

Racks of make-up and no spanners

An action research project into men's use of pharmacy to improve their health

Executive Summary

Dr Gillian Granville





The Men's Health Forum (MHF) is a charity whose mission is to be an independent and authoritative advocate for male health and to tackle the inequalities affecting the health and wellbeing of boys and men in England and Wales.

In March 2007 the MHF received funding from the Department of Health, the National Pharmacy Association and Pfizer to carry out a 15-month action research project into men's use of community pharmacy services to improve their health and wellbeing. The Royal Pharmaceutical Society of Great Britain funded the production of an information booklet on Men and Pharmacy which was aimed at male consumers.

The project's aim was to add to the knowledge base of 'what works' and 'why' in order to encourage men to make better use of community pharmacies and to identify the potential barriers.

A workplace intervention was used to test the effectiveness of this setting for engaging with men about their health. The project also contributed to our understanding of why men do not make use of mainstream health services generally for improving their health and wellbeing and what needs to happen to enable them to do so.

Project outcomes

- ▶ A review of the current literature and policy context on issues concerning men's health, workplace health and pharmacy services.
- ▶ Primary evidence on the topic from focus group research with men and pharmacists.
- ▶ Learning from a four-week feasibility study carried out in partnership with a large employer to encourage men to use pharmacy services.
- ▶ Practical knowledge to drive forward policy implementation in NHS pharmacy (including education and training), workplace health and gender inequalities in health.

Project outputs

- ▶ July to November 2007 – Policy and literature review.
- ▶ November 2007 to March 2008 – Two reports from the focus group activity with men and with pharmacists and their teams, using a thematic analysis. (The sample size was 15 men and 17 pharmacists).
- ▶ May to July 2008 – Description and evaluation of a four-week work based feasibility study in mid-Yorkshire. (70 men took part in focus group discussions).
- ▶ Twenty recommendations for policy makers, researchers and practitioners in the fields of pharmacy, workplace health and public health.

These four outputs have been brought together in the final report.

A full report on the project has published separately and is available at www.menshealthforum.org.uk

Project approach

The approach the project adopted was a combination of generating primary evidence through focus group work, testing a hypothesis by carrying out a feasibility study in the workplace of a large employer, and reviewing what we knew already from the literature and examples of practice. The evidence from the literature and focus groups was used to inform the design of the feasibility study.

The project was committed to working with a subset of men, in this case manual workers, in an area with a significantly worse male life expectancy than the English average, and from mixed ethnic backgrounds. This was in order to understand more clearly the effects of gender on these other strands of health inequalities, and to identify any particular differences in these groups' approach to health improvement.

The project was committed to being inclusive, involving a range of partners and stakeholders from the outset, in order to generate interest in any learning that emerged. The MHF website (www.menshealthforum.org.uk) was used as a key dissemination route for early findings and outputs from the project. An advisory group was convened involving partners from pharmacy, public health and employers; this met three times during the project.



Key insights from the research

- ▶ Men thought the public nature of the pharmacy space was suited to the way that women communicate, whereas men are more private and reluctant to share concerns with others about their health. Most of the men had seen the private consulting rooms but were unaware of their function, as they did not fit with men's expectations of the public nature of pharmacy interactions.
- ▶ There was a consensus that if men were seeking health advice they would prefer to go to a doctor. This was partly attributable to a lack of knowledge of the pharmacist and the team's role and training.
- ▶ Men need a legitimate reason to go and ask for advice on preventative health care issues (from either pharmacists or doctors), and would welcome an invitation/ appointment so they would not feel that they were wasting a health professional's time.
- ▶ Pharmacists and their teams feel able to build up trusting relationships with their male customers. Men purchasing products can offer an ideal opportunity to engage them in wider discussions about their health.
- ▶ Pharmacists could benefit by understanding more closely the barriers that prevent men using their services. Pharmacists could be encouraged to have a wider role by going out to "where men are", such as workplaces, community venues and educational establishments. This would require them to work in non-traditional ways and outside existing structures.
- ▶ The pharmacist and the pharmacy team need to be involved in promoting workplace initiatives, and in some instances could deliver health information and advice in the workplace. This would enable trust to be built up between the pharmacist and the male employees, the breaking down of barriers and a greater understanding of their role. This in turn may lead to a greater use of the pharmacy outside the workplace.
- ▶ Methods of communication through the workplace need to consider the boundaries between the private sphere of home, which is separated from the workplace, and the public communal environment of the workplace, and the impact this may have on engaging men through work.
- ▶ A study of this nature would benefit from a longitudinal approach that followed up the study sample at regular intervals. A longer term study would allow such questions as "Was the booklet used on a future occasion?", "What triggers its usage?", "Was there a greater understanding of the pharmacist's role?" to be answered.



Project recommendations

The recommendations are based on evidence from the literature review and a description of the policy agenda, the focus group findings with men and with pharmacists, as well as learning from the four-week feasibility study. The 20 recommendations are grouped under three areas:

- ▶ Informing gender inequalities in health
- ▶ Informing 'Workplace Health' policy and practice
- ▶ Informing pharmacy

Each section includes recommendations for policy implementation, practice development and further research.

Informing gender inequalities in health

- 1 This report should contribute to the Department of Health's Health Inequalities Progress Review (DH2008b). This project emphasises the need to design gender sensitive services so both men and women receive appropriate access to health improvement initiatives.
- 2 Lord Darzi's final report on the NHS Next Stage Review (DH 2008a) stresses the new focus of the NHS on promoting good health and preventing ill health, including services for people at work. It places a greater responsibility on local commissioners to **commission for improved health outcomes**. The findings in this report show that if this is to be achieved for all, the NHS will need to engage a wider group of providers such as community pharmacists, and ensure that adequate funding is made available.

