

*Welcome to the launch conference for National Men's Health Week*

# Hazardous Waist?

## New Approaches to Tackling Male Weight Problems

Dear Delegate

You are at a unique event. It might even be called historic. This is the first-ever national conference in the UK, and probably the world, on the issue of men and weight. It is also very timely. First, because obesity is without doubt now one of the most pressing public health issues. Unless it is successfully tackled, recent increases in life expectancy could well be reversed and the burden of ill-health will increase. Second, because this conference addresses the specific needs of men and boys, a group whose unnecessarily poor health is increasingly the focus of public, political and professional concern.

The case for focusing on men and weight is clear and overwhelming. Without immediate action, three quarters of men will be overweight or obese within just five years. This is, without exaggeration, an astonishing and frightening statistic. Yet men's experiences, attitudes, behaviours and needs, which in many ways differ from women's and which therefore require a different response, have rarely been taken into account. This conference will demonstrate why it is important to develop a 'gender-sensitive' approach and what such an approach could look like as far as men are concerned.

The Department of Health is to be congratulated on its foresight in supporting this conference. The Men's Health Forum also acknowledges with gratitude those organisations, from all sectors, that have already publicly pledged their support for a programme of action on the problem of men and weight. And we would like to thank the wider group of organisations that is supporting the very broad range of activities taking place during National Men's Health Week 2005.

But the biggest vote of thanks must go to you. By choosing to be here today, you have placed yourself in the vanguard of organisations and individuals who are taking an approach to tackling the obesity epidemic that is both innovative and essential.



**Peter Baker**  
**Director**  
**Men's Health Forum**

# Acknowledgements

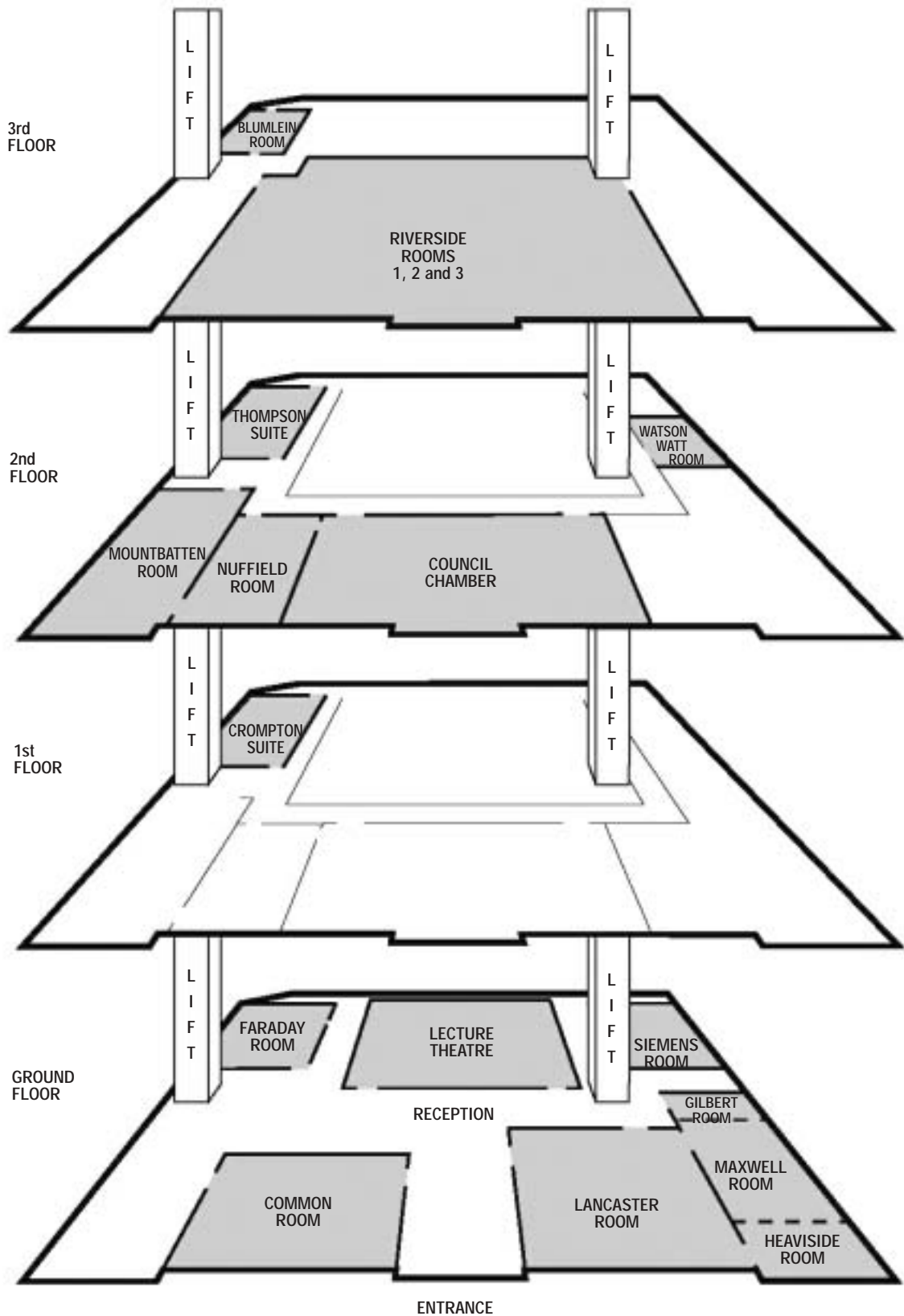
Thanks are due to the Department of Health for their generous sponsorship of this event and their support in its development.

Men's Health Forum is very grateful to all its National Men's Health Week partner organisations, which provided advice and support in the development of this conference. Many are attending as delegates. All the partners are listed on the back cover of this publication.

Finally, Men's Health Forum is indebted to those exhibiting at Hazardous Waist, and those sponsoring the event. Sponsors include:

- ❑ Abbott Laboratories Ltd, for delegate pads and pens
- ❑ BBC Big Challenge, for donating a pedometer for each delegate
- ❑ Bensons Map Guides, for supplying an award winning London street map to delegates during the conference Walk-In on 13 June
- ❑ X-carb, for generous sponsorship of the speaker dinner, briefcases and low carb snacks

# SAVOY PLACE





# Hazardous Waist?

## New Approaches to Tackling Male Weight Problems

7.00 -10.00 a.m. Delegate 'Walk-In' from bus and rail stations across London

### **9.00 a.m. REGISTRATION AND REFRESHMENTS**

10.00 a.m. Welcome from **Richard O'Neill**, National Men's Health Week Director

10.05 a.m. Introduction by the Chair, **Sir Trevor Brooking CBE**, The Football Association's Director of Football Development

10.10 a.m. The extent and cause of male weight problems and the related health and treatment problems  
**Dr David Haslam**, Chair, The National Obesity Forum

10.25 a.m. Why a male-specific approach to male weight problems?  
**Alan White**, Professor of Men's Health, Leeds Metropolitan University and Chair, Men's Health Forum

10.40 a.m. Why a culturally sensitive approach for BME men?  
**Jenne Dixit**, Equality and Diversity Advisor, Diabetes UK

10.55 a.m. Questions to the three speakers

### **11.10 a.m. REFRESHMENTS** (tea, coffee and juices with healthy option biscuits)

## 11.40 a.m.–12.40 p.m: PARALLEL WORKSHOPS

- 1 Primary care** **MOUNTBATTEN ROOM, 2nd floor**

*Jane DeVille-Almond*, independent nurse consultant in primary care  
*Dr Abhi Mantgani*, GP, Miriam Medical Centre, Wirral  
Workshop Chair: to be confirmed
- 2 Community pharmacies** **WATSON WATT ROOM, 2nd floor**

*Naomi Fleming*, pharmacist and pharmacy manager, Milton Keynes  
*Graham Phillips*, community pharmacist  
Workshop Chair: *Omar Ali*, pharmacist and NOF Board member
- 3 Community-based services** **NUFFIELD ROOM, 2nd floor**

*Jim Leishman*, charge nurse, Falkirk, Scotland, with *Anne Clarke*, public health dietitian, Forth Valley Health Board  
Workshop Chair: *Mark Harrod*, Executive Director, Central YMCA, London
- 4 Working with boys and teenagers** **CROMPTON ROOM, 1st floor**

*Kath Sharman*, founder of the SHINE programme in Sheffield  
*Mashuq Hussain*, youth and community coordinator, Edge End High School  
Workshop Chair: *Louise Diss*, Director, The Obesity Awareness and Solutions Trust (TOAST)
- 5 The Australian GutBusters** **FARADAY ROOM, ground floor**

*Garry Egger*, Director, Centre for Health Promotion and Research, Sydney  
Workshop Chair: *Peter Baker*, Director, Men's Health Forum
- 6 The workplace** **CONFERENCE AUDITORIUM, ground floor**

*Andrew Harrison*, men's public health facilitator, North Bradford PCT  
*Dr Paul Litchfield*, BT Chief Medical Officer  
Workshop Chair: *Shaun O'Leary*, Chief Executive, St. Catherine's Hospice, and Trustee, Men's Health Forum
- 7 The media and male weight loss** **RIVERSIDE ROOM 1, 3rd floor**

