



COMMENTS OF THE MEN'S HEALTH FORUM ON THE PACESETTERS PROGRAMME EQUALITY IMPACT ASSESSMENT

1 JUNE 2009

1. The Men's Health Forum (MHF) welcomes this opportunity to comment on the Department of Health's (DH) Pacesetters Programme Equality Impact Assessment (EqIA), published in March 2009.
2. The MHF is particularly well-placed to provide comments as its key role is to tackle the health inequalities facing men and boys. MHF was a member of the DH's Gender Equality Advisory Group, led the research team that wrote *The gender and access to health services study: final report* (December 2008) for DH, and since April 2009 has been a DH Strategic Partner organisation. MHF is a national charity covering England and Wales.
3. MHF believes that the Pacesetters Programme is an important initiative that has the potential to make a significant difference to the ways health inequalities are tackled by the NHS and other organisations. Given the patchy track record in this area of work – especially where gender inequality issues are concerned – there is an urgent need for the development and dissemination of new insights.
4. The need for action to tackle gender inequalities and improve men's health is clear. Men's health is unnecessarily poor. 40% of men still die prematurely (before the age of 75) and, in some parts of England, male life expectancy is as low as 65. Men are more likely than women to drink alcohol above recommended levels, smoke cigarettes and eat a poor diet. Just over one third of men are physically active at the level that results in health benefits. By 2015, 36% of men will be obese and, by 2025, only 13% will have a healthy body mass index.
5. Men visit their GP 20% less frequently than women. The difference in usage is most marked for the 16-44 age group – women of this age are more than twice as likely to use services as men. Women have higher consultation rates for a wide range of illnesses, so the gender differences cannot be explained simply by their need for contraceptive and pregnancy care.
6. Men, especially young men, are much less likely than women to have regular dental check-ups or to use community pharmacies as a source of advice and information about health. Just 10% of NHS community contraception service

users are male. NHS smoking cessation programmes are less well used by men than women and the same is true of NHS weight management services and health trainers. Male uptake was markedly lower than female uptake in the pilot programmes for the NHS Bowel Cancer Screening Programme.

7. Given the above problems, we are pleased to note that one of the Programme's stated aims is to increase men's access to primary care services.
8. However, the EqIA (Section 3) should, in our view, have much more clearly set out the Pacesetters Programme's impact on the health inequalities facing men and boys – and on those inequalities facing other relevant groups. It is not at all clear from the information provided in the EqIA what DH considers the impact of the Pacesetters Programme to be on men or the other groups. Such an analysis would normally be part of an EqIA.
9. From the information that is provided in the document, it appears that the Pacesetters Programme as a whole has not adequately addressed men's health. In Wave 1, three of the eight gender projects have a male focus (as does one of age projects). Just one of the gender male projects (the farmers' market outreach clinics) appears genuinely innovative in terms of addressing men's access to primary care services.
10. Of more concern is that just one of the Wave 2 projects has a male focus. Moreover, this particular project seeks to increase young men's awareness of testicular cancer. While the knowledge gained from this initiative may have some wider applicability, testicular cancer awareness-raising is not a public health priority – a great deal of work has already been done on this issue, testicular cancer is relatively uncommon, and the cure rate is already very high.
11. The relatively small number of men's health projects and their focus may well reflect the general lack of engagement by the NHS regionally and locally in men's health. While there are some SHAs and PCTs that are exceptions, men's health is generally a neglected issue. It is strongly recommended, therefore, that men's health is more fully addressed in any Wave 3 projects led by the remaining four SHAs.
12. More information should be provided about the dissemination of the learnings from the Programme. It appears that the currently envisaged outcome is a report. We would recommend a more ambitious approach, perhaps including national and/or regional events. The mechanisms by which the outcomes will inform wider DH policies also need to be explained. The DH's new Strategic Partners, including MHF, may well have a useful role to play in this process.
13. We would, finally, like to make one broader point. The EqIA could very usefully have been discussed by the DH's Gender Equality Advisory Group. The abrupt abolition, without discussion or consultation, of that Group has limited DH's access to expert advice on gender issues from other statutory as well as third sector organisations. It is important that DH now urgently considers how it can best fill this gap.