

MEN & COVID-19

Zoom Webinar - April 24, 2020

WELCOME

- **Thank you for coming to this webinar**
- **It is being recorded and broadcast**
- **We will circulate the slides via email**
- **Please introduce yourself in the 'chat' and ask questions there (or in Q&A)**

Sign Live



ABOUT THE MEN'S HEALTH FORUM



- **Our mission:**
To improve the health of men and boys
- **Founded in 1995 by the Royal College of Nursing**
- **Registered charity in 2001**
- **Partner of the Dept. of Health since 2009**



TODAY'S OBJECTIVE

- **Build awareness of the issues about COVID-19 and men's health**
- **Consider what needs to happen**
- **Start a conversation about how TOGETHER we can make change.**



AGENDA OUTLINE

- **Introduction**
- **Current situation**
 - Martin Tod
- **Why are men more vulnerable to COVID-19?**
 - Professor Alan White
- **What are the consequences of COVID-19 for men?**
 - Peter Baker
- **What we're doing**
 - Online – Jim Pollard
 - Policy & Engagement – Martin Tod
- **What needs to happen?**

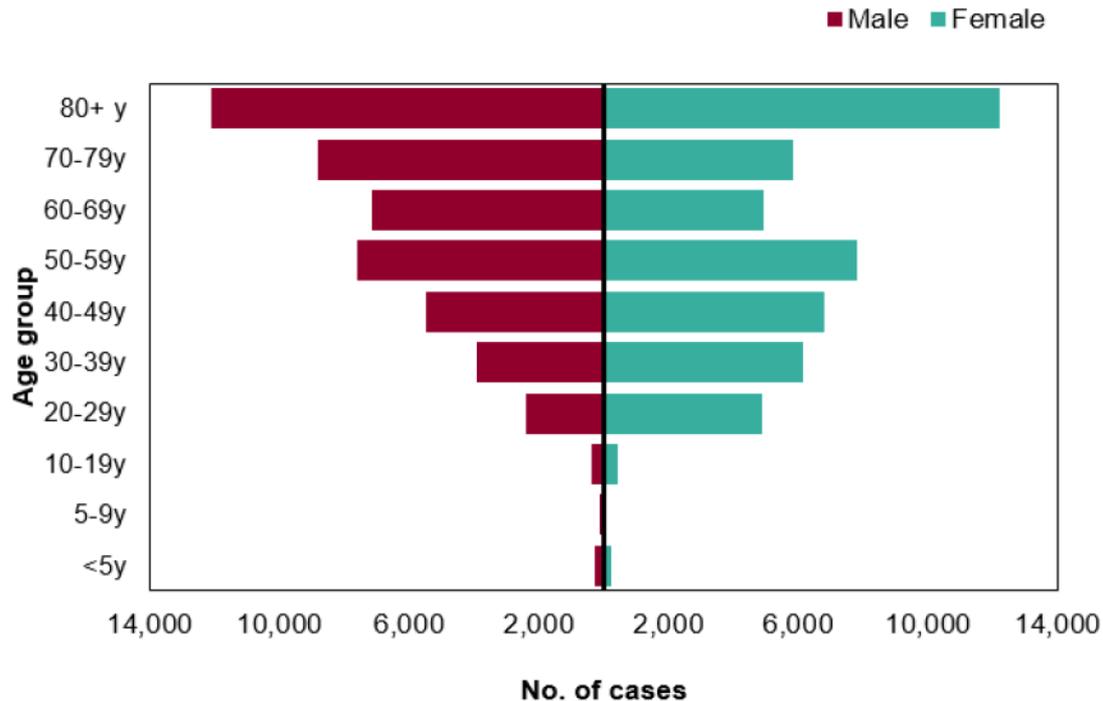
CURRENT SITUATION

Martin Tod

Chief Executive, Men's Health Forum



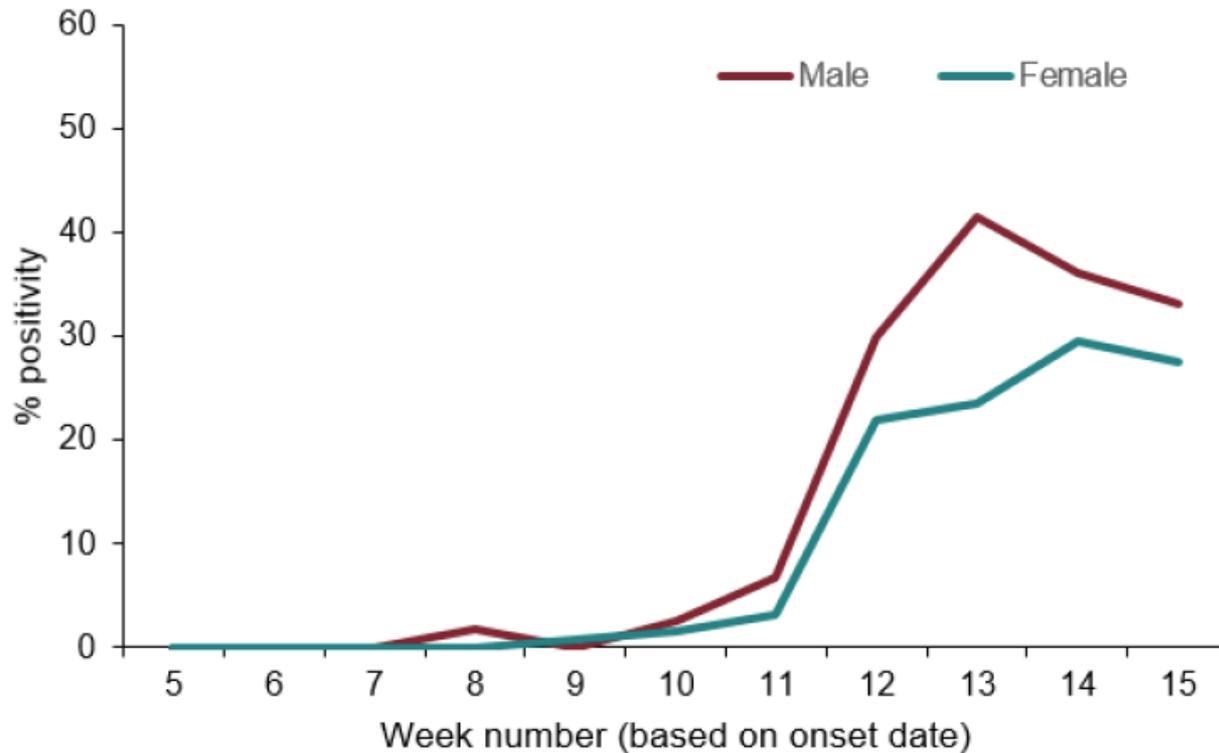
COVID-19 – LABORATORY CONFIRMED CASES



Source: PHE, Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report

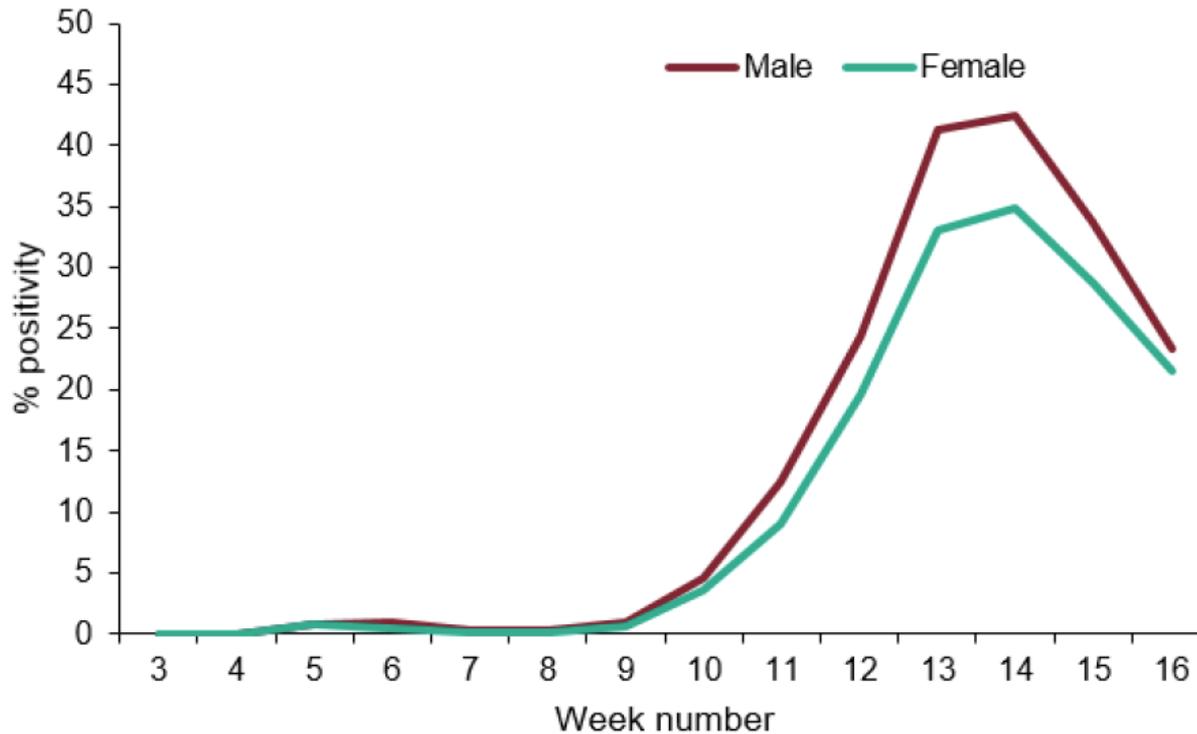
The majority of testing to date has been offered to those in hospital with a medical need as well as NHS key workers, rather than the general population, many with mild symptoms.

