



**healthwatch**  
Oxfordshire

Your voice on health and social care

# Men's Health



Project Report. November 2018.

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# Introduction

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Between May and July 2018, East Oxford United worked collaboratively with Healthwatch Oxfordshire to find out what men in East Oxford thought about their health.

This report is the result of research that took place.

## **Who we are:**

**East Oxford United** is a community-based grass roots sport club made up of children, young people, parents and volunteers who reflect the diverse multi-ethnic population of Cowley and the wider East Oxford area of the city.

The charity runs a range of sports-related activities including football and basketball coaching, matches and social events. In 2017 the group launched an annual ‘Community Cohesion Cup’ to bring together men’s football teams from across the city in celebration of its diversity.

September 2018 saw the launch of a ‘Diversity Football League’ to continue building on the energy of the cup and boost community cohesion. This brings together teams representing more than 22 different nationalities from Oxford in their shared love of football. The focus is to welcome communities from all socio-economic backgrounds, especially those who may not have the opportunity to play in a league due to the high entry costs.

**Healthwatch Oxfordshire** listens to people about their experience of health and social care. It launched its Project Fund in early 2018 to enable voluntary sector groups to carry out small pieces of research with support.

East Oxford United approached Healthwatch Oxfordshire with the idea to make use of its wide community networks to find out more about men’s health. Their application was successful, and the funding and support from the Project Fund has enabled this work to happen.

## Aims of the study

East Oxford United saw that its links with men, particularly those from Black, Asian and minority ethnic (BAME) backgrounds was a great opportunity to ask men their views on keeping healthy. It also knew that men from this group often were low on uptake of health information and support, and in particular NHS Health Checks.

The group decided to build on its wide social networks and links in East Oxford to find out:

- 1) How do men maintain good health and what information and resources do they use for support?
- 2) What level of awareness is there amongst men from BAME and other groups about NHS Health Checks?
- 3) What are the barriers to men taking up healthy lifestyle advice, and NHS Checks?

139 questionnaires were completed by men, along with many more conversations with men about their health.

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## Main lessons

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### What the men we spoke to said

- Men are generally aware of health messages, and many try to live healthy lifestyles, for example by taking exercise and eating healthily
- Men are keen to have more tailor-made, targeted information about a range of health issues, including diabetes, heart disease, mental ill health among other issues
- Men have gaps in understanding of NHS Health Checks, their importance and relevance. Men of all ages want to know about NHS Health Checks, and understand why they are important once they are invited
- Men predominantly seek information and support for their health from their GP, closely followed by use of the internet and advice from friends and family
- Men face barriers to accessing health care due to time and constraints due to shift work, long working hours and

unpredictable working patterns. This has an impact on ability to take care of themselves as well as taking up on NHS Health Checks

- Other barriers included concerns about money, secure housing, cost of healthy food, exercise, and general life concerns, as well as motivational barriers. This demonstrates the importance of consideration of the underlying ‘determinants of health’ in addressing health inequalities and supporting men to be able to access health services from a life of security not insecurity (See Marmot, 2010).
- Men were open to health information and NHS Health Checks being delivered from wider ‘community settings’ in Oxford

### **What we learnt**

- Positive collaborative working between the statutory and voluntary sector and community groups requires flexibility, ongoing communication and dialogue with specific input and allocation of appropriate resources.
- The potential for developing both ‘asset-based’ and ‘co-produced’ approaches to promoting health and wellbeing locally were positively demonstrated by the Men’s Health Project. This simply means recognising and making the most of strengths within communities, at the same time as making sure communities are able to be involved in developing the services they receive (for explanation of these ways of working see: Hopkins and Rippon 2015; Realpe and Wallace 2010).
- Better Community engagement was also facilitated by the use of community volunteers whose local knowledge and diverse community access enabled a wide range of responses and feedback.
- Better information can be produced for target groups by working in partnership with community-based organisations.
- Better community engagement can be facilitated by working collaboratively with community-based organisations. e.g. A much greater impact was achieved by linking the annual national Men’s Health Week campaign to local events and activities in this case - East Oxford United organising the Men’s Health Cup Tournament.

## What we would like to see

Given Oxfordshire's take up of NHS Health Checks is just over 50%, our research suggests that men might value opportunity for more flexible options. This could include for instance, trial of Health Checks at in a community setting where men regularly attend, working closely with community members to establish links and spread information.

It might include finding out more about time barriers of shift workers. Working with employers in this case might be a way forward.

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## Background and context

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Men's health is a matter of concern.

According to the *Men's Health Manifesto* (2014) 'in the UK one man in five dies before he reaches 65'. 75% of men's premature deaths are from coronary heart disease. Middle-aged men are twice as likely as women to have Type 2 Diabetes. Men are less likely to engage with health services, for example seeing a GP or having NHS Health Checks and are more likely to lead unhealthy lifestyles. They are less likely to speak about their mental health.

For men from Black, Asian and minority ethnic (BAME) backgrounds, the picture can be accentuated, with these groups experiencing specific health inequalities. For example, they are less likely to seek medical help as early as the majority white population (Lipman 2014). Men from South Asian, Chinese, African and African Caribbean descent are at a higher risk of developing Type 2 Diabetes compared to those from White British backgrounds (Men's Health Forum; Diabetes UK 2018).

Many of these health conditions are preventable. Lifestyle factors, such as low levels of physical activity, and poor diet are at play. According to the latest data from *Sport England's Active Lives Adult Survey* (2017), people from lower socio-economic groups are much less likely to be active. Sport England's survey 1999/2000 showed that men from BAME backgrounds are particularly under-represented in sports (40% compared to a national average of 46%)

Men can benefit from increased uptake of NHS Health Checks, a free check-up for adults in England aged 40-74 (without a pre-diagnosed condition). The check is designed to spot early signs of stroke, kidney and heart disease, type 2 diabetes or dementia and give advice and treatment where necessary (NHS 2018). Good practice case studies nationally highlight innovative examples of community led and asset-based approaches to increasing uptake of NHS health checks, particularly among groups that do not normally attend (NHS 2018). For example, work in 2014 with Cornish fishermen who were shift workers led to NHS checks being offered within workplace settings, and in Islington in 2015, local pharmacies, community centres and places of worship were used for NHS checks as a way of reaching ‘high risk’ groups who were not engaging with regular NHS checks offered from GP surgeries.

The Men’s Health manifesto argues for more focused attention and resources on men’s health and the treatment they receive through a ‘gendered’ approach to prevention, information and engagement by health care professionals. They call for design of ‘targeted programmes around the needs and attitudes of the highest risk men and boys’ to boost men’s engagement with health professionals, NHS checks, and lifestyle based preventative action (Men’s Health Forum 2014).

### **The picture in Oxford**

Overall, Oxfordshire fares well in relation to health outcomes when compared to the national average. However, pockets of ill health can be mapped, linked to both deprivation and ethnicity. For example, life expectancy by ward for Oxford city shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15 (Oxfordshire JSNA 2018).

In Oxfordshire as a whole, the main cause of death among adult men is from all cancers (28%) followed by heart disease (13%) Depression and diabetes are also increasingly noted by GP’s as presenting conditions (Oxfordshire JSNA 2018). Many of these conditions are deemed in part ‘preventable’ and associated to lifestyle factors such as obesity, and low physical activity.

From numerous reports, we know that Oxford is a diverse city, with its population facing equally varied challenges when it comes to experiences of health, social care, deprivation (Oxfordshire City Council, Oxfordshire JSNA 2018).

*Oxfordshire Health Inequalities Commission Report* (2016) noted gaps in collection of health data of BAME populations, commenting, “during the process of consultation we found it difficult to get good data on BAME communities as well as on other disadvantaged groups”. The report commented on the need to target health and preventative resources for those groups in greatest need, including focus on increasing physical activity and sport.

NHS Health Checks in Oxfordshire are commissioned by Oxfordshire County Council and delivered as a universal programme across GP surgeries. According to the *Oxfordshire County Council Health Check Equity Review* (2018) there is still improvement to be made in the uptake of NHS Health Checks. “Between quarter 1 in 2013/2014 and quarter 4 in 2017/18, 50.4% (n=95,485) of invited residents chose to take up the invitation for an NHS Health Check”.

The report noted differences in those who chose to take up an invitation, “Looking at ethnicity and gender for 2016/17 data, the lowest uptake of invitation was observed for Bangladeshi (34.4%, 11/32) and Chinese men (38.0%, 35/92), compared to 60.9% uptake of invitation (5557/9133) among White British men”.

The report comments on the need to encourage uptake amongst men, certain ethnic minorities, and vulnerable groups. This echoed in Oxfordshire’s Director of Public Health Annual Report (2017) stating the need to ‘better identify and, thus engage with high risk groups to take up the offer of a free NHS Health Check’ (Oxfordshire County Council 2017).





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## Our methods and approach

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### The process

From the start, East Oxford United wanted to work from the ‘bottom up’ in reaching men through building on the energy, enthusiasm and vibrant sense of community in East Oxford. Men were able to link to other men, through workplaces, friendships, families, sports groups, community centres and places of worship. The idea was to initiate interest, conversations and awareness of the importance of men’s health, and to find out more about what men think about this issue.

From the outset, the *process* of ‘co-design’ - was as important to the group as the data collection itself. Doing the work by building on community networks, having conversations with men about health, ensured trust was built up between the men themselves, East Oxford United and Healthwatch Oxfordshire.

Healthwatch Oxfordshire held ongoing planning meetings in Costa on the Cowley Road, with members of East Oxford United, and together they developed the approach for the work. Community volunteers were involved throughout and the work developed as it went along, with ongoing reflection and adaptation as lessons were learned.

### Aims of the study

As mentioned in the introduction, East Oxford United saw that their links with men, particularly those from BAME backgrounds was a great opportunity to ask men their views on keeping healthy. They also knew that men from this group often were low on uptake of health information and support, and in particular NHS Health Checks.

The group decided to build on its wide social networks and links in East Oxford to find out:

- 4) How do men maintain good health and what information and resources do they use for support?
- 5) What level of awareness is there amongst men from BAME and other groups about NHS Health Checks?

- 6) What are the barriers to men taking up healthy lifestyle advice, and NHS Checks?

### **Data Collection**

A questionnaire was designed, to go out to men in paper form, and online via Survey Monkey. Draft ideas were discussed and tested with local men, and with Dr Mahamud, a London-based GP and supporter.

The questionnaire drew from Sport England, and other sources, covering questions on men's use of health information, lifestyle factors and where relevant, uptake of NHS Health Checks. The questionnaire included a description of NHS Health Checks, to raise awareness of this to men under the eligible age (See Appendix 1 for Questionnaire).

Questionnaires were in English. East Oxford United ensured that men had help interpreting and filling in questionnaires where possible, through working with community volunteers, from a range of backgrounds. All responses were anonymous, which was important to gaining confidence

*When the men knew it was anonymous they were really keen to be asked (volunteer)*

Due to time constraints, we decided that the data collection focus would be via questionnaire, and not through qualitative conversations and interviews, although inevitably men were keen to talk, and to share their experiences and ideas. This meant that the depth of the information collected was inevitably limited, perhaps offering opportunities for the future.

The work took place from May to June 2018, with less activity planned for the month of Ramadan; although evening gatherings in the Mosques were a great opportunity to reach men breaking fast.

### **Who did we approach?**

Questionnaires were distributed and collected on foot by community volunteers. The questionnaire was also promoted on social media using East Oxford United's *WhatsApp* and *Facebook* links.

From the start, the idea was to use men's local networks to raise awareness of the survey. This included reaching men at their places of employment, community centres, and places of worship in the East Oxford area.

*“I’ve been walking around in Cowley Road, Blackbird Leys, Rose Hill...didn’t want to limit where it goes, teaching them about health checks, many don’t know and have never heard of it.”*

East Oxford United’s links with diverse men’s football teams were another focus for questionnaire distribution. As a way of promoting the focus on Men’s Health, and to link into the national Men’s Health Week (11-17 June 2018) East Oxford United decided to name 2018 Community Cohesion Football Tournament, the ‘**Men’s Health Cup**’. A total of 22 nationalities played in 25 teams on the 17<sup>th</sup> June, in a tournament which was part of Oxford’s Eid Extravaganza event open to families.

Homes 4 All also had a team, which enabled us to reach men who are homeless and living on the streets, to take part in the men’s health survey.



Reaching men through Unipart, BMW and bus companies as well as other employers shed interesting light on the different workforces. Whilst East Oxford United had wanted to reach mainly BAME men, they soon realised that White British men needed information just as much.

*“BMW workers...we have realised a lot of white working class don’t know about this either, so they are keen to fill in...realise it’s a wider problem...so we are moving to focus on men generally.”*

They also found a difference in who they could reach with the type of employers. Agency workers at Unipart for example were anecdotally predominantly African and Asian, whereas permanent employees were mainly from White British and European backgrounds.

