



North
Eastern
Health
Board

Bord
Sláinte
an Oir
Thuaiscirt

Men's Health Consultation Day

Comhdháil um Shláinte na bhFear

November 2002

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Men's Health Consultation Day

Fairways Hotel, Dundalk

13th November 2002

Introduction

A North Eastern Health Board Consultation Day on men's health was held in the Fairways Hotel, Dundalk on Wednesday 13th November 2002. Approximately 110 delegates attended this conference, which included members of community/voluntary groups and NEHB staff. Mr. Paul Robinson CEO delivered the conference opening address. Mr. Robinson referred to the new focus of the Health Services towards multisectoral collaboration and creating supportive environments. The factors that contribute to improved 'Health Status' go way beyond the actual quality of the health service alone but are also closely related to economic status, education, housing, environmental factors and lifestyle issues. Significant improvements in men's health will only be achieved through consultation and through working in partnership with men, men's groups and other statutory and voluntary agencies who have a responsibility for men's health.

The overall aim of this consultation was:

To influence policy and strategic development of services for men in the North East region.

The objectives included:

- Providing information on the health status of men in the region
- Providing information on current services and projects relating to men's health
- Providing a networking forum and offer the opportunity for men to voice the needs of men in the NEHB area and how these needs could best be addressed.
- To continue the process of integration between statutory and voluntary sectors.

*****Recommendations will guide future service planning*****

The speakers at the consultation day were:

1. ***Dr. Declan Bedford***, *Public Health Specialist, NEHB*

2. ***Ms. Anne Stakelum***, *Senior Research Officer, Public Health Dept., NEHB*

3. ***Mr. David Simpson***, *Men's Health Development Officer, NWHB*

4. ***Mr. Niall Crowley***, *Chief Executive Officer, Equality Authority*

5. ***Mr. Noel Richardson***, *Research Officer, SEHB*

Chairperson – am Mr. Geoff Day, *Assistant C.E.O., NEHB*

pm Dr. Nazih Eldin, *Regional Health Promotion Officer, NEHB*

1. Issues Impacting on Men's Health

1.1 *Dr. Declan Bedford, Specialist in Public Health Medicine, NEHB*

Dr. Declan Bedford outlined the morbidity and mortality rates of men in the NEHB region.

He informed the delegates that the latest mortality research demonstrated that the premature death rates were higher for males than for females. These differences applied across the major causes of premature mortality including cancer, circulatory disease, respiratory disease, and especially for injuries and poisonings. Mortality rates for males in NEHB region 1980 – 2000 show that circulatory diseases are the only area where mortality rates are reducing. Rates for cancer, road traffic accidents (RTA's), respiratory disease and suicide remain consistent for the same period.

Men on average have a life expectancy of 73 years as compared to 78.7 for women. At age 40 Irish men's life expectancy is the 4th lowest in the European Union. At age 65 it is the lowest in the EU. He continued by saying that 600 men living in the NEHB region die each year from circulatory diseases, 325 men die as a result of cancer and 200 men die from respiratory diseases.

Men also experience considerable mental health problems. Of particular concern in recent years has been the increasing number of suicides among young males. There is an average of 33 male suicides each year in the NEHB region. Men experience more accidents than women during sporting activities and in the workplace. On average 41 males living in the NEHB region died as a result of road traffic accidents each year from 1990-99.

Regarding lifestyle issues, 30% of adult males in the NEHB region are smokers; 25% of boys aged 9 –17 smoke. Men drink more alcohol than women. 31% of men in NEHB drink more than 21 units of alcohol a week. Concerning alcohol and boys aged 11-17, 39% drank in the last month, 35% had been drunk at least once, 8% drunk on at least 10 occasions. In respect to exercise - 31% of men in the NEHB region take no exercise at all which compares unfavourably to the national male figure of 22%. The issue of driving - men are more likely to engage in risk behaviours such as speeding, drink driving and not wearing seatbelts; 59% of males in NEHB region use a seat belt in the front seat of the car; only 32 % of boys always wear a seatbelt; 17% of men admit to driving after 2 or more drinks. The highest rate of deaths from road traffic accidents is in males aged 20-24 years.

He concluded by saying that research suggests men take few preventive health measures and are less willing than women to seek medical help.

