

Rencontres de Santé Publique France 2018 Gender and Health

Dr Ann Marie Connolly. Strategic Adviser – Health Equity

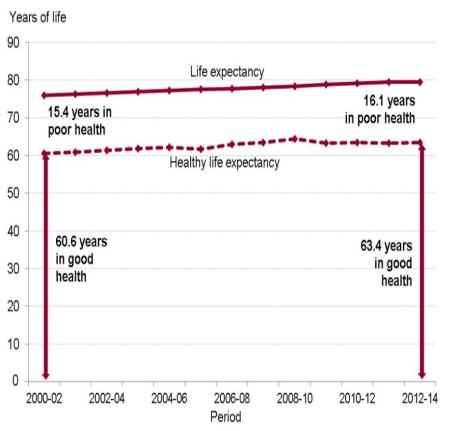


- 1. Basic health data
- 2. Men and NHS Health Checks
- 3. Suicide and gender based action
- 4. Pregnant women and smoking
- 5. Community sector
- 6. Place based approaches

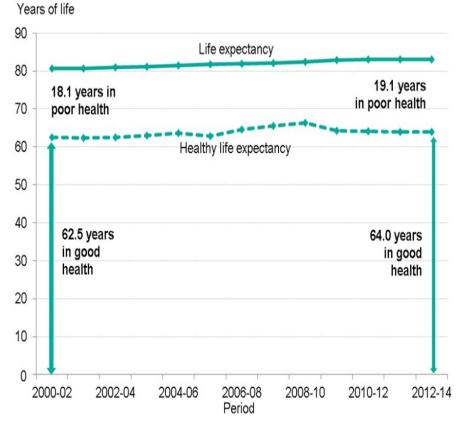


Health Trajectories Men and Women

Male LE and HLE

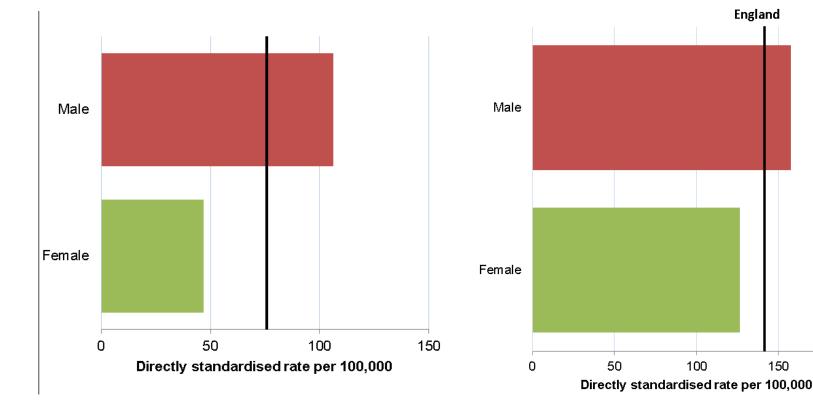


Female LE and HLE





Cardiovascular Mortality < 75yrs 2012-14 England



Cancer Mortality < 75yrs 2012-14 England

100

150

200

England

Public Health England Top 5 leading causes of morbidity by age YLDs/100,00

Top 5 diseases accounting for greatest burden of morbidity MALE								
	1st	2nd	3rd	4th	5th			
15 to 49 years old	Low back and neck pain	Skin diseases	Depressive disorders	Drug use disorders	Migraine			
50 to 69 years old	Low back and neck pain	Sense organ diseases	Diabetes	Falls	Depressive disorders			
70 or older	Sense organ diseases	Low back and neck pain	Falls	Alzheimer disease and other dementias	Diabetes			
All ages (age standardised)	Low back and neck pain	Skin diseases	Sense organ diseases	Depressive disorders	Falls			

