Men's Health Insight and Scoping Research

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Cover Notes

Title	Men’s Health Insight and Scoping Research
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Document Type	Qualitative – local survey findings combined with desk top research
Description	This document explores men's experiences of weight issues. By using in-depth interviews with some quantitative health based assessments, to increase understanding of how to engage men locally and support them to improve their health and wellbeing, specifically with respect to their weight, diet and physical activity levels.
Purpose	Sets out detailed recommendations on the most appropriate local options for engaging and supporting men to improve their health and wellbeing and manage their weight.
Data	Survey data; men (25 -60 years)with BMI > 27 were offered a Mini MOT and asked for their feedback on weight management services Information was gathered 2014
Audience	HWB, Public Health Commissioners, Health Professionals
Links	

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Introduction:

There is a higher prevalence of total overweight and obesity (BMI ≥ 25 kg/m^2) amongst men than women in the UK (NHS Information Centre, 2009a), and although a greater proportion of women are obese and morbidly obese than men, it is likely that men will be obese in the future compared to women: it is predicted that by 2050 the proportion of the population that is obese will be 60% of males and 50% of females (Foresight 2007). In Gloucestershire it is estimated that around 24.7% of men are obese (with a BMI ≥ 30), 24.7% of adults in Gloucestershire are obese (approximately 117,00 people, with a projected increase to 211,000 obese people by 2030) and consequently at increased risk of a range of serious health conditions including diabetes, cancer, cardiovascular disease and osteoarthritis. Obesity is an inequalities issue; evidence shows that there is a strong link between obesity and deprivation, a strong two-way association between obesity and disability, and obesity and mental health problems, and that some minority ethnic groups are more susceptible to the adverse effects of excess weight than the wider population.

There is now considerable international research which demonstrates the serious health consequences of excess body weight (Haslam and James 2005; Ezzati, Lopez et al. 2002). For men, being obese at 40 can reduce life expectancy by 5.8 years (Logue et al., 2010), and illnesses associated with obesity include coronary artery disease, stroke, and type 2 diabetes (Kopelman 2007).

Male obesity is perceived to be a serious issue nationally and locally. The problem is compounded by the fact that men, in general, are reluctant to access available health services (Seymour-Smith et al., 2002; Robertson, 2003; O'Brien et al., 2005), especially weight loss programmes (both commercial and NHS) (Bye, Avery, & Lavin, 2005; Counterweight Project Team, 2008a; Wilkins, 2007).

As a result of men's relative absence from local weight loss programmes, I have been commissioned to deliver a short targeted piece of health insight to improve understanding of how to engage men locally in improving their health and wellbeing, specifically with respect to their weight, diet and physical activity levels.

Project Aims

This project aimed to explore men's experiences of weight issues. By using in-depth interviews with a few quantitative health based assessments, the information gathered by this project will increase our understanding of how to both engage men locally and support them to improve their health and wellbeing, specifically with respect to their weight, diet and physical activity levels.

The project has generated practical insights on what type of weight management support men in the target audience would prefer. I have tried to identify and profile the key segments within the target audience and make recommendations on appropriate approaches for each segment.

I scheduled outreach activities in areas to target obese men from the following target wards: Matson & Robinswood, Bartongate and Tredworth, Podsmead, Tuffley, Moreland, Lydney East and Newent Central.

Overweight/Obese Men were seen on the GCCG Bus and on employer premises. Men were offered a Mini MOT and asked for their feedback on weight management services. The outreach sessions are flexible, to meet the needs of the men, and included out of normal working hours sessions.

The campaign targeted Men aged between 25 – 60 (priority 30-54) with a minimum BMI of 27 who were not involved in weight management activities, we explored the behaviours and motivations of this group in relation to weight management. Depending on how the health check went and the rapport with the client, those with a BMI over 30 (28 for South Asian, Black Caribbean, Black African) were asked if they would like to leave their details to be contacted at a later date to be invited on weight management services.

This report will summarize the findings of the scoping phase and setting out detailed recommendations on the most appropriate local options for engaging and supporting men to improve their health and wellbeing and manage their weight. Our feedback will also examine the approaches to any weight management campaign in terms of motivational messages, presentation and delivery.

<u>Men's Health Insight Standard Operating Procedure. See Appendix</u>

The Standard Operating Procedure (see Appendix) for the Mini Health check was developed for a previous project delivered for NHS Gloucestershire Public Health. It was a Cardiovascular Disease Action Research Project which aimed to contribute in the reduction of health inequalities and reduce mortality from cardiovascular disease (CVD) by innovative CVD behavioural change preventative approaches. The project aimed to increase awareness of the risk factors for cardiovascular disease and modify unhealthy behaviours among men in the Gloucester and Forest of Dean districts of Gloucestershire. I carried out over 700 health checks on men over the 2 years of the project.

I then used the mini health check model to raise awareness of the NHS Health Check for Gloucestershire County Council Public Health Team. Delivering more than 500 health checks at over 50 outreach venues over 7 months. I have been delivering health outreach activities to priority groups in Gloucestershire for the last 3 years. I have met and worked alongside many of the healthcare services. I have also met, engaged with, established rapport and built relationships with many key community projects, stakeholders and groups. I have gained a deep understanding of many of the key groups and their attitudes/behaviour. This continuity has enabled me to pick up health concerns of the priority groups and use them to establish rapport with new people I approach.

The GCCG Information Bus was used for 25 outreach sessions and a further 10 sessions combining with NHS Health Check Outreach. A further 5 sessions were conducted at workplaces. We only ran 1 focus group with a large employer, where 17 men attended. However, the 7 men who were of our target audience said very little during the group session. They all had a health check after and were much more open about their weight and their experiences.

206 men had a health check. I did include a few men with a BMI under 28 only if they had lost a significant amount of weight and have included how they achieved this. All my notes from every health check are included in the Appendix.