1.2 Ms. Anne Stakelum, Senior Research Officer, Public Health Department, NEHB

Anne Stakelum, presented a summary of the report *Men Talking: A Qualitative Study of Men's Health in the North Eastern Health Board*. Anne is co-author of the report; the other author is Jenny Boland. She explained that the aim of the research was to engage with men in the North Eastern Health Board region so as to explore their health beliefs, attitudes and perceptions, with a view to developing a strategy on men's health in the region. Sixteen focus groups were held involving 127 men from manual & semi-skilled occupational sectors. The age range of participants was from 15yrs – 83 yrs and included male Travellers, farmers, men with disabilities, gay men, rural bachelor men, separated men and male victims of domestic violence. In keeping with the consultative nature of the research, submissions were also sought from the general public. Issues raised at this level were later probed with respondents during focus group discussions. All discussions were taped and transcribed verbatim. Analysis was carried out using NUD*IST 4 software package for narrative data analysis. The main themes to emerge from the study were as follows:

Theme 1: Masculinity & Its Impact on Men's Health - *Masculinity Uncanned.*

This theme is best seen as a composite of all themes rather than a stand alone theme and serves to illustrate one of the main findings of the report i.e. masculinity or '*Rules of Manhood*' have far reaching implications for men's health & well being.

Theme 2: Men's Conceptions of Health & Illness - *Boys Don't Cry.*

The dominance of the performance orientation in men's definitions of health i.e. the men in the study placed great importance on the ability to 'get up and work' reinforcing the central place of work in the male psyche. As one participant states:

'Get up and work. By God you have to work.'

Retired male 73 yrs

Theme 3: Men's Health & Illness Behaviour - *The Peril Of The Stiff Upper Lip.*

This theme covers three main areas

- Preventative health,
- Help-seeking behaviour adopted by men in times of illness,
- Men's experience of the Health Services in the NEHB.

Findings suggest that it is coercion rather than self-preservation that is still the greatest motivator to help seeking. One research participant comments:

'Unless I had a reason to go, I certainly wouldn't go for a check up, it's not like you get the motor car serviced or anything like that..... you're Bad when you go'

Male 62yrs

Theme 4: Risk Behaviour as a Component of Men's Health. - Give 'Em Hell'.

This theme explores 'risk' as a subjective phenomenon. While men may value health, individuals would differ in the meanings they attach to the term and in the priority they give to health as they understand it. In particular the theme looks at 'risk reasoning' adopted by men in relation to speeding & drinking & driving:

'Once you think about it, well after you do it you say Jesus I shouldn't have done that, but at the time you just hop in and floor it'

Adolescent farmer

Theme 5: Men's Emotional Health & Well being - Suffering in silence.

Findings suggest men's emotional health has not been sufficiently nurtured to allow them to value themselves outside work. The denial of fatherhood can have serious emotional consequences for some men.

Theme 6: Promoting Change: The Way forward.

Schools: Physical Education/ Lifeskills programmes at present are ad hoc. The Hidden Curriculum in schools also needs to be revised. In other words, children are influenced, not just by what is taught formally, but by latent or informal messages that the system exudes.

Workplace: Health & Safety legislation not policed. Health screening often is done only on entry to employment.

Conclusion:

The study suggests that 'masculinity' rules men's decision making processes and behaviours and in turn has far reaching implications for men's health and well being. In recognition of the all encompassing nature of masculinity it is recommended that future initiatives focus not only on men's health in a narrow biomedical sense, but rather that they also embrace initiatives that challenge the way in which males are socialised.

'Machoism' is a social not a biological phenomenon and is thus amenable to change. In shaping health policies and endorsing the value of preventative medicine, it is important that we continue to uncover the cause and not just observe health outcomes.

2. Men's Health Services – Emerging Models and New Initiatives

2.1 *Mr. David Simpson, Men's Health Development Officer, NWHB*

This presentation was given by David Simpson, Men's Health Development Officer, North Western Health Board. He outlined recent developments in men's health work nationally and internationally namely:

- Men's Health Forum in Ireland
- Encompass – forum for men's issues
- Forums in Scotland/England/Europe
- International Men's Health Conference
- International Men's Health Journal

He then posed the question “What is the biggest killer of men?” to which he replied “Not looking after ourselves”

David highlighted guidelines for good practice when working with men which include, going to where men are, listening to them, learning about their lives and building good relationships with them. He also stressed that men want to talk and that the design of our work should be based on the group of men we are working with. He gave examples of work happening in Ireland that reflect the guidelines and also explored issues relating to developing work with men. Developing a professional approach involves liking and respecting men, openness about yourself and acknowledgment that you do not know what other men's lives are like.

He introduced the term ‘salutogenic vision’ which he defined as a frame which equips us to see not only what is ‘dangerous’ and ‘destructive’ but what is positive and life-enhancing in male behaviour and to applaud the positive elements.