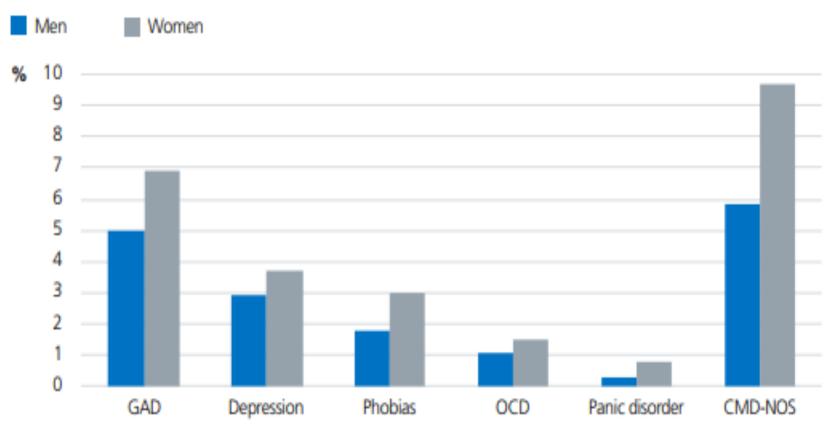
Top 5 diseases accounting for greatest burden of morbidity								
FEMALE								
15 to 49 years old	1st Low back and neck pain	2nd Depressive disorders	3rd Migraine	4th Anxiety disorders	5th Skin diseases			
50 to 69 years old	Low back and neck pain	Other musculoskeletal disorders	Depressive disorders	Diabetes	Sense organ diseases			
70 or older	Low back and neck pain	Sense organ diseases	Falls	Alzheimer disease and other dementias	Diabetes			
All ages (age standardised)	Low back and neck pain	Depressive disorders	Skin diseases	Migraine	Anxiety disorders			



Mental health disorders

Figure 2G: Prevalence of common mental disorders (CMDs), by sex

Base: all adults





Cardiovascular disease prevention – the Health checks story



Healthmatters

The NHS Health Check

A world-leading prevention programme, with almost 1.5 million people having the check every year

Systematically measuring a range of CVD risk factors

Offers everyone having a check the opportunity to understand their personal CVD risk profile and make lifestyle changes Identifying people early – from the age of 40 – enabling timely intervention to reduce exposure time to CVD risk factors











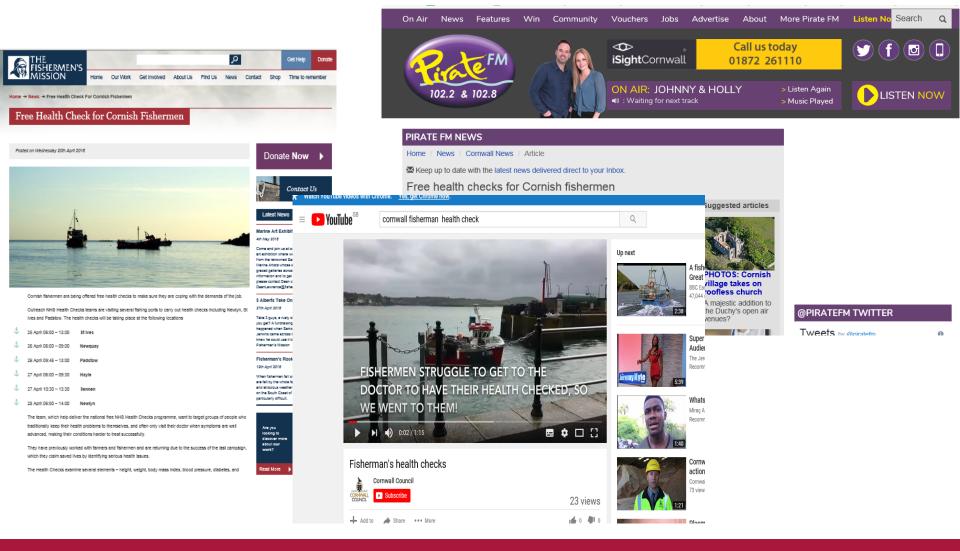
Impact of the NHS Health Check



For every 30 to 40 NHS Health Checks 1 person is diagnosed with hypertension For every 80 – 200 NHS Health Checks 1 person is diagnosed with type 2 diabetes For every 6 to 10 NHS Health Checks 1 person is identified as being at high risk of CVD



