not in paid employment	92%	0%	8%	0%

- 6.3 Proportionally more respondents from BME groups and those with a disability indicated that they had visited their GP more recently than their white or non-disabled counterparts (Table 3). This in part may be due to disparities in perceived health status noted earlier in the report. There is also a large differential among those in paid employment and those who are not: just 61% of respondents in paid employment indicated that they had seen their GP in the past year as compared to 92% who were not (Table 3).

7.0 Factors affecting current health

- 7.1 The survey sought to assess what factors were affecting the health of respondents. Here, respondents were asked to indicate which factors (from a pre-set list of 10) were currently influencing their health. Respondents were also given the opportunity to indicate whether their health was unaffected by any of these factors.
- 7.2 The three factors that were most commonly cited by respondents which influenced their health were stress (38%), a lack of exercise (34%) and being overweight (32%) (Figure 4). A smaller proportion of respondents indicated that their eating habits (23%), smoking (20%) or work / unemployment were factors affecting their health. Approximately 1 in 5 respondents (22%) indicated that none of the factors listed affected their health (Figure 4).

- 7.3 In addition to the factors listed, respondents were also able to identify any other issues that affected their health. 15 respondents indicated that other factors were affecting their health of which the most commonly cited were:
- work environment / anxiety and stress at work (pressure, redundancy)
 - high blood pressure/ cholesterol
 - musculoskeletal problems (back pain, Achilles, hip replacement).

- 7.4 Further analysis of responses to this question provided some interesting patterns and associations. Within this sample of respondents, it would appear that smoking, eating habits, alcohol, stress and lack of exercise were affecting younger age groups (under 60 years of age) more than older age groups (60 years and over) (Table 4). Conversely, the only factor which would appear to affect older men more than younger men in this survey would appear to be loneliness (Table 4).

Table 4 – Issues which respondents indicated were affecting their health (%)											
	Smoking	Eating habits	Overweight	Alcohol	Sexual health	Stress	Loneliness	Family problems	Work/unemployment	Lack of exercise	None of these
All (N=157-158)	20	23	32	13	6	38	10	13	20	34	22
Age (n=148-149)											
< 60 years	24	25	33	14	6	41	9	13	20	38	23
60 years and over	5	11	29	0	5	33	14	14	24	24	14
Ethnicity (n=151)											
White (British and Other)	20	23	32	15	4	36	6	11	14	31	23
Black and other minority	24	24	33	10	8	45	16	18	35	39	22
Disability (n=149)											
Disabled	11	37	40	17	17	54	23	20	31	40	14
No disability	23	18	30	10	3	35	6	11	17	35	24
Resident (n=147)											
Haringey	26	24	31	16	9	38	20	16	33	35	18
Out of borough	19	23	34	10	3	41	4	12	14	36	23
East Haringey (n=68)											
East Haringey	33	28	33	22	11	33	22	17	33	28	22
Other	18	30	38	12	8	48	8	14	16	38	20
Employment (n=143)											
Paid employment	21	24	32	12	5	42	9	14	20	36	22
No paid employment	9	18	36	9	9	27	18	9	9	18	27

- 7.5 Further analysis of responses to this questioning revealed a consistent pattern in relation to the disability status of respondents. Here it was noted that, with the exception of smoking, those respondents with a disability were more likely to be affected by all other listed health issues than their able bodied counterparts (Table 4). The differentials recorded between the responses of those with a disability and those without were also large, those with a disability

- were six times more likely to indicate that sexual health was affecting their health
- were four times more likely to indicate that loneliness was affecting their health
- were twice as likely to indicate that family problems were affecting their health
- were twice as likely to indicate that eating habits were affecting their health. (Table 4).

7.6 With the exception of work/ unemployment, there was a broad consistency in the responses to those factors affecting their health by both white and BME ethnic groups. Respondents from BME groups were almost three times more likely to cite work / unemployment as affecting their health than respondents from white ethnic groups (Table 4).

7.7 Respondents living in Haringey were more likely to indicate that work / unemployment, loneliness and sexual health affected their health than those respondents who lived out of the borough (Table 4). These differentials were also confirmed among respondents specifically living in the east of Haringey, though in addition, proportionally more respondents from this area indicated that smoking and alcohol were affecting their health (Table 4).

7.8 Other key points of interest from further analysis of this data included:

- as one might expect, respondents in paid employment were more likely to indicate that stress was a factor affecting their health when compared to those not in paid employment
- there was no discernible pattern when comparing the responses of different ethnic groups to those factors which may be affecting their health.

8.0 Changes made to improve health

8.1 Respondents were asked to indicate from 5 pre-set responses which actions they had taken to improve their health over the past 12 months. Over half of respondents indicated that they had eaten more healthily (59%) and had taken more exercise (51%) (Figure 5). Approximately 1/3 of respondents indicated that they had lost weight (33%) or reduced alcohol intake (31%) (Figure 5).

8.2 Analysis of responses found that those proportionally more respondents living in Haringey had taken all these actions to maintain their health than those who did not live in the borough (Table 5). However, this pattern was not repeated when the responses of those living in the east of the borough are compared against all other respondents (Table 5).

8.3 In the actions that respondents had taken to improve their health, there was no consistent pattern when comparing the responses of different age groups. Men under the age of 60 were twice as likely to have lost weight in the past 12 months compared to those aged 60 years and over (Table 5). Conversely, men aged 60 years and over were six times more likely to have quit smoking (Table 5).

- 8.4 Other key points of interest from further analysis of this data included:
- there was broad consistency in the responses given by all ethnic groups in respect of the actions that they have taken to improve their health, with the exception of reduced alcohol intake: respondents from white ethnic groups were almost twice as likely to have reduced their alcohol intake than those from BME ethnic groups (Figure 5)
 - the most healthy respondents (who were in excellent or good health) were more likely to have taken all those actions cited to improve their health than those who were in fair or poor health (Table 5)
 - proportionally more men who were not in paid employment had taken more exercise, eaten more healthily and reduced their alcohol intake than those in paid employment; though more men in paid employment had lost weight or quit smoking than those not in paid employment (Table 5).