He spoke about the “Concept of the Possible Scotsman” who should:

- Be able to avoid isolation and loneliness, have more friends and be closer to them
- Be less afraid of expressing emotion and be more able to sustain long and fulfilling relationships
- Have the confidence to seek help when he needs it
- Have the skills, knowledge, time and desire to play a full part in bringing up his children
- Be neither the perpetrator nor the victim of violence
- Be free from poverty
- Have satisfying work opportunities without excessive hours
- Be free from discrimination and disadvantage
- Have the resources, confidence, skills and desire to be physically active, eat a healthy diet and avoid use of tobacco and misuse of alcohol and other drugs

David concluded by inviting us to think about men's health and women's health as part of a continuum rather than two opposing areas and that work should be specific, supportive and shared.

3. The Potential In An Equality Focus to Health Provision

3.1 *Mr. Niall Crowley, Chief Executive Officer, Equality Authority*

Mr. Niall Crowley gave the final presentation. He identified that health provision was a growing focus under the Equal Status Act, that men's health issues had not been given adequate attention and that there is a potential in using equality mechanisms, such as gender proofing, to assist necessary change.

The Equal Status Act prohibits discrimination in the provision of goods and services in the public and private sector. It prohibits direct and indirect discrimination and discrimination by association. The act covers nine grounds of gender, marital status, family status, age, disability, race, sexual orientation, religion and membership of the Traveller community.

There are several significant exemptions in the Act. Any action required on foot of other legislation is exempted. Positive action is allowed to address disadvantage or to meet specific needs.

Mainstreaming and equality proofing have emerged as key equality mechanisms over the past few years particularly in relation to gender equality. This involves the incorporation of gender considerations into all policies, programmes, practices and decision making. It requires an assessment of impact on both men and women when key decisions are being made so that gender equality can be progressed.

A valuable model of gender mainstreaming has emerged under the National Development Plan. This could usefully be extended across all areas of public sector service provision including health.

Niall stressed the importance of organisations having a basic equality infrastructure to meet their obligations under the Equal Status Act and to assist a proactive pursuit of equality by the organisation. Key elements of this equality infrastructure are:

- Equality policies and procedures
- Equality training
- Reviewing practices and procedures for their impact on equality and developing action plans to enhance this impact.

Finally, Niall highlighted that men must not be seen as a homogenous group. We need to acknowledge and resource the diversity of men in terms of disability, ethnicity, age, sexual orientation, religion and socio-economic status in any approach to men's health issues.

4. Key Themes for Workshops

The main emphasis of the Consultation Day was on the morning and afternoon workshops. The delegates were divided into seven groups with a facilitator and rapporteur in each group. The workshop questions were as follows (for verbatim feedback from the workshops see Appendix A)

Workshop One

What are the current health needs of men in the North Eastern Health Board region and how can they be met?

Are the needs of the urban/rural men different?

How can we address men's health needs in the future

Workshop Two

What are the equality issues in respect of our health services for men?

What needs to be done in the next three to five years?

What are the next steps?

The key themes that emerged were: information/awareness, change in men's stereotype, fathers, men's services, responsibility, men's health development officer, building partnerships, men's health strategy, diversity of men's needs, health promotion, rural/farming, mental health, equality and further research. Some comments on each theme included:

Information/education/awareness

- More infiltration/intervention at school level
- Risk element – information on consequences of behaviour choice
- Doctors' different attitude to men. Need to educate doctors on approach to men
- Information and education to be delivered at school and workplace. People not willing to attend evening groups
- Health education to start at primary school level
- Resources to be used to address other killers – cardiovascular. Awareness campaigns
- Cancer awareness
- Rural – use organisations such as the GAA. Look for opportunities for education and awareness in existing groups

- Back to schooling/parenting/health promotion message and young people
- Changing professional attitudes/training, education
- Further education
- Early prevention and intervention
- Staff not trained to be aware of men's issues
- Information/education/awareness – empower men to come forward
- Improve SPHE programme in schools
- Link leisure and information evenings
- Information corners in male settings. Convenience advertising. Usage of mass media e.g. local papers/radio

Change in men's stereotype.