- 3 The findings of this report demonstrate the potential of pharmacy to **support healthy living and better care**, although more work is required to put the necessary mechanisms in place. The health trainer programme, life checks and the proposed new vascular checks are all means of supporting behavioural change and would all be suitable for delivery in pharmacy, although this requires a gender-sensitive approach to both delivery and outcomes.
- 4 **Commissioners of health improvement services** and those charged with **delivering improved health inequality** outcomes through Local Area Agreements will find this report useful in informing possibilities for programmes with employers, initiatives in the workplace setting and services with community pharmacists and in pharmacies.
- 5 There is also a need to understand further how **to communicate** effectively with men that takes account of the diversity of and **differences between** men. An evaluation of the current approach used by the Men's Health Forum in their Mini Manual publications would provide valuable insights into this important issue.



Informing 'Workplace Health' policy and practice

- 6 Workplace health improvement initiatives need to be part of an **ongoing programme** in order to build trust and understand the motivation of male employees. Measurements, which demonstrate the behavioural change of employees over time, are required and longitudinal research, rather than short-term projects, are necessary to understand better 'what works'.
- 7 Workplace interventions that are intended to improve the health and wellbeing of male employees through supporting them to use health services located **outside** the workplace may benefit from an improved understanding of the motivations of employees and front-line managers to participate. Interventions are likely to be more effective if they are **designed** in partnership with the beneficiaries, as they may then more closely reflect their needs.
- 8 The Men and Pharmacy project demonstrated the need to be more mindful of the **distinction between work and home**, and for employers to be aware of encroaching into the home lives of male employees. This project, whilst workplace-based, sought to encourage employees to use their own time to adopt healthier lifestyles, thus blurring the boundaries between work and home life. However, if health at work is to become a reality, the workplace will be important in building awareness and encouraging engagement with health services.
- 9 Employers, including senior managers, should make the **business case** for improving the health of their employees clear to the **workforce, health professionals and the wider public**, and these should be used as drivers of performance within the business. The Corporate Citizen agenda is an ideal vehicle for conveying these messages.

- 10 The differences between **health and wellbeing improvement and the safety needs of employees** need to be explicitly articulated throughout organisations. Initiatives, such as this study, that seek to improve the health and wellbeing of employees, are different to initiatives that are concerned with improving the safety of employees at work and in the workplace.
- 11 **Occupational health** has a key role to play here through linking with the wider health community, including building relationships with a **range of partners**, such as community pharmacies. In smaller organisations, without access to occupational health services, the proposals in Dame Carol Black's report (Black 2008) for the development of a health and wellbeing consultancy service would be invaluable.

Informing pharmacy

- 12 The findings from this report should be used to inform the work of the Department of Health's **Public Health Leadership** Group and the implementation of the Pharmacy White Paper (DH 2008c).
- 13 In particular it should inform the **Communication Programme** being developed by the Department of Health to highlight the role that pharmacies play in promoting healthy living and better care in their communities, either through the workplace or in the wider community.
- 14 The report supports the view that **undergraduate education** and post-graduate **pharmacy training courses** should cover the issue of communicating with men. This should embrace social marketing principles, which through segmentation acknowledge that men are not a homogenous group; interventions need to be understood in the context of individual lives and aspirations.

- 15 This report offers insights into how pharmacists and their teams can be more effective in **communicating with men** through:
- ▶ Providing male-specific information
 - ▶ Exploring 'hooks' to engage men in improving their health
 - ▶ Training staff in communication skills
 - ▶ Taking pharmacists skills and knowledge out of the pharmacy and to where the public are
- 16 There are already examples of **"peer support"** models which could be further developed in pharmacy, and which take advantage of life transition points, such as fatherhood. These models seek to communicate, engage and support groups in the community, such as men, that do not use health services effectively for a variety of reasons. The models include NHS health trainers and expert patients, and an emerging concept of 'expert parents'.
- 17 The report shows the potential of community pharmacies to be commissioned to carry out the proposed Department of Health **Vascular Checks** (DH 2008d). The plan to introduce a systematic and integrated programme of vascular risk assessment and management, for those aged between 40 and 74, was announced in April 2008. The purpose is to identify an individual's risk of coronary heart disease, stroke, diabetes and kidney disease. The pharmacy white paper (DH 2008c) recognises this role for pharmacy, although there will need to be robust design and monitoring systems set up so all participating pharmacies can offer the core services.

- 18 Pharmacy should be more proactive in developing **partnerships with occupational health services** and linking into existing initiatives. It could become part of a network of services that is used by employers to support their employees to improve their lifestyles.
- 19 Pharmacy owners and store managers need to explore their own responsibilities as an employer in improving the health of their employees, through **Corporate Citizenship** programmes.
- 20 More **robust evaluation and research** is required to understand what interventions are effective in pharmacies to support individual behavioural change and address inequalities in health. Evaluation of complex interventions need to challenge assumptions and answer the questions "what works", "for whom", "in what circumstances" and "why". This is required in order to scale up what works and address inequalities at a population level.

References

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www.malehealth.co.uk

Registered office 32-36 Loman Street, London SE1 0EH.
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For further information please contact:

The Men's Health Forum
32-36 Loman Street
London SE1 0EH
Tel: 020 7922 7908

office@menshealthforum.org.uk