I was responsible for organising the location and timing of the sessions, promotion of the session prior to their go ahead, and will be responsible for delivering accurate and timely health MOTs for men in our target audience. I was also be responsible for the delivery of health information and recording weight management insights. I maintained documentation and records for all clients. To put them at ease, I gave them a brief overview of the project and only asked for their age and the first half of their postcode.

The Gloucestershire Clinical Commissioning Information Bus came with at least 1 facilitator who helped me manage the outreach sessions. They will also help to get authorization from the relevant authorities for us to display at certain venues (see list of outreach Bus sessions).

Project goals:

1. **Explore how the insights and learning from secondary research on obesity and men's health interventions apply locally in Gloucestershire**

I thought it would be very important to seek out many sources of research who focused on our target audience. I also did not want to repeat other work and use the same material.

Man V Fat Digital Magazine: Andrew Shanahan – Editor

Andrew is currently running an online magazine targeting overweight men, providing them with the tools and resources to lose weight. He had previously set up a very successful men's online magazine to help with wedding preparations (speeches etc.). They had over 100,000 men viewing their site a month (over a million a year). He recently sold the business and has decided to set up a weight loss magazine for men as he was overweight and often found that he was the 1 man at slimming world.

He told me they were marketing to the Loaded/FHM generation, finding that men want information online, free and easily accessible. This generation wanted to have fun and party but now they are worrying more about their image, weight and health. Men want to know the information, but they also want to research it for themselves and they want it to be confidential. He said many do not tell their partners, family or friends and want to research their dirty little secret without anybody else knowing. Men want to look but don't want anybody to know they are looking. He mentioned that even with 100,000 visitors a month very few wanted to make comments on posts/forums suggesting they did not want to be identified.

He emphasized that it is essential that there are resources online and it has to be marketed as FREE. My outreach with NHS Health Checks also supports this, as when discussing the mini health check with men, many ask if its free, even if I am wearing a t-shirt that says "Free NHS Health Checks " and all the leaflets have Free NHS Health Checks.

Many men who I have spoken with in the course of my outreach have also highlighted their reluctance to give out all their details on the first visit to a health service e.g. several men told me that when visiting the smoking cessation service, they were asked for all their contact details before any questions about their smoking and they said it really put them off. They did not give their details and did not go back.

Andrew then went on to tell me about the insights he has obtained speaking to many men who have successfully lost weight and who are also struggling to lose weight. He told me whether

you are in America, Scotland or India, there are some simple truths that will see you lose weight. First make a decision to make a change. That decision has to be yours and it has to be fuelled by a true desire to change. Make sure you have your supporters, whether its people on your door step or other people you admire from films or anywhere else – you need your inspiration to help fuel your journey.

The actual how of weight loss is comically simple: eat less, choose healthier options and get involved in exercise and activity that makes you feel good. Do that, hold onto your motivation, keep learning about weight loss and keep positive frame of mind and you will change.

Learn about what is causing you problems and research the solutions. Don't jump into an impossible to follow diet. There is a culture with too many people happily telling obese men what they ought to do without actually giving them the answers and helping them.

Take small steps, make small changes, sleep more, drink more water, it's all about making changes you can actually do. Perfect planning prevents piss poor performance is a favourite saying of the SAS and they get things done.

We often imagine that everything will become perfect if we can shift the weight, but it's essential to understand that even if you cure the problem, you still need to understand the root cause of reasons why you put on weight – whether that's simple changes you need to make to your activity levels, or it's about addressing unhappiness in your life and relationships.

Speaking to Andrew and reading many of the comments in their forum gave me more insights into the reasons why men put on weight. Two of the main reasons that stood out were comfort eating to deal with emotional upset and stress; and mindless eating. The unconscious or mindless eater engages in paired eating: eating while doing another activity. Tribole and Resch in their book Intuitive Eating break mindless eating into 4 categories:

- The Chaotic Unconscious Eater - very busy people. They usually have an overbooked life and will eat whatever is available. They recognize that nutrition and diet is important but they don't have time to focus on it. They may go long periods of times without eating due to their hectic schedule. So when they do eat, they often over eat because their bodies are deprived of calories and nutrition.

- The Refuse-Not Unconscious Eater - very vulnerable to the presence of food, whether they are hungry or not. If food is lying around at meetings, candy dishes, or on a counter, it will be gone in no time flat! Most of the time they don't realize they are eating or the quantity of food they are consuming. Thus, social events centred around food are problematic because they will mindlessly over eat passed the point of satiety.

- The Waste-Not Unconscious Eater - often grew up in poverty or in a nutrition-deficient household. They focus on the monetary value of food and are driven by getting as much food as possible for their money. As a result, they will clean their plate and possibly others, so as not to waste any food.

- The Emotional Unconscious Eater - uses food as their primary coping mechanism, especially when they have to deal with uncomfortable emotions, such as stress, anger, and loneliness. Their 'coping' ranges from eating a single candy bar to chronic binge eating.

I will come back to the Emotional Unconscious Eater when I outline the views of Dr Stephen Palmer Coaching Psychologist.

The Man V Fat Magazine provided a wealth of insights. Forum topics were very informative: Do you know why you're fat? And the article outlining why your "Mates don't want you to lose weight" is very relevant in understanding the schoolyard banter/bullying often experienced in R & M workplaces.