- Society needs to accept the vulnerability of men
- Develop alternative role models for men
- Men want to be listened to when it comes to masculine issues
- The socialisation of children/parent and their roles
- Urban – macho scene, no opportunity to be on their own. The hype and pressure involved
- Rural men more susceptible to traditional ideas of masculinities
- Parenting courses/ pre-school/ primary school etc. around socialisation
- Encourage more men to go into health related professions
- Life skills education, living skills, self-development. Create a new culture about being more open to emotional needs and expression of these

Fathers

- Fatherhood – there is a need for information, education, support
- Male parent to take children to the doctor
- Promote the institution of fatherhood
- Challenge social issues/images/conceptions/attitudes. There is a need for workplace 'father-friendly' tax incentives/benefits
- Fathers rights – lack of awareness
- Unmarried fathers – no rights
- Increased financial support for crèche facilities

Men's services

- 'Men specific' facilities, facilitating men....settings, times, etc in men delivering services for men
- Looking for help. Educate men to access outreach services and day care services
- To take away the coercive nature of men's health. Male only clinics
- Awareness is important but needs to go hand in hand with increased provision of services
- Target men at work – prevention/policies
- Workplace – more responsibility for health screening, medicals etc. (new legislation)
- Accessibility of services – need to be marketed as user friendly, flexible

- Service provision – harder to access some services in rural areas – lack of front line services
- Access to GP's out of hours
- Geographical issues (access to specialist services)
- Needs are similar but access to services are not equitable. Rural spread in NEHB
- Restructuring of Health Board services to meet the needs of the population
- Use our resources better. Reorientating services, networking
- Access men where they are
- Free health checks and screening
- Access to community services
- National men's helpline
- More outreach
- Peer support and pastoral
- Identify specific services for men/ what services are needed and highlight awareness to these services
- Service provision/specialist services – men and women e.g. urology unit - no gynae male equivalent
- Screening/evidence based initiatives/programmes
- Reduction of layers of bureaucracy in airing grievances about gender specific issues
- Male clinics – where male issues can be dealt with
- Inventing new models/more creative ways appropriate to men
- Clinics etc. to be more gender neutral
- Timing of services (opening hours)
- Target men where they are e.g. GAA, Barber, Post-Office, Bookies, Pay slips.
- Reshaping of customer practices
- Affordable/accessible services
- Pilot in local health board
- Services to meet men's needs – appropriate approach to meeting needs

Responsibility

- Personal responsibility
- Empower clients to recognise their own needs
- Men taking responsibility for their own health

Men's Health Development Officer

- Link with Men's Health Development Officer
- Increase profile of Men's Health Development Officer

Building partnerships

- Men's health to be a community issue – not just the remit of the NEHB. Health Board needs to work in the community collaboratively with community groups
- Channelling energy – sport groups etc. sharing info' and consequence of action
- Address funding issues i.e. Department Of Health and Children funding of sporting events
- Networking

- Voluntary group and health board working together (partnerships)
- Increased role of organisations in promoting men's health
- Bottom up not top down approach
- Multi-setting / multi-tasked. (holistic!)
- Networking

Men's Health Strategy

- Develop strategy nationally for men's health.
- Strategy – objectives – funding – appropriate action
- Developing a shared man/woman health strategy
- Strategy – multi-agency steering group
- Involving men in consultative process

Diversity of men's needs

- Vulnerable/marginalised groups of men being ignored in terms of research/poverty/more contact
- Housing/transport needs impact on health needs
- Allow men to explore their own health beliefs and implications. Need/failure of needs being met
- Poverty and discrimination barrier
- Accommodation (men are at the bottom of the housing list)
- Health needs of asylum seekers needs to be addressed especially in a multicultural society
- Anger management. Victims of abuse.
- Structure needed whereby immediate access is guaranteed to services regardless of orientation etc.
- Unemployed - no encouragement given to those who want to work as a vital benefit might be removed from them
- Funding for male victims of domestic violence/older men's issues
- Provision of services for single male parents
- Demographic, cultural and ethnic differences recognised
- Funding criteria discriminates against older men
- Equality in relation to male carers i.e. support. Very different needs

Health Promotion

- Dietary issues need to be addressed. Awareness of chemicals in food
- Diet and physical activity
- Men-specific health promotion
- Target programmes from existing research to help reduce morbidity/mortality etc. i.e. drink driving/car accidents, suicide etc.
- More emphasis on prevention rather than disease management
- Men's health website and investment in promotion
- Men's health roadshow

- Men's screening programmes
- Health promotion to address topics of concern to men, including screening awareness
- Convey the health promotion message in a more user friendly way. It is beginning but more work needed

Rural/ farming

- Rural transport difficulties
- Health needs of farmers (bachelors)
- No social activities for urban or rural areas
- Farming community – rural areas, living conditions and the isolation
- Accidents in farming communities
- Transport issues –services inaccessible
- Use Farmers Journal etc. /media. Community newsletters
- Rural areas: meals on wheels
- Equal choice of services throughout the region (rural/urban)