Table 5 - Action taken by respondents over past 12 months to improve their health					
	Taken more exercise	Eaten more healthily	Lost weight	Quit smoking	Reduced alcohol intake
All (N=143-151)	51%	59%	33%	11%	30%
Age (n=139-147)					
< 60 years	53%	61%	36%	2%	29%
60 years and over	50%	57%	18%	12%	38%
Ethnicity (n=136-144)					
White (British and Other)	52%	59%	37%	10%	36%
Black and other minority	56%	62%	27%	14%	19%
Disability (n=137-144)					
Disabled	47%	63%	33%	15%	36%
No disability	53%	59%	34%	9%	28%
Resident (n=138-145)					
Haringey	55%	66%	40%	15%	31%
Out of borough	51%	58%	32%	9%	29%
East Haringey (n=68)					
East Haringey	47%	56%	41%	6%	28%
Other	48%	61%	32%	11%	40%
Employment (n=134-142)					
Paid employment	50%	60%	35%	12%	29%
No paid employment	63%	73%	14%	0%	63%
Health status (n=140-145)					
Excellent/good health	56%	62%	34%	12%	31%
Poor / fair	38%	53%	28%	7%	30%

- 8.5 Respondents were also given the opportunity to describe other actions which they may have taken to improve their health over the past 12 months. Aside from those actions already described, the actions most consistently cited were those that helped to reduce stress or promote relaxation. Thus a number of respondents indicated that they were reading more, had started yoga classes and took regular breaks from work to help them relax and reduce stress.

9.0 Men's Health Check Up

- 9.1 A men's health check is where various health assessments are undertaken (e.g. blood pressure, cholesterol, Body Mass Index) and health advice

provided. The survey sought to assess how likely it would be for respondents to attend for a men's health check if these were held at different community settings.

- 9.2 The most popular setting for a men's health check was a GP surgery, where 84% of respondents indicated that they would be very likely or likely to attend (Figure 6). Equally as popular for a men's health check was the workplace where almost $\frac{3}{4}$ of respondents (71%) indicated that they would be very likely/likely to attend (Figure 6). Less than half of respondents indicated they would be very likely or likely attend a health check if this was held at a chemist (43%), a community centre (37%) or leisure centre (34%) (Figure 6).

Table 6 - Possible uptake of men's health check at different community settings (%).										
	GP Surgery		Work Place		Chemist		Community Centre		Leisure Centre	
	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all
All (N=116-139)	84	4	71	12	43	22	37	20	34	20
Age (n=115-138)										
< 60 years	82	4	71	11	42	21	36	19	36	19
60 years and over	100	0	72	9	55	22	50	25	20	20
Ethnicity (n=112-135)										
White (British and Other)	84	3	72	10	44	22	38	19	34	18
Black and other minority	85	4	70	14	43	21	34	23	35	24
Disability (n=114-134)										
Disabled	97	0	48	20	43	30	36	24	26	35
No disability	80	5	77	9	43	19	37	18	36	15
Resident (n=115-136)										
Haringey	84	4	61	21	48	23	50	17	42	20
Out of borough	84	4	77	6	42	20	29	21	31	19
Employment (n=111-125)										
Paid employment	83	4	75	7	43	21	36	18	35	18
No paid employment	100	0	33	67	50	25	83	17	25	25

- 9.3 Further analysis of the preferences for the settings for a men's health check produced some interesting results. Haringey residents were more likely to favour more informal settings (community centres, leisure centres and chemists or a men's health check than non-Haringey residents (Figure 6). Conversely, those respondents with a disability were more likely to favour established healthcare settings: in fact almost all disabled respondents indicated that they would attend a health check at a GP surgery (Table 6).

- 9.4 As one may expect, those respondents in paid employment were more likely to attend a health check at their work place, and conversely, more of those not in paid employment preferring a community centre setting (Table 6). On the basis of these responses, there would appear to be no differences in the likelihood of different ethnic groups attending health checks at different settings (Table 6).

- 9.5 Attendance at a men's health check is likely to be influenced by established patterns of usage of existing services and facilities. This may be exemplified in further analysis of the age group responses where proportionally more respondents from older age groups (aged 60 years and over) indicated that they would be likely to attend a health check at a GP surgery, chemist or community centre, settings which they may already attend and find convenient (Table 6). Similarly, proportionally more respondents from younger age groups (aged under 60 years) indicated that they would be more likely to attend a men's health check if this was held at work or at a leisure centre (Table 6).
- 9.6 Respondents were also given the chance to comment qualitatively to this questioning, in particular, other preferred or more convenient venues which they may be likely to attend for a men's health check. A number of respondents indicated that they would be likely to attend their GP for a men's health check, if this was available outside of working hours. A further respondent suggested that local libraries may be a suitable community setting to hold men's health checks.
- 10. Barriers to seeking advice or support if UNWELL**
- 10.1 The survey sought to identify if there were any particular barriers which may deter men from seeking advice or support if they actually felt unwell. Here, respondents were asked to indicate how likely a range of issues would be in deterring them from seeking advice or support if they were unwell.
- 10.2 Approximately 2/5 of respondents indicated that the 'the inaccessibility of GP services' (41%) and 'hoping that the problem would go away' (40%) were likely to deter them from seeking help if they were unwell (Figure 7). Just over ¼ of respondents indicated that 'concern that the problem may be serious' (28%) and 'lack of knowledge about the NHS' (24%) were likely to deter men from seeking help if they were unwell (Figure 7). The gender of the health practitioner does not appear to be a significant deterrent, with just 15% of respondents indicating that the prospect of a female GP would deter them from seeking help if they were unwell (Figure 7).
- 10.3 Interestingly, proportionally more Haringey residents consistently indicated that all suggested factors were likely to deter them from seeking advice or support if they were unwell (Table 7). For example, more than twice as many respondents who live in Haringey (23%) indicated that the prospect of talking to a female practitioner would deter them from seeking advice if they were unwell than those who lived out of borough (10%) (Table 7).

Table 7 – Likelihood that certain factors would deter respondents from seeking advice or support if they were UNWELL (%)

	Lack of NHS knowledge	Inaccessibility of GP	Embarrassed talking about personal health	Hope that the problem will go away	Anxiety that problem may be serious	Discomfort of talking with a female practitioner

	Very likely/ likely	Not at all	Very likely/ likely	Not at all	Very likely/ likely	Not at all	Very likely/ likely	Not at all	Very likely/ likely	Not at all	Very likely/ likely	Not at all
All (N=129-140)	24	33	41	27	21	35	40	26	28	25	15	38
Age (n=129-139)												
< 60 years	23	33	42	28	21	34	44	24	30	23	14	36
60 years and over	29	29	37	26	21	43	14	36	14	36	21	50
Ethnicity (n=127-136)												
White (British and Other)	19	32	33	27	21	32	41	22	26	23	12	36
Black and other minority	36	33	61	23	22	38	42	31	38	24	22	38
Disability (n=114-134)												
Disabled	21	46	45	28	36	36	38	31	50	25	7	44
No disability	24	29	38	27	16	35	40	24	23	24	16	36
Resident (n=129-138)												
Haringey	30	32	45	28	27	36	48	23	39	24	23	36
Out of borough	19	34	38	26	18	34	37	26	23	24	10	38
Employment (n=125-133)												
Paid employment	23	33	40	28	21	34	42	25	28	24	15	37
No paid employment	38	25	56	11	0	50	17	17	50	17	17	33
Health status (n=131-139)												
Good/ excellent health	21	33	37	30	19	39	40	28	25	26	11	42
Poor/ fair health	35	31	55	14	27	19	46	19	42	19	31	19

