

Introduction

This document provides an overview of the Gender Equality Duty (GED), established by the Equality Act 2006. Furthermore, it also shows how the successful implementation of the Duty could lead to significant improvements in the health of the population, with a focus specifically on men.

Written by the Men's Health Forum, in partnership with the Department of Health's Self Care Team, the document focuses on practical suggestions for implementation of the GED, as well as highlighting two case studies.

Background to the Gender Equality Duty

Under the GED, (which came into force on 6 April 2007), Primary Care Trusts and other NHS and public bodies are legally obliged to 'promote equality of opportunity between men and women' when planning and delivering services. The government has made it clear that this means bringing about measurable improvements in the lives of men and women, where one sex has previously fared less well than the other. It also means that services should be tailored to meet the specific needs of men and women.

MHF president Dr Ian Banks believes that 'the Equality Act provides the biggest opportunity to improve male health since the foundation of the NHS. But senior managers have got to show a real commitment to implementing the Act. One year after implementation, there remains widespread ignorance and apathy about the new requirements.'

Since April 2007, the GED has required NHS organisations to:

- > Actively promote equality between men and women. Since men do worse in many areas of health, specific actions are needed to improve male health.
- > Understand the impact of their work on men and women as distinct groups.
- > Consult and engage people from all groups of the community in making decisions and policies on issues that affect them as men and women.
- > Produce and publish a gender equality scheme in consultation with stakeholder groups. The schemes must be reviewed every three years.
- > Ensure that contractors carrying out public functions on behalf of the NHS also implement the GED.
- > Conduct and publish gender impact assessments covering all major proposed developments in policies and services.
- > Consider gender equality issues at the beginning of policy making, assess the likely impact of policies on men and women, and ensure that policies promote gender equality.

- > Take account of any evidence that men and women have different needs, experiences, concerns or priorities when developing policies and services.
- > Collect data on service user needs, satisfaction and outcomes broken down by gender.
- > Ensure that women and men make greater use of services that their sex had previously under-used.
- > Ensure all relevant staff understand the new duties and their implications.

NHS organisations' compliance with the duty will be overseen by the Equality and Human Rights Commission and the Healthcare Commission.

The GED requires a significant change in policy and practice and the introduction of what has been described as 'gender mainstreaming'. This means fully integrating an awareness of male and female health needs strategically and operationally throughout an organisation. It means moving beyond the assumption that 'gender' is limited to occasional awareness campaigns on sex-specific issues.

Because men's health is relatively poor and because they often require different types of services and information, the GED requires health organisations to develop their capacity to deliver effective work to improve men's health on a wide-ranging and systematic basis. While some organisations have a good track record in this area, for most it represents a new area of activity that will require significant support.

In relation to Long Term Conditions, men and women are affected very differently. Male life expectancy is lower than female life expectancy; for most serious conditions, onset in men tends to occur earlier in the lifespan. Additionally, men are more likely than women at all ages to develop most of the more serious forms of ill health. Furthermore:

- > About one-third of all men report a longstanding illness.
- > Musculoskeletal problems are the most common longstanding health problem for men.
- > Over 30,000 men in the UK are diagnosed each year with prostate cancer, many of whom live with it for many years with or without treatment.

There are significant inequalities between different groups of men. In general, older men and unskilled men are more likely to report a longstanding illness. By increasing and improving access of men for health/care provision, through early detection and the improvement of outcomes, the implementation of the GED can lead to significant improvements in health.

Five men's health issues that the NHS must address

The Men's Health Forum has identified five key areas of men's health which it would particularly like to see policy makers and service provider' address as a result of the GED:

Weight management: More men than women in the UK are overweight (67% of men compared to 57% of women) but men are much less likely to be offered help and support in weight loss programmes in GP surgeries. An analysis of over 1,250 patients across 58 GP practices in 2004 found that only 26% of those attending structured weight loss programmes at local surgeries were men, despite the service being - in theory - equally available to both sexes. Yet evidence suggests that men who are offered support lose weight as effectively as women.

Cancer: Men are almost twice as likely as women to develop and die from the 10 cancers that most commonly affect both sexes. This suggests that local and national cancer prevention programmes are less effective with men than women.

Smoking: Smoking is the single most important preventable cause of heart disease and causes the overwhelming majority of lung cancer cases. Although the number of smokers has declined among both sexes (and more sharply among men), men are still more likely to smoke (28% of men, 26% of women). However, NHS smoking cessation programmes are currently much less likely to attract male participants. Between April to September 2007, 146,022 men took part in NHS programmes compared with 181,778 women (i.e. only 44% of participants were men).

Use of Primary Care Services: Men are much less likely to visit their GP than women. Under the age of 45, men visit their GP only half as often as women. It is only in the elderly that the gap narrows significantly - and even then women see their GP more frequently than men. A survey of men conducted by the Men's Health Forum suggests that many men are unhappy with the service provided at their local GP surgery for reasons that are rectifiable: unhelpful opening hours; a perceived emphasis on services for women and children; and undue bureaucracy.