### Men contacted during the research.

<b>Employers</b>	<b>Community Centres and places of worship</b>
Cowley Road Barber's shops, Snappy Snaps Photos, Platinum	Bangladesh Islamic Education Centre
Royal Taxis	Manzil Way Mosque (Oxford Central Mosque)
O1 Cars	Oxford Centre for Islamic Studies
BMW Unipart	Madina Masjid (Stanley Road)
Oxford City Bus Company	Asylum Welcome
Tesco	Syrian Men's Group
Burger King	Homes for All (Homeless Charity)
Oxford Express Hospital drivers	
<b>Football Teams at the Men's Health Tournament (17 June Eid Extravaganza)</b>	<b>(240 men from 22 nationalities)</b>
Academia Ox	KPD
Albania	Kurdish
Bengal Tigers	Nigeria
Bicester Finest	Oxford Pistols FC
Bus Company (3 teams)	Pakistan
Cowleyfornia	Portuguese
East Timor (3 teams)	Romania
Eritrea	Somalia
Homes 4 All	Syria (2 teams)
FC Beltat	
Jatt Boys	

IN PARTNERSHIP WITH THE GREAT GET TOGETHER,  
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there is a celebration  
and this day is our  
celebration"*

Prophet Muhammad  
(Peace Be Upon Him)

**Bridging  
Communities**

**Everyone  
Welcome**

**Oxford Eid  
Extravaganza 2018**

**MEN'S HEALTH CUP  
FOOTBALL TOURNAMENT,  
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## Focus on promoting men's health

Conversations by volunteers during the data collection enabled men to speak about their health. Key to this was the opportunity to tell men about the importance of NHS Health Checks for men over 40, and to raise awareness of this for men under this age.

The Eid Extravaganza event on 17<sup>th</sup> June at Cheyney School attracted over 3000 people on the day in addition to the footballers taking part in the Men's Health Cup.



Healthwatch Oxfordshire held a stall at the event and was able to speak with men throughout the day, about their experiences of health and social care, and encourage questionnaires to be completed.

The group also invited Oxfordshire Public Health's Health Improvement Practitioner to attend the event, to give out publicity about NHS Health Checks on the day.

As part of Men's Health Week, and to build on the opportunity to reach men, Healthwatch Oxfordshire, at the request of East Oxford United, funded the purchase of 200 copies of the *Haynes Man Manual*, a booklet providing health information specifically aimed at men. These



were given out on the day of the Eid Extravaganza to both footballers and interested men. General men's health information was also given out in a range of language formats.

### **Limitations of the study**

Looking back, some changes would have been made from the start about the way we approached the study

- In using standard age ranges for the questionnaire, i.e. 35-44 and 45-54, we missed the opportunity to clearly focus on understanding Men over 40 (as eligible for NHS Health Checks). However, the question about NHS Health Checks was targeted and completed by men over 40's. Embedding information about NHS Health Checks for all respondents to see did give the opportunity for ALL men to learn about their existence.
- Unfortunately, many men from workplaces completing the 'online' survey monkey question failed to click the 'submit' button, and their data did not reach us. As a result, we lost data. This was rectified half way through the data collection by clearly highlighting the need to complete the survey by pressing 'submit'. We also tried to encourage men to resubmit.
- It could be argued that there was some bias towards men already engaged in physical activity and interested in healthy lifestyles. Many of the men who completed the questionnaire were from football teams. We tried to engage men in workplaces, for example bus and taxi companies, and to reach men who were not engaged in regular sport.
- The numbers responding to the different questions about NHS Health Checks were often contradictory. Whilst this can be seen as a weakness, it can also shed light on the fact that many men seem unclear about what NHS Health Checks are, as opposed to other GP visits. There is a need for more public information so that when men come to receive a letter from their GP, they understand what it is, and how important it is. It was also important for younger men to understand what NHS Health Checks were, so they would know of its importance when an invitation arrived.



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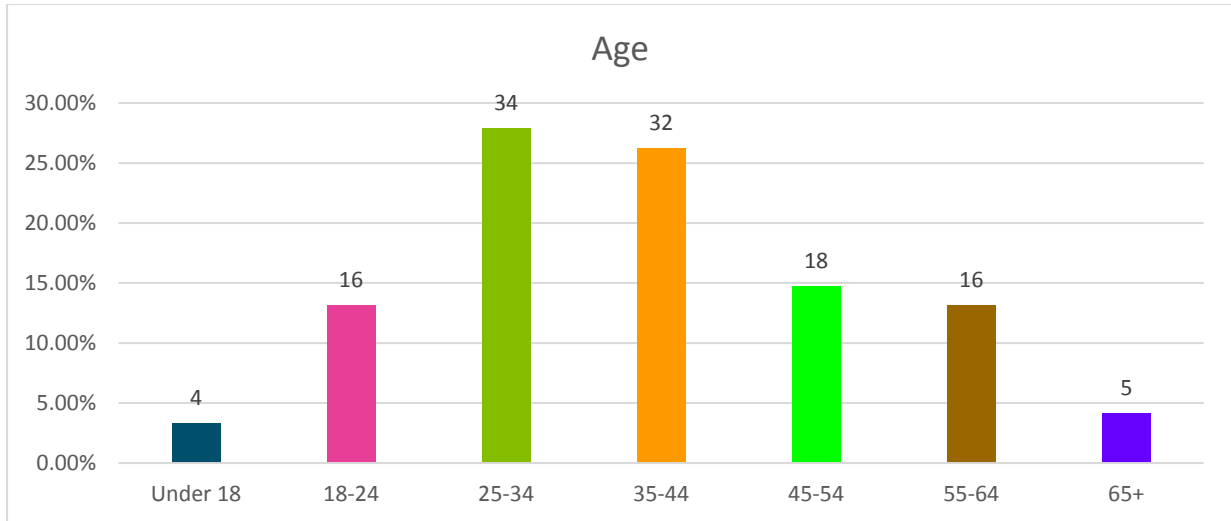
## The findings: What men said

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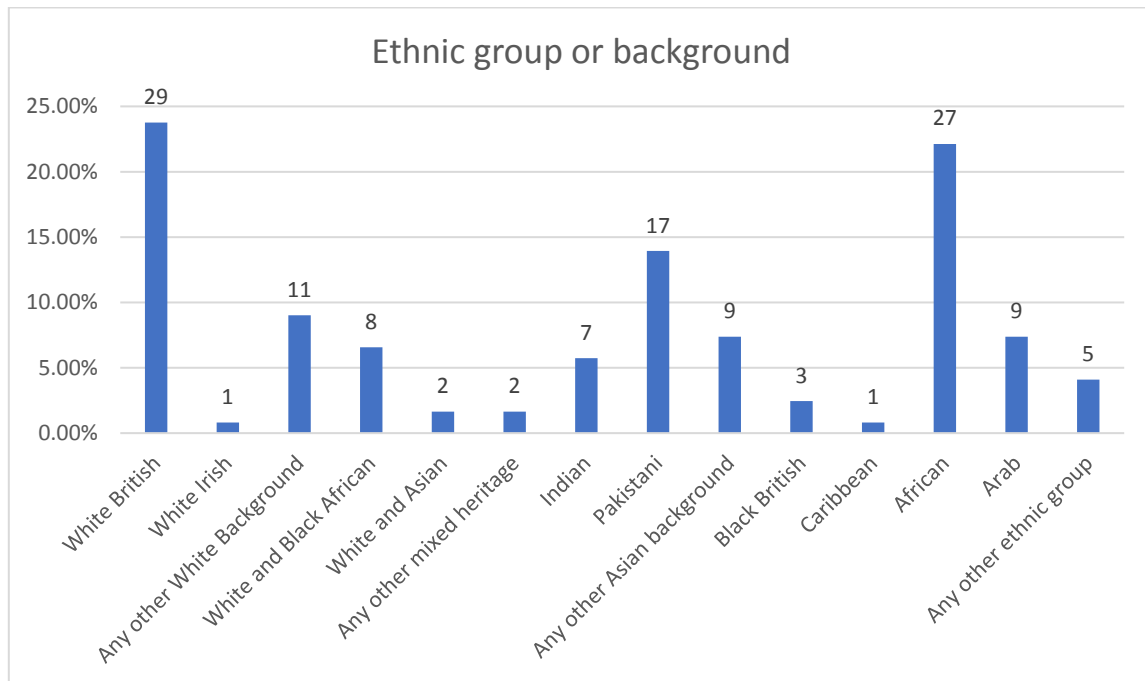
### What did men say about their health? Who responded?

139 questionnaires were completed by men. We also spoke to many more men than this, at the Eid event, and during contacts within the wider community. **Appendix 2** summarises the responses to the questionnaires in graphic form.

Of the respondents to the questionnaire, men from across the age groups and ethnic backgrounds responded.



### Respondents by age

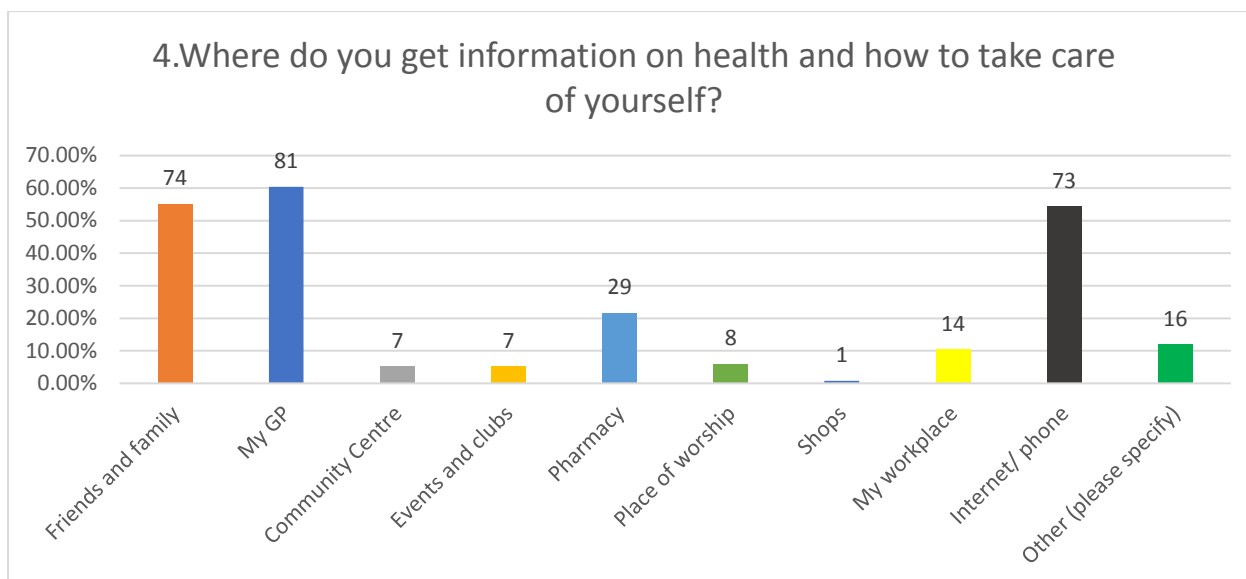


### Respondents by ethnic group or background

Of these, nine considered themselves to have a disability, and eight reported as asylum seekers, with five preferring not to say.

### Information for men on taking care of themselves

Questions 1-7 in the questionnaire focused on men's use of and access to health information



Sources of health information men used, was predominantly from the GP (81 respondents), followed by the internet (79) and friends and family (74). 29 people used the pharmacy for health information. Grouped together as ‘community settings’ (community centre, events and clubs, place of worship, shops, workplace and other) accounted for 37 responses in all. 16 responses under ‘other included use of books, TV, ‘New Scientist’ and ‘cosmology’. One commented:

*“Forget about the internet, everything is set up for the internet, but many people don’t have phones”*

### Is health information easy to understand?

When asked if this information was easy to understand answers were Yes (116), No (5) and other (9), of whom five who commented on the need for language interpretation, or more accessible information

*“Ask someone else, reading and writing difficult, need someone to explain.”*

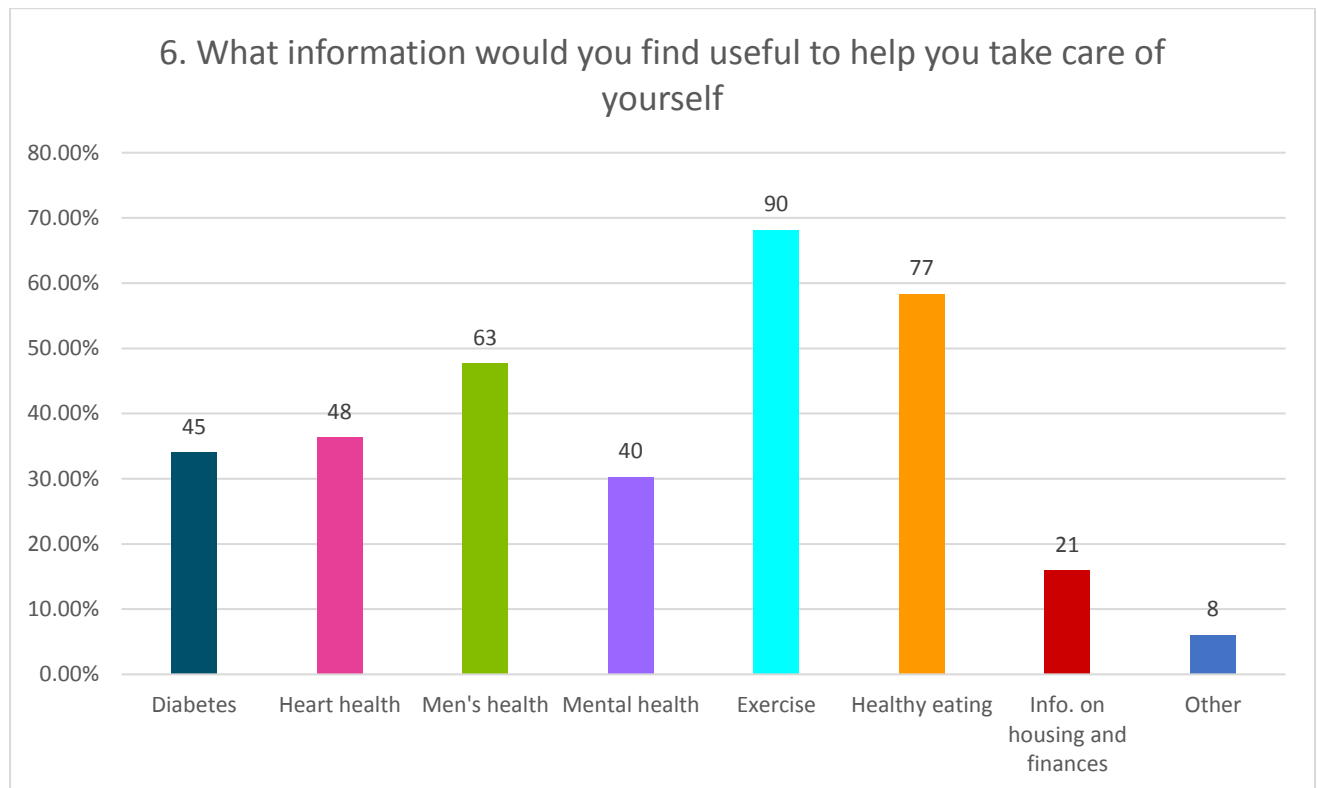
*“Need English translation.”*

One commented on the positive role pharmacists have to play

*“The way GPs have started working with pharmacies also relieve stress on GPs but also causes patients to be more relaxed...medicine info sometimes hard to understand but pharmacist now are more receptive to your enquiry and will talk you through.”*

## What information would men find useful?

Responses by men about what information would be useful for them to help them take care of themselves are shown below.