- 10.4 Analysis of this support seeking behaviour by the health status of respondents once again demonstrates a clear pattern of responses. Those respondents who were in poor or fair health were more likely to be deterred from seeking advice or support if they were unwell for all those factors listed compared to those in good or excellent health (Table 7). For example, 55% of respondents whose health was poor or fair indicated that the inaccessibility of their GP may deter them from seeking advice or support if they were unwell compared to just 37% of respondents who were in good health (Table 5). Furthermore, proportionally more of those in better health consistently indicated all these factors would 'not deter them at all' from seeking help if they were unwell (Table 5).
- 10.5 A similar pattern of responses is also recorded when the ethnic group of respondents is considered: here a higher proportion of respondents from BME groups consistently indicated that all presented factors would likely deter them from seeking advice or support if they were unwell. For example, almost twice as many respondents from BME groups indicated that a 'lack of NHS knowledge', 'inaccessibility of GPs' and 'discomfort at talking with a female practitioner' were likely to deter them from seeking advice if they were unwell than respondents from white ethnic groups (Table 7).
- 10.6 Whilst there appeared to be no discernible patterns between responses of different age groups or those with different employment status, there are a number of differentials between the responses of those with a disability and those who have not. Here, those respondents with a disability were more than twice as likely to indicate that 'embarrassment at talking of personal health issues' and 'anxiety that the problem may be serious' was a deterrent to seeking advice if they were unwell than those without a disability (Table 7).

- 10.7 Qualitative comments provided by respondents confirmed some of the potential barriers that they experienced when seeking help when they felt unwell. These included:
- the difficulty of getting a convenient appointment to a GP or any health practitioner
 - mobility issues in accessing services
 - limited time for health appointments (finding out where, making an appointment and attending).

11. Barriers to seeking advice or support if want to STAY HEALTHY

- 11.1 The survey sought to identify if there were any particular barriers which may deter men from seeking advice or support if they wanted to stay healthy. Here, respondents were asked to indicate how likely a range of issues would be in deterring them from seeking advice or support.
- 11.2 There were a number of factors which appear to stand out as possible barriers that would prevent respondents from seeking advice or support to stay healthy. Almost one-half of respondents indicated that 'not feeling unwell' (54%), 'having no symptoms' (49%) or 'having limited time' (48%) were likely to prevent them from seeking advice or support to stay healthy (Figure 8). In addition, 'already knowing what to do to stay healthy' was also seen as a factor which may limit respondents from seeking advice or support to stay healthy (Figure 8).
- 11.3 In respect of the age group of respondents, there appears to be no consistent pattern on responses given to those issues that may deter people from seeking advice or support to stay healthy. Perhaps the most telling data however, is that those under 60 years of age were almost four times more likely to be deterred from seeking advice to stay healthy because of lack of time than those aged 60 years and over (Table 8).
- 11.4 Earlier analysis has suggested that those in poor or fair health were less likely to have taken action to improve their health and more likely to be deterred from seeking advice when they were unwell. However, a more complex pattern of responses is recorded for assessing barriers to *staying healthy*. Those who were in good or excellent health were more likely to indicate that 'not having enough time', 'it's not a priority for me', 'I don't have any symptoms' and 'I don't feel unwell' would deter them from seeking advice or support in staying healthy than those in poorer health (Table 8). It may be that these factors are perceived as markers of respondents' own good health and therefore deterrent to them seeking advice to stay healthy. This is substantiated within the analysis of responses of disabled and non-disabled people, where a similar pattern is recorded.
- 11.5 Qualitatively, only a small number of comments were provided by respondents within the survey. Within these comments it was apparent that there were some respondents who felt that there should be less reliance on services and greater use of self-help in relation to staying healthy:

"I feel you should be able to deal with things yourself...."

Table 8 – Likelihood that certain factors would deter respondents from seeking advice or support if they wanted to stay healthy (%)																
	Don't know who to talk to		Not enough time		It's not a priority for me		I don't have any symptoms		I don't feel unwell		Preaching attitude of health staff		I am too old for this to make a difference		I already know what to do to stay healthy	
	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all	Very likely/likely	Not at all
All (N=129-140)	18	32	48	20	36	23	48	17	54	18	16	37	9	45	49	16
Age (n=124-135)																
< 60 years	18	30	53	18	36	21	50	16	54	16	16	34	10	44	48	14
60 years +	14	36	15	23	39	31	38	19	62	23	23	46	0	46	59	24
Ethnicity (n=129-137)																
White (all)	11	33	49	18	35	23	47	15	58	16	16	37	9	47	51	16
BME	32	34	47	27	37	26	48	24	45	23	14	41	11	41	48	20
Disability (n=114-134)																
Disabled	12	41	40	30	37	27	34	22	39	23	20	40	19	39	49	24
No disability	18	31	49	18	35	23	52	17	57	17	14	37	5	48	49	15
Resident (n=127-134)																
Haringey	19	34	51	29	29	29	49	22	54	24	23	32	18	40	49	20
External	17	29	48	13	40	20	48	13	55	13	12	38	4	46	49	12
Health status (n=126-137)																
Excellent/good	17	35	48	22	38	26	54	19	59	20	13	41	8	51	52	17
Fair/poor	20	24	46	13	25	13	22	12	29	8	25	21	13	13	37	15

12. Initiatives that would support men staying healthy

- 12.1 Final questioning within the survey sought to assess what local developments would be helpful to local men to help them stay healthy. Here respondents were given a number of preset options and asked to indicate how useful they would find these (on a scale of very helpful – not very helpful at all).
- 12.2 Face-to-face advice from a health professional was perceived to be the most helpful local intervention which could support men to stay healthy; 94% of respondents indicated that this would be helpful (Figure 9). A majority of respondents also indicated that a discounted gym membership (83%), a web page for local health men's health information (79%) and a men's health booklet (73%) would be helpful local developments for men to stay healthy (Figure 9). There was less support for among respondents for other interventions, indeed, more respondents felt that a local men's health group (62%) and health information to mobile phones (54%) were not helpful than helpful.
- 12.3 Further analysis of these responses identified a number of trends and patterns. Respondents from younger age groups (aged under 60 years) were more likely to indicate that most suggested developments would help them stay healthy than older respondents (aged 60 years and over); for example,

74% of men aged under 60 indicated that a men's health booklet would be helpful compared to 57% men 60 years and over (Table 9).