*Jim Pollard*, editor, www.malehealth.co.uk and former health editor, Maxim magazine  
*Audrey Baird*, project manager, BBC Big Challenge  
Workshop Chair: *Dr Margaret Ashwell OBE*, Ashwell Associates, representing the Association for the Study of Obesity (ASO)
- 8 Male body image** **RIVERSIDE ROOM 2, 3rd floor**

*Kerri McPherson*, lecturer in psychology, Queen Margaret University College, Edinburgh  
*Ewan Gillon*, lecturer in psychology, Glasgow Caledonian University and Director of Men'sTalk  
Workshop Chair: *David Wilkins*, policy officer, Men's Health Forum
- 9 Increasing physical activity** **RIVERSIDE ROOM 3, 3rd floor**

*Professor Jim McKenna*, Professor of Physical Activity and Health, Leeds Metropolitan University  
*Vincenzo Mesce*, chairman, Bury Men's Group  
Workshop Chair: *Vanessa Ashby*, Sport England, Physical Activity and Health Manager

**12.45 p.m. LUNCH**  
(healthy option menu, including vegetarian dishes)

**1.45-2.45 p.m.: PARALLEL WORKSHOPS**

- |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>10</b> | <b>Primary care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CONFERENCE AUDITORIUM, ground floor</b> |
|           | <p><i>Caroline Gunnell</i>, research governance coordinator, Epping Forest PCT, with <i>Dr Rory McCrae</i>, GP</p> <p>Workshop Chair: <i>Dr Howard Stoate MP</i>, Chair of the All Party Parliamentary Groups on Men's Health and on Obesity</p>                                                                                                                                                                                                                        |                                            |
| <b>11</b> | <b>Community based services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>RIVERSIDE ROOM 1, 3rd floor</b>         |
|           | <p><i>Paul Boshell</i>, Waistwatchers programme manager, Chesterfield</p> <p><i>Janice Longford</i>, clinical services manager, Coatbridge Hospital, with <i>Maureen Lees</i>, chief dietitian, Primary Care Division, NHS Lanarkshire</p> <p>Workshop Chair: <i>Mark Harrod</i>, Executive Director, Central YMCA, London</p>                                                                                                                                          |                                            |
| <b>12</b> | <b>The workplace</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>RIVERSIDE ROOM 2, 3rd floor</b>         |
|           | <p><i>Steve Deacon</i>, Head of Health, Royal Mail</p> <p><i>Jo McCullagh</i>, senior health promotion executive, with <i>Gareth Lewis</i>, men's health nurse, South Sefton PCT</p> <p>Workshop Chair: to be confirmed</p>                                                                                                                                                                                                                                             |                                            |
| <b>13</b> | <b>Working with boys/younger men</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>RIVERSIDE ROOM 3, 3rd floor</b>         |
|           | <p><i>Professor Paul Gately</i>, Carnegie Professor of Exercise and Obesity at Leeds Metropolitan University, and</p> <p><i>Clare Smith</i>, healthy schools partnership manager, Southwark, with <i>Alessia Radice</i>, Southwark schools' inequalities project manager</p> <p>Workshop Chair: <i>Phil Smith</i>, Head of Policy, The Football Association</p>                                                                                                         |                                            |
| <b>14</b> | <b>Working with older men</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MOUNTBATTEN ROOM, 2nd floor</b>         |
|           | <p><i>Dr Kate Davidson</i>, lecturer in social policy and sociology, Centre for Research on Ageing and Gender, University of Surrey</p> <p><i>Dr S Goya Wannamethee</i>, principal research fellow in epidemiology, Department of Primary Care and Population Science, Royal Free and University College Medical School, London</p> <p>Workshop Chair: <i>Alan White</i>, Professor of Men's Health, Leeds Metropolitan University, and Chair of Men's Health Forum</p> |                                            |
| <b>15</b> | <b>Working with disabled men</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>NUFFIELD ROOM, 2nd floor</b>            |
|           | <p><i>Caroline Argent</i>, learning disability development officer, London Sports Forum for Disabled People</p> <p><i>Sue Catton</i>, National Director, Inclusive Fitness Initiative</p> <p>Workshop Chair: <i>Jim Leishman</i>, charge nurse, Falkirk, Scotland</p>                                                                                                                                                                                                   |                                            |
| <b>16</b> | <b>Psychological impact of obesity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>WATSON WATT ROOM, 2nd floor</b>         |
|           | <p><i>Mark Davies</i>, clinical psychologist, Belfast City Hospital</p> <p>Workshop Chair: <i>Jane DeVille-Almond</i>, independent nurse consultant in primary care</p>                                                                                                                                                                                                                                                                                                 |                                            |

## 1.45-2.45 p.m.: PARALLEL WORKSHOPS (continued)

### 17 The role of commercial weight loss organisations CROMPTON ROOM, 1st floor

*Harry Greene*, Visiting Professor of Medicine (Endocrinology), University of Kentucky

*Amanda Avery*, Partnerships Coordinator and Dietitian, Slimming World

Workshop Chair: *Peter Baker*, Director, Men's Health Forum

### 18 What do men really want? FARADAY ROOM, ground floor

*Louise Diss*, Director, The Obesity Awareness and Solutions Trust (TOAST)

Workshop Chair: *David Wilkins*, policy officer, Men's Health Forum

## 2.45 p.m. REFRESHMENTS (tea, coffee and juices with healthy option biscuits)

3.15 p.m. Final Session introduced by the Chair,  
*Dr Mark Porter* MBE, GP and broadcaster

3.20 p.m. The Consensus Statement on Men and Weight  
*David Wilkins*, policy officer, Men's Health Forum

3.30 p.m. The Government view  
*Dr Gina Radford*, Regional Director of Public Health, Government Office for the East of England

3.40 p.m. Questions to the speakers

3.45 p.m. Panel discussion

Panellists:

*Government representative to be confirmed*

*Dr David Ashton*, Director, BMI Hospital, Birmingham

*Dr Ian Campbell*, President of the National Obesity Forum

*Ken Clare*, founder of a weight loss surgery information website

*Dr Gina Radford*, Regional Director of Public Health, Government Office for the East of England

Rapporteur: *Dr Ian Banks*, President, Men's Health Forum.

## 4.15 p.m. CLOSE OF CONFERENCE

## Caroline Argent (Workshop 15)

Caroline is a Development Officer - Learning Disability at the London Sports Forum for Disabled People. With 12 years' experience in this field, her role is to develop more sustained participation of people with learning disability in sport and physical activity in London. Caroline does this through partnerships and funded projects, with the aim of developing partners' skills and awareness to enable them to break down those barriers which stop people with learning disability getting involved in physical activity.

### ***"My Time, My Choice" ...tackling health inequalities through sport and physical activity***

*This presentation will start with an overview of obesity in the learning disability population and go on to describe how the London based "My Time, My Choice" project works to address this. The aim of this presentation is to demonstrate that the health agenda and sport agenda, in terms of outcomes and benefits for people with learning disability, are the same. The presentation will advocate joint working to be established between health, physical activity projects and support organisations to create a circle of support which will facilitate increased physical activity, weight loss and behaviour change in people with learning disability. The presentation will describe for delegates the "My Time, My Choice" resources to enable them to develop regular sustainable physical activity programmes, and as a consequence, facilitate weight loss in the learning disability population.*

## Dr David Ashton (afternoon discussion panellist)

David Ashton is Group Medical Director for BMI Healthcare Ltd and Honorary Senior Lecturer in Clinical Epidemiology, National Heart and Lung Institute.

David is recognised as an authority on the treatment of obesity and its co-morbidities. He has a special interest in the effects of physical activity on fat distribution, visceral obesity and metabolic syndrome and the behavioural aspects of obesity management.

In addition, he has many years' experience working with clinical governance and medico-legal issues in relation to healthcare and holds a Certificate in Medical Law from the University of Glasgow. He has made numerous television and radio appearances, including "Tonight with Trevor McDonald", the "Food Programme" and "Law in Action" (Radio 4). He lectures regularly to professional and lay audiences on obesity, physical activity and the prevention of coronary disease.

David is a member of the European Society of Cardiology and The Association for the Study of Obesity (ASO). His main interests outside medicine are the philosophy of science, the history of ideas, writing and classical music.

## Amanda Avery (Workshop 17)

For the past 18 years Amanda has worked as a community dietitian in Southern Derbyshire. During a secondment within the public health department, Amanda was given the remit to produce a local obesity strategy, undertaking a comprehensive mapping exercise to look at local examples of good practice. During this secondment the opportunity arose to look at the feasibility of the NHS working in partnership with the commercial slimming sector, Slimming World headquarters being situated in Derbyshire. Amanda co-ordinated the feasibility study for partnership working and has subsequently worked part-time for Slimming World as a partnerships co-ordinator, overseeing an increase in the number of 'slimming on referral' schemes across the country.