Mental health

- Overcoming isolation/loneliness
- Similar problems: stress, family breakdown
- Financial problems
- Urban setting: can be isolated in a different way e.g. structurally/emotionally
- Mental health is everybody's issue
- Mental health/well being
- Improved psychiatric services – greater emphasis to be put on men's mental health
- Suicide – investigation and the provision of additional mental health services

Equality

- Raise equality awareness/initiatives from a man's perspective vs. "for men"
- There are currently limited resources for service provision. How will these resources be divided out between programmes for men's and women's health. It's important this doesn't lead to a split between men and women
- Greater gender parity has been achieved but men have not caught up with this change
- Easier access to services for private patients who are willing and able to pay
- People not fully informed or aware of rights. Don't know where to access information. May not be aware that they are being treated unfairly.
- Perception of equality equals women's issue
- Inequalities in one's ability to maintain a healthy lifestyle
- In relation to children's services they are predominantly run by women.
- Child custody, social work services empathises more with the needs of women, more women working in the area
- A model of a local ombudsman/woman
- Gender proofing services
- Perceived feminisation of health services by some men

- Equality across the disease categories e.g. cancer, diabetes
- In respect of the inequality issues, benefits issues need to be addressed.
- Private versus public health systems
- Inequalities in parenting

Further Research

- Do participative research with men's groups
- Compile data findings – action plan
- Move from theory – practice
- Men's illnesses have never really been defined
- On going evaluation
- Needs assessment to be developed - specific to men's needs

5. Conclusion

5.1 Plenary

5.1.1 Mr. Noel Richardson, Research Officer, SEHB

Noel summarised the proceedings of the day by making the following points:

- 1 *Men Talking* is a watershed in terms of men's health research in Ireland –compliments to Anne Stakelum on an excellent presentation.
- 2 The model for men's health that has been developed in the NEHB is also to be complimented i.e. research around men's health, appointment of men's health officer and consultation with relevant statutory and voluntary organisations and individuals within the North East that have a bearing on men's health
- 3 The real challenge however is what happens from here; the development of a strategic plan for men's health within the region, building partnership arrangements ("actively involving the whole community" to quote the CEO), and enabling men to be more proactive in terms of their own health – therefore; 'some done, a lot to do'
- 4 The holistic approach in the presentation of the research on men's health in the North East is equally to be complemented. Dr. Declan Bedford presented the facts (from a quantitative, biomedical perspective), and Anne Stakelum highlighted the attitudes, opinions and beliefs of men in relation to their health. This provides a complete picture; the 'what' and the 'why' of men's health, and is an excellent platform from which to move forward
- 5 David Simpson used the term 'salutogenic', and in a sense his presentation was salutogenic – carrying a great energy and positive message about his experiences in working around a range of health issues for men. It would be too easy to focus just on the negative issues of men's health, to 'blame' men, and to adopt a 'competing victims' approach in relation to women's health. We need to listen to and respect men, and work towards supportive and shared initiatives with women's health.
- 6 Niall Crowley referred to 'diversity', and the importance of working towards equality in this context. We need to look carefully at the diversity of men's health issues, and how to meet the needs of different subgroups of men.
- 7 Finally, it is exciting that the focus today is on 'consultation'. In all of our different capacities, we have had the opportunity to have our voices heard, and to have an input to the strategy that will be developed. Dr. Nazih Eldin has also reminded us, that we will each get a copy of today's proceedings, including the feedback from the workshops. It is vital that the views and experiences of those on the ground are listened to, and that this defines and continues to shape the way men's health in the North East moves forward in the future.

5.1.2 Main recommendations from the Consultation Day

1. **Information:** Despite the increased emphasis on informing the public on available services, eligibility and providing health information literature, lack of information continues to dominate. Suggestions for improvement include targeting men where they are.
2. **Men friendly services:** Centralisation of services poses many problems for men such as lack of transport, access, costs and time. There is a need for more person friendly services at point of contact and more emphasis on male issues.
3. Men need to take responsibility for their own health.
4. Increase the profile of the Men's Health Development Officer
5. Developing a men's or a shared man/woman health strategy
6. **Funding:** Lack of funding (and information on funding) for community initiatives that promote men's health. Funding to be balanced between men and women's health.
7. **Men's health needs:**

For younger men the key issue is that masculinity rules men's decision making processes and behaviours and in turn has far reaching implications for men's health and well being. This helps explain the increasing number of accidents, suicides etc. among men. Suggestion that we create a new culture – more open to emotional needs and that we target programmes based on existing research to help morbidity and mortality incidences in men.