"The people you work with, live with and socialise with can have a huge impact on your weight loss, because they have the power to inform everything from your diet and fitness regime to your self-esteem. This can either be a real positive if they're cheering you on but the danger arises when this power is wielded irresponsibly. As Men's Health Forum editor Martin Tod puts it, "Men are less likely to recognise that they're overweight than women – and less likely to consider being overweight a risk to their health – so male friends will probably start off less than sympathetic."
The problem may be that your mates don't want you to lose weight. This problem tends to manifest itself in one of three ways. The first, and easiest to recognise, is bullying. Registered Dietician Aisling Pigott of the British Dietetic Association warns that because social occasions for groups of male friends tend to revolve around food and alcohol, and a positive change in behaviour for one member of the group can serve to highlight the extravagant behaviour of the rest. As Martin Tod, editor of menshealthforum.org.uk says, "Sometimes it's easier to make a joke about someone who's trying to lose weight than to confront that you might need to do it yourself."
It's all too easy to chalk this stuff up as friendly banter, but as Martin warns, banter can be harmful and counterproductive. When your mates are mocking you for ordering salad at the steakhouse or struggling to do your first sit-up, they're bullying you every bit as much as when they used to get you to perform the Truffle Shuffle back in school. As Martin advises, this behaviour stems from a psychology of hierarchy that exists in male peer groups. If the alpha male types become threatened it's natural to respond to a threat with increased aggression;

albeit that tends to be passive aggression rather than pinning you down and scenting you with their urine (if that happens, you definitely need new mates).

The second, slightly less obvious way in which your mates can ruin your diet is misplaced advocacy. This is where your friends, seemingly with their hearts in the right place, belittle your lifestyle choices by insisting that having dessert “won’t kill you” or telling you with cast-iron certainty that you need to do P90X or you don’t stand a chance. Pigott explains that in this behaviour stems from social politeness, “It’s the desire to ensure our mates don’t go without,” she says. “It’s the reason we continue to offer that extra lager or bag of chips, even if they are aware that the person is trying to lose weight.”

From Men’s Health Forum editor Martin’s perspective, the problem is that men tend to prefer to be more proactive than reactive; that we prefer to weigh in with our own opinions and be problem-solvers, rather than be supportive good listeners. All well and good when we have expert knowledge of a given subject, but we’re all too happy to blag it when we don’t know what we’re talking about.

The third, manifestation of your mates not supporting you is pure and simple apathy. It’s unlikely that your social circle will consciously aim to sabotage your efforts (see the note about urine above if so), but the bottom line is that people don’t like change and will usually do anything to maintain the status quo, so if you find that your mates are ribbing you for the “rabbit food” on your plate, or for cutting down on the lager and pub snacks, or for the way you look in your sweatpants, it’s important that you understand their motives. Once you realise that this behaviour says more about them than it does you, you’ll be able to look at ways to combat it.”

The Man V Fat online magazine provided a wealth of information and insights into the overweight man, his thoughts and behaviours. Many of the success stories highlighted had a very simple approach.

“My approach to weight loss is simple. Do as little as possible. Change your life as little as possible. Small changes can equal big impact. If you make something hard, you won’t maintain the discipline needed. Additionally, work on the assumption long term discipline is very hard, but short term discipline is relatively easy” - Take small steps, make small changes, sleep more, drink more water, it’s all about making changes you can actually do.

Stress and Comfort Eating:

Several studies have shown that the sweet foods we crave to relieve stress cause obesity, heart disease and type 2 diabetes. And so if sweeties are making us feel less stressed, then our brains can easily wire themselves into a dangerous cycle of comfort-eating. Mary Dallman, a stress and physiology expert at the University of California in San Francisco writes “Once stress-induced feeding becomes habitual, the problem-solver, executive part of the prefrontal cortex may no longer be actively engaged in the outcome; 'comfort food' intake may become a reflex." While occasionally eating something pleasurable to relieve stress will not cause obesity, she reasons, "habitual relief of life's discomforts using this means inevitably leads to obesity".

To make matters worse, she says, "emotional 'comfort feeding', when used repeatedly, results in primarily abdominal obesity", which is the kind most commonly associated with heart disease and type 2 diabetes. This is because abdominal adipose (fat storing) tissue is more sensitive to the combined signals of insulin and glucocorticoids than in other parts of the body.

I approached Professor Stephen Palmer, Chartered Psychologist and Coaching Psychologist, who is a Stress Management expert, as many men had admitted over the last 3 years of my outreach activities that they were stressed and often ate and drank more when they were stressed.

Stephen highlighted a key link as ‘Low Frustration Tolerance’ which can lead to comfort eating/drinking with boredom-stress or anxiety-stress. Low frustration tolerance (LFT) - refers to perceived inability to endure frustration, boredom, hard work, uncomfortable feelings, setbacks etc., and so unpleasant tasks are avoided or quickly given up when started. The philosophical core of LFT is ‘I can’t stand present pain for future gain’. For example, you want to become fit but the effort involved in achieving your goal is deemed by you as ‘too much’ and you resign yourself to staying unfit. LFT is a deceptive philosophy because it encourages you to think you are winning by avoiding unpleasant tasks or situations whereas your life actually becomes much harder in the long run as your unresolved problems mount up.

Low frustration tolerance leads on to Short-range hedonism. Short-range hedonism refers to seeking immediate satisfaction and pleasure at the expense of your longer-term goals. In order to reach your longer term goals, you usually have to forgo some (but not all) short-term pleasures – one of the hardest things for people to do is to work towards their long term goals while putting up with short term discomfort. It is this short-range hedonism that marketers of big brands target to influence consumer behavior. Wanting us to buy their product immediately.

Several Psychologists suggest that LFT is perhaps the main reason that clients do not improve after they have gained an understanding of their current condition and how they create it.

I will outline some of the reasons/statements given by the men during the health check that make this topic very relevant later.