### ***Can commercial slimming organisations support men in making lifestyle changes to both promote and maintain weight loss?***

*Men have always made up a small percentage of Slimming World's membership. Our research suggested that many men would feel more comfortable in men-only groups.*

*In 2002 Slimming World set a target to raise awareness among men about the dangers of being overweight and made practical slimming solutions more accessible to men through a national network of men's groups. The number of men running groups and being active within the management structure has increased, and both advertising and literature have been made more male friendly. Slimming World men tell us that having a good time, humour, camaraderie, making new friends and having discussions with like-minded people are what work for them. They need a practical solution to slimming, one that is accessible and realistic. They want plenty to eat, they want to have a good time, have a laugh and make new friends – with other 'real' men. They don't want to give up curry, fish and chips, bread or chocolate.*

*Three years on the number of men-only groups has increased. Slimming World now welcomes over 10,000 men into its groups each week (total weekly membership being just over 250,000).*

*Recent research from newly established men-only groups indicates that members are achieving the required target of 5-10 per cent weight loss for health improvement. Over 90 per cent achieved at least 5 per cent weight loss within three months. In those attending for at least six months all had lost at least 5 per cent of their weight and the average weight loss was 11 per cent.*

*However, many men still prefer to attend mixed groups (often along with their wife or partner) and this is also welcomed. Indeed, an increasing number of such groups are being run by men.*

*We need to move away from the misperception that slimming groups are only for women. If men do attend they do very well, losing weight and reducing related health risks, making slimming clubs a viable option in the fight against obesity amongst men. Slimming World also offers both men and women the opportunity to 'slim-on-line'.*

## Audrey Baird (Workshop 7)

Audrey Baird is Project Manager for BBC Big Challenge - a two-year campaign to encourage people to take small steps to a healthier lifestyle.

### ***The media and its insatiable appetite for news***

*The BBC is launching phase two of its Big Challenge campaign in June 2005. (Phase one centred on the BBC One series Fat Nation.) The core project for broadcast output in 2005 will be the BBC Big Challenge Health Works Awards to find the UK's healthiest employers and unsung heroes in the workplace. A workplace-based approach should appeal to both women and men.*

*Health and lifestyle issues are media obsessions, but coverage is skewed towards women, and the belief that men don't like to dwell on their health persists. There are countless opportunities for the health sector to work with the media to redress the balance and put men's health in the spotlight.*

# Dr Ian Banks

## (Rapporteur, afternoon discussion panel)

Dr Ian Banks became President of Men's Health Forum in July 2001. (He was Chair of the Forum for the previous six years.) He is President of the European Men's Health Forum and Editor of the UEMO Clinical Journal. While working part-time as a family doctor and casualty officer in Belfast, he also represents GPs for the British Medical Association, is a member of Council for the UK and is the BMA's official spokesperson on men's health. Ian also founded the Men's Health Forum Ireland and for six years was the medical editor of Men's Health magazine.

The BBC book, *The Trouble with Men*, was written by Ian in 1996 to accompany the television series of the same name. It was followed by *Men's Health*, *The Good Patient Guide*, *The Children's Health Guide*, *Get Fit with Brittas*, *Men's Health in General Practice*, *Ask About Sex* and the 50th NHS Anniversary book from the NHSE/HEA, *The Home Medicine Guide*. He is also the author of *The NHS Direct Healthcare Guide* and the NHS Direct website. His latest books are *The Dad's Survival Guide* and his series of manuals for Haynes: the *Man Workshop Manual* and also manuals for men on looking after babies, sex, women's health, cancer and weight (the *HGV-Man manual*).

## Paul Boshell (Workshop 11)

Paul is WaistWatchers Programme Manager in Chesterfield. He has been involved in the development and delivery of the WaistWatchers programme since the first pilot in 1997, and in developing outreach approaches to raise awareness of weight, lifestyle and health issues amongst hard to reach men across North Derbyshire.

He now manages a small team who deliver the WaistWatchers programme, raise awareness of health issues in a variety of male-friendly environments and refer on to other health/health promoting services. Paul is now involved in the training of other professionals to engage more closely with men on health, weight and lifestyle issues.

### ***WaistWatchers – a men’s waist reduction programme***

*This presentation will provide a brief overview of this community-based WaistWatchers programme, which has helped over 350 men lose over 20 metres of waistline and over 1 tonne in weight since 1997.*

*It will outline the demographics of North Derbyshire, the area in which the scheme runs, highlighting some of the relevant health and social issues and challenges the area presents.*

*After a brief overview of how the programme has developed, details of whom the scheme targets, what it consists of, its approach and the results achieved will be provided. The importance of addressing all lifestyle issues, including exercise and alcohol, will be highlighted.*

*The presentation will then look at how the scheme has evolved over the last eight years. It will highlight the key roles played by comprehensive evaluation and learning from best practice elsewhere in maximising the success of WaistWatchers, as it has adapted from being a predominantly workplace-based programme to a wider community programme.*

*The lessons learnt about engaging men in issues around weight will be touched upon, as will the need for more male-specific services. It will be emphasised that many men are interested in their waistline, lifestyle and health when these issues are raised appropriately and that they can achieve very positive results and go on to be our best advocates in these areas in the wider community.*

*Finally, some of the challenges for WaistWatchers and other schemes tackling men’s weight will be touched upon for consideration and discussion by the group.*

## Sir Trevor Brooking CBE (Chair, morning plenary session)

Trevor became Director of Football Development at The Football Association in January 2004. He signed for West Ham United as a professional player in 1967 and remained at the club for the whole of his career until retiring in 1984. He made 635 appearances and scored 102 goals for 'The Hammers', winning The FA Cup with them in 1975 and 1980. He played 47 times in England's midfield, scoring five goals and featuring in the 1980 European Championship and 1982 World Cup.

Trevor, who received an MBE in 1981, a CBE in 1999 and, most recently, a knighthood, has been particularly well known in recent years for his match commentating and summarising for BBC Television and BBC Radio 5 Live. He has also run coaching courses for schoolboys and been involved in sports promotional work. He retired as Chairman of Sport England in October 2002 and was a Director of West Ham United before taking up his new position at Soho Square.

## Dr Ian W Campbell (afternoon discussion panellist)

A graduate of Glasgow University, Ian is a general practitioner in Nottingham and associate specialist in the overweight clinic at the University Hospital, Nottingham. He is President of the National Obesity Forum, a nationwide network of doctors and nurses promoting 'best practice' in the management of overweight in the NHS. Through the NOF he has helped produce the first guidelines for obesity management specifically for primary care, developed educational packages for health professionals and launched the NOF Excellence in Primary Care award. Ian has lectured to medical audiences on obesity management throughout the UK and overseas and serves on several advisory boards to industry. His written work has centred round the need for more pro-active obesity management in primary care. He has written for a wide variety of medical journals and has contributed chapters to two books on obesity management.

## Sue Catton (Workshop 15)

Since graduating from Loughborough University in PE and Sports Science, Sue has been heavily involved in the sport and leisure industry, including teaching, event and project management and consultancy services.

Sue is currently managing the Inclusive Fitness Initiative (IFI), one of the largest nationally networked projects supported by the Sport England Lottery Fund. Receiving over £8 million of investment, the IFI scheme is an innovative and ground-breaking project that ensures that disabled people can access safe and appropriate fitness services in their local community. It is leading the global fitness industry with solutions to meet the inclusion agenda.

***Inclusive Fitness Initiative: providing disabled people with the opportunity to make healthy lifestyle choices***

*This presentation will focus on the components and achievements of the Inclusive Fitness Initiative (IFI) scheme to date, and in particular its impact on disabled men with physical and sensory impairments. It will also explore the opportunities that the IFI affords to provide a proactive response to meet the needs of obese men, now covered within the remit of the Disability Discrimination Act, and how the Initiative is also proactively supporting the Government's health agenda. It will conclude with examples of successful case studies of partnership working with health agencies and aims to stimulate new ideas for delegates to consider in the area of weight loss for all disabled men.*

## Ken Clare (afternoon discussion panellist)

Ken Clare is a 44-year-old RMN RGN who this year will have served 25 years in the NHS. After starting his career as a mental health nurse, he trained as a general nurse. After a range of clinical posts in both general and mental health settings, he moved into management and later into health informatics. His current role is Head of Informatics for South Liverpool PCT.

He has struggled with obesity all his adult life, matching his age with his weight (in stones) for the first 20 something years. After repeated diets, often successful in the short term, he was referred to a specialist weight management clinic in 2000.

In September 2002 he underwent life-changing bariatric surgery at 34 stones. As a result in January 2003 he launched the award winning website: WLSINFO - Weight Loss Surgery Information and Support (online at <http://www.wlsinfo.org.uk/>).

In November 2003 he received personal recognition for his work as a joint winner of the Nursing Standard Nurse 2003 gastroenterology and stoma care award.

He has to work hard to maintain his weight at its current level and his voluntary work has brought him into contact with many obese men who have been through similar journeys.

## Dr Kate Davidson (Workshop 14)

Dr Kate Davidson is a Lecturer in Social Policy and Sociology in the Department of Sociology, and is Co-Director of the Centre for Research on Ageing and Gender (CRAG), at the University of Surrey. She is President Elect of the British Society of Gerontology, a Governor of the Centre for Policy on Ageing, a Director of Age Concern Surrey and Chair of the Gerontological Society of America's Special Interest Group for Men's Issues. She has published widely on issues of gender and ageing and presents regularly at national and international conferences and fora.