For men in the middle years the issues are weight, stress, exercise, health screening, medical checks and encouraging men to present earlier for treatment/ support.

For older men the issues are isolation, transport, personal security, access to relevant information on health and services, how older men can participate in physical activity etc.

For rural men. A policy on men's health for rural areas should be developed.

The Men's Health Consultation Day Organising Committee members: Dr. Declan Bedford, Anne Stakelum, John Maguire, Aine Woods, Rosemary O'Callaghan and Finian Murray. The facilitators and rapporteurs of the workshops were as follows:

Name	
<i>Richard Phelan</i>	<i>Facilitator</i>
<i>Bernard McDonald</i>	<i>Facilitator</i>
<i>David McSweeney</i>	<i>Facilitator</i>
<i>Edel Flannagan</i>	<i>Facilitator</i>
<i>Ray Parkinson</i>	<i>Facilitator</i>
<i>Rosemary O'Callaghan</i>	<i>Facilitator</i>
<i>Alan Doran</i>	<i>Facilitator</i>
<i>Noel Richardson</i>	<i>Facilitator</i>

Name	
<i>Lesley O'Sullivan</i>	<i>Rapporteur</i>
<i>Joanne Murphy</i>	<i>Rapporteur</i>
<i>Sally-Ann McLaughlin</i>	<i>Rapporteur</i>
<i>Anne Grealley</i>	<i>Rapporteur</i>
<i>Martin Rafferty</i>	<i>Rapporteur</i>
<i>Jarlath Conefrey</i>	<i>Rapporteur</i>
<i>Ann Moran</i>	<i>Rapporteur</i>

Organisations represented at the Consultation Day included:

South Western Area Health Board, Louth Men's Services and Information Centre, North Eastern Health Board*, Summerhill Active Retirement Group*, Ait Na nDaoine, Parental Equality*, AMEN*, Positive Ageing, Failte Abhaile, The House (Dundalk), Older Men's Organisation*, Tara Mines Ltd., Garda Siochána, Slane Parish, Midland Health Board, Cuchulainn Probation Project, Rian Counselling Centre, Riskele Community Training/Development, East Coast Area Health Board, Navan School Completion Programme, Drogheda Partnership, Citizen Information Centre (Dundalk)*, Travellers Primary Health Care Project, Irish Advocacy Network, 27th Infantry (Irish Army), Simon Community, Queens University (Belfast), Dept. of Justice, Gay HIV Group, Meath Branch Diabetes Federation, Navan Springboard Ltd., Navan Community Development Project.

* These organisations also provided an information stand for the Consultation Day

Appendix A – Feedback from Workshops

The questions for Workshop One were:

What are the current health needs of men in the North Eastern Health Board region and how can they be met?

Are the needs of the urban/rural men different?

How can we address men's health needs in the future

The feedback was as follows:

- Identify specific services for men. What is in place and what is needed to highlight awareness of these services
- Target programmes on existing research to help morbidity and mortality incidences in men i.e. drink driving, suicide etc
- There are currently limited resources for service provision. How will these resources be divided out between programmes for men and women's health? It's important this doesn't lead to a split between men and women
- Radical approach on issue of men's health
- Formal structured follow-up to today's conference
- Building partnerships between health board and volunteer groups
- More interaction between service providers and community – more contact
- Rural policy developed e.g. day care services
- Creating a new culture – more open to emotional needs. Socialisation process – pre-school, parenting programmes, lifeskills programmes, self development, fathering programmes
- Access men where they are. Bring services out into community. Services – user friendly, flexible, market them to men in male environs
- Reorientation of services. Using our resources better- what can we build on? Networking with voluntary/community men's groups.
- Education/information at early stages (distributing in an appropriate way). Accessible and inclusive. Balance between sociological and psychological. Holistic needs – have emotional skills. Priority of older men being met
- Information men's phonenumber
- Change in men's stereotype.
- Increased awareness through consultation/education/information from the cradle to the grave. This consultation day is day one, when is day two?
- Address physical, psychological, social, cultural, masculinity health needs. (Breakdown this on day two consultation day)
- Creating supportive environment, home and community, all sectors

- Address attitudes of employers, doctors. Make them more aware of the needs of men!
Medical checks – supported by employers.
- Environment where men can express fears for health etc. Better education from primary years
- More person friendly service at point of contact. More emphasis on male issues

Workshop Two questions were:

What are the equality issues in respect of our health services for men?

What needs to be done in the next three to five years?

What are the next steps?