Depression: Although men and women suffer equally from depression, men are less likely to seek help, clinical diagnoses are skewed towards women and more men end up killing themselves, going missing and drinking heavily. What is required is a better understanding of male mental health, better training for clinicians, awareness-raising amongst men and more accessible services.

Implementing the Gender Equality Duty

These are the Forum's top 10 tips for developing a gender equality scheme that sets the basis for effective implementation.

Scheme development

1. Consult locally. Involve local men and women and seek out those who do not use health services as they stand.

2. Know what your current situation is. Use gender disaggregated data on local services and outcomes to understand who is using services locally and what local health outcomes are.
3. Include a section addressing the specific needs of men.
4. Include a section addressing the specific needs of women.

Actions

5. Set out to know more. Make it an objective to collect and use all data in a gender disaggregated form.
6. Gender impact assess all new policies and services. Start a programme to assess existing policies and services.
7. Set at least two areas of services to be improved in relation to men and two for women.
8. Set at least two health outcomes to be improved for men and two for women.
9. Name the person and post responsible for co-ordinating implementation.
10. Remember - the purpose of this work is to improve outcomes, not simply to change processes!

The Policy Context

Addressing Men's Health in the context of the Gender Duty fits in with wider Department of Health vision of integrating health, social care and wider community services to provide a cohesive care system, which is personalised to the needs of the patient.

This vision, outlined in the "Our health, our care, our say" White Paper (DH 2006) supports the Government's Health Reform Programme and aims to achieve better prevention services with earlier intervention; more choice and involvement; improved access to community services; reduced inequalities; and greater support for people with long-term needs.

Case Study 1 - Bradford Health of Men www.healthofmen.com

The Health of Men (HOM) initiative in Bradford has a number of core objectives. These include raising awareness of health issues among men by providing accessible services and information to the local male population and then delivering services to men through innovative practices away from traditional health settings. With an overall aim of reducing health inequalities, the project's staff have been determined to take their work directly into the community by targeting older men (aged 50+). Find specific locations where men in this age group would come together in a work or social context has been central to their work.

HOM recognised that, in Bradford, there were many employers with a significant workforce of male manual workers. It was also clear that, among the large ethnic minority community, men congregated in community centres. Other smaller locations included pubs, working men's clubs and barbers' shops.

For each setting, a significant amount of time was spent in negotiating access and planning the nature of the work. The work was planned around the provision of health check MOTs - an opportunity for a 30 minute consultation involving some limited health measurements (e.g. blood pressure, blood sugar) to encourage engagement leading on to a discussion of healthy lifestyles. The team also encouraged men to discuss issues of particular concern which individuals had put off from discussing with a GP, often because of the perceived difficulty of obtaining an appointment.

In some cases, this work resulted in referrals to GPs to monitor potential health concerns. More often, the outcome was much greater awareness of health issues and how to engage with primary healthcare. This was particularly relevant for the South Asian community where the health checks included a focus on particular health issues which can affect this population.

Follow up work was also developed with those men who wanted to take advantage of programmes specifically designed to stop smoking and/or reduce weight. The MOT work and follow-up programmes are now well established, have strong credibility among employers and community leaders and can be rolled-out as resources permit.

Case Study 2 – PITSTOP Men's health programme Knowsley, Merseyside

PITSTOP was a social marketing programme that ran between 2004 and 2007, aiming to begin the process of improving male life expectancy in the borough of Knowsley, Merseyside. Knowsley Council and Knowsley Primary Care Trust, led by the Knowsley Public Health Team, developed PITSTOP to support older men (50 – 65 years old) to change their health-related behaviours. The programme brought a direct benefit to the over 3,000 older men in Knowsley who have been for a health check – men who would previously would have been unlikely to visit the GP or any other health professional for a preventive check up or to report many potentially serious symptoms.

A programme of health checks was developed in 'non-health' venues including pubs, social clubs, community centres and workplaces. This followed a well-researched campaign: an independent baseline survey of 300 older Knowsley men commissioned from National Opinion Polls (NOP) examined local attitudes to health, awareness of health information and health services.

Follow-up focus groups revealed that, contrary to common assumptions, men of this age are interested in their health, but that a special effort to engage with them is necessary. Motoring analogies were prominent, men comparing health checks with car MOTs.

The result was the PITSTOP campaign. A two-pronged approach was taken to raising general awareness ('Endangered Species – It's never too late to get healthier') and calling men to action ('Don't ignore the warning signs - Get a FREE health check on the NHS'). Materials were piloted and political support secured for the approach. NHS and local authority branding was applied subtly so not to deter a group known to be reluctant to access mainstream health services.

Media diversity was crucial to reaching this audience. Beer mats, urinal and toilet cubicle posters, stickers (to stick to mates!), pens, stress toys, car air fresheners – all sorts of creative media targeted 50 – 65 year olds on their own turf – e.g. in pubs, social clubs and bookies. Humour helped to break down men's 'internal barriers' to discussing health issues. A comedy play, 'Time Gentlemen please!' was used at the launch event and then toured local venues, with great success. An ex-Everton FC captain fronted the PR campaign.