The responses show how men are wanting support to take care of themselves across a range of themes. These include understanding prevention of health conditions such as Diabetes and Heart health, mental health, and help to tackle the underlying drivers of ill health such as housing and money, as well as information on healthy eating and exercise.

Comments in 'other' included

*"Suicide."*

*"How not to work too much."*

*"Housing."*

*"Exercise - see what to do and how to stay active - have arthritis."*

*"Healthy eating- eating crap, easier living on own to eat crap takeaway."*

One man met during the research commented about the need for simple information, targeted at men with little time

*“I drive from Blackbird Leys to city on the daily bus...5 days a week shift work, I am tired, there is not time to look after myself...so simple tips, practical tips can really help, things that I can do easily and that fit into my life.”*

*“Spoke to a man who is a builder, message, simple things, like knowing about diabetes, very small message but has made a big change to him.”*

Worth noting here, are comments received by community volunteers on the distribution of the *Haynes Man Manual*. Feedback from men contacted during this research commented on the ‘explicit’ and slightly ‘laddish’ nature of the messages and content of the book outlining men’s health issues. There was a feeling that while the information was invaluable for men, aspects of the book were not sensitive to some communities’ cultural or religious sensibilities.

*“One community chairman came to me and said it was very helpful, but the book should be more open to other communities...Looks like nothing to us in our foreign community, messages are not what we normally see or understand....need a more culturally appropriate one.”*

*“An Algerian said pictures are really revealing, the person who wrote the book didn’t understand different cultures...not culturally viewed as normal...but personally I learnt a lot from it.”*

*“Sometimes you think what is normal and then you realise it is not seen as normal.”*

*“Many men in the city now come and say ‘thank you for giving us the book, it is useful’”*

*“The book was quite interesting... a lot of men came to me and said ‘that is a lot of information that is out there’, and you know there were specific pictures and all that, and some of them really took them and read them all over, and said ‘I was surprised it was really helpful to see this kind of information’ ‘where did you get it from...? It’s really strong’ “*

## Where do men want to receive health information?

Question 7 asked men where they would prefer to receive information about health and how to take care of themselves. Again, the main response (96 responses) was from the GP, and 31 from the pharmacy. Internet and phone accounted for 52 responses.

However, again if amalgamated under the category of ‘community setting’ (community centres, events and clubs, places of worship, shops, workplace) this would account for 81 responses, giving an indication that providing health information in a range of community settings might be of value.

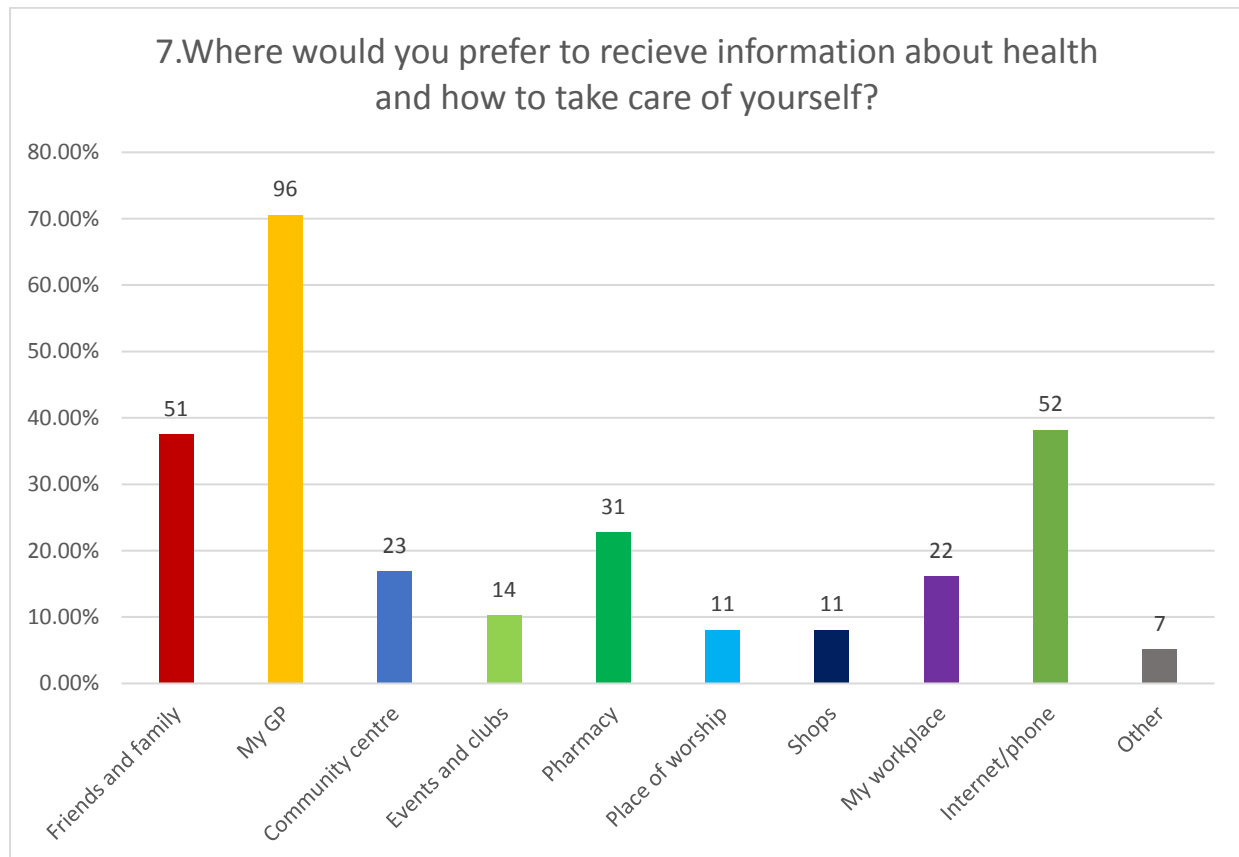
Under ‘other’ people commented

*Instagram/ twitter*

*Community homeless hub*

And on the difficulty seeing GP

*“Doctors not easy to go and see, one quick question- rushed for time.”*



## Men taking care of their health

Questions 2,3 and 8 asked men about their ability to ‘take care of themselves’, and any barriers to this. 104 men said that they ‘did take care of themselves’, two said they ‘didn’t’ and 30 said they ‘sometimes’ took care of themselves.

Question 2 asked men to describe *how* they took care of themselves. Overall, (influenced no doubt due to football teams taking part) men showed understanding of importance of healthy lifestyle (good diet, physical activity etc) in supporting them to take care of their health.

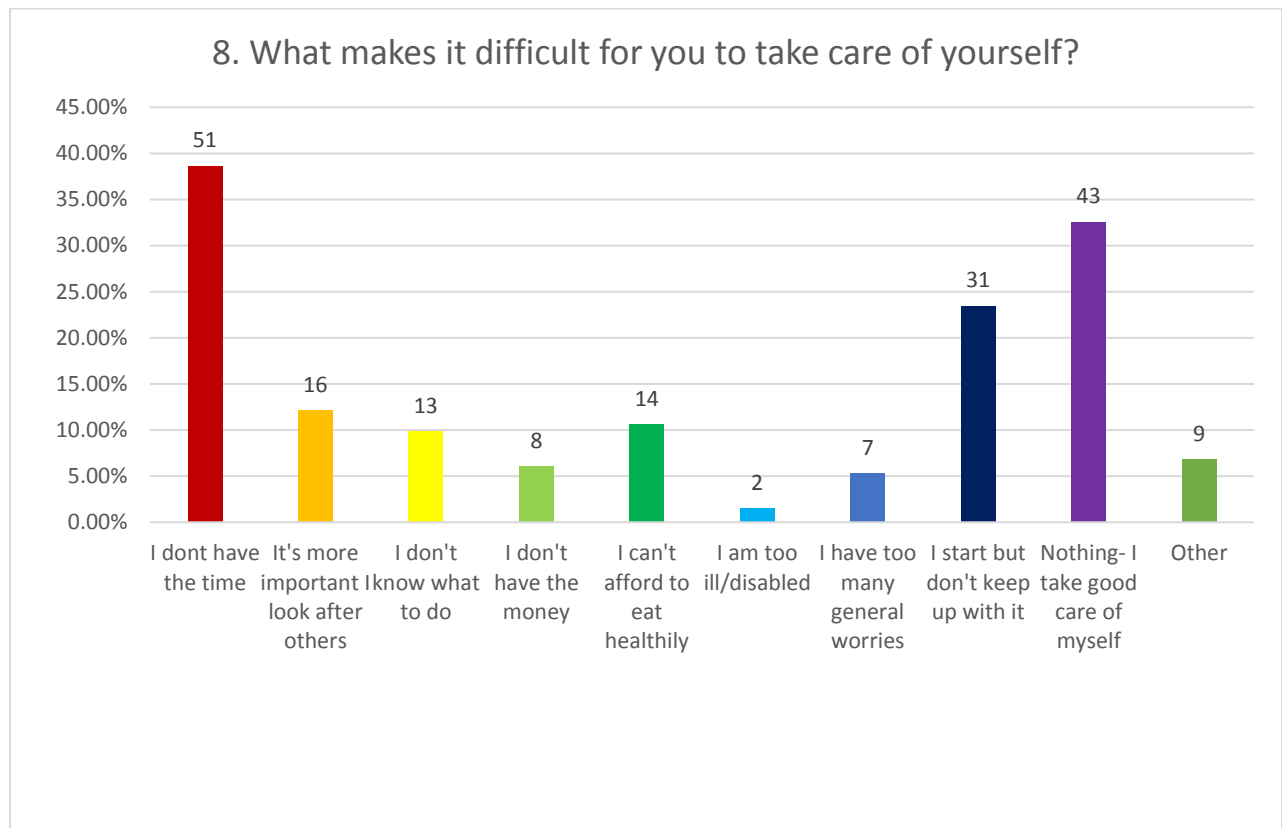
Generally, men who said they did take care of their health highlighted exercise as important and were engaged in a range of physical activities, including sports like football, swimming, going to the gym. Others said they got physical activity from daily activities such as gardening, walking. Having a healthy diet was also cited as important.

How do you take care of yourself? (grouped by theme)	Number of comments
Exercise, e.g. football, sport, gym, swimming, running, walking, cycling	57
Diet, eat healthily, food	31
work	4
Not smoking/ drinking	3
Physical job, doing work	4
GP visits, regular health checks, BP checks	4
Keeping clean/ clean clothes	3



## Barriers to men taking care of themselves

Question 8 asked men about the barriers to taking care of themselves.



Of those who answered, 51 stated that they did not have time. This theme, *time* appears as a factor across future questions featuring as barriers to both men's uptake of physical activity and NHS Health Checks.

Motivation also appeared to be a factor, with 31 men saying they started to take care of themselves but don't keep up with it.

Comments included

*Its hard to break inertia to start an activity, e.g. gym*

*Healthy eating and exercise is expensive*

*Working odd hours*

*Work doesn't give me time*

*I've just started working as a taxi driver and now sitting all day, it's really bad for your health*

Members of the homeless community faced particular challenges

*Living on the streets makes it impossible*

*Bottom line is a roof - if you can't think of where to go, if you have had your stuff out all night, how to keep dry, no purpose, why should I bother with my health, if it takes me it's just done sooner*

### **Physical activity**

We used the opportunity to explore men's attitudes to physical activity, as a preventive factor to ill health. Here we based questions on Sport England surveys.

When asked about levels of activity each week (compared to the recommended 150 minutes) 33 men responded that they did less than 30 minutes a week, 51 reported between 30-149 minutes a week, and 48 reported doing over 150 minutes a week.

Men's engagement with physical activity, reflected answers in Question 2 (how men take care of themselves), with men citing a wide range of sports, including football, swimming, gym, running, cycling.

Everyday activities such as 'gardening', 'walking the dog', 'daily house jobs' were also cited. Some cited hobbies and volunteering 'woodwork' and 'volunteer canal restoration' and others cited heavy manual jobs 'heavy work', 'building construction' and 'farming'.

Workplace support was valued

*"...the bus company do support us with gym pass but it's down to the individual and motivation..."*

One member of the homeless community commented that his physical activity came from

*"Walking- get around find new places to sleep, football, or to find food services and church ."*

Comments from men spoken to at the Eid Extravaganza highlighted the social and mental health benefits to men of shared sports activities.