The feedback was as follows:

- Funding – balanced
- Education/information/consultation
- Men's health strategy and implementation plan as soon as possible
- Accessibility and affordability
- Political lobbying to promote health needs of men
- Encourage further initiatives as to how older men can participate in physical activity
- Greater gender parity has been achieved but men have not caught up with this change
- Easier access for private patients willing and able to pay
- Perception of equality equals women's issue
- Fathers rights – lack of awareness
- In relation to children's services they are predominantly run by women.
- Staff not trained to be aware of men's issues
- A model of a local ombudsman/woman
- Bottom up not top down
- Target men where they are e.g. GAA, Barber, Post-Office, Bookies, Pay slips.
- Reduction of layers of bureaucracy in airing grievances about gender specific issues
- Equality across the disease categories e.g. cancer, diabetes
- Equality in relation to male carers i.e. support. Very different needs
- Men taking responsibility for their own health
- Increase profile of Men's Health Development Officer
- Developing a shared man/woman health strategy

Appendix ~B - Programme

Men's Health Consultation Day 2002

13th November 2002
Fairways Hotel, Dundalk, Co. Louth.

Chairperson: Mr. Geoff Day, Asst. C.E.O. North Eastern Health Board

9.30 Registration

9.45 Opening Address

- Mr. Paul Robinson, Chief Executive Officer, NEHB

10.00 Issues Impacting on Men's Health?

Dr. Declan Bedford, Specialist in Public Health, NEHB and Ms. Anne Stakelum, Senior Research Officer, NEHB.

10.30 Coffee/Tea break

Workshop One and feedback

12.00 Men's Health Services – Emerging Models and New Initiatives.

-Mr. David Simpson, Men's Health Development Officer, NWHB.

12.30 Lunch

Chairperson: Dr.Nazih Eldin, Regional Health Promotion Officer, NEHB

1.45 The Potential in an Equality Focus to Health Provision

Mr. Niall Crowley, Chairperson: Equality Authority.

2.15 Workshop Two and feedback

3.15 Discussion with Questions and Answers

Plenary – *The Way Forward: Where do we go from here?*

- Noel Richardson, Research Officer, SEHB

3.45 Close

Comments included:

- Very informative and thought provoking
- More practical issues to be addressed
- Made me think about our own service
- Good, need for more consultation days to formulate policy and implementation
- I hope the information is implemented and not left on shelf
- Very good and useful event
- We still have a long way before men's health – rights and other factors are put into action
- First steps in raising awareness
- Needs evaluation and steering group formation (interagency, inter sectoral and statutory bodies)
- Additional work regarding translation from theory to practice issues required
- Could have been more focused
- What we don't seem to understand is that we as groups are a big part of the problem
- This seminar will hopefully be the start of the debate on men's issues
- Made me realise how ignorant I was about issues affecting my own health
- Looking forward to receiving 'all' the data together
- As someone who has challenged the NEHB over the years, I congratulate you on taking this step in engaging with men.
- I found this day to be most beneficial and thought it was very well organised
- It really highlighted the need for me to raise the awareness of men's health issues in my own practice
- Excellent presentations, workshops very good. Looking forward to feedback
- I hope this will be continued and followed up and the area of men's health will continue. I hope the Men's Development Worker will be in contact with all groups
- Excellent opportunity to begin the process of consultation, having already baseline research carried out
- An opportunity to network

(3) How beneficial were the workshops? *(Please circle appropriate number)*

1 2 3 4 5

(1= poor 5 = excellent)

The responses were:

5 x 26 delegates, 4 x 30 delegates 3 x 5 delegates 2 x 2 delegates.

Comments included:

- Lively debate, good variety of ideas, excellent contributions
- In getting what really matters off the board and into practice
- Is there a Men's Health Development Officer in the NEHB? If not, why not? And why not a team?
- Prompted discussion and sharing of information
- This day was badly needed
- Excellent – very important and beneficial to men's awareness
- Great opportunity to explore Men's Health issues, and in particular to be able to include the views and issues relevant to older men
- Very beneficial because everybody had a chance to express their views
- It was healthy to hear other men's opinions and attitudes from different backgrounds on men's health
- Very well run
- Because of the number of participants in each workshop and the placement it was hard to hear
- First workshop got very sidetracked talking about one aspect of need – restricting time for further discussion
- Varied and open debate – sometimes not long enough
- There is a need for NEHB to work with the voluntary and community organisations when promoting men's health issues
- Very useful but difficult for facilitators as things got heated, but the different perspectives were enlightening
- Didn't cover all the questions
- Mixed discussion, some people not able to express views and some too expressive!
- Personal agendas being driven by individuals

(4) Has this consultation day helped you to identify opportunities for improving men's health?