Professor Brendan Gough (Social Psychology) at Leeds Metropolitan University gave me access to his unpublished study into *"How do male clients evaluate, and benefit from [i] a new male-targeted weight management service, [ii] an established service, and how can we engage more men to access and adhere to weight loss programmes within Nottingham City?" He recommended that:*

- Health promotion campaigns should incorporate
    - *pragmatic* (mundane functions) – weight loss can make everyday life easier
    - *normative* (appearance) – weight loss makes you look good
    - *experiential* (emotional) dimensions – weight loss makes you feel good
- Importance of goals, action (exercise) for men
- Weight loss tied to wellbeing, improved quality of life
- Slimming World could include more men in advertising materials (we know that this has started to happen)
- Any weight loss programmes could set up a Facebook page to increase participant engagement, support and communication
- Encourage couples to attend
- Bring a friend sessions could be initiated
- Exercise 'buddies' could be deployed when programme finishes; think about post-programme provision/ follow-up
- Consider waist circumference as an additional key performance indicator for weight loss programmes, especially when cardiovascular health is the main driver.

He also presented a range of themes that were generated from the thematic analysis of the interview transcripts:

- **Social support**

When asked what they liked most about attending sessions, participants from both groups frequently responded that they liked the group aspect. Many referred to a sense of community, 'team spirit', 'we're all in the same boat'. It was also important that other participants were similar in terms of body shape and age. Doing exercise with others was contrasted favourably with going to the gym alone.

In fact the gym was typically portrayed as an alien, intimidating environment where participants would feel very body conscious 'with all these muscles walking around'. Both weight loss programmes evaluated were described as very supportive environments, where participants

received encouragement from peers and staff, and group identity and commitment contributed to successful weight loss. In addition, men didn't seem to have a problem with mixed gender groups on either programme – being with other men was not a significant draw.

- **Body image**

Most men interviewed defined their body weight and weight loss targets along personal lines – very much reduced compared to medical assessments based around body mass index. In this way, the men's constructions of their body weight and wellbeing were very much in line with the 'health at every size' movement. The men also tended to compare themselves favourably with extremely obese others, especially those depicted in the media.

Nonetheless, although some men were relatively happy with their bodies, all men interviewed reported some degree of body dissatisfaction when asked about how their weight made them feel. Most men reported a degree of self-consciousness around their bodies.

Being able to fit into stylish and comfortable clothes was also a priority. For all, even modest weight loss was regarded as transformative. In sum, although men tended to minimize their body weight and associated problems, they were concerned about their appearance and part of the motivation to lose weight came from a desire to look and feel better.

- **Masculinities**

The men did not simply reproduce traditional masculinities (e.g. appearing strong, self-reliant and stoical) – they showed an interest in appearance, in diet and self-care in general, which are all conventionally feminized areas. At the same time, there was a degree of masculine framing of certain activities, including physical exercise. Some men seemed to enjoy an element of struggle and pain during the exercises as it brought about feelings of pleasure and a sense of achievement.

For overweight and older men, pushing their bodies in this way obviously carries risks of injury, and programme staff play a role in designing appropriate tasks and monitoring client capabilities. Although some men saw the physical exercise as a necessary evil, all the men clearly enjoyed the fitness and health benefits from weight loss, and most participants drew attention to improved everyday functionality.

Being able to carry out routine tasks was important for the men – a sense that they had control over their bodies without relying on others or looking slow and unfit.

The insights from this project have clear implications for obesity reduction programmes with

men, however, the project is based on only interviews with 30 men. It is also worth noting that ethnic minorities did not feature in their sample, the mean age of the men was 52, and they found it difficult to recruit obese men who were not engaged in a weight management programme. They reported that there is clearly a need for further research which encompasses different subgroups of men, which follows up men during and after participation in a programme, and which uses a range of methods (e.g. diaries, photo elicitation, observations).

Shift Work:

There has been some recent studies and media coverage suggesting that Type 2 diabetes is more common in people who work shifts. The findings, published in Occupational and Environmental Medicine, indicated men and those doing rotating shifts were at highest risk.

It is thought that disruption to the body clock affects waistlines, hormones and sleep - which could increase the risk. Possible explanations include shift work disrupting sleeping and eating patterns. One idea is that eating late at night makes the body more prone to store the energy as fat, increasing the risk of obesity and in turn type 2 diabetes.

The study suggests "The best way to reduce your risk of type 2 is to maintain a healthy weight through regular physical activity and by eating a healthy balanced diet."

This is very relevant as many of the men in the deprived areas of Gloucestershire were in Routine and Manual Occupations and shift work.

How Sleep Loss Adds to Weight Gain

Losing sleep tends to make people eat more and gain weight, and now a new study suggests that one reason may be the impact that sleep deprivation has on the brain.

The research showed that depriving people of sleep for one night created pronounced changes in the way their brains responded to high-calorie junk foods. On days when the subjects had not had proper sleep, fattening foods like potato chips and sweets stimulated stronger responses in a part of the brain that helps govern the motivation to eat. But at the same time, the subjects experienced a sharp reduction in activity in the frontal cortex, a higher-level part of the brain where consequences are weighed and rational decisions are made.

The findings suggested that one unfortunate result of sleep loss is this "double hit" in brain activity, said Matthew P. Walker, an author of the study and a professor of psychology and neuroscience at the University of California, Berkeley. A sleepy brain appears to not only respond more strongly to junk food, but also has less ability to rein that impulse in.

Some experts have theorized that in a sleep-deprived state, people eat more food simply to make up for all the calories they expend as they burn the midnight oil. But the new study

showed that the changes in brain activity were evident even when the subjects were fed extra food and not experiencing any increased sensations in hunger.

This was found to be very relevant as many men stated they had trouble sleeping.

Exercise guidelines hard to meet

Dr Mike Loosemore, head of Exercise Medicine at the Institute of Sport Exercise and Health at University College London who has been involved in the development of commercial exercise programmes, says people should be encouraged to do more "low-level" exercise - such as simply standing up.

For many of the population, 30 minutes of moderate activity is deemed impractical or unobtainable, so the idea that being more physical to improve long-term health is ignored or dismissed.

Most of us do not have the time, energy or inclination to make the effort, so the recommendations are not just failing to engage the population, but are positively discouraging people to participate at all.