### ***Attitudes to health and healthy lifestyles: older men speak for themselves***

*This workshop discusses research findings from two projects which, together, involved 125 older men talking about their attitudes to their health and lifestyle choices. We interviewed married, widowed, divorced/separated and ever single men over the age of 65 in order to get a sense of difference between those with and without partners. They were encouraged to talk about their lives, including diet and exercise, and their perceptions of health and ill-health. We also determined their socio-economic grouping through categorising their previous main occupation.*

*We found a widespread knowledge of what constituted good health behaviours. The men knew the recommended alcohol limit per week; they were well aware of the dangers of smoking; they knew what was meant by a 'good diet'; and they recognised the importance of regular exercise. However, there was an interesting disjunction between knowledge and practice. We surmise that older men are aware of health promotion information, but, similar to other groups in society, they do not always adhere to advice. However, for the population of older men, the results of ignoring such advice can be more catastrophic than for younger generations, given that men continue to be at higher risk of life-threatening conditions earlier than women.*

*Probably the most salient finding was the attitudes these older men held about consultation with health professionals. Many only went to their general practitioner as a 'last resort' or if they had been 'nagged' by their partner (usually wife), and very few took advantage of health screening or routine health checks such as blood pressure or blood cholesterol levels. We concluded that there is a need to adjust interventions to take into account the economic, biological, social and cultural constructs and recognise needs as perceived by all men, and older men in particular.*

## Dr Mark Davies (Workshop 16)

Mark graduated from Queen's University Belfast in 1998 with a doctorate in clinical psychology. He works at Belfast City Hospital as a consultant clinical psychologist, currently providing dedicated sessions to diabetes, renal and obesity services. As well as working directly with patients, he provides supervision and training to other members of the teams with which he works. He has published widely, and is particularly interested in training health care professionals in the behavioural and emotional aspects of life threatening, chronic or disabling illness.

### ***Psychological impact of overweight/obesity***

*How obesity specifically affects men is uncharted territory. Whereas the psychological impact of obesity on women has been considered for many years (see Fat is a Feminist Issue), there is very little literature or understanding about how obesity impacts on the male population. Perhaps before we design services for men we need a better understanding of the psychological issues that make it difficult for men to lose weight or to maintain weight loss. We also need to consider the barriers that must be overcome to engage men in weight loss treatment. It is hoped this workshop might represent a first step in addressing some of these issues. In this workshop I will discuss some of the themes I have encountered when working with obese or morbidly obese men. However, the principal aim of the workshop is to identify a research agenda. Given the paucity of research, questions such as 'What do we need to know more about?' and 'How do we go about exploring this issue?' seem important.*

## Dr Steve Deacon (Workshop 12)

Dr Steve Deacon is Head of Health at Royal Mail. He is a senior occupational health physician with many years of experience in a wide range of UK and international manufacturing and service industries. Steve is active in postgraduate medical education and has been published widely in medical and scientific journals.

### ***Men, overweight and the workplace***

*Royal Mail employs about one working man in every hundred in the UK and has a keen interest in promoting the good health of male employees.*

*A study of the health of Royal Mail employees was undertaken in the late 1990s using a questionnaire. This study collected information on a variety of personal health, lifestyle and occupational factors and recorded body weight and height. This Qhealth database of questionnaire responses from nearly 60,000 employees has been analysed to examine for factors influencing obesity.*

*Body mass index was calculated using the WHO definition and showed that 36 per cent of employees were overweight (BMI 25-30) and 9.8 per cent of employees were obese (BMI >30). Multiple regression analysis showed body weight increases with age and that certain ethnic groups such as Afro-Caribbeans were more likely to be overweight. Personal health habits, lifestyle and occupational factors were found to affect body weight and visits to a GP. For instance obesity and GP visits in the previous six months were more common in ex-smokers and those with a lower frequency of exercise. Further, obese employees were more likely to have seen their GP and had greater sickness absence within the previous six months. Employees with sedentary and less active occupations were more likely to be overweight.*

*A proactive approach to promoting ideal body weight through work activity, health, dietary and exercise programmes is good practice and offers benefits for improved employee health and reduced sickness costs.*

## Jane DeVille-Almond (Workshop 1)

Jane is an independent nurse consultant in primary care and a freelance journalist. She develops new ways of working with men and obesity, highlighting both areas through medical journals, books, the media and working with primary care teams around the UK. She also runs one of the first accredited courses for obesity training in primary care.

Jane runs surgeries for men in a range of 'male dominated environments'. Her weight management clinic that she has run at the back of a barbershop for the past 2 years, and the Harley-Davidson show room, have recently been featured on a BBC2 documentary about weight.

She has won several awards for her innovation to nursing, is Vice President/Vice Chair of Men's Health Forum and a director of the National Obesity Forum.

### ***'Does my belly look big in this?'***

*When did you last hear a man say that? Never, I guess. In fact he's much more likely to proudly stick out his paunch, pat it fondly, and say, 'It's all paid for', smile sweetly and order another beer.*

*The truth is that, despite around 66 per cent of men in the UK being overweight or obese (10 per cent higher than women) men still see fat as a feminist issue. Sadly so do many health care professionals.*

*Those working in primary care need to realise that men make up around half of their case load and that unless we address the serious issue of obesity the financial costs will be staggering.*

*Men and women access information and services very differently, and as we have a primary health care service that on the whole has been developed with the needs of women and children in mind, we need to think of new ways of engaging our male patients.*

*The workshop will look at ways of addressing this problem and examine why it is men are not engaging with many of our services. It's time that those in primary care provide a service that men want to use - in other words, a service that caters for the needs of the user rather than the provider. Are you up for the challenge?*

## Louise Diss (Workshop 18)

Louise Diss is Operational Director of a national charity: The Obesity Awareness and Solutions Trust (TOAST). She has had a wealth of experience of working in the public and voluntary sectors as a psychiatric social worker and trainer. Prior to taking up her previous post as development worker for TOAST, she worked as an obesity counsellor and, with personal experience of obesity, has a clear understanding of the physical and emotional effects that obesity can have on individuals. Louise writes articles for newspapers and magazines on behalf of TOAST and has represented the charity on national and local television and radio.

### ***What do men really want?***

*The overall purpose of this workshop is to raise awareness about the multifaceted nature of obesity, specifically focusing on issues relating to men, and to promote best practice which will be transferable to all areas of the delegates' work. The aim is to have an impact on the quality of practice, to build on the existing skills of delegates and give them the opportunity to learn new skills.*

*The style of the workshop is to facilitate the delegates in drawing on their own experiences, identifying current levels of knowledge/myth/belief with regard to obesity. Louise will underpin existing knowledge and explode myths, looking at both individual and societal issues, including:*

- Assumptions about men not having body image issues*
- Weight loss being seen as female traditionally*
- Men and obesity being on the back shelf of health care*
- Knowledge of what obesity is, causes and co-morbidities*
- An understanding of the psychology of obesity*
- An understanding of stigma, discrimination and prejudice and how this impacts on the lives of obese men*
- Contact information for organisations that can offer support*
- A best practice summary sheet*

*Delegates will be able to take a variety of handouts back to their workplaces.*

## Jenne Dixit (speaker, morning plenary session)

My background has been in advertising, working with Media Reach Advertising - an ethnic specialist agency reaching out to people from Black and minority ethnic communities. I headed the PR team, working with the ethnic media to devise campaigns for mainstream companies to get their messages out to hard to reach communities. Clients included British Telecom and the Department of Health, ensuring that their campaigns were culturally tailored and effective.

For the past three years I have been working for Diabetes UK as an Equality and Diversity Advisor, to improve cultural awareness within Diabetes UK, influence the provision of more culturally appropriate diabetes care, produce and disseminate information, and increase diabetes and Diabetes UK awareness amongst diverse communities.

Diabetes is prevalent in Black and minority ethnic communities six times more than it is in the white population living in the UK. However, research shows that awareness of diabetes is alarmingly low in these communities. Inequalities to accessing care, due to social and economic barriers, have been identified. My role at Diabetes UK is to see that awareness is raised amongst the communities and that healthcare professionals are made aware of how their services should be tailored to make them more appropriate. There is considerable overlap between the work we are doing and that of healthcare workers working with men and boys on the issues of overweight and obesity. In my presentation I will be suggesting ways that our experience as an organisation may be of use in this related area of overweight and obesity in men.

## Professor Garry Egger (Workshop 5)

Professor Garry Egger is an Australian health scientist and consultant to governments and the WHO on obesity and health promotion. He is the author of 25 books and almost 100 scientific publications. In 1991 he developed the GutBusters 'Waist Loss' program for men in Australia, the biggest of its kind in the world, and has now developed Professor Trim's Weight Loss Program for men.

### ***Men, overweight and obesity: the Australian experience***

*While more men in most advanced countries fit into the overweight category than women, there is a dearth of weight loss programmes for men. GutBusters was the first of its kind, developed in Australia in 1991, with over 100,000 members during the 1990s. The experiences learned in reaching men and in successfully reducing abdominal obesity have now been used to expand to a more interactive long-term program utilising both product and service. Along the way, both the science and art of men's health have been expanded in ways which will be discussed in this presentation.*

## Dr Naomi Fleming (Workshop 2)

I am a qualified pharmacist and have a PhD in physiology. I am currently a branch manager in Milton Keynes and cluster leader for Co-op pharmacy in the home counties region, looking after ten other branches. The role involves support and training for these branches as well as ensuring consistent branch standards and performance. Implementation of the new pharmacy contract is currently at the forefront of my role.