*"Football is like a sign language, even people who don't want to talk together..."*

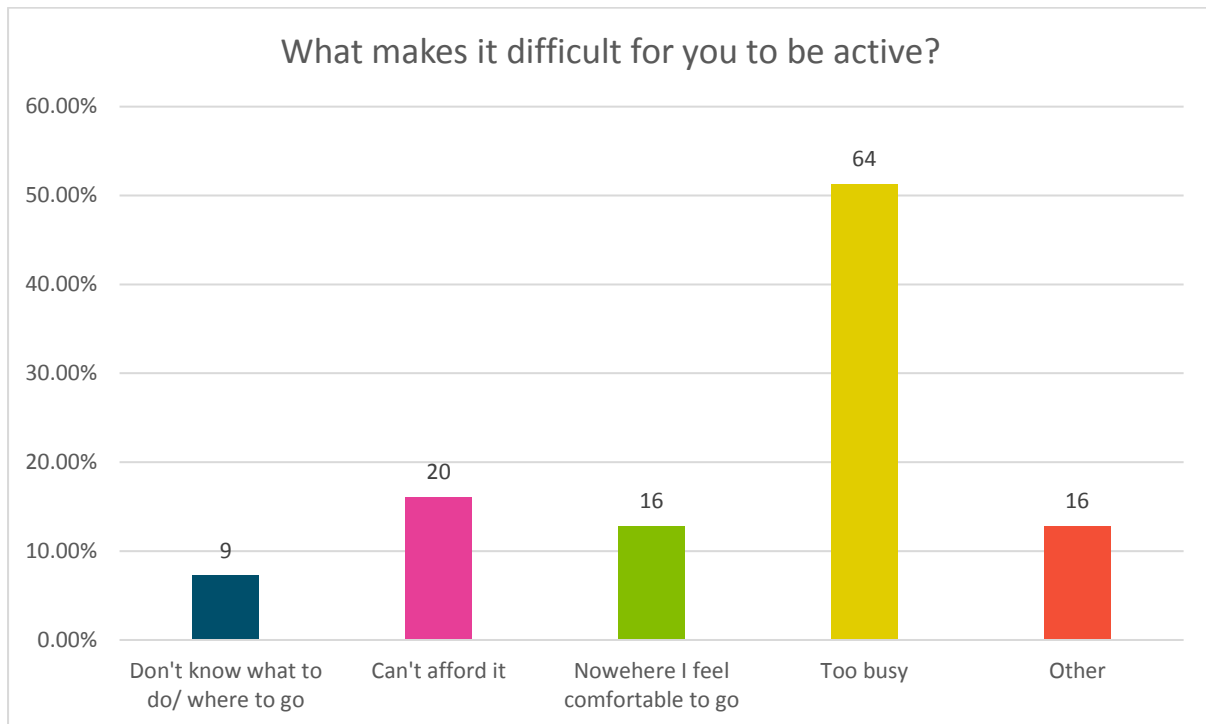
One Homes 4 All member commented

*"Football event- the men have made a team in the last two weeks; bringing people together so mentoring each other, mental health*

*improved, really committed to coming to the practice and have now started meeting socially. There has been an excitement about joining in and being able to show that the homeless community has a lot of positive skills to bring.”*

### **Barriers to physical activity**

Question 11 asked men about what made it difficult for them to be active.



The main response (reflected also in ability to take care of one’s health, and take up NHS Health Checks), again was about time- ‘too busy, with 64 men citing this as a barrier. Cost was also seen as a barrier to 20 men. Others commented they did not feel comfortable to go.

Comments reflected this

*“Not enough time.”*

*“I’m not a big fanboy of the gym environment.”*

*“Peers - its easier for a man to go out with friends and have a nice drink.”*

*“I have restricted time...its expensive living in Oxford, I have to have 2 jobs to keep the family, so I have no time...I end up going to the gym at 1 a.m.”*

## Men's awareness of NHS Health Checks.

NHS Health Checks are available to men over 40 who have not had a previous condition diagnosed. Men receive an invitation to attend by letter from their GP.

Whilst it is essential for all men over 40 to know about and understand the benefits of NHS Health Checks, building awareness among men under this age is also important to support later uptake. Of the respondents across all ages, 77 men said that they had heard of NHS Health Checks, and 51 said they had not.

Men reported that they had heard about the checks from a variety of sources. The majority (58) as expected, had heard from GP or nurse. Others had heard via friends and family (25), workplace (10), pharmacy (3) and other (11).

Those that said 'other' commented that they had heard from sources including family members, Public Health Adverts, and via Healthwatch Oxfordshire at the event itself.

*"On the Bus advert"* (a number also told us they had seen this)

*"Girlfriend works for NHS"*

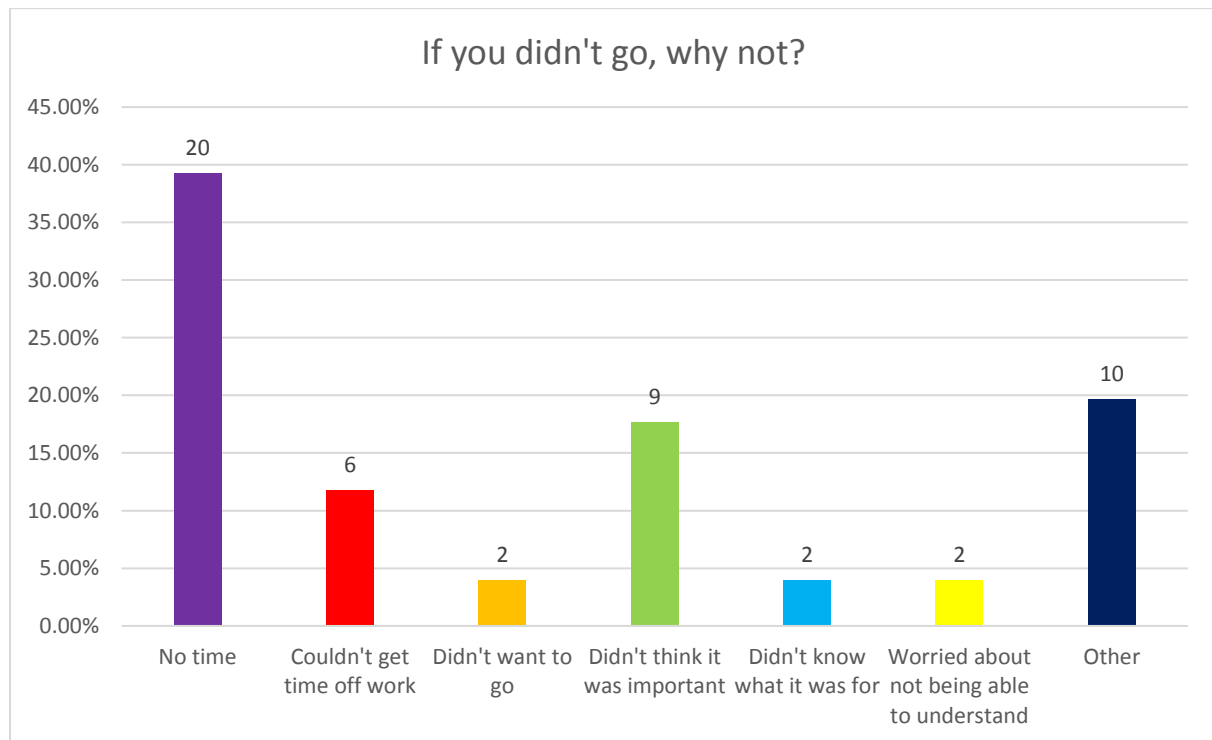
*"Internet/advertisements"*

Some of the answers we received about NHS Health Checks were not clear, or contradictory, with less men saying they had been invited to or had NHS Health Check (40 had been invited 60 had not) compared to those who said they had not/ had attended checks once invited (43 said they did go, 46 said they did not).

This may be due to men being unclear or confused as to what an NHS Health Check is in practice, and how they are invited. We also found this in speaking to men, many were not certain about what a Health Check was. It highlights the need for support with men to understand clearly what an NHS Health Check is and how to access it, well before they are invited.

## Reasons given for not attending the NHS Health Check

Of the men who didn't go to NHS Health Check once invited, reasons given were as follows:



Again, there is some confusion, with the numbers different from those who said they had been invited.

However, reasons given for not going highlight a mix of not understanding the importance of checks (12 either didn't know what it was for or didn't think it was important), along with time and work factors (26).

Comments from speaking to men highlighted these constraints in more depth. Many men who answered the questionnaire from workplaces were shift workers, with unsocial and unpredictable hours, finding it hard to find the time to look after their health.

*"I do shift working so hard to find time to get an appointment at the GP...the bus company do support us with gym pass but it's down to the individual and motivation...having health checks at work would be good but difficult also as all the men are out on the road."* (bus driver)

Lack of information about Health Checks was also seen as a barrier

*“There is a lack of communication of that to the community...I only went to have a health check because my friend told me.”*

*“They could improve it by advertising and marketing it better...if no one is knowing there is a health check they won’t do it.”*

And some commented on the environment at a GP, which they felt was not conducive to speaking about men’s health issues

*“Men feel it’s difficult going to a GP to talk about men’s issues...it’s a very female dominated environment, women’s health information, women’s issues, women receptionists, women doctors...it’s hard to feel you have a right to be there and have open conversations...it’s much easier if you are a woman.”*

*“I was called for a Health Check but the GP ended up telling me there wasn’t much he could do with the funding....it was more funding for women than for men”*

Others indicated that they were uncertain of the benefits of seeing a GP, or had not felt taken seriously, or religious beliefs not understood

*“He knows he needs to get checked out but he won’t go...once you go to the doctors, you just end up on more and more pills and that’s what puts him off.” (wife about her husband)*

*“I was sent a test tube to give a sample...the strip that comes with it has the person’s name on it, to stick onto the tube...I couldn’t do it as it would have been desecrating the name of the Prophet if I had...so I never returned any samples....this would be a major factor for men like me not picking up on health checks.”*

*“I tell them about different issues, but they just say ‘you will be fine’”*

*“Funding has had knock on effects, it always feels like they don’t want to take that extra step, there is no relationship now (With GP) you notice the difference straight away funding wise it’s gone down.”*

*“Before you went in and they would make sure all was ok...I work in retail but the NHS don’t take this approach of hearing what the ‘customer’ has to say..”*

*“I have lived with this problem for over two years, and the Doctor has told me ‘don’t keep coming back...give us a call before you come’ but where do I go?”*

There was an understanding that different communities perceive and use NHS services in different ways, and for some there are barriers to attending that need to be overcome

*“Different communities see it in different ways, I tell my community (Pakistani) ‘this is the NHS - treatment is free- go for your regular checks- don’t just sit at home and try and do it yourself, solve it yourself...’”*

One community volunteer commented about working with the East Timorese community (see also recent report by Butcher 2018 Oxfordshire County Council Public Health)

*“East Timor the group the largest in Oxford at the moment, a lot of questionnaires came back from them. The team are using different method of healing, use traditional healers and have confidence in this and don’t engage with medical world.. They use their own traditional medical things a lot in this country, they believe in different kinds of things, they tell you ‘no tablets’... ‘we have our own person who can come and heal us, and do this’”*

Those under 40 were also keen to find out about NHS checks, as one volunteer commented on conversations

*“...they were all very keen, and the youngest, the age of 19-37 when they got to the 40 NHS Check questions they were like ‘why not us? When we get to 40 we will want to know’ ...they were really keen to answer that...”*

## Where to access health checks?

When asked *where* it would be most convenient to have a health check, men overwhelmingly stated at their GP. 69 men said at the GP, six at pharmacy, two at community centre, and three at work. However, 20 stated ‘other’ which reiterated the above along with other suggestions including;

GP	16
Pharmacy	10
Place of work	3
Local Community Centre	5
Sports Club	5
Hospital	2
Place of worship	2
Community Hub for Homeless (Homes4All Café)	1

Whilst most men said that Health Checks should be at their GP, when speaking to men, many stated that having Checks based in community settings or workplaces would be a good idea.

*“I think what would help is access of it...if it was in the community, you could do it at a pharmacy...to remove the barriers.”*

*“There is a captive audience at events like this to do things like diabetes and smoking advice...and checks.”*

*“Go to where the people are...there are a range of activities in different community centres...you’ve got to walk the streets, knock on doors, use social networks that are out there already.”*

*“Access ‘mix and match’ rather than just one access point- not a single access point ... leisure centres in community ...these places could be access points in terms on drop in NHS checks.”*

And for the homeless community:

*“Many people don’t access health services- even Luther Street. Engage through building up relationships...not in sterile places but in a café setting...”*



## What three things did men say would make it easier for men to look after their health?

In question 12, men were asked to comment on three things they would change to make it easier for them to look after their health. 87 men gave their suggestions, which ranged from comments about fitness, food, money, work, lifestyle, stress, and engaging with the GP. These can be summarised into themes as follows.

Theme	Number of suggestions
Healthy diet/ healthy food	39
Less shift work/ unpredictable work patterns, time off work	16
More time (e.g. with family, for life,) less stress	15
Motivation and willpower/ knowing what to do	8
More money/ affordability of e.g. healthy food and sports activities	7
GP/ Health/ regular appointments	7

Comments about healthy food reflected issues of cost, time, access and skills, and pressures of wide availability of unhealthy foods and alcohol

*Generally don't eat healthily enough*

*More easily made meals*

*Time for cooking good food*

*Cheaper healthy food*

*Reduce eating unhealthy food (kebabs and junk)*

*Reduce fizzy drinks*

*Stop drinking every night*

Comments about work again reflected the men finding it difficult to have time to care for themselves due to shift work, long work hours or anti- social work patterns

*Less shift work- nights*

*Not doing night shifts*

*Don't work so hard*

*Having more time off work*

*Work to promote good health*

Comments about money included

*Better L.A. [local authority] funded access to sports venues*

*Better affordable places*

*Work and bills*

*More money*

*Expensive health products*

Other comments included focus on the social aspects of activity, mental health benefits, and need for secure housing to be able to look after one's health

*Roof over head*

*More understanding of the homeless*

*Exercise with mental health service*

*More fun group activities exercise with friends*

**What did we learn?**

**Working to engage men in the wider community**

The group learnt a lot from this study about the process and approach.