But there is some good news. Even a small amount of activity can make major health gains, and this is what the population really needs to be taught. Every action, even a single step on a stair or standing up for a few seconds, can put you on a positive path to better health.

If you start to think that the smallest movement makes a significant difference, then every single person can take part and gain the powerful benefits of being physically active.

Simple movements, if practised regularly and consistently, can make a significant difference to your short-term and long-term health. Blood pressure and cholesterol levels drop, as your heartbeat and chances of avoiding diabetes or heart disease climb. Energy levels rise yet stress levels fall. Feelings of well-being and personal self-esteem can dramatically improve.

This was relevant for the office workers who engaged with the project. Less so for the Unemployed and R & M workers.

Workplace Health Programmes:

Paul Roberts is a Director of an Employee Health and Insurance Firm. He has over 1000 corporate clients covering over 500,000 employees and specializes in Employee Assistance Programmes, Occupational Health Services and Wellbeing Strategies.

Paul told me that the EAP industry in the US has regularly used coaching for weight management. However, it is still in its infancy in the UK. BUPA provides a health coaching service for weight management to its Private Medical Insurance Clients. I spoke with Alice

Moore (Healthcare Change Manager) and Jonathan Fineberg (Health Coaching Manager) at Bupa who told me their experience of coaching clients for weight loss and smoking cessation. They are struggling to engage clients for the 6 or 8 sessions and maintaining the weight loss. Their audience is a more professional group but they do cover many organisations that have a large R & M workforce.

Paul says Weight Management is firmly in the public health arena but sleep is gathering pace in the private sector as it is softer to go after this. It's relevant as poor sleep and poor weight control can be linked.

Clearly online technology is getting important in improving activity but they are not cheap and too diverse. EAPS can support and several are bidding for public health contracts for telephone coaching.

2. **Identify any additional local insight on the factors influencing men's health behaviours, including identifying what might motivate or prevent them from making lifestyle changes (with respect to diet, physical activity or weight) and engaging in health improvement interventions.**

Here are some brief highlights of the conversations I have had with key local stakeholders and subject experts:

- I spoke with The Team development Manager (Samantha Somerfield) for Slimming World in Gloucestershire and also several of their consultants who cover our target areas. They had all found that there had been an increase in Men attending their sessions since the weight management referral. However, this was still only around 10 – 15% of Men attending a group. The men who attend have a more medical motivation when attending. This was also the case before the weight management referral route. They either have or a risk of Diabetes, Blood Pressure, Heart Problems, Osteoarthritis – and these health problems prompt the men to come and stick to the programme.

  Men very rarely come for the more superficial reasons, it's not for body image like many women. They come as they have been told by the Doctor to come. They like to be seen to be doing well and often stick rigidly to the programme and often lose the weight and keep it off. They like the information booklets to follow, they are not too bothered with the chat of the sessions but like reaching targets and getting the awards.

  More men come in the evenings, very few in the day. Think workplace groups may work for men. They need more publicity material to include men but as the majority of their clients are women, it is focused for this group.

  Those who come with wives are more likely to succeed. They say 90% of the men do not cook and rely on their wives. So some bring their wives along so they can help to support. They may also be wanting to lose weight too. Men feel that they are not in control of the food and the women in their lives need to help them.

  They say men often are reluctant at first to get involved but once they start they get into the group process and share, support and inspire others to lose weight. They mentioned that the younger men were more open to talk about feelings etc. but men from all age groups are attending and losing weight.

- Tess Tremlett – Forest of Dean District Council Community Engagement said "Obesity is a wicked and complex issue". We need to provide interventions that attract different people for different reasons.

  Men have always been more difficult to engage in weight loss interventions – they find that around 10-15% are men who attend their programmes. But when men have

attended they were more likely to lose weight and keep it off. Men respond more to a choice – you can have your night out but you can work it off the next day by having a long walk etc.

She said the information booklet given out is very popular with men, detailing portion sizes, components of healthy eating, what food contains and healthy amounts, practical stuff that men like, understand and can apply easily to their lives.

She thinks the advisor is also important. The advisor should definitely not be more overweight than the client but also if the advisor is too thin and fit that may also put off some people. An advisor who is probably a good example of keeping healthy but not too obsessive about it would be ideal. I found that when I (Paul Rossiter) told men my BMI was 26.9 and that I would be happy losing around 5kgs and not 16kg's which the BMI calculator recommended, they totally understood and felt the same. Many said they would be happy with a BMI of 27-30 as they would never be BMI 22 which was the weight they were at 17 years of age. The CVD Outreach also supported this as we found that the advisor most approached for health information was Josh, who was training to be a weight lifter, he was not toned but looked strong armed and shouldered and Men wanted the same – to look strong.

Both Tess, Isabel (Health Trainers) and I spoke about using GP waiting rooms as an ideal location to reach people. If you could arrange a clinic in GP surgeries, then Doctors and Nurses could refer people and as there are often long waiting times there is an opportunity for people to talk.

Tess does not sound too keen on Slimming World as the main service as she finds many people go through 2 or 3 times, so they are not given the skills to sustain the weight loss.

She also said individual differences need to be taken into account. As some men are happy to be fat. All there family members may be overweight, their partner may like them overweight, and there may be psychological issues. Their partner may get jealous after the weight loss as they are attracting more attention.

- Gary Deighton, Forest of Dean District Council, Exercise and Weight Management Referral Coordinator: They are currently looking at changing their weight for life course, typically finding that around 10-15% of attendees are men. They are looking at getting away from the weight issue as main component and have a more general focus on health, wellbeing and exercise. Looking to engage with sports clubs and run programmes in conjunction with them.

  They may also consider running them in pubs and barber shops. Thinks sessions need to be very client centered, no one size fits all approach. Need to adapt to each individual who attends. Men come along who are not interested in the class but want to get a plan to stick to. But once they start they get into the group process.