COVID-19 POSITIVITY BY GENDER



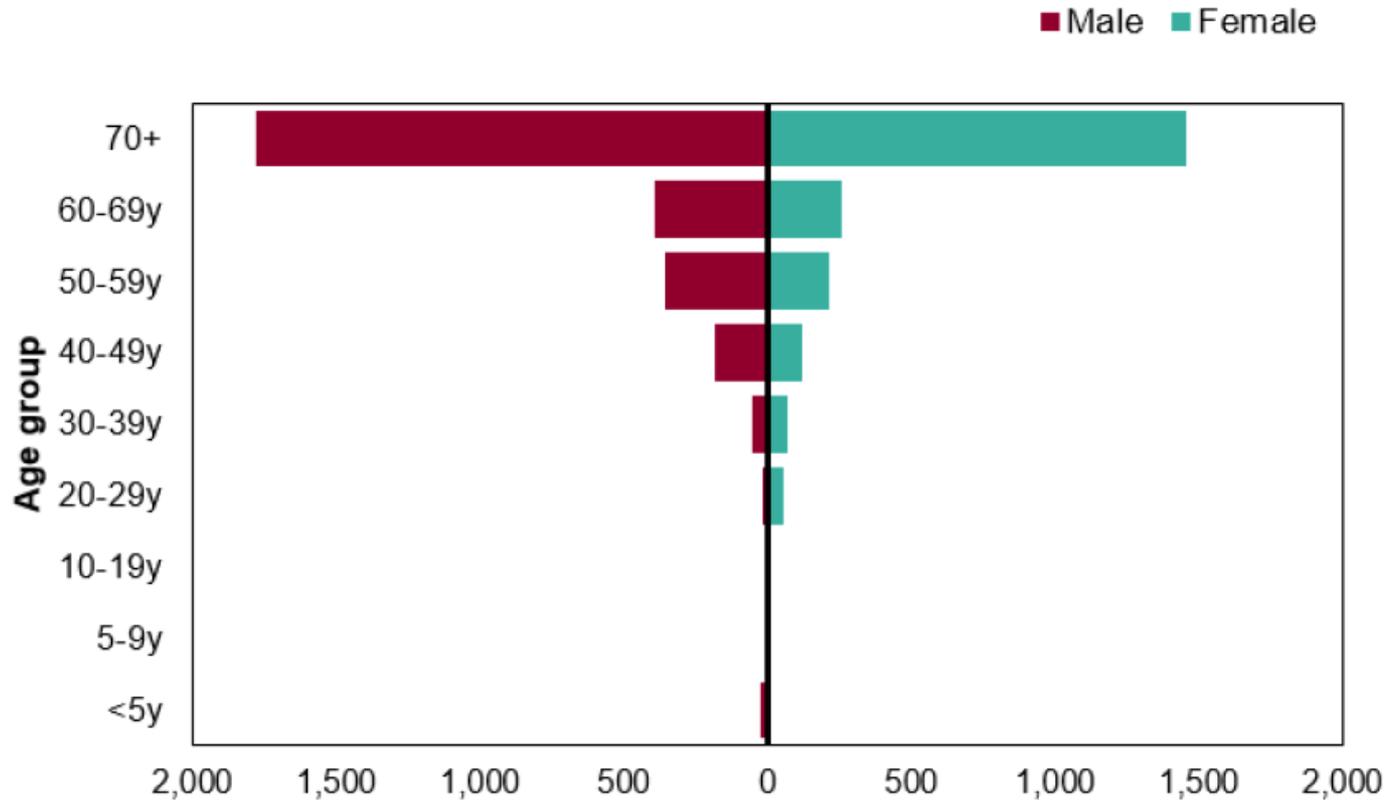
Source: PHE, Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Positivity (%) (weekly) by gender, England (RCGP) – amongst people with ILI (Influenza-like illness) or LRTI (lower respiratory tract infection)

COVID-19 POSITIVITY BY GENDER



Source: PHE, Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report
Positivity (%) (weekly) by gender, England (Datamart) – all PHE laboratories

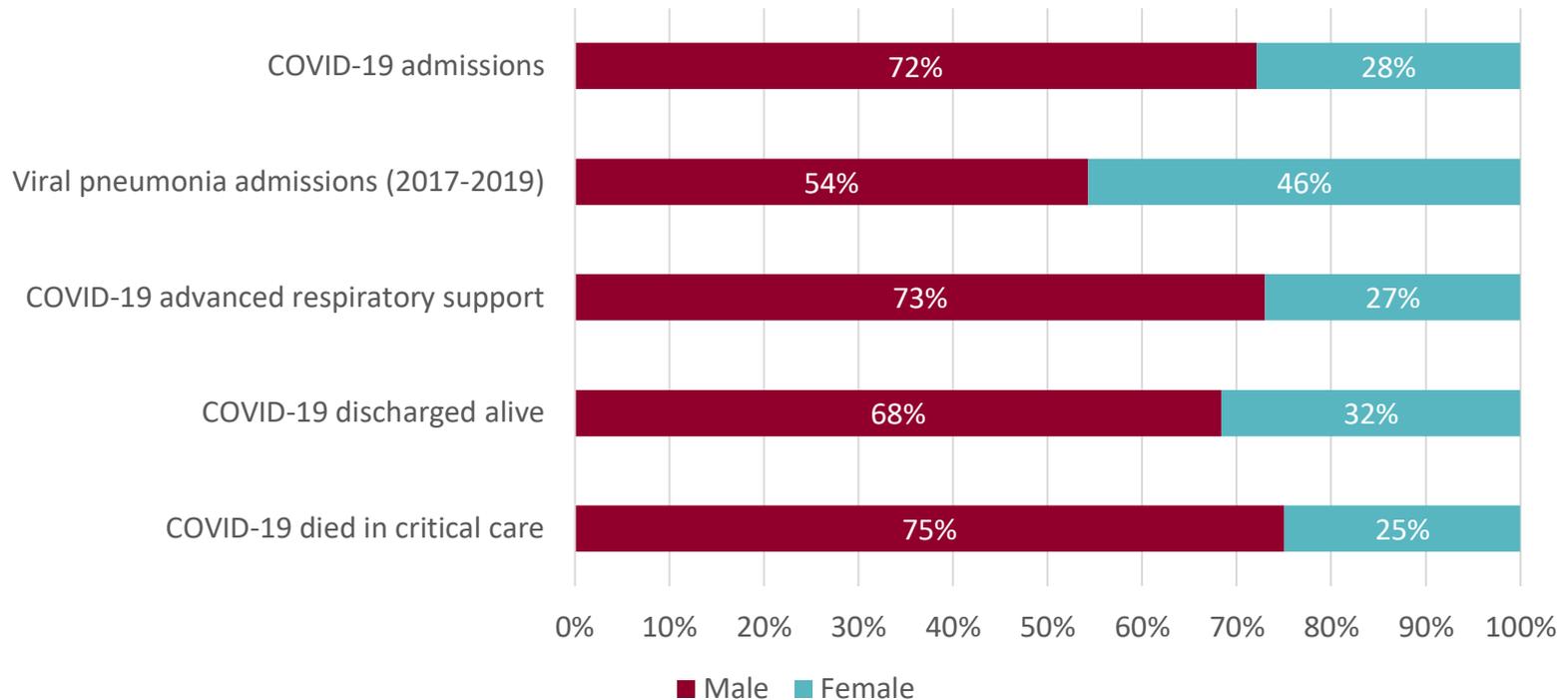
COVID-19 HOSPITAL ADMISSIONS (LOWER LEVEL OF CARE)