The strength of the approach was undoubtedly the way in which we tapped into the energy, enthusiasm and interest of men themselves to spread the word and contribute to the work. There was a huge amount of interest, and the men clearly felt the issue was important and they were keen to have their say- but also be listened to.

*“The question they asked was ‘why did you choose the name Men’s Health cup? Then when you explain Men’s Health week is a national thing, some of them don’t even know that...and it’s a lot of when it comes to the health, with this kind of questionnaire, you have a lot of people in minority groups who really have less information, where*

*they women or young men, or men, and to reach them, you have to bring them activities, something they like to come out to .”*

- Using trusted community volunteers to support men to fill in questionnaires worked well. This supported those who needed interpretation, or writing support, but also helped to access men
- Community leaders at places of worship, mosques and workplaces were more than happy to support us in reaching the men they serve and were keen to help men understand more about their health. This was an opportunity to build on these relationships for future health related events

*“Using a simple way where they go normally like the mosque, we know all the men going in on that...an Imam would be really happy about it, they don't see any problem with it, they are there to serve their community...involvement of the community in the mosque, that is what they are there for.”*

Those involved in the work questioned the perception that the men in the BAME community in particular were ‘difficult to engage’ arguing that services needed to reach out more, and ask men what approach should be taken

*“Talk to faith leaders more about what is acceptable to people and protocols for this kind of thing...providers need to have regular discussions with people about what is culturally appropriate, and update this regularly...about how to communicate with different communities.”*

*“Hard to reach ...these people are not hard to reach...has anyone asked them?”*

*“...providers are too stuck in their comfort zones...going to forums, that is seen as making the contact...Oxfordshire don't understand these communities...people working won't come out of their comfort zones...”*

*“...the group that we've got answers from it's not hard to get, it's difficult to get it, but it's a group that has been really left over and not really given information and has not been asked to be part of it-involved...”*

Building up trust was important with groups reaching out to men.

*“...they could be working with a group like you, who now you have an easy link with the group, as you have already done something and as you are local communities mindset, where they are thinking of the project for the broader they can see organisation that they think they could be delivered with us if they ask.”*

And advice to working more effectively:

*“Go out and meet and talk to the people! Don’t go to the same old people. I think the mosque involvement, it’s not difficult at all as long as the Iman is involved, and tell him what you want information you want to give, and get out of it, but also what the mosque themselves want to get out of it, because it is information on health we are talking about, and helping people with that information. Giving people information and saving their health...we went to all the mosques and we didn’t have an issue about giving our leaflet, or saying what we were doing...everyone was very supportive and said ‘what you are doing is very good and please keep going, keep asking us’.”*

*“...don’t talk to the same people, go to different groups, and in different ways, don’t just go with one thing, to one group and say that’s all, but meet with the other groups, I think that is the key point...people are there, go and get it and meet them in the right places, communities are life, there are a lot of communities in Oxford doing things that people have never heard about.”*

**Is it worth trying to deliver health messages and NHS Checks in community venues?**

As we have seen throughout, whilst men saw the GP as their main source of information about health information and NHS checks, in conversations, they were open to possibilities of having this potentially delivered from community settings. Conversations on the topic of where men would find it easiest both to access NHS Health Checks and health information, as we have seen revealed some interest in making use of community venues. This was a way of catching men who often otherwise did not have time to get away from work, or kept irregular hours

*“People are not always thinking that the hospital GP can solve the problem, people meet in social spaces, all go to church or mosque, its*

*part of the family, practicing religion, we have to be there, so it would be the best place for messages about health.”*

*“...even idea in a mosque to have a place where Health Checks could be done, as they are there for public, and they serve thousands and thousands of men, and when you tell the Iman that this is relevant for the group of men you see, every Friday or every day for their lessons... there is not rejection in there, but the groups have to come up with the ways of working, the nice ways.”*

# Appendix 1. The Men's Health Questionnaire.

We would like to hear from you about your ideas on information and support to keep men healthy

How do you think this support can be improved? Thank you for taking time to answer these questions. We don't need to know your name or any personal details that will identify you. By helping us, it means that you are happy for us to make use of your comments to tell the organisations that support you about what men think about keeping healthy.

1. Are you registered with a GP?

Yes

No

2. Do you take care of yourself?

Yes

No

Sometimes

3. If so, please tell us how you take care of yourself

**4. Where do you get information on health and how to take care of yourself?**

- Friends and family
- My GP
- Community Centre
- Events and clubs
- Pharmacy
- Place of worship
- Shops
- My workplace
- Internet/ phone
- Other (please specify)

**5. Do you find this information easy to understand?**

- Yes
- No
- Other (please specify)

**6. What information would you find useful to help you take care of yourself?**

- Diabetes
- Heart health
- Men's health
- Mental health
- Exercise
- Healthy eating
- Information about housing and finances
- Other (please specify)

**7. Where would you prefer to receive information about health and how to take care of yourself?**

- Friends and family
- My GP
- Community centre
- Events and clubs
- Pharmacy
- Place of worship
- Shops
- My workplace
- Internet/phone
- Other (please specify)

**8. What makes it difficult for you to take care of yourself?**

- I don't have the time
- It's more important I look after others
- I don't know what to do
- I don't have the money
- I can't afford to eat healthily
- I am too ill/ disabled
- I have too many general worries
- I start but don't keep up with it
- Nothing- I take good care of myself
- Other (please specify)

**9. To stay healthy, adults are advised to do at least 150 minutes of moderate activity each week.**

**Do you do..**

- less than 30 minutes activity each week?
- 30-149 minutes each week?
- Over 150 minutes each week?



10. What type of activity do you do? e.g. walking, heavy work, gardening, football?

11. What makes it difficult for you to be active?

Don't know what to do/ where to go

Can't afford it

Nowhere I feel comfortable to go

Too busy

Other (please specify)

12. If you could change anything, what 3 things would make it easier for you to look after your health?

1

2

3

13. Have you heard of NHS Health Checks?

Yes

No

14. If yes, where did you hear?

Friends/ family

GP/ nurse

Pharmacy

At my work

Other (please specify)

**Are you 40 and over? If so, please answer these next questions....**

All adults aged 40-74 are able to have a free NHS Health Check at their GP. Your GP should contact you to invite you to this every 5 years. This helps the GP check your health and see if you are at risk of common conditions (if you have not already been diagnosed); stroke, kidney disease, heart disease, Type 2 diabetes, dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps you to find ways to lower this risk, and find out more about staying healthy.

**Have you been invited to or had a NHS Health Check?**

Yes

No

**15. Did you go to your check?**

Yes

No

**16. If you didn't go, why not?**

No time

Didn't think it was important

Couldn't get time off work

Didn't know what it was for

Didn't want to go

Worried about not being able to understand

Other (please specify)

**17. Where would you find it most convenient to have a Health Check?**

GP Surgery

Sports club

Pharmacy

Place of worship

Local community centre

My place of work

Other (please specify)

**18. If you did go, did you find it helpful? If not, why not? Please tell us**

**About you....please let us know....no answers will identify who you are**

**19. Tell us your age**

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

**20. Do you consider yourself to have a disability?**

- Yes
- No

**21. How would you best describe your ethnic group or background?**

- White British
- White Irish
- Any other White Background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed heritage
- Indian
- Pakistani
- Chinese
- Any other Asian background
- Black British
- Caribbean
- African
- Any other Black background
- Arab
-

Any other ethnic group

**23. Are you a refugee or asylum seeker?**

Yes

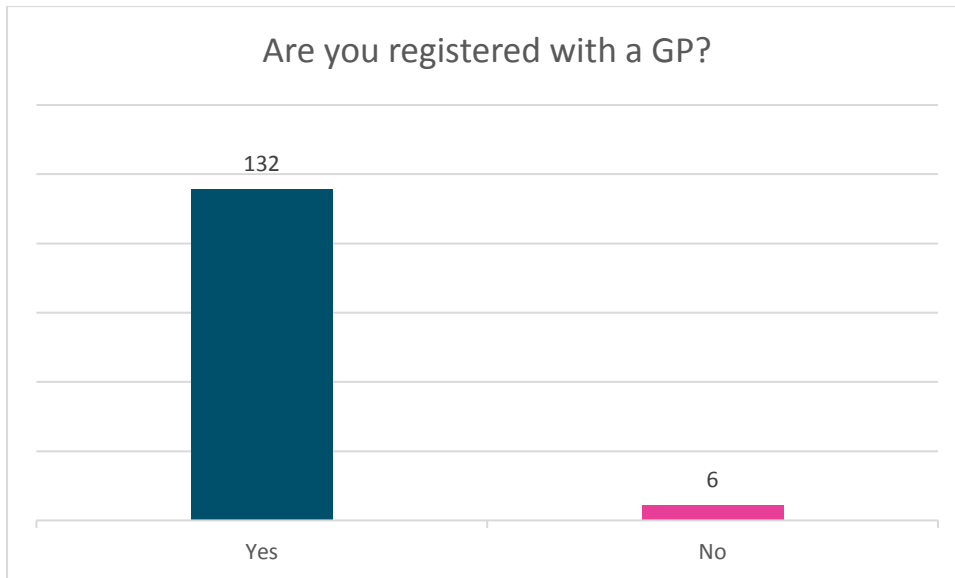
No

Prefer not to say

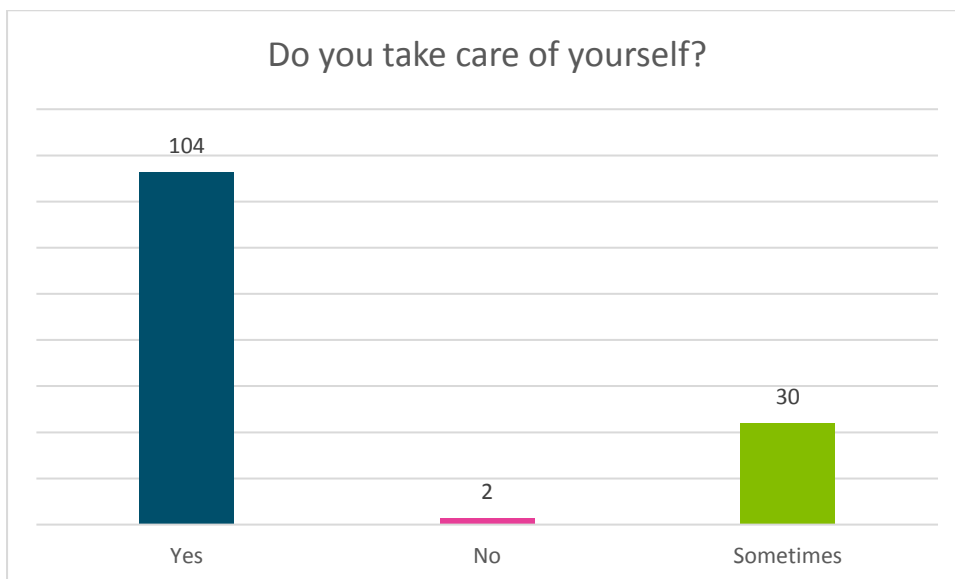
**Thank you for taking part in this survey!**

## Appendix 2. Summary of responses.

### 1. Are you registered at a GP?

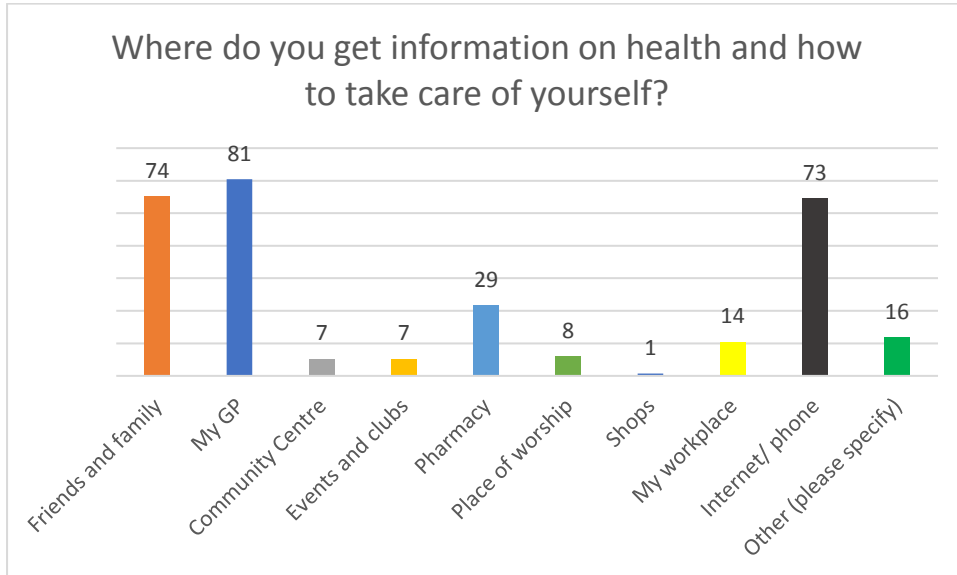


### 2. Do you take care of yourself?

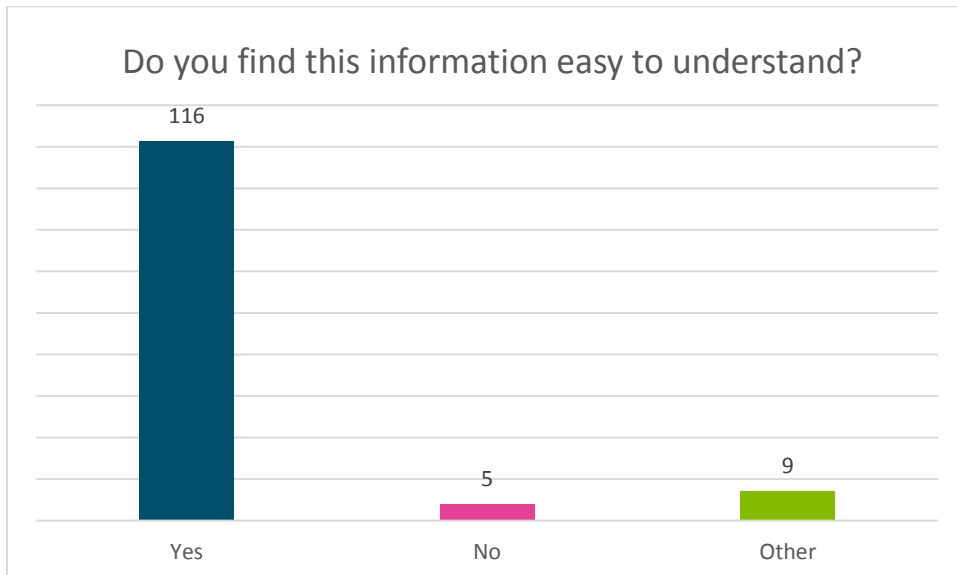


Q3. Men gave examples (see main text)