Table 9 – Perceived helpfulness of local developments to support men to STAY HEALTHY (%)												
	Face to face advice from health professional		Local men's groups		A booklet with local health information for men		Health advice to tips to your mobile phone		A website for local health information for men		Discounted health and fitness club membership	
	Very helpful/helpful	Not helpful at all	Very helpful/helpful	Not helpful at all	Very helpful/helpful	Not helpful at all	Very helpful/helpful	Not helpful at all	Very helpful/helpful	Not helpful at all	Very helpful/helpful	Not helpful at all
All (N=128-149)	94	2	38	20	73	7	47	23	79	9	83	8
Age (n=129-139)												
< 60 years	94	2	38	20	74	7	47	22	80	9	82	8
60 years and over	94	0	33	20	57	7	31	38	69	8	86	7
Ethnicity (n=129-146)												
White (British and Other)	93	3	28	25	67	10	42	27	76	10	80	10
Black and other minority	96	0	61	11	89	0	57	11	89	6	92	0
Disability (n=126-146)												
Disabled	88	6	28	31	77	10	40	33	74	16	72	20
No disability	96	1	40	17	71	6	49	20	80	7	86	4
Resident (n=123-142)												
Haringey	96	2	51	15	76	4	40	26	71	9	80	9
Out of borough	92	2	40	23	71	8	49	23	83	9	83	7
Employment (n=119-139)												
Paid employment	94	2	36	20	72	7	47	22	80	7	84	7
No paid employment	100	0	67	0	83	0	40	40	60	20	60	20
Health status (n=127-148)												
Good/ excellent health	95	1	37	19	73	6	48	22	81	6	84	6
Poor/ fair health	89	7	42	21	79	8	43	22	74	17	78	13

- 12.4 Black and other minority ethnic groups were consistently more enthusiastic about suggested health developments to help men stay healthy than respondents from white ethnic groups (Table 9). For example, respondents from BME groups were twice as likely to indicate that a men's health group would be helpful than respondents from white ethnic groups (Table 9).
- 12.5 Other key points of interest from further analysis of this data included;
- interestingly those respondents *without* a disability were more likely to be receptive to suggested health developments than those *with* a disability
 - there were no discernible patterns in the responses of those respondents who lived locally and those who do not
 - there were no discernible patterns in the responses of those respondents with good health and those in poor health.
- 12.6 Qualitatively, a small number of comments were provided by respondents in relation to interventions to support them staying healthy. These mostly concerned the need to tailor health interventions to the workplace:

'...someone to come to the work-place.'

'Wellness Clinics at the office.'

'I live in Kent - therefore it would need to be local to me.'

13. Summary

- 13.1 Whilst people from a range of differing background and circumstances have been included within this survey, it not suggested this sample or the issues presented within this report are wholly representative of men in Haringey. This survey has however provided a snapshot of the views of men that live or work in Haringey, and has illustrated some of the issues which may influence their health and the barriers that they face in staying healthy..
- 13.2 Inequalities that local men experience in relation to their health were illustrated at many points within the survey. Whilst the majority (79%) of men responding to this survey were in good health, almost 1 in 5 reported that their health was just fair or even poor: this figure was proportionally higher among those people with a disability (44%), among BME groups (31%) or those not in paid employment (50%).
- 13.3 There are clearly many factors which may affect people's health. The survey has provided further insight in to those factors which may affect men's health in Haringey: stress, lack of exercise and being overweight being those factors most commonly cited within this sample. The level to which these and other factors have been reported to influence men's health in this survey is however likely to be an under representation, given the self-reported nature of the survey.
- 13.4 The survey established that within this sample of respondents there is an element of a health improvement culture, where a significant proportion of respondents had engaged in a range of behaviours to help improve their health. For example, over one-half of those surveyed indicated that they had eaten healthier or taken more exercise in the past 12 months. However, there were wide variations in the engagement with such health promoting behaviour between different population groups.
- 13.5 Data presented in this report clearly illustrates how health inequalities can be perpetuated within local populations. Analysis has shown that those who were already in poor health were not only less likely to have taken action to improve their health but also more likely to be deterred by a range of factors from seeking advice or support, *even when they were unwell*. Similarly, those with a disability were more likely to be affected by a range of health issues yet it was recorded that they faced similar barriers to accessing advice and support as those without a disability.
- 13.6 In respect of the development of men's health checks, data analysis gave a clear indication *that in general*, there would be a preference if these were held in more formal settings such as the GP surgery or workplace over and above community settings (e.g. chemist, community centre or leisure centre). However, individual settings evidently appealed more to different groups, for

example, those under 60 were almost twice as likely to attend a health check at a leisure centre than those aged over 60 years.

- 13.7 Perhaps the most important analysis to be obtained from this survey is that, even when men are unwell, there are still a number of factors which may deter them from seek advice or support. Problems with getting an appointment with a GP, fear that the problem may be serious or just hoping that the problem will go away were all commonly cited amongst this group of respondents as to why they may not seek help when they need it. Such data highlights the work that needs to be done not only to improve the accessibility of services, but also in the educational and motivational spheres of men's health.
- 13.8 The survey has highlighted some possible developments which may guide and support local interventions to improve men's health. Analysis would seem to suggest that further improvements to the accessibility of primary care services may be welcomed by men, given that 2 in 5 men indicated that the inaccessibility of services (e.g. appointments) may deter them from seeking advice or support, *even when they were unwell*. Respondents indicated a preference for more traditional interventions for improving their health. For example, respondents preferred to have a men's health check in their GP surgery over and above most other settings. Similarly, face to face advice from a health professional was perceived to be the most helpful intervention to improve their health, over and above that of health information obtained from other new media sources.
- 13.9 Almost 160 men who live or work in the borough have completed this survey, and it is hoped that these responses and subsequent data analysis will contribute to an increased understanding of men's health issues in the borough. This may in turn help to improve the advice, support and services available to help reduce cardiovascular disease and reduce local health inequalities.

