



# ONE MILLION MORE MEN: THE MEN'S HEALTH FORUM PHYSICAL ACTIVITY AND SPORT CHALLENGE

## A POLICY STATEMENT FOR NATIONAL MEN'S HEALTH WEEK 2010

### ***KEY ISSUES***

- The Men's Health Forum is challenging government, the NHS, local government, sports organisations, charities and others to work together to help one million more middle-aged men in England achieve the Chief Medical Officer's minimum recommended levels by 2012.
- Too many men are inactive with serious effects on their health, the NHS and the wider economy.
- Men must not be overlooked in policy and practice on physical activity; physical inactivity in women must be tackled but it is not just a women's health problem.
- There are important differences in men's and women's attitudes to physical activity and the barriers that prevent them becoming more active.
- Social marketing approaches should be used to improve the physical activity 'message' to men.
- The public health workforce requires information and training to enable the engagement of larger numbers of men in physical activity.
- More must be done to realise the potential role of sports venues to deliver health services and campaigns to men.

### ***Background***

- **Sedentary lifestyles are a major public health and economic problem.**  
Inactivity affects more people in England than the combined total of those who smoke, misuse alcohol or are obese. On average, inactivity costs each primary care trust £5 million per year due to health consequences. The estimated annual cost to the English economy as a whole is £8.3 billion.<sup>1</sup>

- **Physical inactivity is directly linked to a wide range of major health problems.** These include obesity, cardiovascular disease, diabetes, and several cancers. The risk of developing coronary heart disease (CHD) alone is comparable to that of smoking.<sup>2</sup>
- **Regular activity has a marked effect on health.** Adult men who are physically active have a 20-30% reduced risk of premature death and up to 50% reduced risk of developing major chronic diseases.<sup>3</sup> Physically active men are more likely to feel better about themselves and to be less at risk of developing depression.
- **Too many men are inactive.** Just 40% meet the Chief Medical Officer's recommendations for physical activity (30 minutes of at least moderate intensity activity on five or more days of the week).<sup>4</sup> This is based on self-reporting and the actual figure is likely to be much lower than this.
- **Activity levels fall sharply with age.** About 50% of men aged 16-34 say they meet the recommendations but the levels decline to 44% for 35-44 year olds, 32% for 55-64 year olds and 9% for men aged 75 or over.<sup>5</sup>
- **Lower income men are less likely to be physically active.** Men in the lowest 20% in terms of household income are much more likely to be inactive than men in the highest 20%.<sup>6</sup> There are also significant ethnic differences: Indian, Pakistani, Bangladeshi and Chinese men are less likely than the general population to meet physical activity recommendations.<sup>7</sup>
- **The role of sports venues.** There is increasing evidence that sports venues (e.g. stadia, leisure centres) can be involved in the delivery of effective health services and campaigns to men.<sup>8</sup>
- **Now is the right time to act.** The 2010 FIFA World Cup and other major forthcoming sporting events in the UK – the Ryder Cup (2010), the London Olympic and Paralympic Games (2012), and the Commonwealth Games (2014) – create an enormous opportunity to engage more men in physical activity.
- **The Men's Health Forum's challenge.** The Government aims to get two million adults more active by 2012.<sup>9</sup> Sport England wants to get one million adults taking part in more sport by 2012/13.<sup>10</sup> MHF is setting a more specific challenge: we want to see government, the NHS, local government, sports organisations, charities and others working together to help one million more middle-aged men in England achieve the Chief Medical Officer's minimum recommended levels by 2012. One million is not a randomly chosen number: it represents the number of men aged 35-64 who will need to change their behaviour if minimum activity levels in this age group are to rise to the level currently achieved by men aged 25-34. This would mean that about 50% of men aged 35-64 would be active at minimum levels by 2012.

## ***Why focus on men?***

- **Men must not be overlooked.** Although their activity levels are generally higher than women's, too many remain too sedentary. Physical inactivity in women must be tackled but it is not just a women's health problem
- **Men develop many serious health problems that could be prevented by activity at a younger age than women.** On average, for example, men develop CHD 10-15 years before women and in all age groups between 15 and 85 the male CHD mortality rate is higher. The widest gap occurs between the ages of 50 and 54, when there are nearly five times as many male deaths as female.<sup>11</sup> Middle-aged men are also more likely to develop diabetes.<sup>12</sup>
- **There are significant age differences in men's and women's participation in physical activity.** Men's levels drop sharply after the age of 35 while women's levels remain fairly steady until late-middle age.<sup>13</sup>
- **There are important gender differences in attitudes to physical activity.** Men are less likely than women to exercise to benefit their health, to lose weight or to improve their physical appearance. Men tend to be more motivated by the fun of exercise, by competition and the opportunity it can provide to spend time with friends. Men are more likely than women to want to improve their performance, physically and also in terms of being more effective at work.<sup>14</sup>
- **There are different barriers for men and women.** While both men and women say that 'not having time' is a significant barrier to physical activity, men are more likely than women to cite health reasons or to say that they stopped or reduced their activity because they 'got too old'. This may reflect the type of exercise that men were involved in (e.g. football) which can be harder to continue as age increases and can also be more likely to result in injuries which limit future participation. Men are less likely than women to be deterred from participation in activity by family responsibilities.