Reaching men with health checks Cornwall fisherman project





Protecting and improving the nation's health

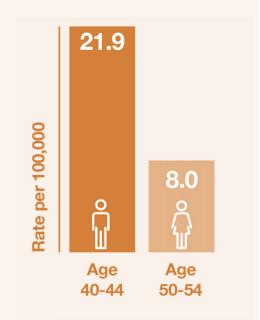
Mental health and gender

There are specific groups of people at higher risk of suicide

Gender: 75% of suicides are by men

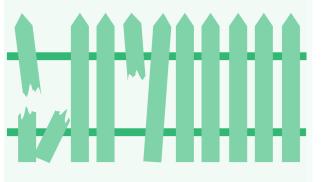


Age: highest rate is 40-44 yr old men



Social-economic

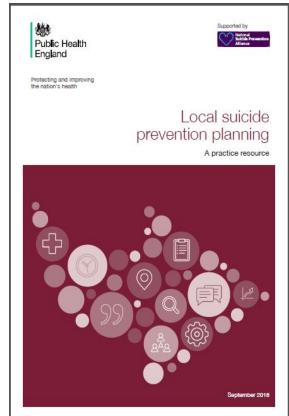
status: people living in the most deprived areas are **ten times** more at risk of suicide than those in the most affluent groups living



PHE Local Suicide Prevention Planning Guidance

Build a partnership approach
Make sense of local and national data
Develop a suicide prevention strategy and action plan

Sent out by Secretary of State for Health to all local authorities requesting that they use this guidance to develop suicide prevention action plans





Initiatives to reach men

- •Peer communicators, e.g. barbers, sports clubs
- •Undertaking outreach work in community and work-based settings rather than formal health based settings

•Providing dedicated non-clinical spaces within which safe conversations can take place, such as 'men's sheds' and 'Place of Calm'