Appendix A – Charts

Figure 1 – Postcode of respondents

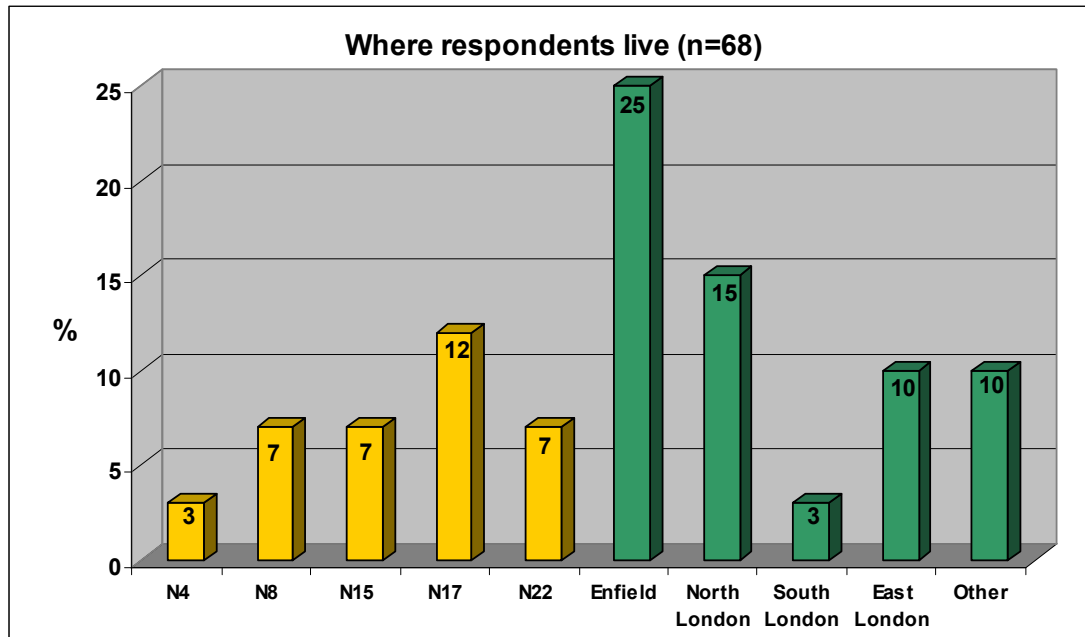


Figure 2 - Self reported health status of respondents

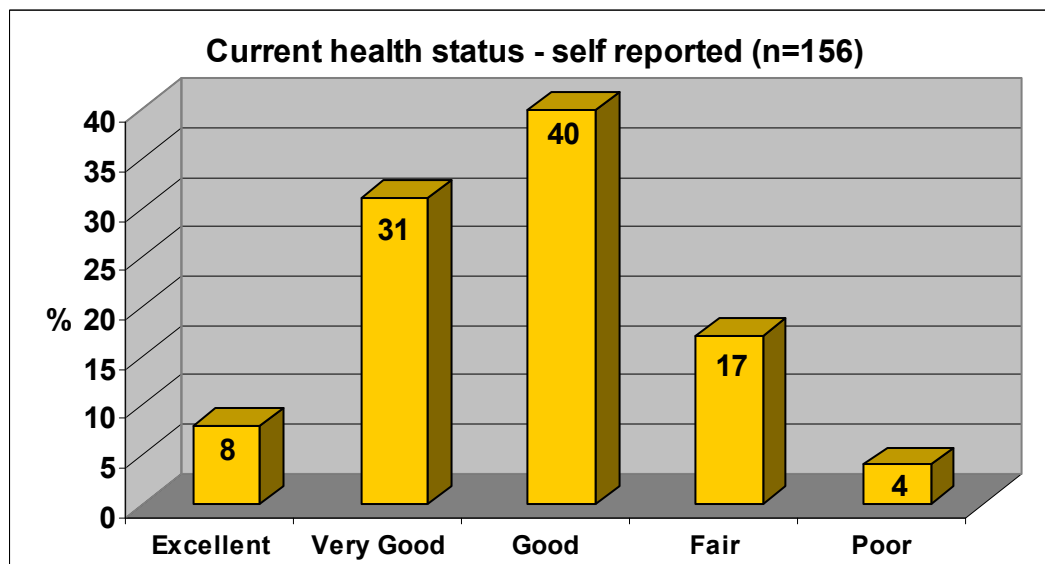


Figure 3 – Last visit to General Practitioner

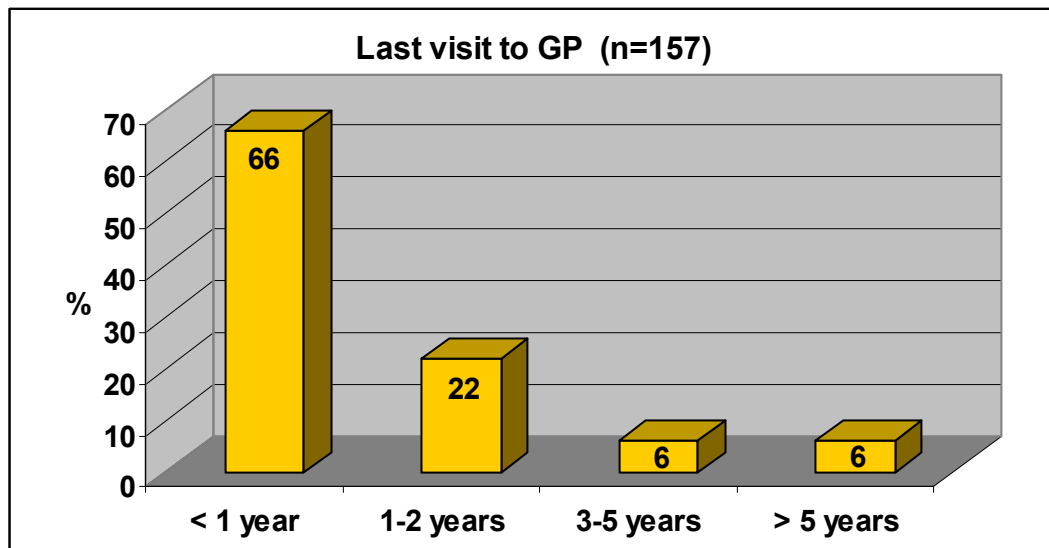


Figure 4 – Factors affecting respondent's current health.