YES x 63

NO x 0

Comments included:

- Closer links with men's organisations
- More aware of what's available and what difficulties exist
- I myself never go to my GP. After this I will be getting a check-up more often
- Re: accessibility of service and making services accessible
- Qualitative research very beneficial and should encourage men and women to acknowledge where men are at!
- To make me more aware as a man of my health status
- We now have a vision to move forward
- Men's health – diversity of issues and approaches needed

- Need to develop nutrition levels and diet and need additional information
- I have become more aware that other people have more problems than I have
- Make GP's aware of needs and fears of men
- I shall be using information gathered to develop services with the men I work
- It helped me to think about ways of improving information and services
- A major campaign highlighting men's health issues is vital
- I am already embarking on a piece of work with the health promotion department. This day has opened new horizons as to what needs to be done in residential childcare services
- More collaboration with other professionals
- Will likely lead to the issue being for the first time, politically recognised

(5) Additional comments and suggestions:

- Another consultation day? Yearly event to evaluate where we are at and where we are going to
- A men's support group for NEHB staff i.e. supporting men working for NEHB – putting into practice insight gained with this Health Board
- Well done to Finian and all concerned
- Very pleased to have been involved from two perspectives, as an employee of the NEHB and as a founder member of OMO Ireland, the Older Men's Organisation of Ireland
- More education for NEHB staff
- Lets see some measurable action in dealing with issues on the ground – too much research and not enough action! – but things are looking better for men and women
- We need more funding from NEHB to help awareness of men's health issues and the changing roles of fathers in the community
- I hope this is the first of many steps towards developing real partnership with men
- Would like to have heard more about prevention of illness and disease. Seems to me that we have to take personal responsibility for our own health. No amount of treatment will guarantee good health – the health services are a bottomless pit that continually will gobble up money and still never satisfy every need. Thanks for the day and good luck in the future with future events
- Need greater input from voluntary groups working at the coalface with men
- I hope local community and voluntary groups are approached and the young men they work with are able to access information and awareness through the new Development Worker
- The setting up of a web of promotion agents to address schools, voluntary groups and social meetings in church halls etc. – cross border discussions need looking at Ireland north and south / England and Germany
- Workshops – need to have tighter control and discipline to prevent personal agenda driving – omitting more important issues

The participants were thanked for taking the time to complete this questionnaire

Appendix D – Main Speakers

Issues impacting on Men's Health

Dr. Declan Bedford

Dr Declan Bedford works as a Specialist in Public Health Medicine in the Department of Public Health in the North Eastern Health Board. His work interests include cardiovascular disease, suicide, Traveller's health, the health status of older persons and men's health.

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Ms. Anne Stakelum

Anne Stakelum worked as a staff nurse and midwife for 17yrs before completing a degree & masters in Sociology in UCD. She initially joined the Department of Public Health in the North Eastern Health Board in 1996, where she is currently employed as a senior qualitative research officer. Current projects include (a) *Illicit Drug Use & Early School Leavers*, (b) *Asylum Seekers and Refugees- Their Impact On Health Services* &(c) *Palliative Care Services In NEHB from The Perspective Of Carers, Patients & Providers*.

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Men's Health Services - Emerging Models and New Initiatives

Mr. David Simpson

David Simpson has worked with men for eighteen years in education, community and health settings. He worked from 1995 – 97 as the first Health Promotion Officer responsible for men's health in the Western Health and Social Services Board in Derry. He used a community development approach working with men in Orange Lodges, the Gay and Lesbian community, men on probation and on ACE employment schemes. Since 1997 he has worked for Health Promotion in the North Western Health Board co-ordinating the Board's Fathers Project and developing work with men on health. In 2001 he was elected Chair of the Men's Health Forum in Ireland. Publications include *Sexual Abuse and People with Learning Difficulties: Developing Access to Community Services* (Family Planning Association 1994) and editor of *Fathers Matter: An account of how a Parenting Programme learnt to work with Fathers* (North Western Health Board 2002).

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The Potential In An Equality Focus to Health Provision

Mr. Niall Crowley

Niall Crowley is currently Chief Executive Officer of the Equality Authority. The Equality Authority is committed to realising positive change in the situation of those experiencing inequality by promoting and defending the rights established in the equality legislation and providing leadership in - building a commitment to addressing equality issues in practice; creating a wider awareness of equality issues; celebrating the diversity in Irish society; mainstreaming equality considerations across all sectors.

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