### ***Pharmacy and weight management***

*During this workshop we will be exploring the role of pharmacy in health promotion activities and services. We shall look at some examples of these services and their success. The focus will be on how pharmacies can encourage men to be involved in these services and how we can develop services in the community, for example by offering these services in an informal setting and at times which will improve access for men. There will be an overview of the types of weight management services available through Co-op pharmacy, and a more comprehensive presentation on the most common type 2 service. We will look at the advice given and the measurements taken and do some hands on measurements of our own. Finally we will be talking through the practical experiences of the service so far, discussing the difficulties and successes.*

## Professor Paul Gately (Workshop 13)

Paul Gately is Carnegie Professor of Exercise and Obesity at Leeds Metropolitan University. He graduated from Leeds Metropolitan University with a Bachelors degree in sports science and holds a Masters in Human Nutrition from the University of Sheffield. His primary research interest is childhood obesity treatment strategies. His PhD at Leeds Metropolitan University evaluated a residential weight loss camp as an intervention for the treatment of overweight and obese children. In addition, he is the director of Carnegie Weight Management, which runs the successful Carnegie International Camp and community based weight loss afterschool and PCT clubs throughout Britain. Paul was a recent contributor to the International Obesity Task Force/World Health Organisation's report on childhood obesity and is a frequent consultant to government agencies, health organisations and corporations throughout the United Kingdom and internationally.

### ***Physical and psychological challenges faced by overweight and obese boys***

*Obesity is increasing rapidly. US and UK trends show significant increases in levels of adult obesity (Health Survey of England 1998; Mokdad 2001). Data from Bundred (2001) supports this increase in children, but also shows worrying trends between gender, with males having higher levels of overweight and obesity compared to females. Psychosocial morbidity is also widespread, as these children become targets of early and systematic discrimination. There is limited quality research on appropriate prevention strategies, as well as treatment interventions, for obese and overweight children at this time (Reilly 2002). In addition, there is little evidence on specific gender needs. The need to develop and evaluate appropriate prevention and treatment strategies has never been more important. Since 1999 we have been running the Carnegie International Camp, a successful residential weight loss programme for overweight and obese children. This programme has helped us not only evolve this model of treatment, but more importantly develop community based treatment programmes, as well as assistance in setting up local infrastructure and training of local practitioners to deliver this successful model. Within our interventions the gender split is similar, which is encouraging and provides valuable information on the specific outcomes of both genders within our interventions. This paper will set the scene of the physical and psychological challenges faced by overweight and obese boys. It will then discuss the physical and psychological outcomes of our residential and community based interventions as well as the lessons we have learned along the way.*

## Dr Ewan Gillon (Workshop 8)

Dr Ewan Gillon is a chartered counselling psychologist and BACP accredited therapist. He is lecturer in psychology at Glasgow Caledonian University and Director of Men'sTalk, an independent service for men offering counselling, psychological therapy and consultancy.

### ***Men's talk about weight: themes, issues and implications for clinical practice***

*This presentation will explore some of the meanings men attach to their bodies and examine the implications of these for both men themselves and for clinicians working with them. The presentation will start by describing some of the recent changes in men's relationships to body, linking these to growing pressures to adhere to cultural ideals as well as the increased social awareness of the close relationship between health and obesity. It will then highlight the role of language in creating meaning and discuss the ways in which particular forms of linguistic reasoning (or discourses) work to enable men to 'make sense' of their identities as embodied beings. It will be argued that understanding such discourses is essential if effective clinical interventions in the area of obesity are to be developed and deployed.*

*The results of a small study exploring how men talk about issues of weight will then be presented. This study will be used to highlight some of the common ways men talk about concerns linked to weight, and to examine the common forms of reasoning underpinning this, such as (a) awareness/monitoring of weight as an accountable matter, and (b) problems with weight as a negative reflection on self. It will be suggested that the conflict between these forms of reasoning often results in a significant downplaying of a concern about weight in the context of an admission of body as a feature of self. One reason for such downplaying may be the shame associated with an acknowledged failure to manage weight effectively. Hence, it will be argued that great caution must be exercised by clinicians working with men to ensure that a minimal level of expressed concern about weight is not regarded as method of 'resisting' interventions designed to improve health, but instead viewed as a reflection of the shameful, negative social meanings associated with a perceived failure to manage body effectively. The presentation will conclude by considering the ways in which existing work on improving men's health by tackling obesity may actually augment such negative social meanings and offer a series of guidelines for good practice in working with men that works to offer a more constructive, enabling, language for change.*

## Dr Harry Greene (Workshop 17)

Dr Greene is Professor Emeritus of Pediatrics and Biochemistry/Nutrition at Vanderbilt School of Medicine, Nashville, Tennessee. He is currently Visiting Professor of Medicine (Endocrinology), University of Kentucky. In 1995, he became Vice President and Medical Director at Slim-Fast Foods Company, West Palm Beach, FL until retirement in 2003. He has served on multiple advisory boards for the National Institutes of Health, and has been President of the American Society of Clinical Nutrition, and the North American Society of Pediatric Gastroenterology, Nutrition and Liver Disease.

### ***Commercial Weight Loss Programs: Gender Differences***

*Several general observations about weight loss in men versus women will be discussed:*

- Men tend to lose weight for medical reasons, women for cosmetic reasons*
- Men are more resistant to initiating a weight loss program... to admit publicly they have a weight problem (it is also true for health problems in general)*
- Because men are so resistant to initiate weight loss, no commercial program has been successful at providing an exclusive approach for men*
- Most commercial programs continue to work on the female model designed to "offer anything, and enough females will sign up because every overweight woman will try just about anything once"*
- Men prefer to lose weight on their own, women in group (support) sessions*
- Men prefer larger food portions, higher protein (meat) or larger liquid portions*
- Men committed to weight loss are more likely to lose weight and maintain the lost weight*
- Men lose more weight initially, but the percentage of body weight lost is similar in both men and women after one year*
- A medically supervised program (Health Maintenance Resource) enrolled 75 per cent women but after losing 100 lbs at 1 year, the ratio of men to women was 55 per cent of the total.*
- In the US only generic programs for all comers are being offered. In most instances the ratio is 80-85 per cent women and 15-20 per cent men*
- Some low energy diet (LEDs) programs segment the amounts into two or three categories (1200; 1400; 1600 kcal/d) based on current weight with the larger individuals being able to eat a higher energy diet*
- Very low energy diets (VLEDs) have kept the energy intakes at <800 kcal/d or increased to 1000 kcal/d*
- Much can be learned from individuals who have been successful at weight loss maintenance*
- Those successful at weight loss maintenance (> 30kg lost and kept off for 3 years) use a variety of methods to lose weight but use similar methods to maintain weight (restrictive diet, high level of activity, support from friends or family, self monitoring)*

## Caroline Gunnell and Dr Rory McCrea (Workshop 10)

Caroline Gunnell has a background in nursing. She is currently Research Governance Coordinator for Epping Forest PCT. She is chair of the Management Group for the EPCRN (Essex Primary Care Research Network), and is a member of the NHS R&D Forum Primary Care Group, of the UK Federation of Primary Care Research Networks Steering Group, of the RCN Research Society, among others. Her research interests include patient experience of service delivery and care, and men's health, on which she is working for her doctorate. Caroline sits on the All Parties Men's Health Policy Steering Group and has been a member of the Men's Health Forum for years.

Dr Rory McCrea is a general practitioner. He holds a wide variety of managerial and leadership roles within the NHS at all levels, often advising the Government, and is a member of the Secretary of State's Workforce Taskforce. Rory also sits on a variety of Department of Health committees, including the Long Term Care Group for Diabetes. In addition, Rory was a member of the Diabetes NSF team, advising on the management of type 1 diabetes. He is also Chair of the Executive Team in a 1st wave PCT. He has a Masters degree in Health Service Policy and Management, a passion for innovation and an ability to inspire others, particularly where it is improving organisations to enable them to deliver better services for patients. Rory is also a director of an independent healthcare company, ChilversMcCrea Ltd, which is dedicated to improving everyone's experience of healthcare.

### ***Managing men, in the primary care setting, who are overweight or obese***

*During this workshop Rory and Caroline will facilitate discussion about the development of primary care services addressing overweight and obese men. They will present an updated overview of:*

- ❑ *The general practitioner's understanding of obesity management in the real world of busy general practice, how it is developing across multidisciplinary boundaries within the PCT, medical management and the impact overweight and obesity have on long-term conditions in men, highlighting the link to metabolic disorders in general.*
- ❑ *Caroline will present results of a qualitative research project based in primary care on men, exploring their understanding of health issues and the barriers to taking responsibility for their own health.*

*The dilemmas of resources, inequalities, gender equity and long-term conditions will be debated. The intention is to provide recommendations to support Men's Health Forum in their quest to raise the profile of these issues.*

## Andrew Harrison (Workshop 6)

Andrew is Men's Public Health Facilitator for North Bradford Primary Care Trust. He is responsible for the development of the Health of Men healthy living initiative within North Bradford. His role includes health promotion to boys and men of all ages, community working and community development. This includes setting up school and youth provision, establishing health initiatives in non-traditional settings, and network, media and event organising in order to promote men's health.