Men like quick easy practical goals. The buddy scheme they set up at Coleford Gym works well. It works because they go not just to lose weight but get healthy, they also have chance to engage with others who may not be as overweight but have similar goals.

Thinks popularity of military assault courses (tough mudder, wolf pack, rat race etc.) would also be worth utilizing. Could develop a 3 month training programme leading up to an assault course race. Active Trails or Cycle Trails could be ideal.

Both Tess and Gary think workplaces would be an ideal location to reach a captive audience. A workplace programme run in partnership with organisations to improve health and wellbeing of their staff.

He was also keen to try a subliminal approach, where we would target obese men without them knowing we were targeting them and trying to help them lose weight.

They were very open to piloting any projects in their area.

- Tim Wood, Police Sergeant, Barton Community Engagement Team – Spoke with Tim and his team, they highlighted the sheltered housing schemes in Barton and Tredworth as being full of obese men. They said many of the men who frequent the betting shops and pubs on Barton Street are normally quite thin. However, the St James Club was highlighted as a good source of overweight men.
- Haroon Khadodia, Gloucestershire County Council and Zain Patel, 2Gether Trust both identified that many Asian Men rely on their wives/mothers for food. Haroon believed it was laziness on the part of most men. However, he is a daily gym goer. They highlighted that many have sedentary jobs, drivers, store owners or sitting at a computer.
- Blanche Mccalla, Co-ordinator Ebony Carers – she told me that many of the men from the Black Caribbean Community in Barton and Tredworth rely on their wives for food and nutritional advice. However, despite many women trying to get healthy, many men still request the unhealthy option.
- Farooq Ginwalla, Gloucester Asylum and Refugee Centre – he told me that the majority of Asylum and Refugee's in Gloucester were struggling to survive but there was a still a few men who were overweight/obese and needed educational awareness on nutrition. Many men live on their own or with other men in a similar position. They are not allowed to work and there are often confidence/self-esteem issues. Many develop unhealthy habits with food and drink.
- Glen Jarvis Kier Construction Site Manager Cinderford – he is also the health and safety lead in the area. He said that many men drink on their way home, eat very unhealthily during the day, with greasy café's and the sandwich van being the main source of food for construction workers. They have a very physical job but its not aerobic exercise. Many men are reluctant to see their GP or access any form of healthcare. He mentioned

that they hold regular toolbox talks for men on their sites and would be interested in running weight management/nutritional advice during these talks.

- Jason Robinson, Centre Manager, Eastgate Shopping Centre – I had been asked by Marketing Gloucester to deliver the NHS Health Check Outreach during residents weekend. The Eastgate Shopping Centre allowed me to have a pop up unit for the weekend. It was an ideal location to make contact with overweight/obese men. At least 50 obese men walked past me and over 100 on a Saturday. The Centre manager is very keen to offer community programmes and will support the programme with a pop up unit or stall.
- Health Improvement Facilitators (Anna Gibbins & Sam Ferris), both Anna and Sam emphasized the importance of taking the service to the client. Using workplaces and outreach to get the conversation going, build rapport and trust. The importance of being caring and understanding and not too pushy.
- Operations Manager at Turning Point Gloucester. She said there were a few overweight men who are referred to their service. Not for drug abuse but more for alcohol abuse. They are very keen to make every contact count and are considering developing their service to provide smoking cessation advice and would be very open to help their clients achieve a healthy weight.
- Emma Davis, Podsmead Big Local Support Worker – she told me that residents in Podsmead do not have access to a local GP or pharmacy. She has often found resistance when asking for health services to run outreach sessions in Podsmead. The sheltered housing schemes they support had residents from 55yrs of age upwards so were not ideal to reach our age group.
- Isabel Romero, Health Trainer Coordinator. Isabel said that the Health Trainers had also found it difficult to engage our target group. She identified Doctors Surgeries as a possible location for reaching and engaging overweight men. The obese men here would also have a health concern. We found that those obese men with a health problem were more likely to be open to and want to attend a weight loss group. The Slimming World representatives also found that those with health problems were more likely to attend their groups. Isabel also mentioned the Job Centre, Recruitment Agencies and Benefits offices as good locations to reach our audience.
- The GCCG Community Engagement Team (Becky Parish, Caroline Smith, Karen Collyer and Dave Marshall) all helped in identifying where and when would be best to reach our target audience.
- Paul Rossiter, Health Outreach and Gloucester resident. Having delivered health outreach activities to many of Gloucestershire's hard to reach men over the last 3 years, I have gained a good understanding of their health behaviours. Many men would prefer to be "strong rather than skinny". They like a more holistic approach, for e.g. the focus should be about getting fit and strong rather than losing weight or stopping smoking.

Once they trust me and we have developed a bit of rapport, I find many of the men very curious to know more about their health and very good listeners.

I have noticed the huge increase in numbers of men using steroids, bulking up and becoming musclebound very quick but then stopping exercise and not losing the weight. There has been a huge rise in the numbers and popularity of cheap food outlets (99p sandwiches and Fried Chicken shops). I am seeing more people with Mental Health issues in the town centers.

During resident's weekend in March, Eastgate Shopping Centre and Marketing Gloucester invited me to deliver my NHS Health Check Outreach in an empty retail unit. I was there for 3 days and on each day I counted around 100 men who would probably have a BM of over 35. They were reluctant to talk to me but there was a high footfall of them.

