



Haringey Man MOT

"No Frills"

Dr Vanessa Bogle
Men's Health Forum

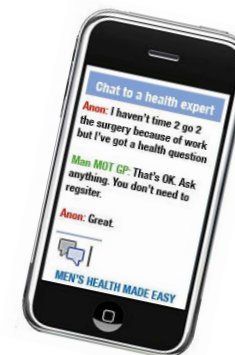
What is Man MOT?

A personalised online health information and support service for men accessible via mobile phone, computer or tablet.

Designed **with** and **for** the men of Haringey.

Features include:-

- Online GP surgery via 'text chat'
- Information on local services
- Signposting
- Lifestyle information
- Emphasis on prevention and early intervention



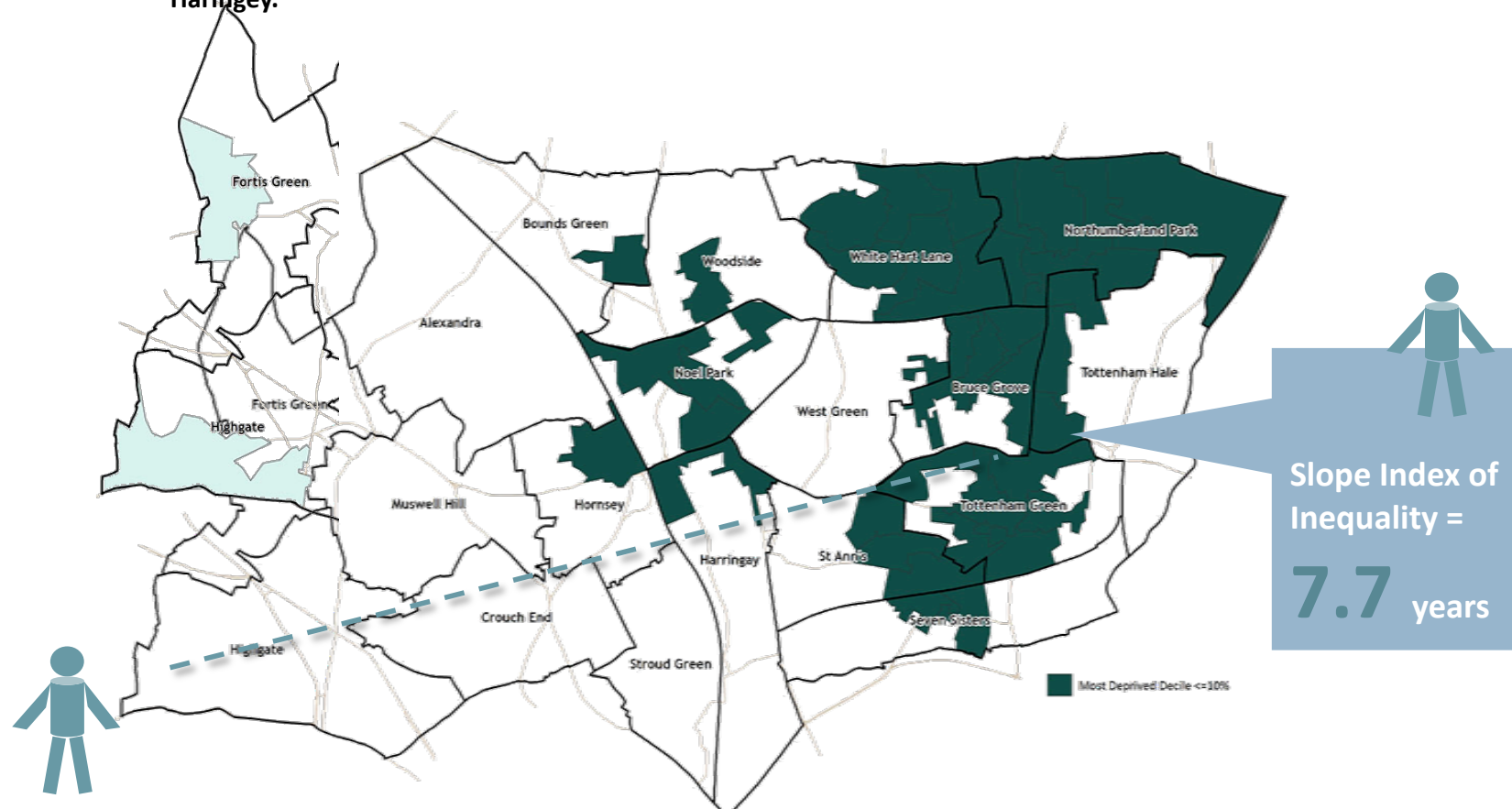
About Haringey

- The 13th most deprived borough in the country.
- 4th most deprived borough in London.
- Total population 254,900.
- Ethnically diverse – 65% from BAME groups.
- One of the most religiously diverse boroughs in the UK.
- Relatively young and transient population.



Haringey - difference in male life expectancy

Map: Index of Multiple Deprivation (IMD) and areas within the 1st and 8th decile. 2010.
Haringey.



Source: Public Health England, PHOF (Accurate as at May 2014). Deprivation from IMD 2010

Men's Health in Haringey

- Greatest contributors to the male life expectancy gap: CVD, cancer, alcohol, lung disease and deaths in men aged 40+.
- Reducing health disparities in CVD and cancer mortality will impact significantly on increasing the life expectancy of those living in the deprived areas.



Study aims

To inform the design of Man MOT.

- To understand how men engage with local healthcare services and at what point.
- To explore their experience of using local healthcare services.
- To understand how men use technology and how they use it for health.
- To generate ideas to inform the development of Haringey Man MOT.



Methodology

Participants

- 57 men aged 18-77, 39% aged 18-30.
- Majority resided in deprived areas.
- Majority were from BAME groups (Black African/African Caribbean, Asian and White other, eg. Turkish, Polish, Greek, Russian).



Methodology

Procedures

- Semi-structured interviews and focus groups (6 interviews and 7 focus groups).
- Duration approx 40-70 mins

Analysis

- Thematic Analysis (Braun & Clarke, 2006).



Findings

6 super-ordinate themes identified:-

- 'Being healthy'
- 'Delayed help-seeking'
- 'Perception of services'
- 'Practices of masculinity'
- 'Online behaviour'
- 'Man MOT design'



'Being Healthy'