### ***How MOTs in the workplace led onto weight management groups***

*The Health of Men Project aims to promote health to men and boys of all ages in North Bradford. One of the initiatives involved providing basic health checks for men – body mass index, blood sugar, cholesterol and carbon monoxide levels – plus help and advice on a range of health issues.*

*The MOT results were alarming and resulted in a number of men being referred to their GPs for further investigations. It became clear that many men wanted additional support to tackle their increasing waistline, and the MOTs themselves proved to be an excellent recruiting tool for weight management groups.*

*The weight management group programme aimed to:*

- 1. Establish weight management groups within a range of work settings*
- 2. Provide support and advice to help men achieve a healthy weight*
- 3. Empower key members of the group to run their own weight management group when the initial six week programme was completed*

*The success of this approach will be described with reference to several different work settings in the North Bradford area.*

## David Haslam (speaker, morning plenary session)

David is a working GP, and Chair of National Obesity Forum. He took charge of formulating the guidelines for obesity management in primary care and has also been invited to sit on a four-man working party by the RCPCH to develop the first guidelines for management of childhood obesity. David has articles widely published in journals and papers and has spoken internationally on obesity.

# Mashuq Hussain

I am a youth and community coordinator for Edge End High School in Lancashire. I have a professional qualification in youth and community work from Bradford and Ilkley College.

I work with statutory and voluntary organisations, and in particular liaise with Millennium Volunteers based at the University of Central Lancashire. Other organisations I work closely with include Connexions, local health authorities, youth services, etc.

I am a strong believer in today's generation being tomorrow's future!

## ***The Juice Boys***

*My presentation is about The Juice Boys. The Juice Boys are the year 11 football team who won the interschools' eleven-aside and five-aside league. This led onto the project of making fresh fruit juice and selling it to young people at the school at dinner times.*

*The Juice Boys consisted of 12 young people from ethnic minority backgrounds who prior to this project possessed little knowledge of health issues. The project was run with funding from the health authority, and the local PCT were involved in helping maintain the links between the cluster of schools involved in this project. Edge End was the only high school, with five junior schools from the local area making up the cluster.*

*I used to catch these young people coming out of corner shops, hiding cans and bottles when they saw me. Eventually something clicked and before long they were juicing away like mad, experimenting with different combinations of fruit. It started off as something they wanted to do for themselves but it then grew into a bigger thing, which they offered to everyone at school.*

*The boys made a range of fresh juices every lunch time and sold around 50 glasses per day to fellow pupils for 15p a glass. The school bought the fruit from the nearby Waterbridge Food Co-operative and all income generated was reinvested in the scheme.*

*It was a very successful project. The Juice Boys' achievements have featured in local and national media. They have received the Lancashire High Sheriff's Award, and have gained recognition by the Chairperson from Lancashire County Council - who came to visit the school and then invited the group to County Hall to carry out a presentation.*

*Since the juice bar opened its doors, The Juice Boys have achieved near celebrity status, the girls fancy them and all the boys want to be like them.*

## Jim Leishman and Anne Clark (Workshop 3)

Jim Leishman works as a charge nurse within the town of Falkirk, Central Scotland. In February 2001 he co-developed a service aimed at improving the health of men. Since then the service has gone from strength to strength. Known nationally as the Forth Valley model, the Camelon Centre is viewed by many, including the Scottish Executive, as the way ahead for improving the health of Scotland's men. Jim's work has featured in numerous publications. He regularly presents at national and international conferences and in partnership with the Men's Health Forum Scotland provides training on men's health issues.

Anne Clarke works as a public health dietitian for Forth Valley Health Board in Central Scotland. Currently she is involved in a redesign project, promoting a weight management model for primary care. This has been reshaped specifically to help men to lose weight. Anne is also involved in promoting and improving the availability of healthier food in schools across three local authorities within the Forth Valley area.

### ***Made to measure***

*This workshop will describe how a service designed to improve the health of local men grew from its small origins to one viewed by many, including the Scottish Executive, as the way ahead for improving the health of men. In particular the workshop will explain how its work with overweight men has proved to be the cornerstone of the service.*

*Since opening in September 2001 the Camelon Centre has offered comprehensive, individualised health assessments to men and has grown to provide a range of services aimed at improving the health of all men throughout the area. This includes working with homeless men, men with learning difficulties, and within a variety of settings such as schools, prisons and the workplace.*

*With the majority of men seen being overweight, and with 31 per cent falling within the obese category, it was no surprise that developing a weight management programme for these men became a priority. What was surprising was the popularity of the programme with nearly all the men identified as obese and then offered a place to participate. This resulted in a list as large as 120 men at one time waiting to commence the programme.*

*A few years later, and with six groups of men having completed the 12-week programme, results have been encouraging with nearly all the men who participated managing to lose weight. Early audit results also suggest that for most of these men the lessons learned have helped them adopt a healthier lifestyle - one which has sustained their weight loss after the programme has ended.*

*The two presenters will share the experiences they have gained from working with men. They will describe how they have found that using an approach that relies heavily on humour to get their message across, as well as one which is gender specific to men and adopts masculine traits such as competitiveness, determination and assertiveness, can help men battle the bulge.*

## Dr Paul Litchfield (Workshop 6)

Paul Litchfield is Chief Medical Officer for BT Group plc and joined in January 2001 having held senior posts in occupational medicine in both the public and private sectors. He qualified as a doctor in 1977 at the University of Manchester and also has degrees from the universities of St Andrews and London. In 1986 he was accredited as a specialist in occupational medicine and is a Fellow of both the Royal College of Physicians and the Faculty of Occupational Medicine.

Paul's main professional interest for the past decade has been occupational mental health and he is currently involved in national initiatives to improve rehabilitation back into work after mental illness and to reduce the stigma of mental ill health. He has published and lectured widely not only on mental health issues but also on sickness absence, hazard control and ethics in occupational health.

### ***Workplace health and BT***

*The business case for employers to fund health promotion in the workplace has not been well made historically. There is clear evidence that the workplace is an effective venue for communicating health messages but employers need to be persuaded that it is in their interest to participate in such activity. This presentation seeks to identify some of the drivers for business in this area and, while none of the elements is compelling on its own, suggests a matrix approach tailored to the needs of individual organisations.*

*BT is one of the largest private sector employers in the UK, and the background to the development of the company's Work Fit programme is described. Work Fit is a joint initiative with the Trades Unions which aims to modify behaviours to improve levels of exercise and diet. The company has a predominantly male workforce and an ageing population which mirrors UK society. Work Fit is therefore geared to targeting men disproportionately but not exclusively. The features of the programme, including the psychological factors underpinning the interventions, are described and the timetable for implementation explained. The aim is to engage up to 4000 members of the workforce in what would be one of the largest participative health promotion programmes ever undertaken in the UK.*

## Janice Longford and Maureen Lees (Workshop 11)

Janice Longford is clinical service manager, Coatbridge LHCC, NHS Lanarkshire. She has had 35 years wide ranging nursing experience, including time spent in nurse management, general management and clinical service development. She has been working within the primary care sector for many years, and health improvement has been a major focus running throughout all areas/disciplines within which she has worked, at both an individual and community level.

Maureen Lees is Chief Dietitian, Primary Care Division, NHS Lanarkshire. Maureen has worked as a Dietitian within the NHS for the past 15 years, 10 of which have been within primary care, leading the development of the dietetic service. Her specialist interest lies in the treatment of obesity and eating disorders. She has been working with Coatbridge LHCC in the development of their 'Weigh In Without Women' service since its inception.

### ***'Weigh In Without Women': Coatbridge LHCC Weight Management System***

*This service developed from a needs assessment identified from a Men's Health Service. The evaluation had identified the need (51 per cent BMI > 25, 25 per cent BMI > 30), and the men had identified the desire, for a weight management service (approximately 4,000 men). The service commenced on 16 October 2001 with 75 men attending on the first night. The attendances continued rising to a high of 90 attendees on one evening in October 2001, with small dips during peak holiday periods. The attendances continue at approximately 40 to 50 men, four years on.*

*Patient pathway developed, based on Sign Guideline No 8, for a course of weight management delivered by skilled counsellors with a dietician available at each session for referral where required. Patient information leaflets, tips and hints sheets and recipes were developed, and compliance was encouraged by giving good quality, consistent advice from an enthusiastic group of staff. User-friendly atmosphere, low key approaches were used. Clients felt comfortable and supported by staff and other users of the service: 'all in it together' feeling. This allowed them to concentrate on the important challenge for them of losing weight and enjoying the process.*

*No one element of the programme can be singled out as the source of its success. SIGN identifies that even modest weight losses can accrue health benefits, e.g. 0.45 kg weight loss can result in a 1 per cent decrease in blood cholesterol, and a 3 kg loss can produce a reduction in blood glucose levels.*

*The service is organic in nature, responding to the needs of service users as part of our review process. It includes development into exercise, referrals and to a men only cookery class. Regular audit and review are an integral part of the service.*

## Dr Abhi Mantgani (Workshop 1)

Dr Abhi Mantgani is the Joint PEC Chair and Medical Director of Birkenhead and Wallasey PCT. He is the senior partner of a four doctor training PMS practice in Birkenhead. As Chair of the CHD and Diabetes Modernisation Group, he has led the service redesign agenda with the establishment of Birkenhead Heart Centre, which has the first community based echocardiography and exercise testing service. He has recently been appointed as GP Lead for Cheshire & Merseyside Cardiac Network. He has led the reorganisation of the Obesity and Exercise Lifestyle programme in Wirral.