Source: PHE, Weekly Coronavirus Disease 2019 (COVID-19) Surveillance Report

COVID-19 DEATHS (CRITICAL CARE)

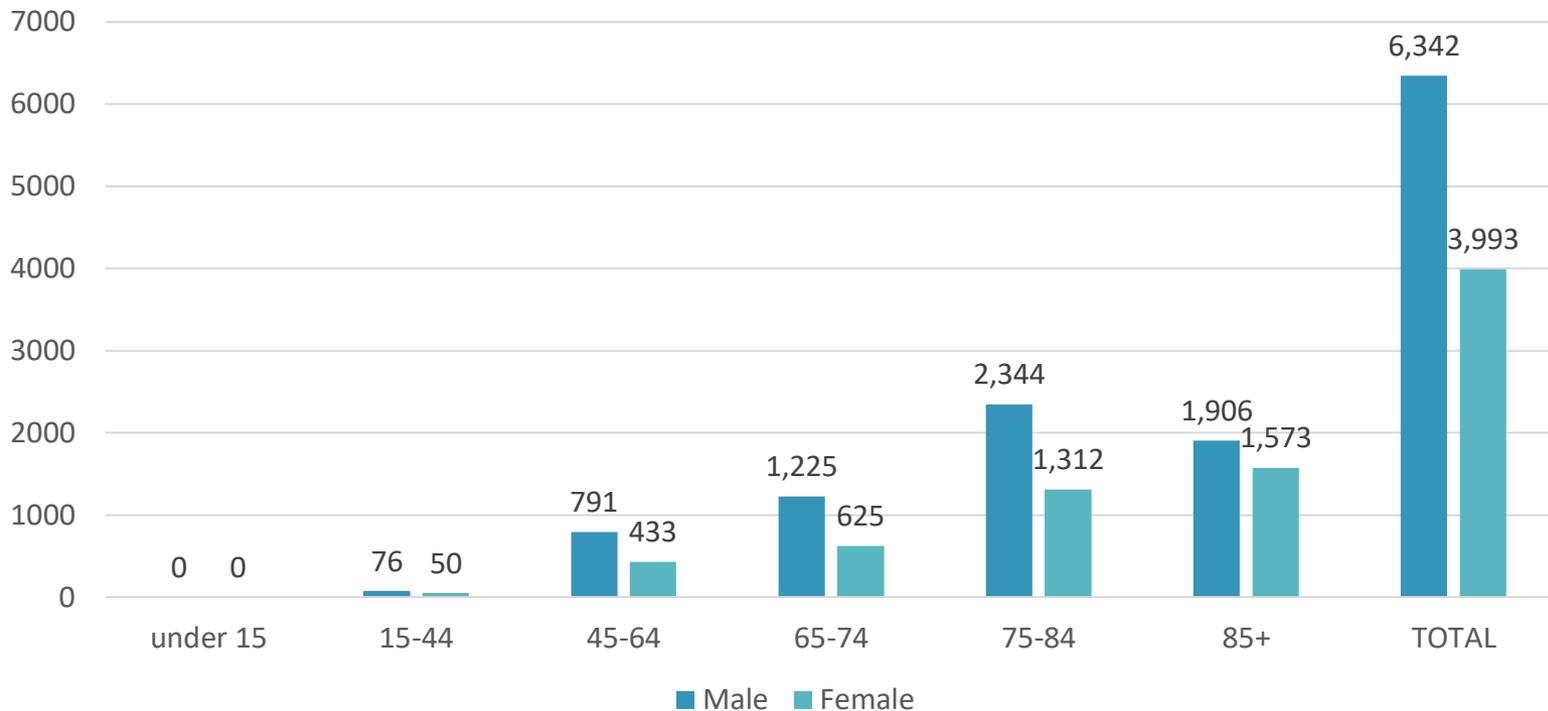
ICNARC report on COVID-19 in critical care – April 17



COVID-19 DEATHS (ENGLAND & WALES)