• 'Adopt a block' initiative to reduce loneliness with the fire services





Resources for employers

BUSINESS IN THE COMMUNITY

RESPONSIBLE BUSINESS NETWORK

Crisis management in the event of a suicide: a postvention toolkit for employers

In association with

WW Public Health England

Protecting and improving the nation's health

BUSINESS IN THE COMMUNITY



THE PRINCE'S RESPONSIBLE

Click here to read the toolkit

Supported by

SAMARITAN

BUSINESS NETWORK

In association with

WW Public Health England

Protecting and improving the nation's health

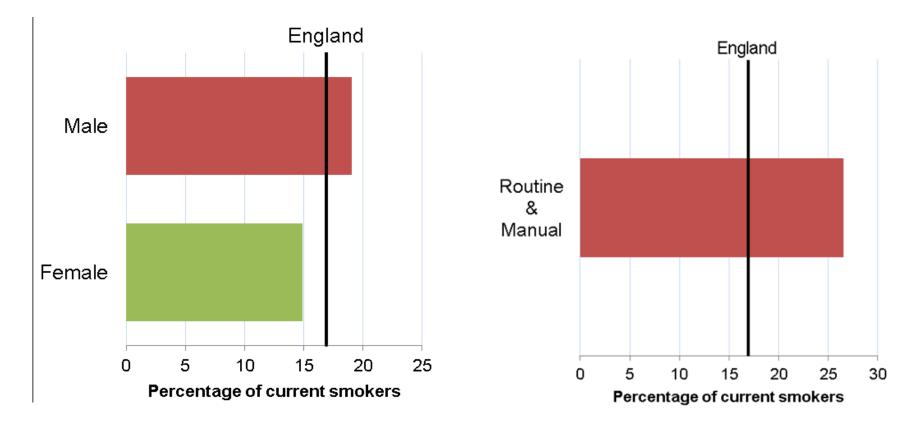


Protecting and improving the nation's health

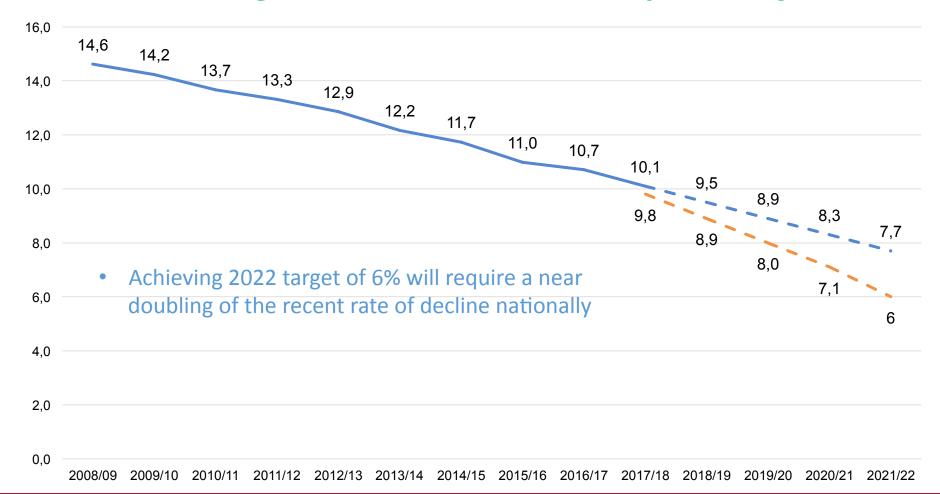
Smoking and pregnant women



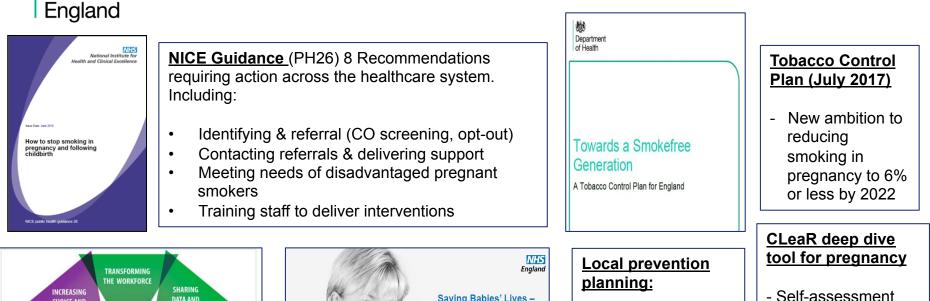
Smoking prevalence rates England 2015



Public Health England Smoking at time of delivery - projection



System-wide action to reduce maternal smoking





Maternity Transformation Programme: Improving Prevention workstream



Stillbirth Care Bundle Element 1: Smoking Cessation

- Sustainability and Transformation Plans
- Prevention at Scale
- Local Maternity Systems

- Self-assessment tool for local systems to assess strengths and areas for improvement in addressing maternal smoking

Engaging with Health Visitors

- Programme to train Health Visitors and Practice Nurses in Very Brief Advice
- Small cohort to be trained as advisors



Working with and through communities and voluntary sector



Working with community sector to improve maternal and child health outcomes

Commissioned Maternity Action to reach out to more excluded women

- To assess experiences of services
- Identify key domains to improve in the re-design of maternity services
- Ensure the services are sensitive to all groups

Mothers' Voices on Health

- Addressing barriers to maternal and child health for low income women and children from diverse ethnic backgrounds [working title]

The Research:

- 10 Focus groups w. women with lived experience in Birmingham, Manchester and London re: 'Factors that affect health positively/negatively'.
- 20 interviews w. VCSE organisations , re: 'The support provided to pregnant women and new mothers'.

Findings:

Broad range of issues, including: housing, access to services, prejudice and discrimination, communication and language.

Recommendations on:

- National policy affecting this group
- Improving local service delivery
- Improving local commissioning

Working with Community Sector to improve men's health



MALE HEALTH FOR PROFESSIONALS @ WORK

US

MALE HEALTH

MEN'S

HEALTH

FORUM

Fast, free, independent health information.

Ask us a question, search for a particular topic or just browse.



NEW SHOP

Award-winning manuals. Toolbox Talks. Training. Free downloads.

Put health into health and safety with our new range. Available via credit card, PayPal and purchase order.



HOW ARE YOU?

One man in five dies before the age of 65. TOGETHER we can change that.