Defined in a number of ways with many accounts encompassing both physical and mental dimensions.

"Being healthy physically could affect how you think, but not talking about inner peace and monks and that...." (Student)

"I used to go to the gym 3 or 4 times per week and I know that when you have done that and you have had your shower, that you walk out and you feel 10 feet tall. You feel fantastic". (African Caribbean - James)



'Being Healthy'

Good mental health was considered vital for health.

"A lot of men do suffer from depression.....I've walked into a mental place" (African Caribbean - James)

"In the Asian community there are a lot of liabilities, family liabilities that affect mental stress" (Asian)

Some defined 'being healthy' one dimensionally.

"When you go to the doctors they will say 'can you walk up 2 flights of stairs?'. I suppose, if I can....then I guess I am healthy (African Caribbean - Richard)

"You don't catch me at McDonalds" (African Caribbean Student)



'Being Healthy'

Associations were made between body image, appearance and health.

"It is really important in the 21st century....I think it is an aspect of being healthy.....I think everybody should look good...be on par" (Student)

A healthy appearance was viewed to have multiple benefits.

"If you go for a job interviewthey will probably pick the fit and healthy one' (Student)

"That [losing weight] will help out in the future, maybe you get a girlfriend, get a better job..." (Student)



'Delayed help-seeking'

General reluctance to seek medical help and tendency to ignore signs of ill-health.

"That's what they say in football terms, just 'walk it off'....I was having cramp in the chest and I walked it off" (African Caribbean - James)

"...men just don't go to the GP because they think it is going to pass..... they think well, I don't want to be thought of as a wimp, you know"
(White British - Tom)



'Delayed help-seeking'

Stage of seeking help

Presenting with health concerns other than those deemed to be of a serious nature were largely avoided.

"In the past it would be, you know, when the 'Grim Reaper' is knocking at the door [laughs]" (African Caribbean - James)

"....deep wound that needs sewing up" or "a lump" (Student)

One man admitted to avoiding seeking help despite currently 'shitting blood'.