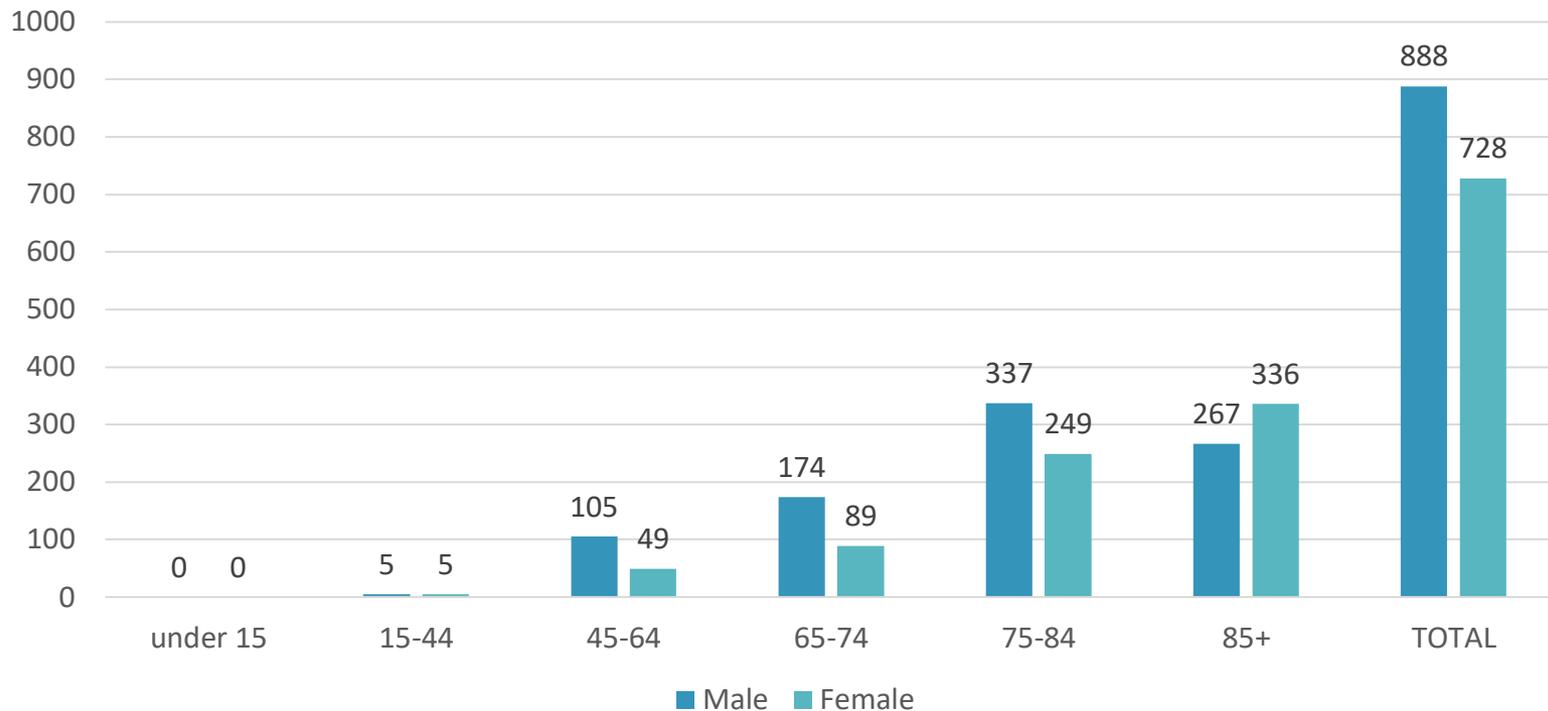


ONS – COVID-19 Mortality – until 21 April 2020



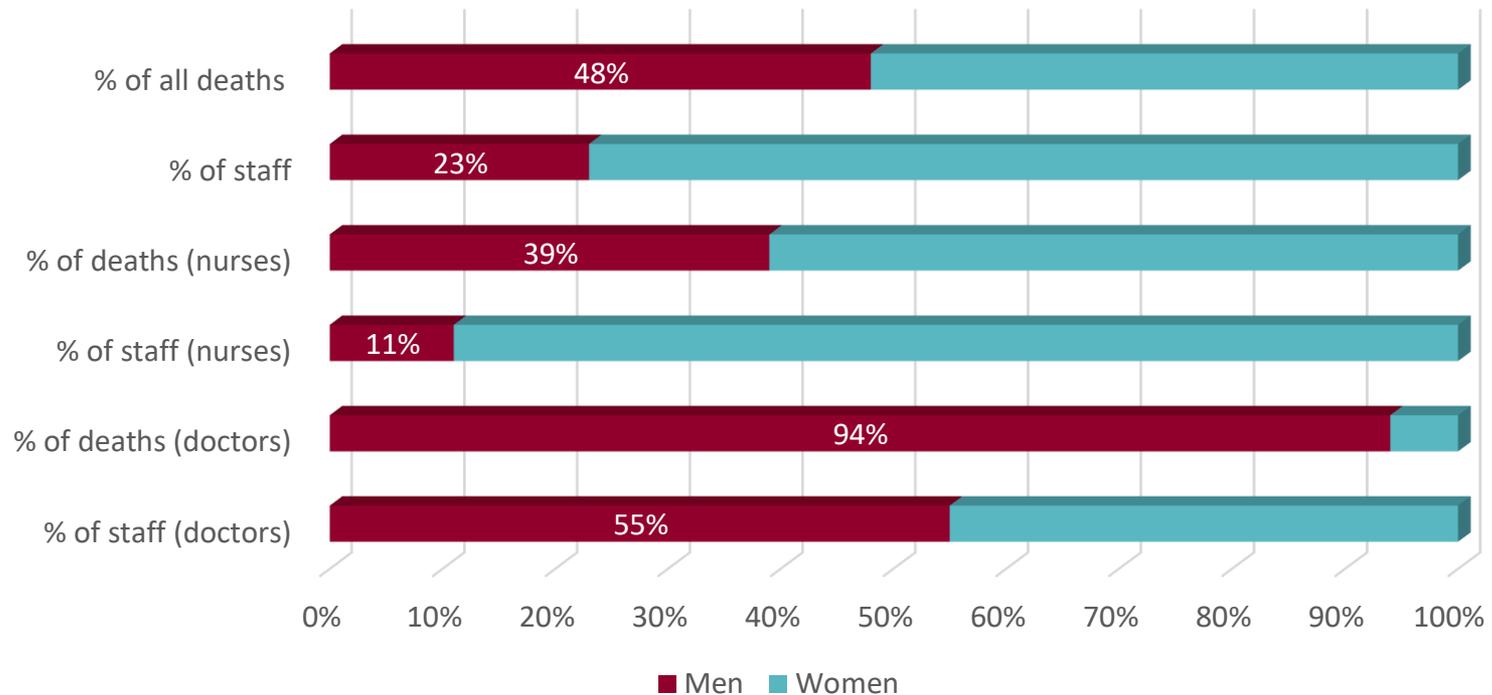
COVID-19 DEATHS (SCOTLAND)

NRS – COVID-19 Mortality – until 22 April 2020



COVID-19 DEATHS (NHS STAFF)