At the health checks, information was given in parking ticket, driving licence and AA card style formats. The checks included a lifestyle questionnaire, blood pressure, lung function and body mass index. 85% of men followed up after a health check said they had made lifestyle changes as a result. Because not all men can be reached via the settings used, personalised direct mail was also utilised to attract men in to health checks close to where they lived.

Requests from men for more detailed information on specific issues, such as prostate cancer, resulted in a 'Knowsley Man' maintenance manual produced in partnership with the Men's Health Forum (MHF) and Haynes publishers (famous for car maintenance manuals).

Further reading

For more information visit the Men's Health Forum at www.mhfgenderduty.org.uk which also includes links to Department of Health publications and resources from the old Equal Opportunities Commission now at the Equality and Human Rights Commission.

Men's Health Forum resources:

The services leaflet:

http://www.menshealthforum.org.uk/resource_images/GEPleaflet.pdf This outlines how the MHF can help NHS organisations comply with the Gender Duty'

A 2 page policy position statement on the gender duty:

http://www.menshealthforum.org.uk/uploaded_files/GEPpolicy2p.pdf

The 2005 Gender and Health Partnership report, Gender sensitivity: the new public sector duty in healthcare:

http://www.menshealthforum.org.uk/uploaded_files/GandHPrep0305.pdf

What the Gender Duty will mean for the health of men:
http://www.menshealthforum.org.uk/uploaded_files/GEPreport.pdf

Reports from the 'Implementing the Gender Gender Duty in the NHS' conference:
http://www.menshealthforum.org.uk/userpage1.cfm?item_id=2033

Gender Duty supplement to The Guardian newspaper (28/03/07) featuring items on men's health and many other areas of life that will be affected by the duty: <http://tinyurl.co.uk/wwxm>

The Department of Health:

Creating a Gender Equality Scheme:
Scheme: A practical guide for the NHS:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_066068
It is aimed at PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs, Special HA CEs, Directors of HR, NHS Equality Leads, Mental health Trust CEs, Ambulance Service CEs, Heads of Training and Development. In making some important points about the way men access the NHS, Part three – Key areas to consider: Services to the public explicitly mentions the Forum and its research and advises readers to visit this website.

The Department of Health - Long Term Conditions
www.dh.gov.uk/longtermconditions

The Department of Health also has a guide for NHS boards: Equality and Human Rights in the NHS:
http://www.pfc.org.uk/files/Board_Guide_2nd_print.pdf

The Equal Opportunities Commission (EOC)

The EOC has produced a number of useful publications on the gender equality duty which you can download through the CEHR website. This includes guides for creating an equality scheme, sectoral guidance and an overview of the duty. <http://tinyurl.com/3cfrnv>

EOC leaflets on the gender duty and:
> Heart disease:
http://www.menshealthforum.org.uk/uploaded_files/EOCGEDheartdisease.pdf
> Mental health:
http://www.menshealthforum.org.uk/uploaded_files/EOCGEDmentalhealth.pdf
> Sexual health :
http://www.menshealthforum.org.uk/uploaded_files/EOCGEDmentalhealth.pdf
> Cancer:
http://www.menshealthforum.org.uk/uploaded_files/EOCGEDmentalhealth.pdf

The EOC Working Paper no. 51 Gender Statistics: an evaluation is a 166 page compendium of gender-related statistics covering a wide range of areas including health:

The EOC publication Promoting gender equality in health by Lesley Doyal, Sarah Payne and Ailsa Cameron (School for Policy Studies; University of Bristol) is also useful background: http://www.menshealthforum.org.uk/uploaded_files/EOCPrmototinggenderequality.pdf

Why focus on men's health: a case of 'gender duty'?

<http://www.idea.gov.uk/idk/core/page.do?pageId=5933498>
Dr Gillian Granville looks at the implications for local government when assessing men's health and how 'gender duty' and health scrutiny committees can be mechanisms for increasing men's health outcomes. (from IDeA - the local government ideas and development agency)

NHS Employers has a useful area of its website dedicated to the gender duty:
<http://www.nhsemployers.org/excellence/excellence-401.cfm>

Bradford Health of Men - www.healthofmen.com

Older Men:

Age Concern has produced two useful reports about working with Older Men:
http://www.menshealthforum.org.uk/uploaded_files/AgeConcernoldermenservices.pdf
http://www.menshealthforum.org.uk/uploaded_files/AgeConcernoldermenseminar.pdf

Black and Minority Ethnic Men:

The Naz Project London, which provides sexual health and HIV prevention and support services to targeted Black and Minority Ethnic (BME) communities in the capital, has produced a useful report providing evidence for prioritising sexual health work with boys. More from www.naz.org.uk

Published by:



The Men's Health Forum
Tavistock House
Tavistock Square
London WC1H 9HR

Tel: 020 7388 4449
Fax: 020 7388 4477
Email: office@menshealthforum.org.uk
Web: www.menshealthforum.org.uk

April 2008

The Forum's mission, vision, values and beliefs statement can be read in full at: www.menshealthforum.org.uk.