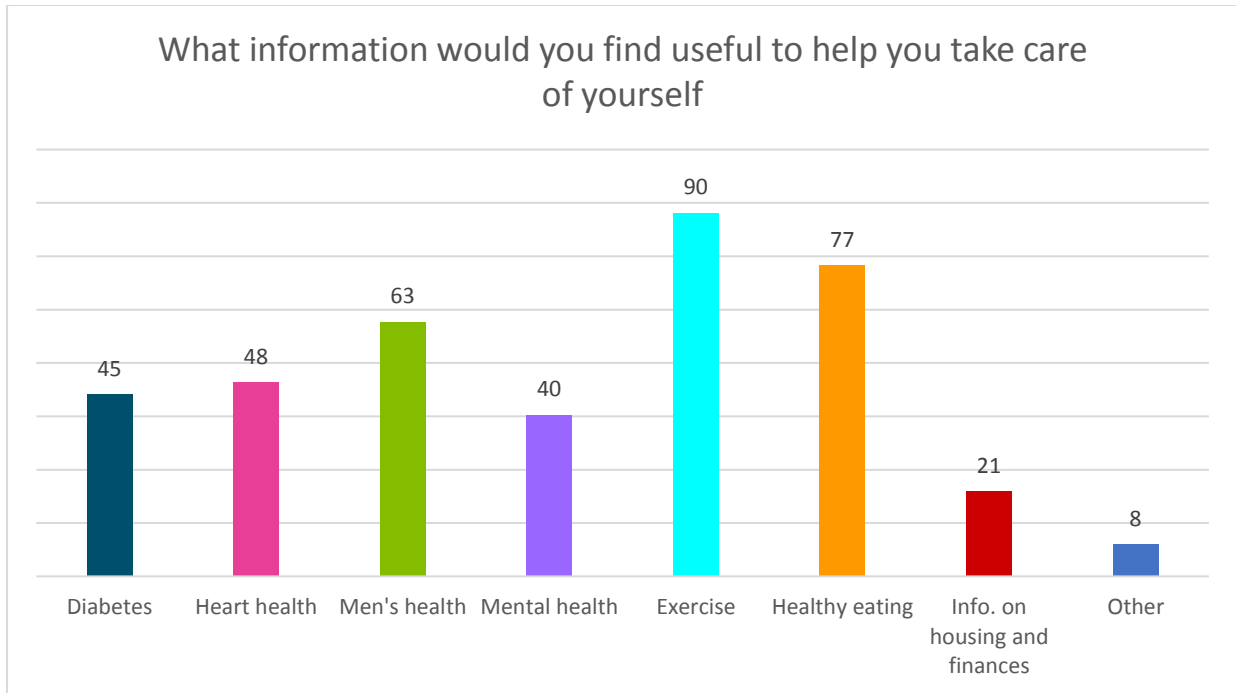
#### 4. Where do you get information on health and how to take care of yourself?



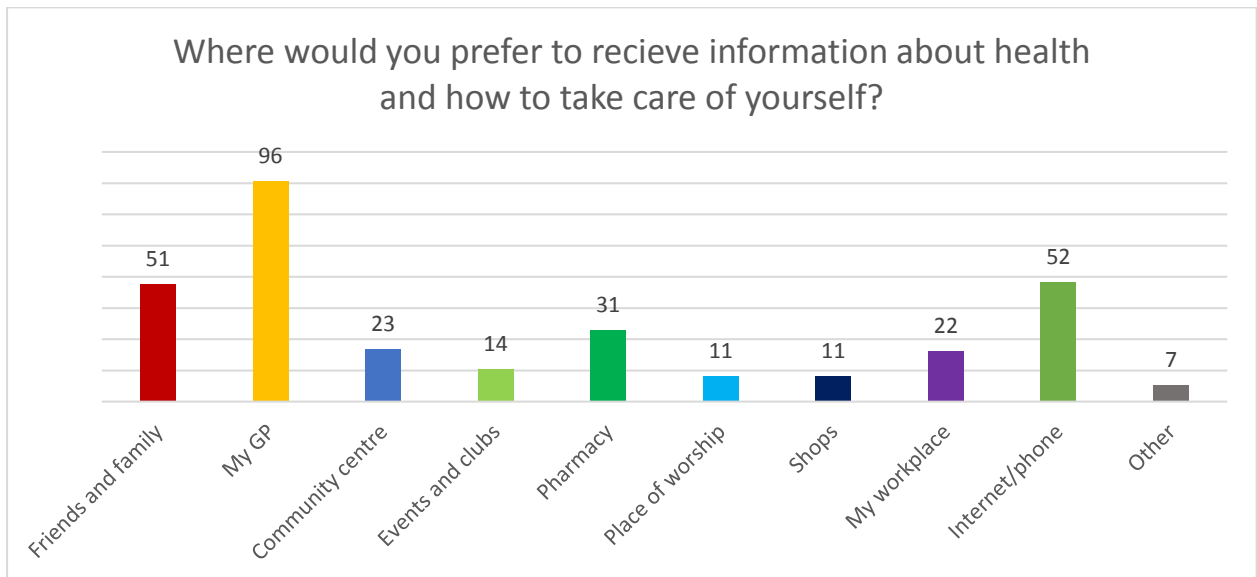
#### 5. Do you find this information easy to understand?



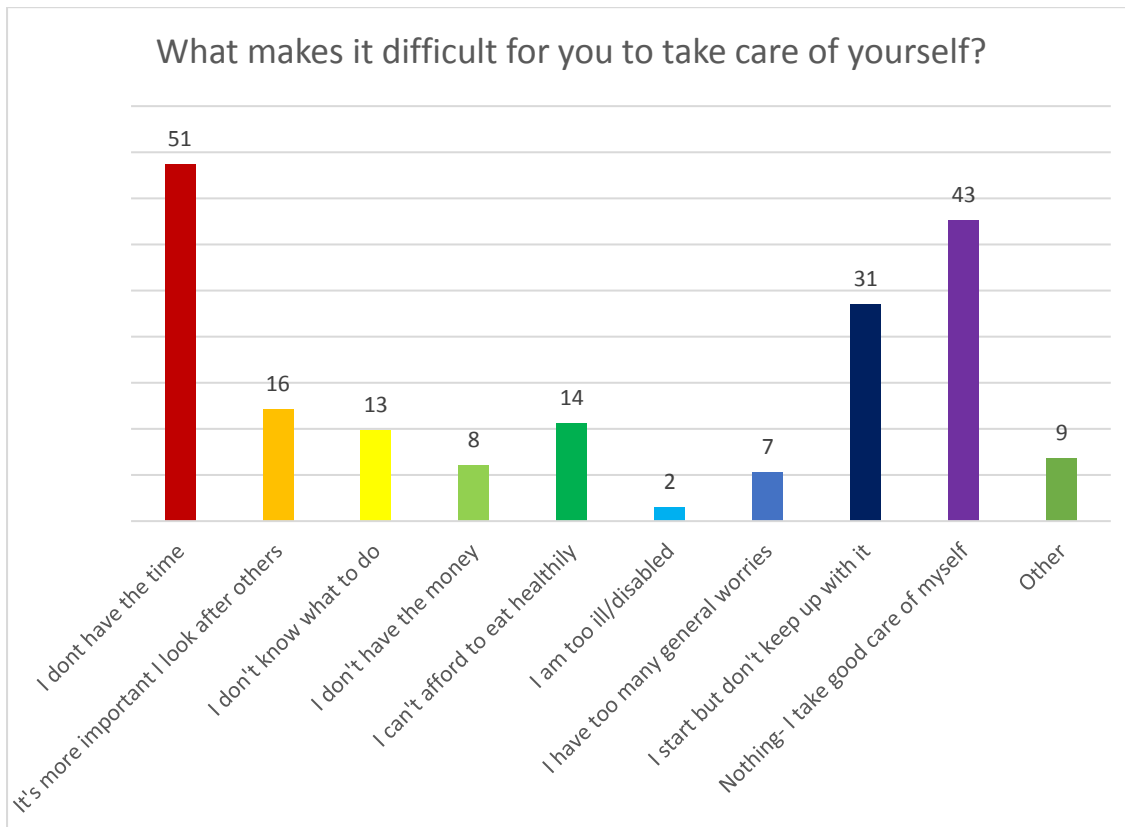
6. What information would you find useful to help you take care of yourself?



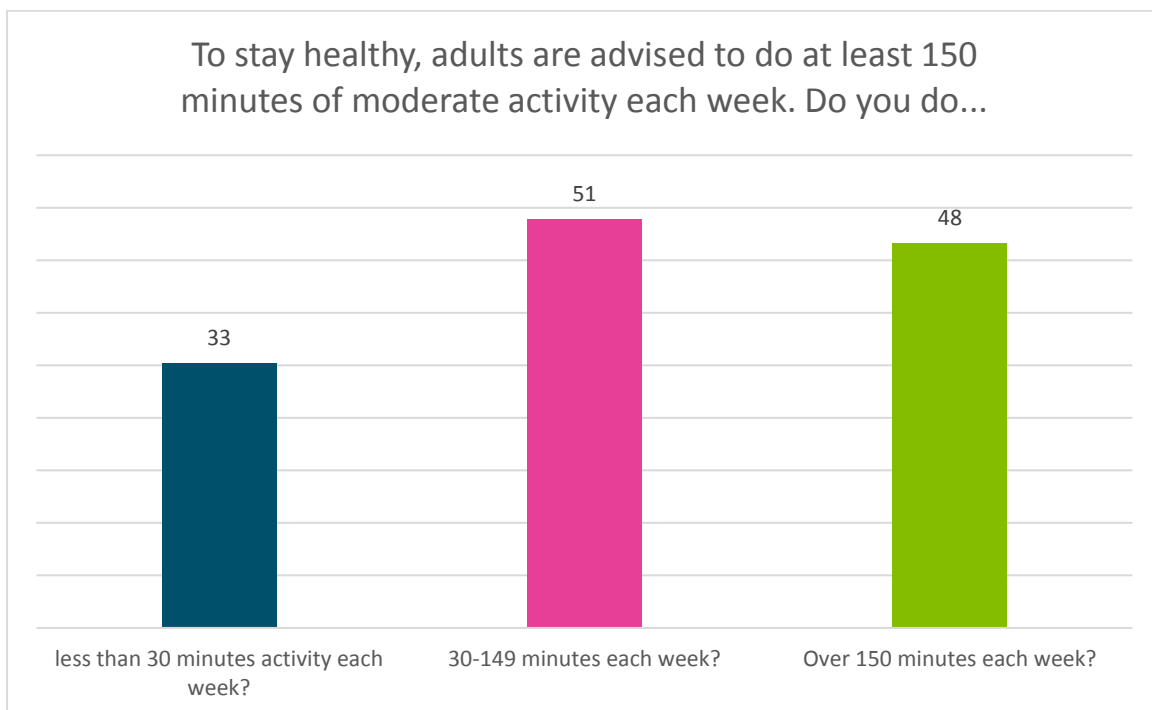
7. Where would you prefer to receive information about health and how to take care of yourself?