Gender split of NHS staff deaths



Source: HSJ, NHS Employers, NHS Digital (04/2020)

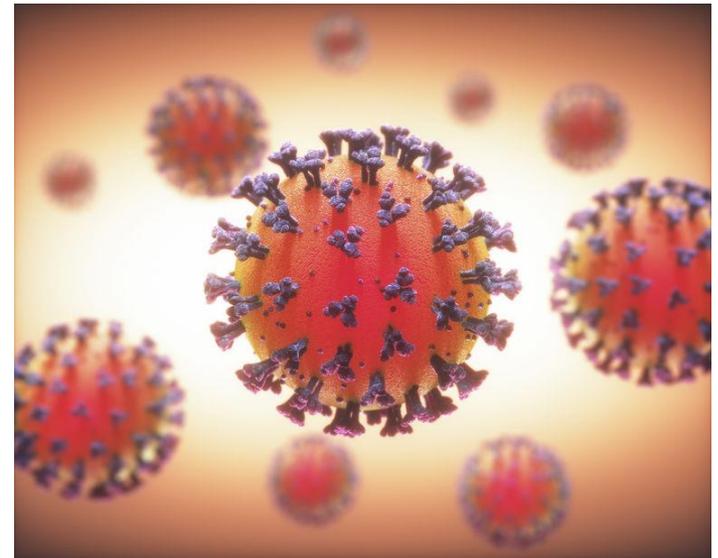
WHY ARE MEN MORE VULNERABLE TO COVID-19

Professor Alan White
Patron of the Men's Health Forum



WHAT WE KNOW

- Similar incidence and prevalence to women
- Men are faster at developing serious illness
- Men recover slower from the virus – possible viral reservoir
- Men have a higher death rate



KTSdesign@123rf.com

COMMON SYMPTOMS

- Fever
- Cough
- Shortness of breath
- Muscle pain
- Tiredness
- Loss of taste / smell
- Diarrhoea

~80% mild case
~14% severe case
~5% critical
~98% survival

SEVERE DISEASE

- Bigger dosage of the virus
- Older age – over 65 years
- Obesity
- Cardiovascular problems - hypertension, heart failure
- Respiratory disease - COPD
- Diabetes
- Chronic renal disease / liver disease
- Immunocompromised
- Smokers

POSSIBLE BIOLOGICAL EXPLANATIONS

- **Angiotensin-converting enzyme 2 (ACE2)** – more highly expressed in men & patients with obesity, CVD, diabetes and smokers
- **Age** – Over 65's more vulnerable but men have higher rates of severe disease at earlier ages
- **Obesity** – linked with metabolic syndrome, epithelial dysfunction & ACE2
- **Co-morbidity** – men have higher rates of CVD, renal disease, diabetes, respiratory illness
- **Women have stronger immune response** – oestrogen, TLR7 gene
- **Testosterone** – immuno-suppressive

BEHAVIOURAL FACTORS?

- Smoking
- Alcohol
- Handwashing
- Denial of risk
- Health literacy
- Delayed help seeking
- Working practices
- Cultural practices – religion, sport, pubs

INTERSECTIONAL FACTORS AND COVID-19

- Ethnicity / Race
- Poverty
- Crowding - commuting
- Migrant / asylum seekers
- Access to health services



WHAT WE DON'T KNOW

- Data disaggregation - sex + (weight, chronic conditions ...)
- Intersectional data - sex/gender + (age, ethnicity, socio-economic status, disability ...)
- Impact on other diseases - STIs, missed diagnoses, delayed treatments
- Impact on mental health
- Impact on testicular function and fertility
- Long-term impact of virus



WHAT ARE THE CONSEQUENCES OF COVID-19 FOR MEN?

Peter Baker

Director, Global Action on Men's Health

WHAT ARE THE CONSEQUENCES OF COVID-19 FOR MEN?

- Urgent need for more sex and gender data re: consequences
- But we can make some informed guesses

THE AUSTRALIAN EXPERIENCE



- Australian Men's Health Forum survey
 - 31 March – 14 April 2020
 - 50 men's health organisations nationwide
- Organisations identified as key issues:
 - Social isolation – mental health
 - Money issues – stress/anxiety
 - Family relationships – domestic violence
 - Older men - anxiety

MENTAL HEALTH

- During 2008-10 recession, men experienced a significant increase in poor mental health as measured by the general health questionnaire (GHQ). This was not explained by differences in employment status over time.

<http://dx.doi.org/10.1136/bmjopen-2012-001790>

SUICIDE

- Study of impact of 2008-10 recession in England estimated that each 10% increase in the number of unemployed men was significantly associated with a 1.4% increase in male suicides. About two fifths of the increase in suicides among men (increase of 329 suicides, 126 to 532) during the 2008-10 recession can be attributed to rising unemployment.

ALCOHOL

- YouGov survey of 4000+ adults on 17 April found:
 - 4% men were drinking much more alcohol
 - 17% men drinking a bit more
 - 40% about the same as normal
 - 7% much less
 - 11% much less

<https://yougov.co.uk/topics/health/survey-results/daily/2020/04/17/1798d/3>

SMOKING

- Risk of increase in smoking rates
 - Stress and anxiety
 - No workplace ban for home workers
 - Motivational alternatives (gym, sport) no longer available
 - Face-to-face smoking cessation support suspended

WORKING LIFE

- Possible long-term shift towards home working for many (reduced commuting, better work/life balance)
- But also increased unemployment and precarious employment as well as fall in real incomes

HOME LIFE

- More involved parenting for many men
- More involvement in caring and housework
- Changing relationships – pros and cons
- Higher rates of domestic violence
- Greater levels of community involvement through volunteering