'Delayed help-seeking'

Shame and embarrassment

This often led to late presentation, especially if related to genital or bowel problems

"One time I never done it. They sent you a letter about checking yourself. It's a silly thing....." (Asian)

"I knew my prostate was swollen....it was probably a month before I even sort of tried to get help....it is quite an embarrassing test, you know. That did, actually, sort of delay me" (White British - Tom)



'Delayed help-seeking'

Risk Perception

Shared opinion about men's tendencies to minimise their risk of illness.

"In the group they say I'm okay, I'm okay, the next day he's sick" (Asian).

"As men we do ourselves an injustice and that is why we end up in a box, because we don't pay attention to the signs that your body is telling you" (African Caribbean - Max)



'Delayed help-seeking'

Self-medication

Most reported having self-medicated to treat minor ailments.

"I will just be like, if I am sick, can't eat anything, if I have got backache I will use a heat rub or something like that....I am not going to think about going to the GP and waiting for, like, 4 or 5 weeks for an appointment" (Student)

"If I am not well I tend not to go to the doctors, I just try to find some way to deal with it....I will give everything a try first.... because you just can't get an appointment...." (White British male)



'Perception of services'

Based largely on the ease at which men were able to book appointments.

"I think it is a case of a lucky dip sort of situation, or postcode lottery....it shouldn't be like that" (African Caribbean - Richard).

Many felt that GPs were 'overworked' and that it impacted negatively upon patient care.

"Every time you go there [GP surgery] it's bloody packed, packed, packed!" (Asian)

"...like the doctors don't give a damn about you" (Student)



'Perception of services'

Difficulties booking an appointment

Often led to disengagement with health care services.

"Oh, just going through the whole process, just trying to get an appointment is one thing that will stop me from going" (African Caribbean - James).

"All the appointments are gone after that [8am-9am] and after then you are kind of screwed...." (Student)

"They don't consider that some people might have a mobile phone but not have any credits" (African Caribbean - Lloyd)



'Perception of services'

HPs communication style

The quality of the doctor-patient relationship was important.

"...it was like talking to a friend.... she was absolutely incredible"
(White British - Tom)

Many men questioned the quality of their interactions.

"...Right, I will give you this [prescription]. Later!"
(African Caribbean - Max)

"I was trying to make her understand the way I was perceiving her....she would raise her voice...so I just sat...." (African Caribbean – James)



'Perception of services'

Gender and HPs communication style was debated.

"They [male GP] will just be 'oh, that ting broke, buy another one'. You know that I'm saying?....A woman will be, like, 'oh that ting broke, try and fit it. No point buying another one'" (African Caribbean - Student)

"...he [male GP] knows and he will be, like, cool, cool, cool, boom, boom, boom, here is a prescription, I am done in 3 mins, like, 'bang' and in 3 days I am better....I've got things to do!" (Asian Student)



'Perception of services'

Receptionists' communication style

Customer service was viewed to be of a poor standard.

"The receptionist is the most difficult people" (Asian)

"They seem to see themselves as being almost god-like!"
(African Caribbean - James)"

"...just give me an appointment, my job is to see the doctor and I discuss everything with my doctor not with you" (Asian)



'Perception of services'

Credibility of HPs

Some men spoke highly of their HPs medical competence.

"I don't feel the need to question it or get a second opinion, I never have"
(African Caribbean - Max)

Others were skeptical. Some expressed a lack of trust.

"...you can't go to the GP and just say oh, sometimes I feel this way...he isn't going to say he has got a depression" (Student)

"...Every single person, Eastern European, who I know, they do the same"
(Polish student)



'Practices of masculinity'

Men commonly described being reluctant to ask for help.

"I am a man so I avoid going to the doctors" (African Caribbean - Max)

"Society is going to look down, that is what you think.....I am bankrupt. If I told, everybody would look down on me rather than up on me" (Asian)

Some men disassociated themselves from this masculine ideal.

"Our egos, our butchness, our manhood, all those stupid things that men are all about, it is what stops them from going to the doctor...."
(African Caribbean – Richard)



'Practices of masculinity'

Gender differences

Some men expressed the notion of separate spheres for men and women regarding health.