3. **Generate practical insights on what type of weight management support (if any) men in the target audience would prefer, including gauging reaction to models used elsewhere and establishing appropriate: approaches, settings, channels, messages and providers. This should also include exploring options for community based or peer to peer led approaches;**

- Out of the 206 men who met our target criteria, 153 said they would not be interested in any sort of weight loss programme/support group, whether it be slimming world, at a sports club, workplace or downloadable. They wanted to lose weight on their own, doing it their way.
- However, the majority of this 153 did express an interest in a health manual/booklet that would give them all the information needed to lose weight(correct portion sizes, exercises, recipes, calories information etc.),they would then apply the information and make it work for them.
- 38 men said they would be open to attend a weight loss group. Roughly 50% of these were happy with any group and 50 % expressed preference for men only or a sporting focus but would still be open to any support.
- 25 men had lost weight recently or in the past 5 years. 5 of these had used meal replacement diets. The majority of the others had made little changes, eating less, trying to choose healthier options and doing more exercise or activity. The ones who had made huge losses had focused on small changes and small goals e.g. 1lb a week or not even focusing on weight but reducing their waist size or how quickly they could walk around the block.
- 13 men had quit smoking and gained weight, 10 of these had gained 10kg's or more. They all said they had replaced the cigarettes with snacking on junk food. There is an opportunity here for the smoking cessation service to provide additional support on weight management. However, all the men who quit smoking did it on their own, not through the smoking cessation service.
- Just over 50% of men were in R & M jobs (not everybody provided Occupational info). Just under 15% were unemployed and 35% were from office/professional occupations.
- 32 men had said stress/depression had been a major factor in their lives and impacted on their health.
- 49 men drank at least 8 units + at least once a week. 25% of men were binge drinking once a week. Many were quoting the weekly allowance and did not know that double

the daily recommended amount was considered binge drinking. They often laughed when I said 4 pints in a single sitting was considered binge drinking.

- There were 30 current smokers. Half of these still enjoyed smoking and were not thinking about quitting. The other 50% put quitting smoking ahead of losing weight, and again the majority were opting to quit when they felt right, when they were ready. Often saying they had just bought an E-Cigarette and would try that first. They all knew about the smoking cessation service but they did not want to use that. Several men who were overweight and smokers, who had previously failed to lose weight and stop smoking expressed a sense of hopelessness about the situation. “well, you have to die of something, I still enjoy my food, smoking and a pint – I don’t have much else, who wants to live forever”
- 93 men were either married or had a girlfriend. I can’t assume the rest were single. I would estimate that at least 40% were single. The single men often had poorer diets, which included more convenience food. They were also more likely to smoke and drink.
- 55 had comorbidities and 25 had injuries. Those with comorbidities had often made lifestyle changes. Cutting out sugar, salt, smoking and cutting down on alcohol. However, many felt the medications they were on did not help them to stay active. They were constantly aching, having joint pains and feeling very lethargic and low on energy and motivation. Those with injuries often complained of the difficulty of not be able to do what they used to, and never finding a suitable replacement exercise.
- BME Groups: There were 44 men from BME groups. 23 of which were Black men (Black British, Black African, Black Caribbean). The majority of black men were not that concerned about their weight. It was only those with a BMI of 35 that expressed a desire to really lose weight, and these men were in their early thirties. Almost all of those with a BMI between 28 – 33 were aware of their belly but not interested in losing weight. Many said they still felt strong and it wasn’t effecting their ability to work or run around.
- Only 2 Black Men would consider a weight loss group but at least 50% were interested in more health information through a manual/health talks or health checks. I have been invited to attend Jamaican Independence celebrations at the park on 3rdAugust to deliver health checks. Several of the Black Carer groups have also expressed an interest for me to deliver mini health checks.
- There were 5 Eastern Europeans. They were all shocked by their weight. They all told of having a sporty/active past but had put on weight since coming to this country. They all looked solid but had big bellies. They all wanted to lose between 10-15kg’s and they

wanted to do this by being more active, getting a more physical job and cutting out the rubbish food.

- 13 Asian Men. 50% were in the catering industry and the other 50% were office based. The restaurant staff were living together, all men and said they had poor diets. They were also all born and raised in Bangladesh. All the Office based Asian Men were British Asians. They said busy lifestyles and family commitments hindered opportunities to do exercise and eat healthily. None of the Asian Men were interested in a weight loss group. They all wanted to do a bit more exercise.
- When discussing weight and BMI, many men stated they would be happy losing a little weight which would put them at a BMI around 27-30. Very few thought it was realistic or helpful to be told they need to lose an amount which would give them a BMI of 20-22.
- The little bit of weight they were concerned about was on their belly. Not because of how it looked but rather they knew it was unhealthy. There were 4 men in their early 40's who had all used meal replacement diets to lose weight. They had all succeeded but had put weight back on. They had used these diets several times and they worked for them. It was these men who mentioned that they felt good when their clothes fitted right and they could wear nice things.
- Even though the majority of men were not interested in support to lose weight. 70% of working men all thought a workplace health and wellbeing programme would be a good idea to help them adopt healthier behaviours. As time and convenience were big factors in maintaining healthy behaviours, they thought a workplace programme would help them save time and get home earlier. Some suggested showers onsite would encourage men to cycle or run to work. Using flexi time to have a longer lunch and fit a proper workout in. If the workplace could provide a canteen why not a gym and more healthy tasty food. If exercise classes or information talks could be delivered at work, they would be more likely to attend.
- Many of the men from R & M occupations were less likely to think that a workplace programme would work. It may be because of the school like banter of male dominated R & M occupations. Having delivered outreach activities in many of these workplaces, a culture of making fun (almost bullying) is very common. Making comments about size, hair, looks, lifestyle is very common and if they are doing something which is out of the ordinary for the group, they are more likely to be targeted. Unless you are the top man.
- Many of the working men complained of trying to get a good work life balance. They found that they were working longer hours and then had very little time and energy to make an effort to be healthy. Many said they were just too busy to fit in any activities.