HEALTH HELP-SEEKING

- There is a rise in non-COVID deaths
- Concerns that men may not seek help for non-COVID conditions

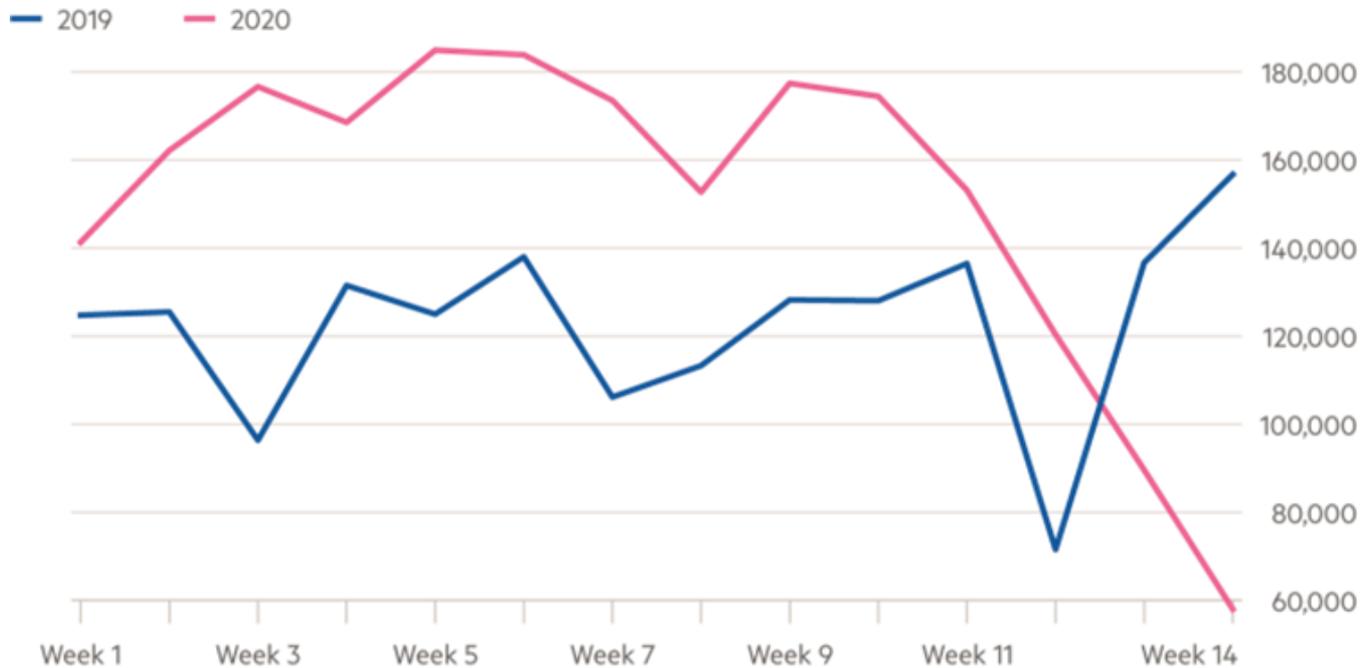
Emergency department attendance has declined dramatically
Year-on-year % change