## ***Policy recommendations***

- **Include men in policy and practice.** MHF believes that current and future policy on promoting physical activity and sport would be hugely improved by taking men's specific attitudes, behaviours and needs fully into account. Acknowledging the different needs of men and women in policy and service delivery is also a requirement of equality legislation.
- **Improve the physical activity 'message' to men.** Using a social marketing approach, activity messages should be tailored so that they fit better with men's attitudes and beliefs and address the barriers men experience. Messages should include a focus on maintaining younger men's physical activity levels into middle-age and beyond. Further research is needed to determine the approaches that will work best but it is likely that they will highlight:

- The short-term pleasurable and rewarding benefits of activity rather than the longer-term health benefits.
  - Information on the huge range of possible activities (not just football or the gym).
  - How physical activity can improve health, not damage it (especially relevant to middle-aged men with current health problems).
  - That even the busiest of men can build activity into normal daily life.
- **Create a better informed public health workforce.** Health policymakers and practitioners require information and training to enable them to engage larger numbers of men in physical activity. The issues that should be covered include those highlighted throughout this report. Health professionals also require easily-accessible examples of good practice, as well as guides to implementation, that they can adapt for use in their own work.
  - **Realise the potential role of sports venues.** Men are often poor users of traditional primary care services – including GPs and pharmacy – and may ignore mainstream health awareness campaigns. However, there is increasingly good evidence that taking ‘health’ to ‘where men are’ can result in much higher levels of engagement. There are now examples of effective health interventions with men in sports settings as well as the workplace, pubs and even barbers’ shops. But activity in sports settings remains under-funded, short-lived and not part of national or local health strategies. Therefore:
    - The NHS, local authorities and other commissioners of services need to take more account of the potential role of sports settings to improve men’s health and provide an appropriate level of longer-term funding.
    - On the sports side, action is also needed at government level and within the various sports governing bodies to promote the corporate social responsibility benefits to local sports clubs of providing support for local men’s health initiatives.

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## NOTES

<sup>1</sup> Department of Health (2010), *On the state of public health: Annual report of the Chief Medical Officer 2009*.

<sup>2</sup> National Heart Forum, [www.heartforum.org.uk/AboutCHD\\_RiskFact\\_Phyinact.aspx](http://www.heartforum.org.uk/AboutCHD_RiskFact_Phyinact.aspx) (accessed 24 May 2010).

<sup>3</sup> Sustrans (2009), *Active travel and men’s health: The benefits of physical activity for men throughout the life course*.

<sup>4</sup> The NHS Information Centre, *Health Survey for England 2008: Volume 1. Physical activity and fitness*.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> British Heart Foundation, [www.heartstats.org/datapage.asp?id=988](http://www.heartstats.org/datapage.asp?id=988) (accessed 24 May 2010).

<sup>8</sup> Federation of Stadium Communities and Men’s Health Forum (2009), *A game of two halves: A policy symposium on the role of sport and sports stadia in improving men’s health*.

<sup>9</sup> Department of Health (2009), *Be active, be healthy: a plan for getting the nation moving*.

<sup>10</sup> Sport England (2008), *Sport England Strategy 2008-2011*.

<sup>11</sup> The Men’s Health Forum (2008), *The Gender and Access to Health Services Study*.

<sup>12</sup> Diabetes UK, [www.diabetes.org.uk/About\\_us/News\\_Landing\\_Page/Middle-aged-men-twice-as-likely-to-have-diabetes-as-women](http://www.diabetes.org.uk/About_us/News_Landing_Page/Middle-aged-men-twice-as-likely-to-have-diabetes-as-women) (accessed 24 May 2010).

<sup>13</sup> The NHS Information Centre, op. cit.

<sup>14</sup> The Scottish Government (2006), *Sport, Exercise and Physical Activity: Public Participation, Barriers and Attitudes*; European Commission (2010), *Sport and Physical Activity (Eurobarometer 72.3)*; A.J. Towers et al, ‘Assessing potential barriers to exercise adoption in middle-aged men: over-stressed, under-controlled or just too unwell’, *International Journal of Men’s Health* (Spring, 2005); M.S. Sabinsky, et al, ‘Overweight men’s motivations and perceived barriers towards weight loss’, *European Journal of Clinical Nutrition* (2006).

*MHF will continue to develop its policy on men, physical activity and sport and will publish a further report later in 2010/11.*

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[office@menshealthforum.org.uk](mailto:office@menshealthforum.org.uk).

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