### ***Protocols for a primary care and community based obesity service***

*The problem of tackling obesity and its impact on medical conditions such as CHD, hypertension and diabetes offers a major challenge to providers and commissioners of healthcare. Whilst there are many successful and individual programmes for promotion of physical exercise to tackle obesity, it is imperative that an integrated approach is the key to achieve successful outcomes.*

*The scale of the problem in the UK general population makes it difficult to provide an equitable and easily accessible service. Outcomes of intervention in integrated and structured multi-disciplinary programmes are positive. However, it is imperative to develop pathways of care and referral protocols to ensure that the resources and services are targeted at the most vulnerable groups.*

*In addition it is necessary to design a training programme to create a cohort of services that can support healthcare and other support workers to develop a range of services designed to target individuals with obesity and related problems.*

*In this presentation the work to date in Wirral will be discussed, especially as it relates to men and boys. An integrated obesity and lifestyle management service has been delivering a successful service, and there are now plans for expanding the services to a wider population.*

## Jo McCullagh and Gareth Lewis (Workshop 12)

Jo is senior health promotion specialist, Sefton Health Improvement Support Service. She has been working in public health for 12 years. She is currently responsible for developing and implementing policy and initiatives relating to men's health, cancer prevention and sexual health across two PCT areas in Merseyside.

Gareth is a men's health nurse, Sefton Health Improvement Support Service. He has worked in nursing for 20 years. Within his current role he manages a drop-in clinic for homeless men and works in partnership with Jo to develop a number of innovative men's health projects.

### ***On the road to a healthier lifestyle***

*Long-distance lorry driving is a sedentary profession that requires prolonged absences away from home and family. This dislocation often results in an inability to access health services, maintain a healthy diet and participate in regular physical activity. Invariably such poor lifestyle factors contribute to a higher risk of developing chronic diseases such as coronary heart disease, diabetes and cancer.*

*Lifestyle data were obtained from 170 long-distance lorry drivers visiting the Port of Liverpool in order to inform the development of appropriate health education strategies and targeted initiatives to encourage these men to be health aware and access services. Comparative data were also obtained from a sample of 3000 Sefton men to identify whether the health of lorry drivers significantly differed from that of the resident male population. Results highlighted significant disparities between the two groups of men. Lorry drivers were more likely to smoke, have a higher fat diet, eat less fruit and vegetables, be overweight and take less exercise than local men.*

*Consequently, a number of interventions were developed in partnership with lorry drivers to improve their health and lifestyle. Subsidised fruit distribution and healthier menu options were implemented at local lorry parks and the Port. A sun visor with health advice lines and a healthy lifestyle brochure were produced and distributed via Port Police and haulage companies. On-site health monitoring has also been undertaken to counteract restricted access to primary care and increase awareness of a range of men's health issues. This presentation will outline the survey results and discuss the development and implementation of these initiatives.*

## Professor Jim McKenna (Workshop 9)

Jim McKenna is Professor of Sport at the Carnegie Faculty of Sports and Education, Leeds Metropolitan University. He is an ex-PE teacher. His research interests range from exercise in the elderly, to counselling for behaviour change in exercise, nutrition and injury rehabilitation. Recently he has developed a strong interest in qualitative methods of inquiry and particularly focuses on using interviewing and focus group techniques. He is widely published in healthcare and sports sciences journals.

## Dr Kerri McPherson (Workshop 8)

Dr Kerri McPherson is a chartered health psychologist and lecturer in psychology at Queen Margaret University College, Edinburgh. Her work in the area of weight-related psychology in men began with her PhD, which was entitled 'Psychological correlates of overweight in a group of Scottish men'. She is particularly interested in the development of body image (dis)satisfaction in men and the relationship this shares with other weight-related psychological phenomena, including cognitive/dietary restraint. Much of her work has used the theories of evolutionary psychology to explore and explain men's body image.

### ***The role of body aesthetics in men's weight control***

*One of the most pervasive falsehoods in the body-related literature has been the belief that, unlike women, men generally pay little attention to their appearance. This belief that body aesthetics is unimportant to men permeated the academic literature until the late 1990s and only very recently have researchers consistently demonstrated body image dissatisfaction in men.*

*However, it is not that men have suddenly become more body conscious but rather that researchers have moved away from the traditional paradigm driving body image research, whereby body image dissatisfaction was, incorrectly, conceptualised as a uni-dimensional desire to lose weight. Such thinking about body image arose from a general problematising of the female body to the detriment of research concerning men's bodies.*

*This presentation will explore body aesthetics in men and consider its potential for promoting weight-related health. First, there will be a brief overview of the research literature, including a critique of methodology. Particular attention will be paid to the validity of measures of body (dis)satisfaction in men.*

*Second, the presentation will draw on a longitudinal study that explored weight-related psychology and its relationship with body image and body aesthetics in Scottish men. One of the most important findings of this study was that overweight men did not wish to lose weight and normal weight men actually wanted to gain weight. This finding should be extremely worrying to health professionals charged with encouraging weight loss in Scottish men because it seems that the men may not be motivated to do so. However, on a more positive note, obese men did want to lose weight.*

*Finally, the role of body aesthetics for the promotion of weight-related health in men will be considered. Directions for future research and practice will be highlighted.*

## Vincenzo Mesce (Workshop 9)

When we were talking about how I should introduce myself, the rest of the Bury Men's Group said I should just describe myself as 'a fat bloke from Bury', which I thought was a bit unkind but I suppose it's as good a description as any. As well as having a robust constitution, I am a single dad with three children. Like most people I don't have a lot of money for a personal fitness trainer, or an organic diet, but one thing that suddenly finding myself a single dad brought home to me was the responsibility that I had to my children to at least try to maintain my health for their benefit.

With that in mind, in early 2001, I began to explore how other local men were able to maintain good health with limited time and within limited budgets. In making enquiries I came into contact with a number of men local to the Bury area who shared my interest in men's overall wellbeing. Together we approached Richard O'Neill, who was already a local figure campaigning on a number of men's health issues and asked him if he would be willing to act as President of a local men's group. Thus was Bury Men's Group born in October 2001, of which I am now the Chair.

### ***Bury Men's Group***

*Today's presentation is a summary of how we set about forming a men's group, the reaction of the local Health Trust, the response of the media, and more importantly, the response of men themselves. The last three and a half years have proved to be a steep learning curve for a group of enthusiastic and self-financing amateurs, most of whom are in full-time employment outside the men's health discipline. As well as highlighting one or two of our successful local initiatives, this presentation seeks to show some of the pitfalls we have encountered in trying to get men to help themselves and the lessons that can be learned from our mistakes.*

## Richard O'Neill (welcome, morning plenary session)

Richard is a clinical hypnotherapist and counsellor, specialising in working with men. He runs a private practice in Bury, Manchester and is the founder of the O'Neill Consultancy which carries out a number of contracts for a wide range of clients from schools to colleges, education authorities to business and professional sport, particularly football. He is the joint founder and now president of Bury Men's Group, a community organisation which campaigns for improvements in men's health and access to services. He is also a trustee of Men's Health Forum and director of National Men's Health Week.

## Graham Phillips (Workshop 2)

Graham Phillips is a pharmacist, and Managing Director of Manor Pharmacy Group, a family-owned group of six pharmacies in Hertfordshire. He has worked with GPs and in primary care widely for ten years, most recently as a PCT Prescribing Lead, and PEC and Board member. He is involved in pharmacy politics at a national level, and currently sits on the Council of the Royal Pharmaceutical Society of Great Britain, the regulatory and representative body for pharmacists.

Graham has had a long-term interest in public health: this is a key aspect of the new NHS contract for community pharmacy. He has developed his pharmacy in Letchworth (Herts) as a resource to combine prescribing, near-patient testing and public health interventions. The pharmacy has achieved national recognition and is featured in the document 'Choosing Health Through Pharmacy', which was published very recently by a consortium including the DH, the RPSGB and public health bodies.

### ***Men and weight: a community pharmacy and public health perspective***

*Community pharmacists have long sought to reposition themselves as the managers of the nation's medicines in primary care, as the 'first port of call' for the NHS and as public health practitioners. With the publication of a series of NHS policy documents, culminating in the new NHS contract for community pharmacists, the promise has become reality. Aligned with this is the very recent publication of 'Choosing Health through Pharmacy', a ten-year strategy for community pharmacy and public health. In this workshop Graham will give a strategic overview of pharmacists' developing role in public health, with particular reference to the challenge of men, overweight and obesity.*

## Jim Pollard (Workshop 7)

Jim Pollard is the editor of malehealth.co.uk as well as other websites for the Men's Health Forum and European Men's Health Forum. A health editor of Maxim in its pre top-shelf days and the only-ever health columnist on the Daily Star, he also writes for newspapers and magazines. He is the author of seven books, six of them about health and the other about punk rock.

### ***How men's health is leading the media revolution***

*There has probably never been less diversity in the British media's output as competition intensifies, ownership concentrates, and distribution narrows. If your message doesn't fit within increasingly narrow parameters, it doesn't get out there. A big problem if you have a health story that demands sensitive and accurate treatment.*

*Meanwhile, for reasons related partly to this tendency in the traditional media and partly to its own unique proposition, the internet is snowballing as a source of news and information.*

*The internet is particularly attractive to men because it's a gadget that's fast (and getting faster), easy to use and doesn't require any unnecessary conversation. The internet is also ideally suited for finding health information - it's private, potentially comprehensive and doesn't ask embarrassing questions.*

*Put the two together and you have the ideal medium for communicating to men about health. And instead of having to jump through one mainstream media hoop after another in order to get your story just two lines on page 17 or 30 seconds of airtime, you the storyteller retain far more control.*

*I will talk about why, with a few exceptions, the mainstream media can never really get over health messages honestly and accurately; about the evolving role of websites; and about how health organizations can best use the media to talk to men.*

*I will also present evidence from the first-ever survey of readers of the MHF's website malehealth.co.uk that shows just how effective the internet can be in doing the one thing that all health professionals want men to do: change their behaviour.*

## Dr Mark Porter MBE (Chair, afternoon discussion session)

Mark's media career started when he joined the BBC in 1992 and he has worked across the corporation's various media ever since. He presents Case Notes on Radio 4, was health editor at the Radio Times for 10 years and has been a regular on various TV programmes, including three years presenting BBC1's flagship consumer health programme: Watchdog Healthcheck. He is also a prolific writer and currently has columns in the London Evening Standard, Closer and Sainsbury's Magazine. He is a Patron of Men's Health Forum.