"If I am feeling pain here, I know I can control it...But women, they will be like anything that hit them, they will be, like, ow, ouch. Know what I am saying? They can hit here and be, like, ouch. Why you be 'ouching'?
(African Caribbean Student)

"They [women] are attention seekers." (Asian)

"They go to the GP for any reason" (Student)



'Practices of ,masculinity'

Masculine identity and Stoicism

Men discussed their coping style; tendency to restrict emotionality.

"....it [society] has taught men that we shouldn't talk about our emotions...or we shouldn't cry...blah, blah, blah (African Caribbean - Delroy)

"Man up!" (Black African)

"They don't express a lot of things you know....mental health problems, they want to keep it with them" (Asian)



'Online behaviour'

The internet for health

The majority used IT to acquire health information and stated that it was their 'first port of call' when ill.

"....if it says I should do something about it, then probably phone the doctors to get an appointment (White British - Dave)

"Straight away I go onto the internet and I put the name of the medicine and I see what the side effects are" (Asian)

"....first thing I do, on the way home, I look on my phone, what are the side effects, what does it cover up.... (Student)



'Online behaviour'

Website and information credibility

The reliability of online sources was a concern.

"...certainly biggies like Diabetes UK, etc. though as much as I say that, I still do not take that as 100%...." (African Caribbean – James)

"...NHS, Boots...those ones don't scaremonger. When I first had Hep C I looked at a lot of American sites and thought, well, that is it, my life is over" (White British – Tom)

"Google is scary, it is not an official doctor" (Asian Student)



'Man MOT design'

Men gave ideas about the design and marketing of Man MOT.

"...Jack of all trades, master of none....My GP, bless her heart, lovely lady, knows bugger all about diabetes! (African Caribbean – James)

Local case studies, from 'next door' as an essential feature.

"An ordinary person.....Hey Man, this is what happened to me"
(African Caribbean - Max)

"...If they are local, even better.....how they discovered it....including ignorance... trying to sweep it under the carpet..." (African Caribbean – James)



'Man MOT design'

Consensus was for the design to be simple, reflect diversity, be confidential, discreet and anonymous.

"No frills....there's no need for any frills"

"Do not sugar it up"

"Not pink or bright colours...you wouldn't want it to look feminine"

"Some people relate better to their own culture"

"It has got to be anonymous"

"I don't want to show any cousin or my friend that I have this problem"



'Man MOT design'

Marketing Man MOT

Traditional marketing approaches preferred. Women seen as 'gatekeepers' for men's health.

"You give them [women] leaflets to give to their partner....because women have a way of talking to men, making us feel as if we're the ones who suggest things" (African Caribbean – Delroy)

Word-of-mouth and male volunteers considered important.

"When they actually see another man who is bold enough to stand there and actually say, well look, this happened to me" (African Caribbean – James)



Conclusion

- Man MOT viewed positively.
- Masculine ideals appeared to influence men's health-seeking behaviours – not all subscribe.
- Men **are** interested in their health, but often avoid engaging due to practical difficulties, eg. getting an appointment.
- Communication style used by HPs and the welcome by receptionists contributed to overall service satisfaction.



Future Directions

- Explore the impact of communication styles on doctor-patient interactions.
- Training in men's health issues and communication skills, often reported as least satisfactory aspect of health consultations.
- Explore who and why men depart from masculine ideals.

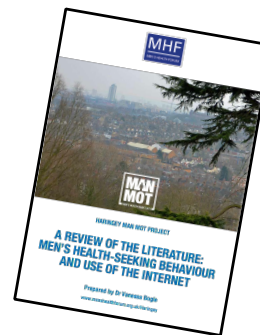
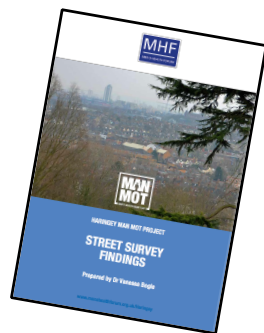


Man MOT Reports

The following reports can be found at:-

<http://www.menshealthforum.org.uk/Haringey>

- Haringey Men's Health Intelligence Report 2013.
- Men's Health-seeking behaviour and use of the internet: A literature review.
- Haringey Man MOT Street Survey Findings.





Haringey Man MOT Team

Jim Pollard

Project Manager

jim.pollard@menshealthforum.org.uk

Dr Vanessa Bogle

vanessa.bogle@menshealthforum.org.uk