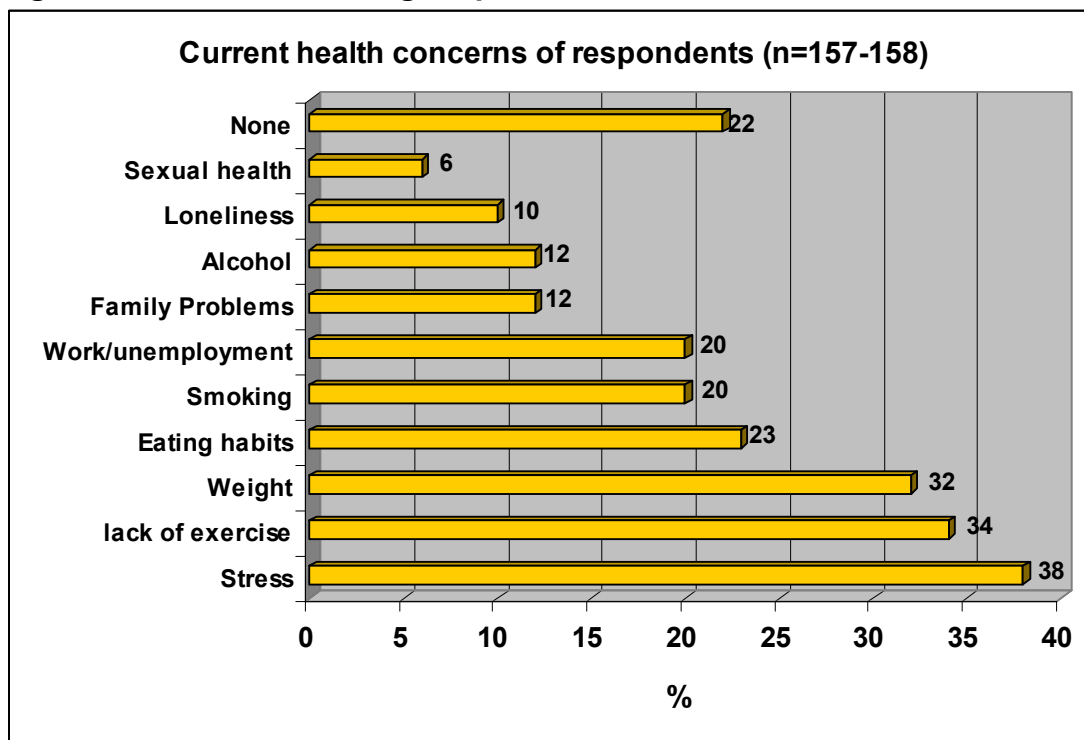


Figure 5 – Changes respondents have made to improve their health.

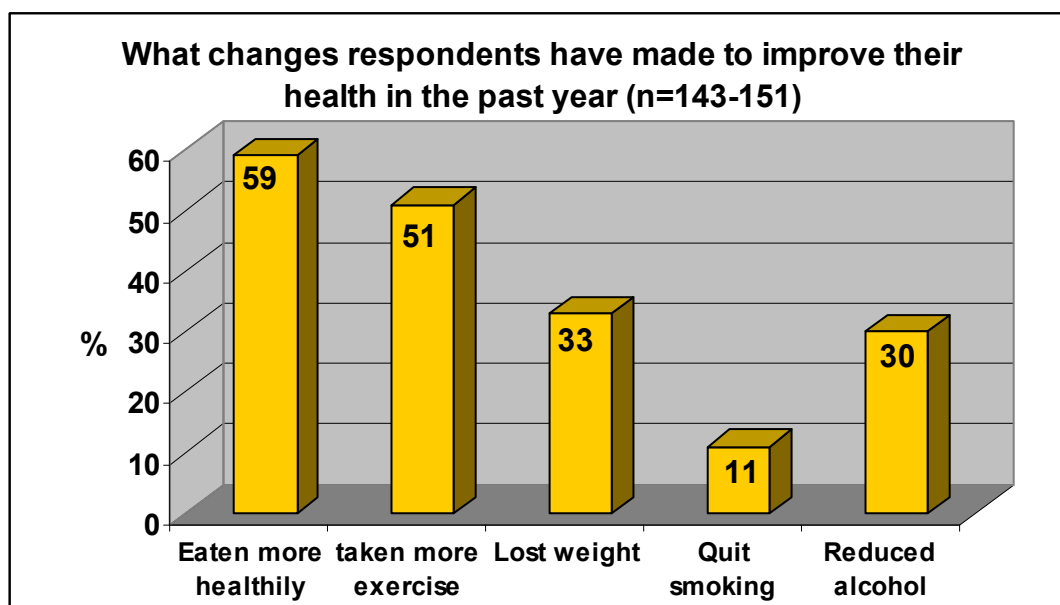


Figure 6- Possible uptake of men's health check at different community settings.

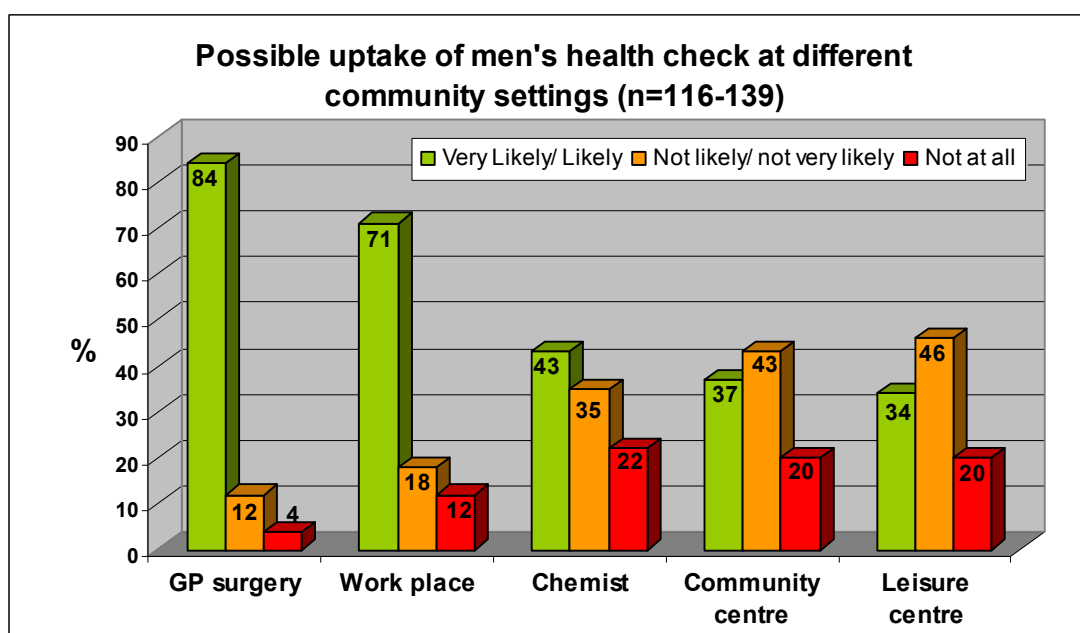


Figure 7 – Issues that may prevent respondents from seeking advice or support if they were UNWELL.