## 8. What makes it difficult for you to take care of yourself?



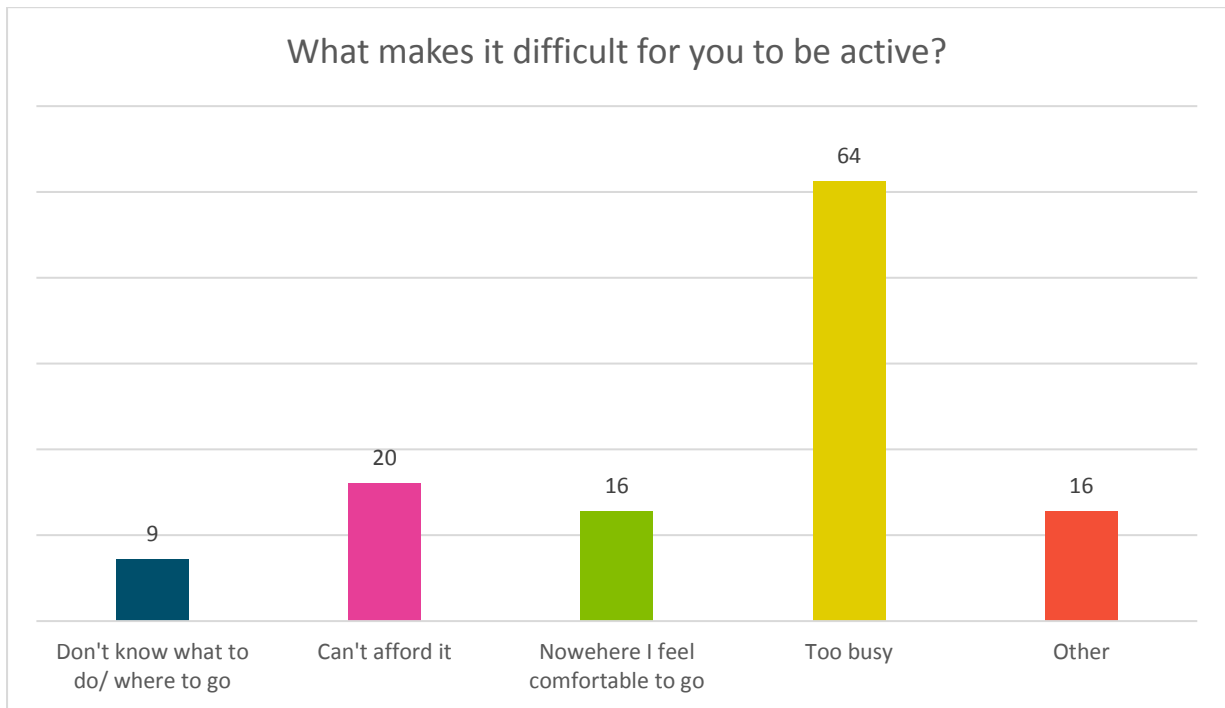
## 9. Do you do at least 150 minutes of moderate activity a week?



Question 10 asked men what type of activity they did (see main text)

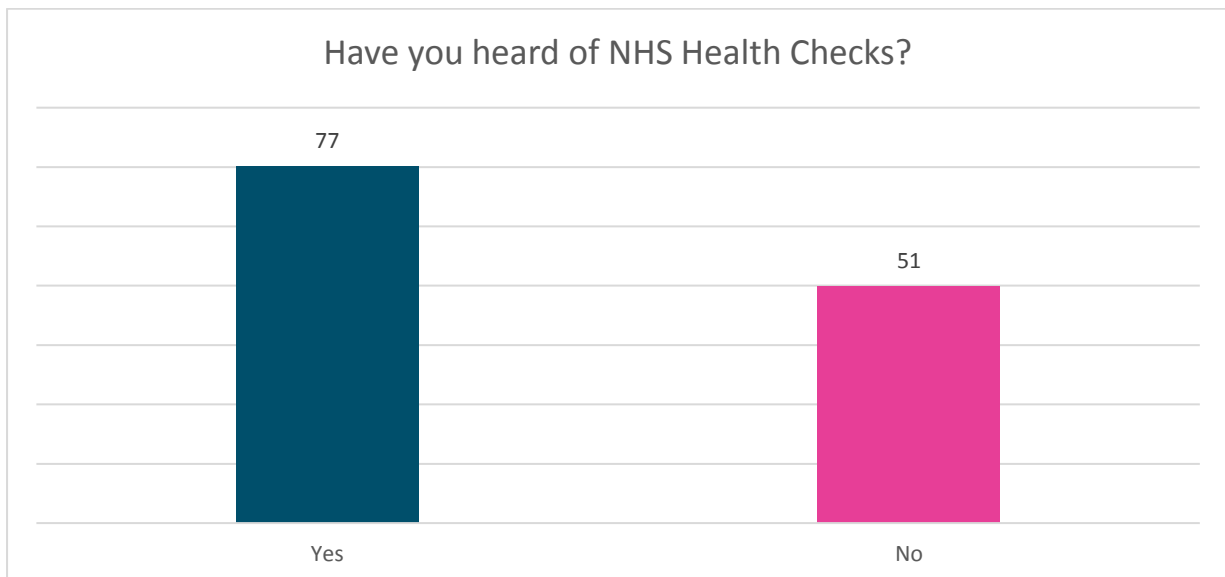


### 11. What makes it difficult for you to be active?

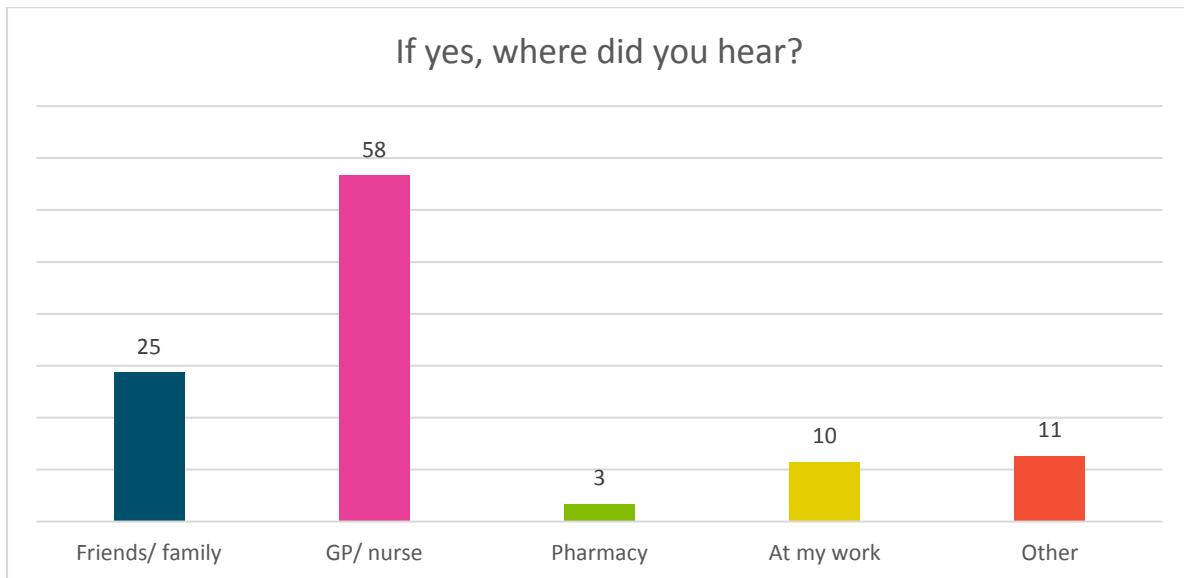


Question 12 asked men what 3 things they would change to make it easier for them to look after their health (see main text)

### 13. Have you heard of NHS Health Checks?

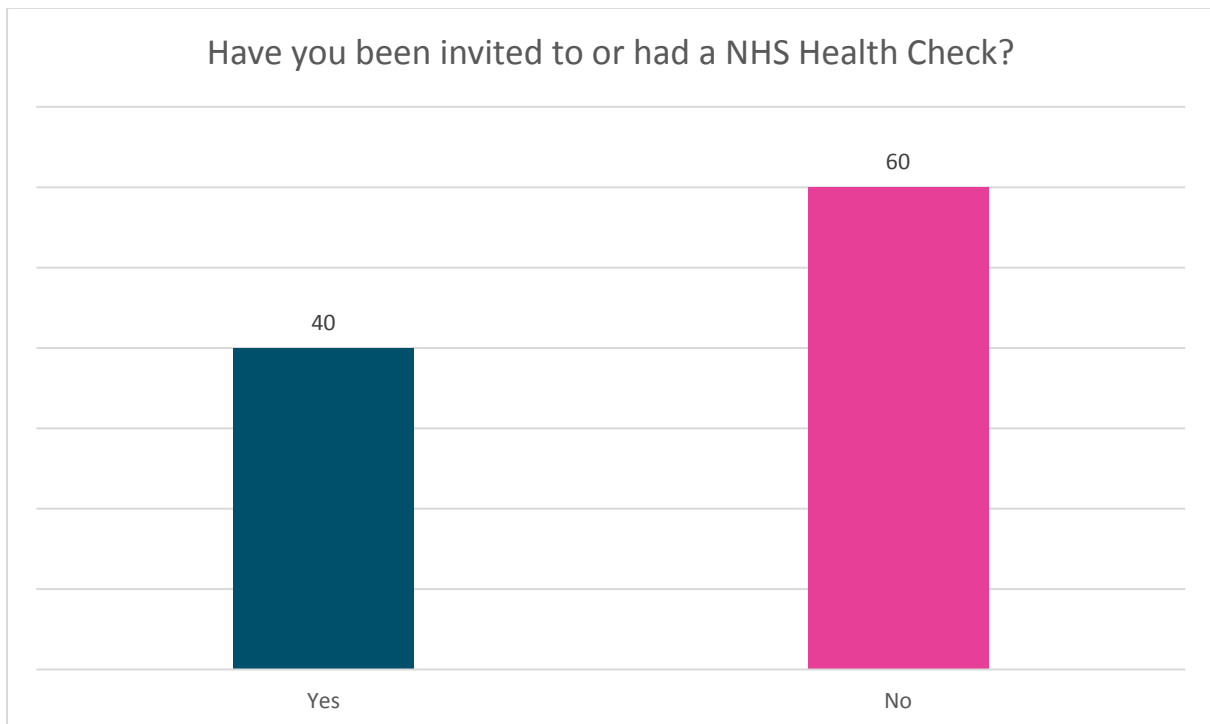


#### 14. If yes, where did you hear?

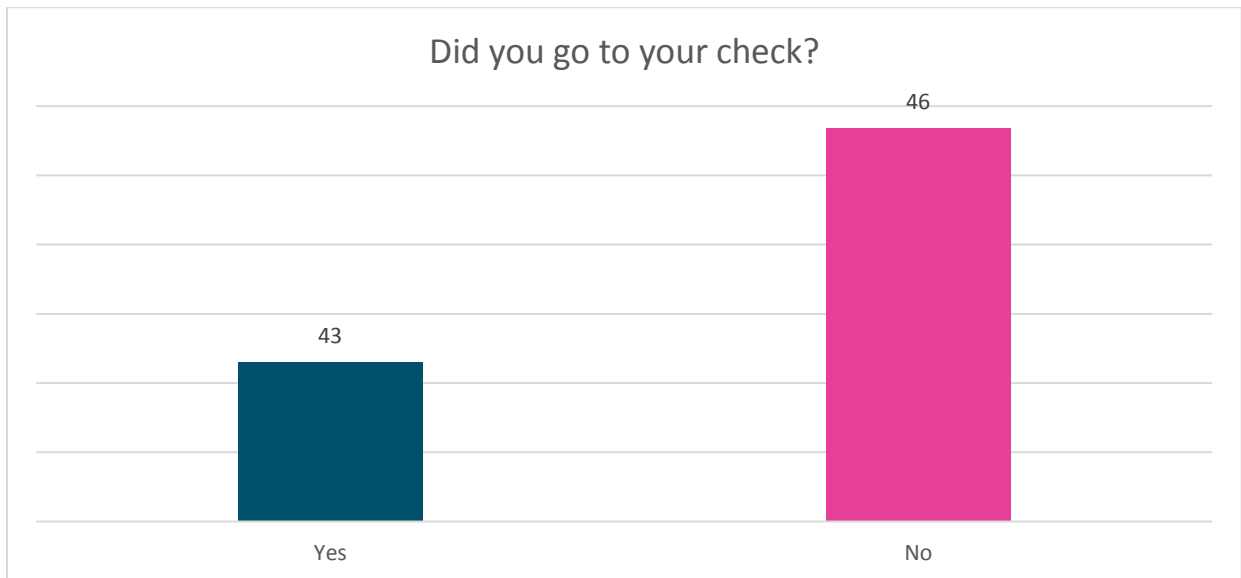


Questions 15-19 were aimed at men over 40 to respond to

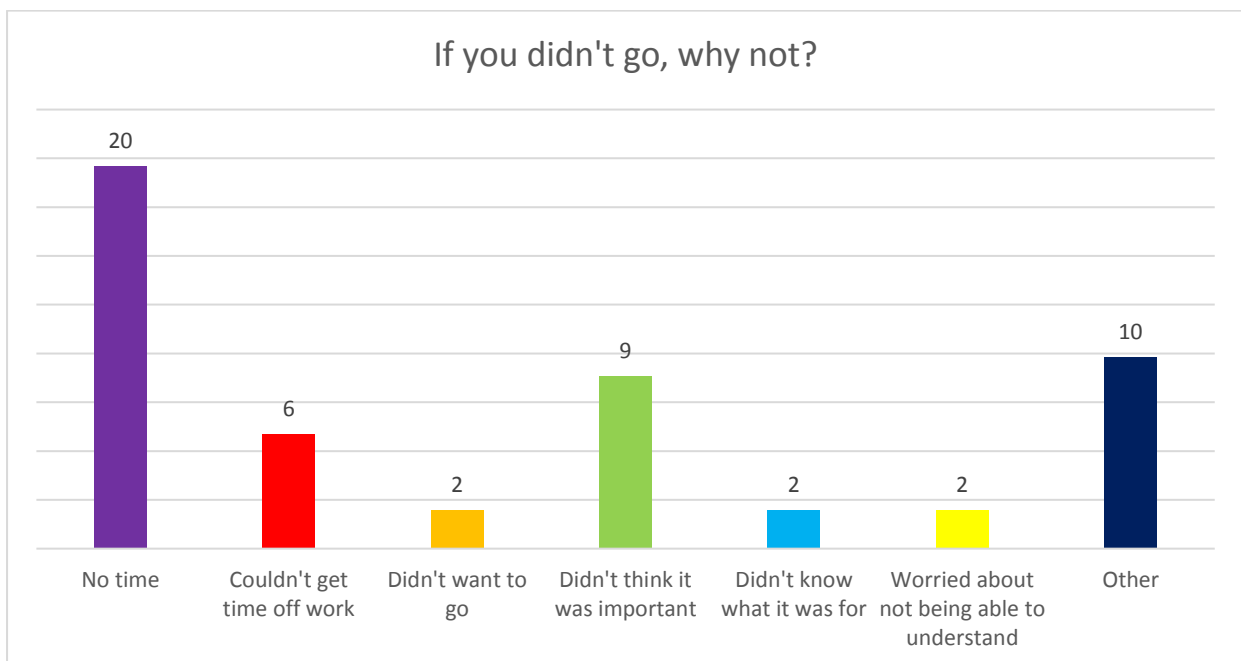
#### 15. Have you been invited to or had an NHS Health Check?