SEARCH

Q

SHOP

ABOUT

FAQs on everything between the ears...

Stress, anxiety, depression, anger and the rest - the facts from the men who know.



يع



Welsh farmers: we speak your language

16/05/18 . News The Forum has published Fit For Farming in Welsh. More

We are listed in the best men's health blogs 16/05/18 . News

Male Health - The Penis FAQs

The Tool-Kit: how to look after your tackle. Frequently asked questions including ejaculation, size, cancer and masturbation. More

Male Health - Symptom Watch

Easy things to watch out for that might be the sign of something more serious. More

Professional - Best practice:

mental health promotion

The third 'How to...' guide offers tips on how to engage men in programmes to boost their mental health. More

Professional - 'How To...' Guides

Practical, user-friendly best practice advice for everyone designing and delivering health services for men More



Place based approaches to health improvement



The State of Men's Health

8

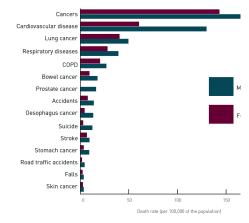
Main causes of premature death for men in Leeds

Two of every ten male deaths occur before the age of 65 years, compared to one in ten female deaths.



Figure 1 shows us that cancer is the top cause of death for both males and female: 75 years, followed by cardiovascular disease. It also shows that the death rate for r than for women across all causes of death.

Figure 1: Common causes of death for males and females in Leeds aged under 75 yea



Education, housing and employment

Men in less affluent areas of the city have significantly worse health than those living in more wealthy areas. The majority of this health inequality can be attributed to the quality of their education, employment and living conditions.

Education

Throughout the school years in Leeds, boys fare worse than girls when it comes to educational attainment.



In some poorer areas of Leeds, seven out of 10 boys are not achieving five or more GCSEs (including English and maths) at grades A* to C. This may impact on their ability to obtain good jobs.

The educational attainment of boys in care is generally similar to, or worse than, boys in the lowest achieving areas of Leeds.

In 2011, 15 per cent of men in Leeds had no qualifications and, in nine local areas, more than 30 per cent of men had no qualifications.

CASE STUDY: SPACE2

Space2 promotes arts-based health and wellbeing programmes within Leeds' most challenged neighbourhoods. Lewis, 17, had severe learning difficulties, was very quiet, lacked confidence and hated travelling by public transport. He felt isolated and was without the level of independence he might have liked.

In 2011, Lewis joined Space2's East Arts Fest project, making films in Seacroft. He lowed the film-making process and learned a huge amount of skills, gaining a Bronze Arts Award. He also enjoyed meeting new people and said: "That was the first time I have ever got up and spoken alone in front of a group of people – I can't believe I just did that!"

Last summer, he joined a young people's film and cookery course at Space2. Lewis says he is significantly more confident and would recommend the projects to others. He is now very independent and uses public transport, cooks at home, volunteers at a charity shop and attends college, where he has also started cooking.

Mum Stephanie said: "He is more determined than ever to be treated as an adult and independently. Space2 has definitely contributed to his development."

Recommendations of Needs Assessment

Focus on the Assets of Men as:

-) Learners
- i) Workers
- iii) Fathers
- iv) Friends



Good Health in Leeds Annual report of the Director of Public health





Focus for action in Leeds

- Working to improve local places working across sectors at very local level e.g. housing, welfare, education, health with engagement from politicians
- Building on assets and aiming to make incremental changes
- Now creating a women's health needs assessment working with women's network organisation in partnership to understand the needs
- but with
- Strategic approach for the area of
 i) Inclusive growth strategy
 ii) Health and Wellbeing strategy



Conclusion

- Different health experiences for men and women
- Potential for programme to miss opportunities for impact
- Need to design programmes that specifically focus on specific needs of men and women and for different risk factors and determinants of health
- Community and voluntary sector players have important roles to play at both local level and helping inform national policy
- Place based approaches and setting based approaches are important elements alongside vertical programme approaches



Thank you annmarie.connolly@phe.gov.uk

@connolamc

28 Gender and Health - PHE Rencontres 30th May