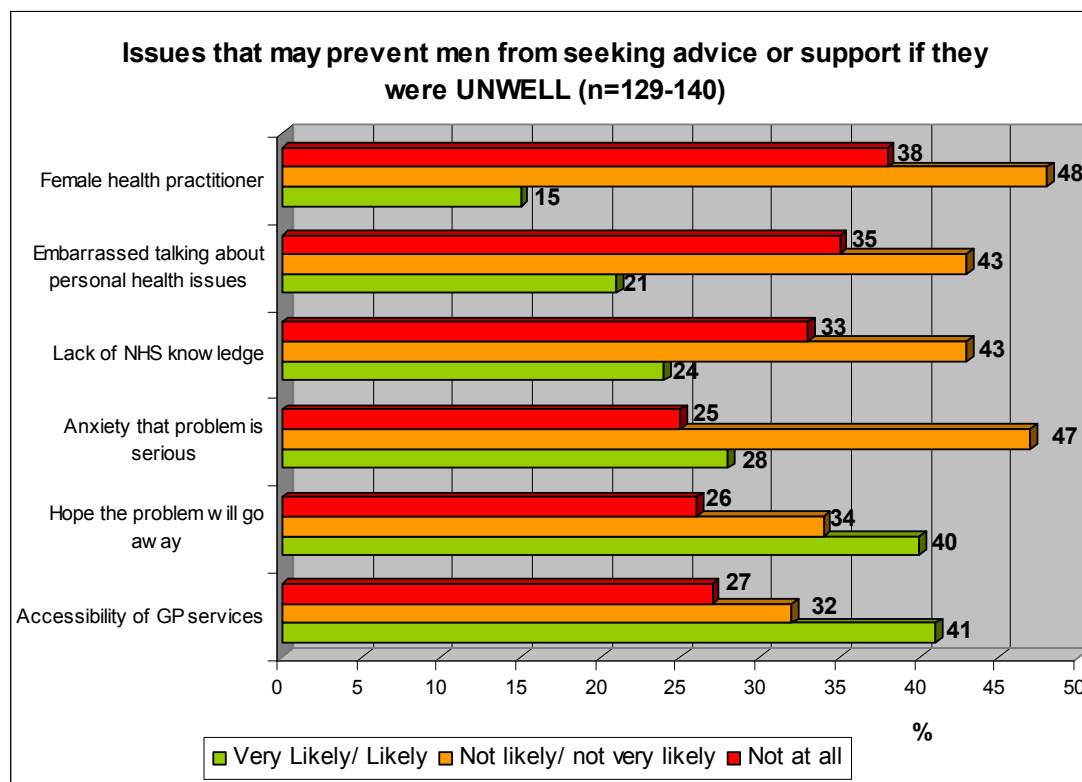


Figure 8 - Issues that may prevent respondents from seeking advice or support if they wanted to STAY HEALTHY.

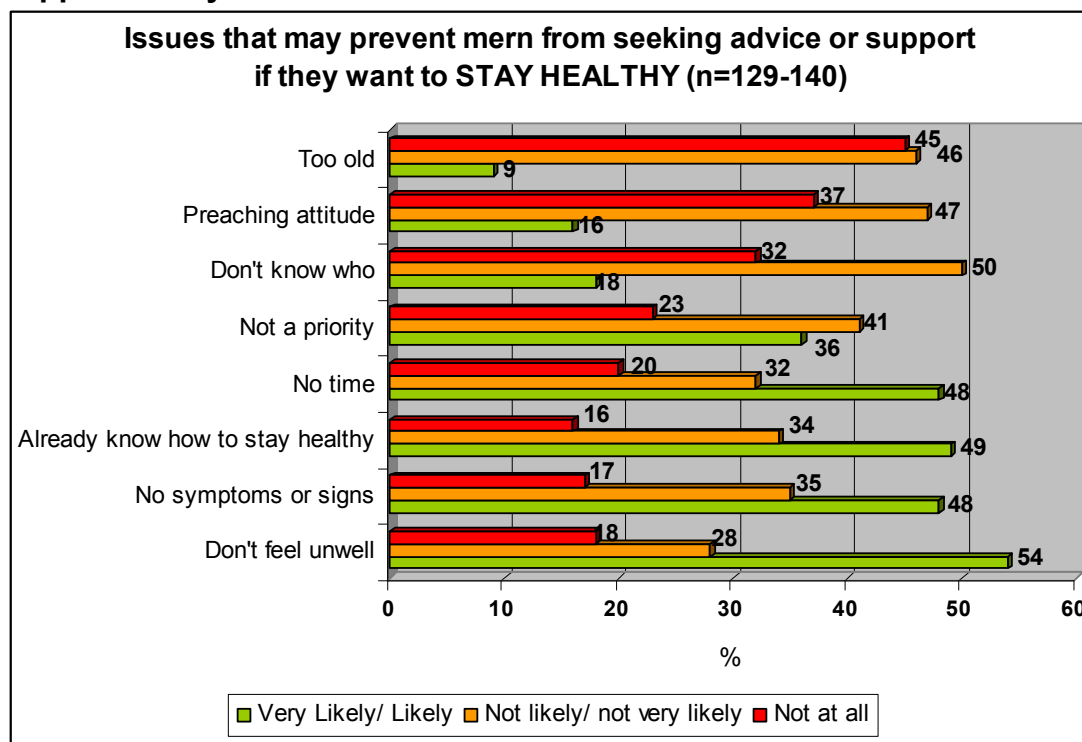
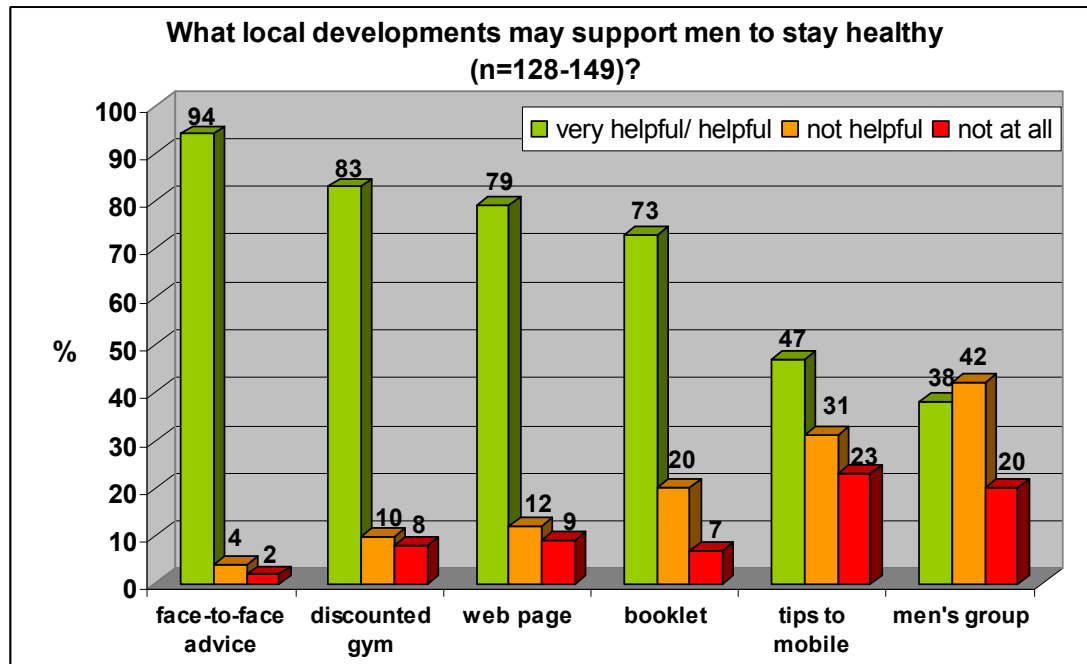