Mark spent five years in a variety of hospital specialties before entering general practice in 1990. Despite his varied commitments he still works half time at his busy NHS practice in Stroud and enjoys hosting and lecturing at medical conferences.

Mark was awarded a MBE for services to healthcare in 2004's New Year's Honours. He is a keen runner and tennis player and lives on an old farm in the Cotswolds with his wife Ros and their two teenage daughters.

## Dr Gina Radford (speaker, final afternoon session)

Dr Radford is Regional Director of Public Health in the East of England Public Health Group (Department of Health) and is based within the Government Office for the East of England in Cambridge.

## Kath Sharman (Workshop 4)

Kath Sharman is a consultant, researcher and child and adolescent therapist and is the founder of SHINE, which provides weight management programmes for morbidly obese children and young people.

### ***Weight management and the emotional causes of overeating in boys***

*The UK now has the fastest growing rate of obesity in Europe, which is deemed to have reached epidemic proportions. The number of children and adolescents affected by obesity has increased significantly over the past 20 years and it is now predicted that 20 per cent of boys and 33 per cent of girls will be obese by 2020.*

*There is now an abundance of clinical guidelines outlining proposals for the management and treatment of overweight and obese children and young people. The majority of these guidelines advocate that the most successful weight management programmes are based on nutritional education, fitness and exercise and behaviour modification therapy. Despite anxiety, depression, body dissatisfaction and low self-esteem being consistently mentioned as causative factors of obesity, the emotions and feelings about being overweight or obese, and issues around emotional eating, are rarely addressed in treatment programmes.*

*Where there is limited research in the effectiveness of weight management programmes for young people, there is even less research into the gender differences of weight management experiences. As co-ordinator of a 12-week weight management programme for 11–16 year olds, called SHINE (Self Help Independence Nutrition and Exercise), over the past 18 months some of these gender differences have come to light. This workshop presentation summarises these differences, offering case examples, and debates the need for male-specific weight management programmes in young people.*

## Clare Smith and Alessia Radice (Workshop 13)

Clare Smith is Healthy Schools Partnership Manager in the Southwark Healthy Schools Programme. Alessia Radice is Health Inequalities Project Manager within Southwark PCT.

### ***Multi-agency approach to tackle healthy eating and physical activity in young people***

*The Southwark Health Inequalities Project is a multi-agency project which aims to improve the health of all young people in Southwark. A health related behaviour questionnaire revealed that 20 per cent of children studied said they had no fruit or vegetables the day before the survey; 31 per cent said they ate crisps every day; 8 per cent had nothing to eat before coming to school. Data which relate to boys and young men from the same survey will be presented in this workshop. As a result of this survey a multi-agency approach to tackling healthy eating and physical activity in young people was set up. The range of activities involved will be described.*

## Dr Goya Wannamethee (Workshop 14)

Dr Goya Wannamethee is a Principal Research Fellow in Epidemiology and, from October 2005, has been appointed a Reader in Epidemiology in the Department of Primary Care and Population Science, Royal Free and University College Medical School, London. She is co-director of the British Regional Heart Study, a large prospective study of cardiovascular disease in men. Her key area of research is on risk factors and prediction of cardiovascular disease with particular focus on the role of lifestyle factors (alcohol, smoking, obesity, physical activity) and modifiable risk factors as predictors of cardiovascular disease, diabetes and disability. She has published widely in the field of cardiovascular disease, particularly in areas relating to alcohol, smoking, physical activity and obesity.

### ***Burden of disease, cardiovascular risk factors and disability associated with overweight and obesity in older men***

*During the past few decades, the prevalence of obesity (BMI > 30kg/m<sup>2</sup>) has reached epidemic levels in western societies. Both the National Institutes of Health (NIH) and WHO now recommend 25 kg/m<sup>2</sup> as the upper limit of ideal weight for all adults regardless of age. However, the importance of overweight and obesity as predictors of mortality in elderly people (>65 years) has been controversial, with several studies failing to show any relation between overweight/obesity and mortality. Moreover, BMI may not be the best indicator of cardiovascular risk in older subjects because of changes in body composition, particularly loss of muscle mass with increasing age. It is now accepted that the distribution of body fat is an important determinant of metabolic abnormalities, possibly more so than the degree of excess weight as measured by body mass index. Other markers such as waist circumference (WC) may be a better indicator of abdominal visceral fat than BMI. In this workshop we present research findings from the British Regional Heart Study, a large population based-study of over 4000 men aged 60-79 years drawn from general practices in the UK, on the prevalence of disease burden, cardiovascular risk factors and disability associated with overweight and obesity. We assess whether the current WHO weight guidelines are appropriate in the elderly and whether other measures such as the waist circumference may provide a better tool for identifying obesity related metabolic abnormalities associated with cardiovascular risk in older men.*

## Professor Alan White (morning plenary session speaker)

Alan is a Principal Lecturer in Nursing at Leeds Metropolitan University and is active in the development of men's health as an academic discipline. His research includes the Scoping Study on Men's Health for the Department of Health (available under Men's Health Forum publications), and the Report on the State of Men's Health across 17 European Countries (for the European Men's Health Forum).

Alan was responsible for setting up the Department of Health-funded database of men's health projects and initiatives for the Men's Health Forum and the database on individuals and organisations working in the field of men's health for the European Men's Health Forum. He is currently working on a number of studies including the evaluation of the Bradford Health of Men initiative ([www.healthofmen.com](http://www.healthofmen.com))

Alan is Chair of the Board of Trustees of Men's Health Forum.

### ***The need for male-specific health policy relating to men and weight***

*The particular problem of weight gain in men, with the manner in which fat is deposited in the abdomen leading to increased likelihood of hypertension, hyperlipidaemia, diabetes and many obesity related cancers, is only just beginning to be recognised as a principal health risk. What is also now becoming apparent is that managing weight gain in men is also gender-specific, which warrants a male-focused approach.*

*The research that has been undertaken with men and boys shows that the way they view weight gain, diet and body image are very different from the way women do. We see with this issue a compounding of many different factors, including why body size is important for men, social expectations on men and boys about their diet, and how men use health services for non-illness related issues. Young men being more intent on putting on weight to meet the image of the perfect shape, men being less likely to see themselves as overweight, and if they do recognise the problem being less likely to seek professional help, are just three examples of how these problems magnify in importance when brought together.*

*What is emerging is that the way obesity is managed must recognise these differences between the sexes and that men and women need to be targeted in quite different ways. Evidence now exists that where practice has become more male aware and initiatives have been specifically designed and delivered using male focused approaches and resources there have been significant breakthroughs.*

*What now needs to happen is for the lessons learnt through the research and by these innovative practice based initiatives to be developed into male-specific health policy to direct development of work onto the problems of men's weight. This is definitely a case where 'one size does not fit all'.*

## David Wilkins (speaker, final afternoon session)

David Wilkins has held the post of policy officer at the Men's Health Forum since 2002. He previously worked for 11 years in the NHS, for the last three years of which he was lecturer/practitioner in health promotion on a joint appointment with Bournemouth University. David's previous work experience included local authority social services and youth work, and several years as a community worker in Southampton. He has been interested in men's health for many years and has published a number of articles on the subject. David is an experienced trainer and has a long track record of involvement in community organisations.

### ***The Consensus Statement on Men and Weight***

*It is an established function of National Men's Health Week to drive forward the policy agenda in relation to that year's theme by the publication of an analysis of the current position and a series of recommendations about how matters might be improved. This year the publication of the policy paper, 'Hazardous Waist? Tackling the epidemic of excess weight in men', has been given greater impetus by the concurrent release of the Consensus Statement on Men and Weight. This latter document, endorsed and supported by 28 major public, charitable and commercial organisations, is a 'call to action' directed at decision-makers and practitioners across the whole spectrum of public policy. These 28 organisations share a desire and a commitment to halt the rise in male overweight before it is too late.*

*It is hoped that the launch of the Consensus Statement on Men and Weight at today's conference will mark the beginning of a groundswell of professional and public opinion demanding constructive, creative and fully resourced improvements to present policy. If current trends continue unchecked, three quarters of the male population will be overweight by 2010. Three quarters is too many. We must all work to ensure that this wholly undesirable milestone is never reached.*

*This presentation will explain the thinking behind the five actions proposed in the Consensus Statement. It will also urge delegates to encourage their own organisations formally to support the Consensus Statement by completing and returning a pro-forma after the conference. The campaign to ensure the implementation of effective policy solutions will be strengthened every time a new organisation agrees to do so. The presentation will end with a formal show of hands in support of the Consensus Statement.*



# SAVOY PLACE