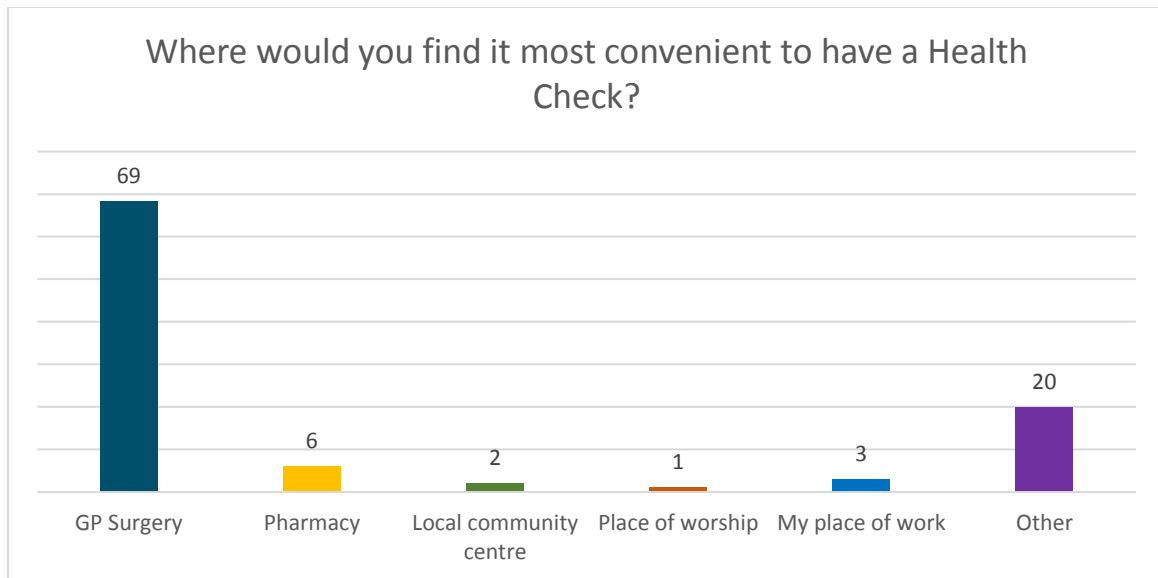
## 16. Did you go to your check?



## 17. If you didn't go, why not?

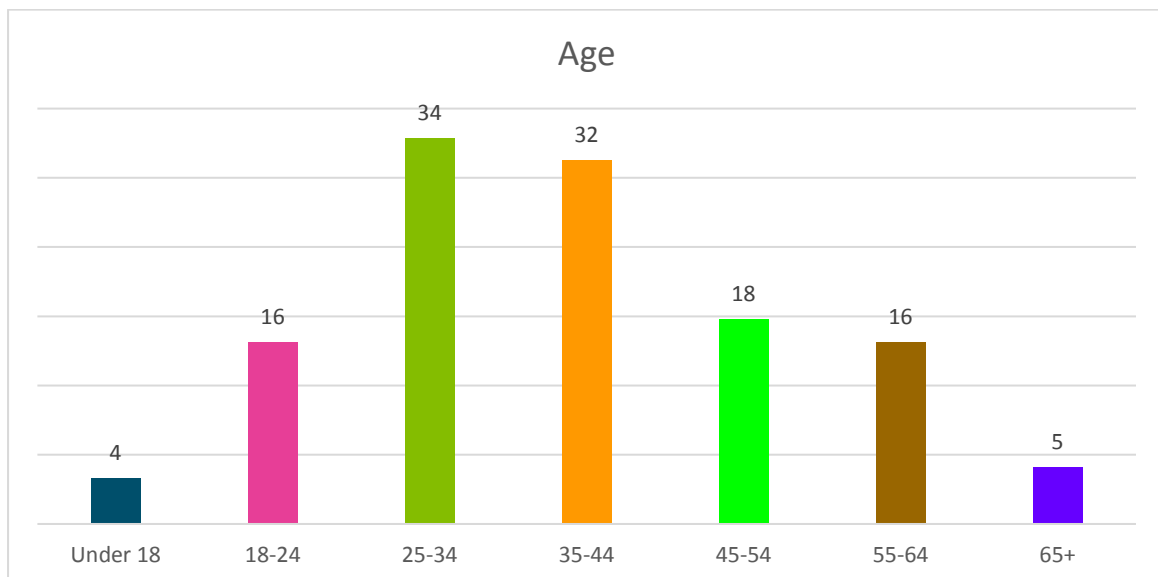


## 18. Where would you find it most convenient to have a Health Check?

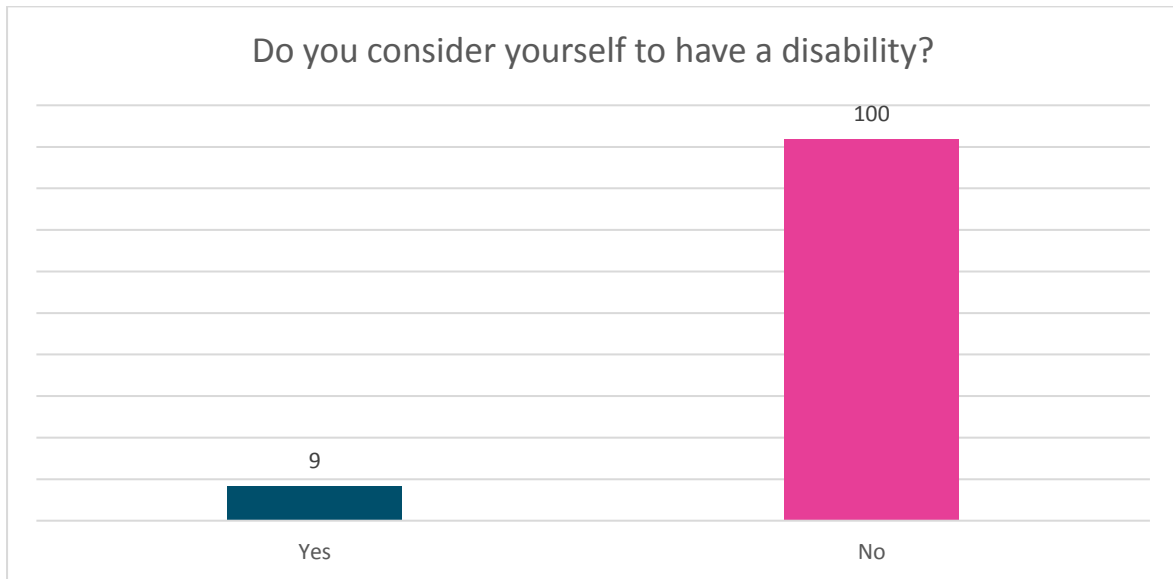


Question 19 asked men if they found the Health Check helpful (see main text)

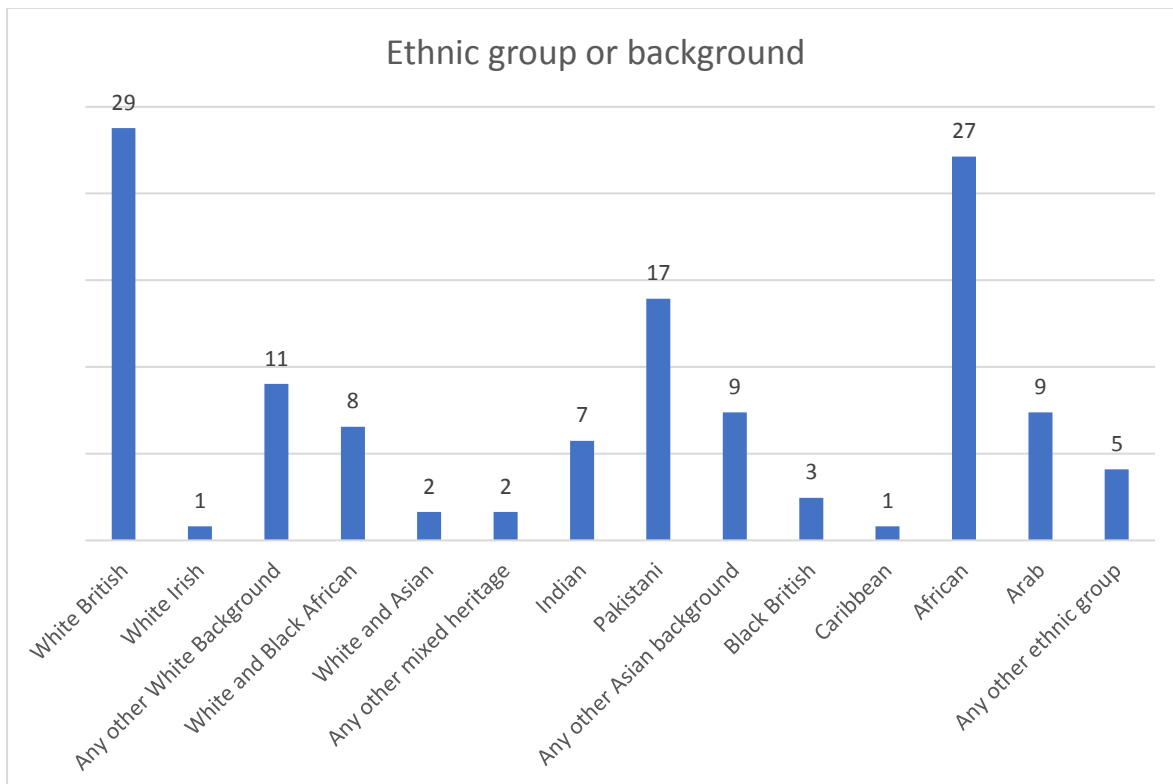
## 20. Your age?



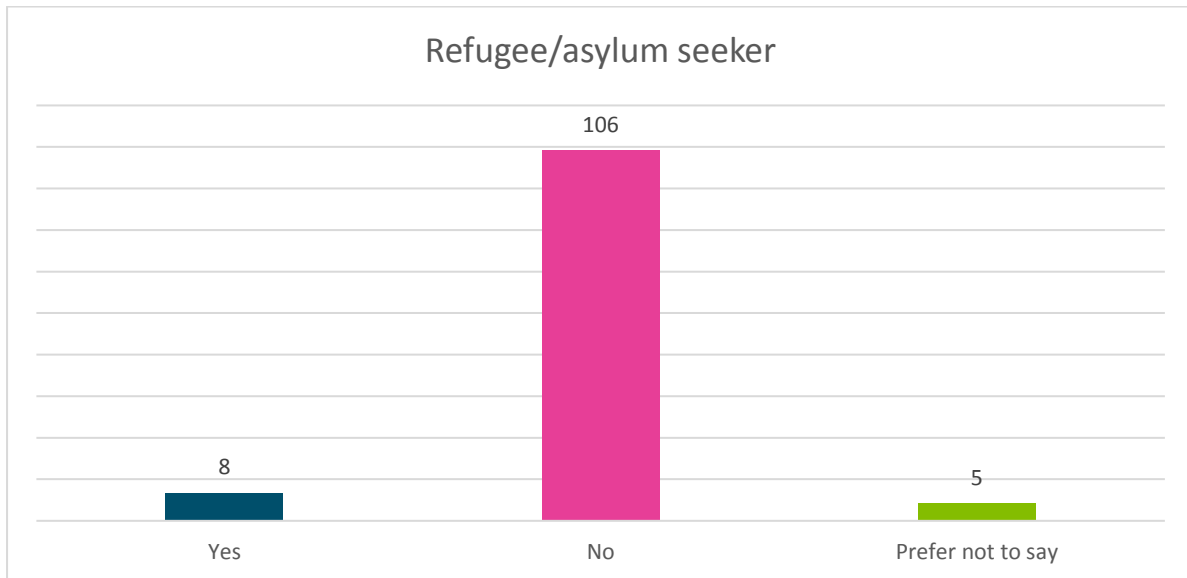
## 21. Do you consider yourself to have a disability?



## 22. Your ethnic group or background?



### 23. Are you a refugee/asylum seeker?



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## Acknowledgements

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With thanks to all the men who took part in the survey and helped contribute to raising awareness of the importance of Men's Health in the city. Thanks too to all the employers and community leaders who supported the work. Thanks to the energy of East Oxford United Volunteers for making links and collecting the survey data. Hassan Sabrie and Nigel Carter for their work in imagining the project.

Photo credits: East Oxford United. Great Get Together 2018.  
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