Figure 9 – Perceived helpfulness of local developments to help men stay healthy.



Appendix B – Survey

Men's Health Survey

The questionnaire aims to find out what barriers men may face in trying to stay healthy and how these may be overcome. It is for men **aged 40 and over who live or work in Haringey**. Please have your say by completing the questions below which should take no longer than 5-10 minutes. All completed surveys will be placed in a draw for one of two £20 high street vouchers. All responses must be received by **Sunday 20th February 2012**. Please start the survey on the next page.

1. **How would you describe your current health? (Please tick ONE box only)**
 - ☐ Excellent
 - ☐ Very Good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
2. **When was the last time you visited a General Practitioner (GP)? (Tick ONE box only)**
 - ☐ Less than 1 year ago
 - ☐ 1-2 years ago
 - ☐ 3-5 years ago
 - ☐ 5+ years ago
3. **Do you think that any of the following factors may be affecting your health? (Tick boxes that apply)**

<input type="checkbox"/> Smoking	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Eating habits	<input type="checkbox"/> Family problems
<input type="checkbox"/> Weight	<input type="checkbox"/> Problems at work / unemployment
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Lack of exercise
<input type="checkbox"/> Sexual health	<input type="checkbox"/> None of these factors affect my health
<input type="checkbox"/> Stress	<input type="checkbox"/> Other

Please tell us about any other health issues that may be affecting your health.

4. **Have you made any of the following changes to improve your health over the past 12 months?**

	Yes	No
Taken more exercise	<input type="checkbox"/>	<input type="checkbox"/>
Eaten more healthily	<input type="checkbox"/>	<input type="checkbox"/>
Lost weight	<input type="checkbox"/>	<input type="checkbox"/>
Quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
Reduced alcohol intake	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other changes that you have made to improve your health (12 months)?		

At a men's health check up you can have your health assessed such as having your blood pressure taken or your cholesterol measured. You can also get advice at a health check about how to stay fit and healthy.

5. **How likely is it that you would attend an invite to a men's health check up at any of the following places?**

	Very likely	Likely	Not likely	Not very likely	Not at all
At your work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a local community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At your GP surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a local leisure centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At your local chemist / pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other places where you might attend a men's health check up?					

6. How likely is it that any of the following issues would prevent you from seeking advice or support if you were feeling unwell?

	Very likely	Likely	Not likely	Not very Likely	Not at all
Lack of knowledge about NHS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility of GP services / appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling embarrassed talking about personal health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hope that the problem will go away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or fear that the health problem might be serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling uncomfortable talking with female GP or other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other factors that may deter you from seeking advice if you were unwell?					

7. How likely is it that any of the following issues would prevent you from seeking advice about staying healthy (for example how to lose weight, take more exercise or stop smoking)?

	Very likely	Likely	Not likely	Not very likely	Not at all
I don't know who to talk to about this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is not a priority for me at the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have any symptoms or signs that I am unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like the preaching attitude of health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm too old for anything to make a difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I already know what to do to keep healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other reasons which may prevent you from seeking advice about how to stay healthy?					

8. If you wanted support to stay healthy, would any of the following developments be helpful?

	Very helpful	Helpful	Not very helpful	Not helpful at all
Face-to-face advice from a health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A local men's group to discuss health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A booklet with information about local health services for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health information/ tips to your mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A website of local health information for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounted health and fitness membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other developments which could help you stay healthy (please describe)?				

9. What is your age group? (please tick ONE box)

40-49 years	60-60 years
50-59 years	70+ years

- 10 **Do you have any long-standing illness, disability or infirmity? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)**
☐ Yes
☐ No
11. **Which ethnic group best describes you?**
☐ White category (British, Greek, Turkish, Irish, Cypriot)
☐ Mixed category
☐ Asian or Asian British category
☐ Black or Black British category (Caribbean, African)
☐ Chinese or Any other ethnic group
12. **Do you have a religion or belief that you would like to mention?**
☐ No religion
☐ Christian
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Rastafarian
☐ Other
Please write in

- 13 **How would you describe your sexual orientation?**
☐ Heterosexual
☐ Bisexual
☐ Gay
- 14 **How long have you lived in Haringey? (please tick ONE box)**
☐ Less than 2 years
☐ 2-5 years
☐ 6-10 years
☐ 11 years+
☐ I don't live in Haringey
- 15 **Can you tell us the first part of your postcode? (for example N15, N8, E17)**

16. **Are you? (please tick ONE box)**
☐ Employed full-time
☐ Employed part-time
☐ Employed voluntarily
☐ Retired
☐ A student/ studying
- 17 **If you would like to receive further information about local projects and support for improving your health please leave your email address below.**

- 18 **If you would like to be entered in to a draw for one of two £20 high street vouchers, please leave your name and a contact telephone number below.**

Thank you for taking the time to complete this questionnaire.

If you would like further information about men's health and how to stay healthy you can get fast, free, independent advice from the Men's Health Forum at www.malehealth.co.uk