Sources: NHS England; FT analysis
© FT

DECLINE IN EMERGENCY ADMISSIONS

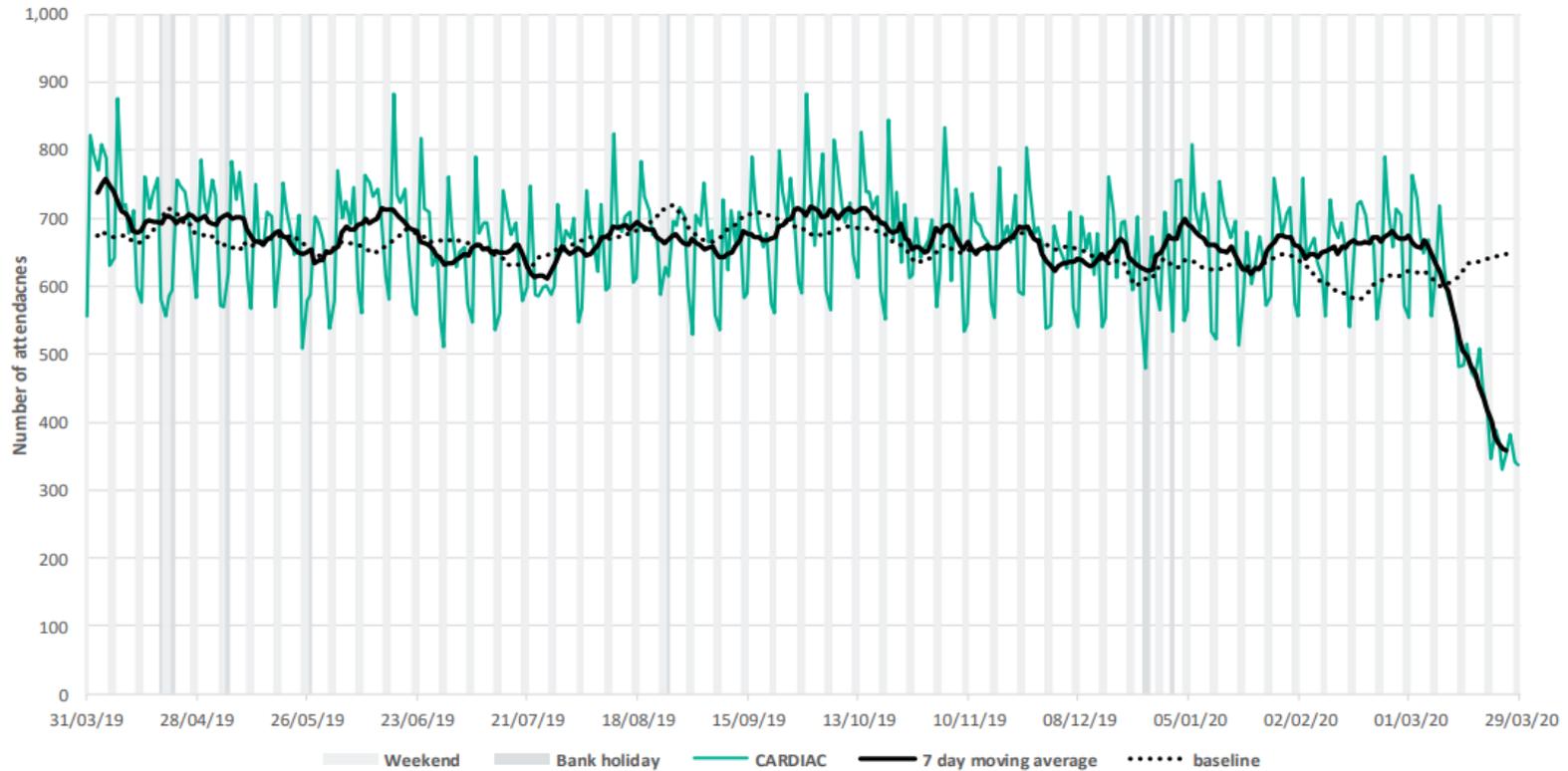
Weekly emergency attendances



Source: Public Health England
© FT



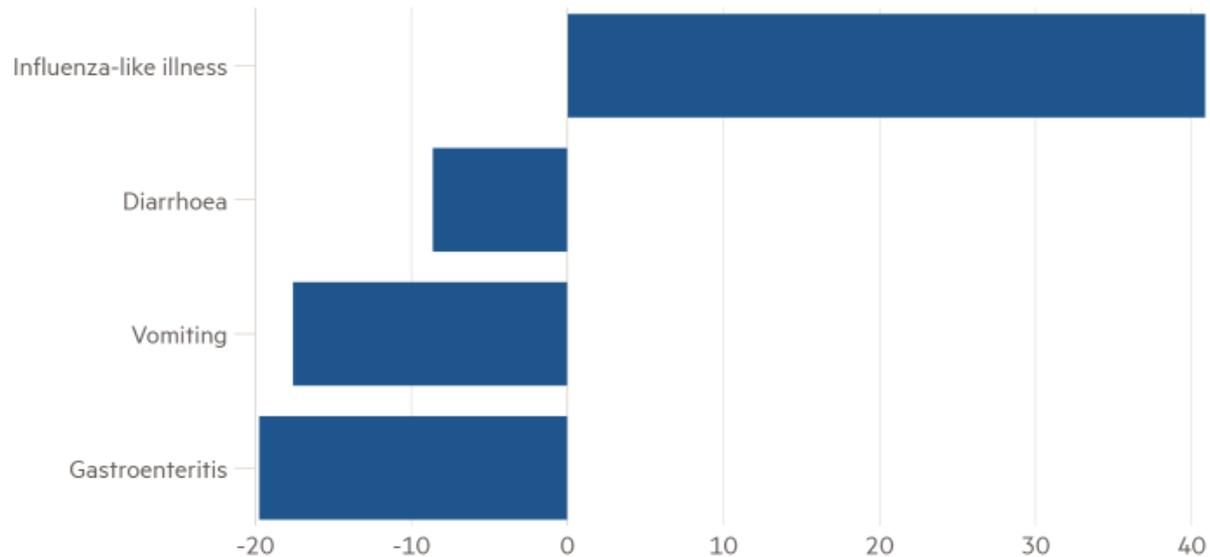
DECLINE IN CARDIAC ADMISSIONS



Source: PHE / Emergency Department Syndromic Surveillance

DOCTORS ARE SEEING FEWER PATIENTS

% change in GP in-hours consultations - week 10 to 14 of 2020 compared with average of week 10 to 14 attendances in 2015-19



Sources: Public Health England, FT analysis
© FT

BUT SHIFT TO DIGITAL ACCESS MAY HELP MEN

- Long-term shift to digital access to primary care might be helpful for some men
 - MHF's MAN MOT project showed most access from younger men and men in areas of deprivation



WHAT WE'RE DOING - ONLINE?

Jim Pollard

Creative Director & Editor, Men's Health Forum



KEY PRIORITIES

- **Supporting men**
 - COVID-19 FAQs – health & staying at home
 - Video
- **Supporting change**
 - Latest research
 - Update on campaigning
 - Ad agency creative competition
- **Supporting the Men's Health sector**
 - Charity sector survey

COVID-19 PRIORITY ASKS

Martin Tod

Chief Executive, Men's Health Forum

COVID-19 PRIORITY 'ASKS'

- Collect data, analysing and publicly **reporting** by inequality group (including sex and age)
- Include within the **research** programme the question as to why men are more susceptible to COVID-19 and dying at higher rates – and what actions this requires
- Understand how different groups are responding to public health interventions and identify **segmented messaging and interventions**
- Make sure work on the **mental health impacts** of social isolation and other impacts of the interventions to control COVID-19 also reflect inequalities, including issues already more salient in men such as risky levels of alcohol consumption and suicide.

Q&A



HOW CAN WE HELP YOU?



NEXT STEPS

- **Build a community of interest**
 - WhatsApp
 - Google Group
 - Future webinars
- **More health information for men**
 - Man Manual
 - Male-targeted advertising
- **Latest research for professionals**
- **Stronger gender focus from health system**
 - Campaigning for change

SUPPORT US

(AND OTHER MEN'S HEALTH CHARITIES)



www.menshealthforum.org.uk/twopointsixchallenge

NAMES & CONTACTS

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