- The Workplaces and Town Centers produced better results than supermarkets and industrial estates. Town Centers had a very high footfall of our target groups. However, it is possible to be overwhelmed by the amount of interest you can get. Often people want to offload and share their health stories, which can be heartbreaking.
- A lot of men commented that they liked the non-pressurized style of the health check. They did not feel preached to. They did not want to be nagged or told what to do but rather given the information and then they can adapt it to fit their goal.
- Many said they were not concerned about their weight but rather how strong and active they were. If they could not perform their job or activities because of their size – that would be a trigger for concern.
- Many men said they were confused over what is healthy. Labelling was also confusing, needing a calculator to work out how much of their RDA was in the sandwich. Should they be concerned about fats or sugar or salt content? Many said they were beginning to distrust health information as it was changing too often.
- Many expressed a desire to do something they enjoy and as a sideline get fit and healthy. Some wanted a return to their previous more physical job that would help them get fitter.
- Several men identified that the culture did not allow men to be ill which discouraged them from seeking support. They hated the idea of Man Flu, it's like 'we are not allowed to be ill'. We have to be big and strong not skinny.
- Several older men felt they were not doing too bad as many of their peers were larger than them. The younger men stated that many of their family and friends were also bigger than them which made it difficult to make lifestyle changes to lose weight.
- Many men who were on statins, complained of the side effects of the medication. Joint pains, lethargy, and feeling 'totally ruined' by the medication. They also blamed the drug for their weight gain. They often expressed a dilemma – they knew the drug was helping keep their heart healthy but they also felt it was hampering their wellbeing.
- When I asked men what would be the first thing they would do to lose weight the majority said to try and do more exercise/activities and be more careful about what they eat. They did not want to diet but cut out the junk food.
- Men highlighted that they enjoyed monitoring, checking and recording information. They like looking for the best price, best deal and once they had made a decision would be more likely to look at labels – even though they could be confusing. This was shown by several men who had already made lifestyle changes with regards to weight and

blood pressure. Several men praised fitness App's and the mechanism to record calories of foods by scanning bar codes, to calculate calories burned after activities/exercise.

- When considering an App, I think more research needs to be done on obese men's consumer behavior. I also think that products and services need to follow the trend of gamification – using games to get the public to engage and interact with products and brands, making them more sticky (The people just keep coming back to play the game).
- Many men expressed desire to do circuit training more than go to the gym to do weights or go for a run. Several local gyms have also picked up on this need and have put more emphasis on circuit training and shorter duration classes that fit needs of a busy/time limited client. It also builds on the latest research that High Intensity Interval Training is very good for health promotion and fat loss. This was also supported by the amount of men who had heard of the insanity workout (a 30- 45 intense workout available on DVD), it was a one off payment for the DVD and they could start exercising in the privacy of their own home.
- Many of the men spoken with who had made attempts to change behavious had done so on the back of a health concern. Could have been a cholesterol/blood sugar test, high blood pressure or heart problems. Many men spoke of a need of a yellow card or ultimatum from a healthcare professional to make a change.
- Many men expressed desire for immediate feedback and quick progress in any attempt to get healthier. They wanted to see results quickly and were worried that lack of progress would demotivate and derail the change.
- Feeling tired, lacking energy and enthusiasm was very common in many of the men I spoke with.
- Many men also mentioned problems sleeping and several had sleep apnoea. Which added to the feelings of low energy, tiredness and lethargy. Many stated that their unsociable working hours were the main contributor and also having so much to cram in the day left them with fewer hours of sleep. They had got into a pattern of sleeping around 6 hours a night.
- Men with partners said they were often not in control over food at home. Their wives looked after the cooking and groceries. Many said their wives were very health conscious and also battling weight too. However, they often admitted that it was their snacking and diets at work which probably contributed to their weight more.
- Single men highlighted the need for food preparation to be quick, easy, simple and healthy for them to even contemplate trying to cook it.

- Car use and commute to work time was also highlighted as a hindrance for more physical activity. One man who had learnt to drive later on in life – put his weight gain solely down to driving a car.
- Men often highlighted the lack of shower facilities at work put them off cycling or jogging to work. They did not want to start the day of smelly. Some workplaces did have a shower but there was high demand for it in the mornings.
- Many men admitted to feeling very stressed or having several periods of depression in their lives. Sometimes identifying an extremely traumatic period being the catalyst for weight gain. Since that event they have had bouts of depression/anxiety that hinder the ability to maintain a healthy lifestyle. As when they are down they adopt unhealthier habits and when they are up they are motivated to make changes and adopt a healthier lifestyle. However, this can be disrupted almost monthly by a low period.
- Here are some of the reasons/statements given by men who fail to persist in their weight loss/healthy eating goals or sabotage their efforts at doing so:
- "I am not me anymore" – heard this a few times. The apparent loss of identity can halt the process of change in its tracks. Giving up familiar but self-defeating thoughts and behaviours can feel 'strange' or 'unnatural' as they work towards acquiring a more productive problem-solving outlook. This dissonant state created by the clash or tension between the new, emerging self and the old, 'clinging' self can lead you to give up trying to change in order to feel 'natural' again. "I had got down to 15st but I looked ill".
- "I have always been big. I can't change" – they had a view of the hopelessness of change. People who develop addiction problems, for example, may have pre-dispositional characteristics such as low tolerance for coping with unpleasant feelings or frustrations in their life, being sensation-seeking and avoiding boredom, needing instant satisfaction, and displaying a pattern of automatic, non-reflective yielding to impulses.
- "What if I'm not successful" – which usually means that all your efforts at change will have been wasted if you do no achieve their goal. They want a guarantee that their perseverance will pay off and as they know they cannot be given one, this provides the rationale for not pushing yourself.
- "I'm not making progress, so I might as well give up" – many said that they get de-motivated if their weight plateaus - this statement may reflect their disenchantment with change because they are not seeing immediate progress as well as reflecting their ambivalence about change. They may have declared in their mind that if nothing happens by the end of this week, then there is no point going on. This reinforces their

uncertainty about wanting to lose weight (as might be getting pressure from others to do so) – however, change usually occurs in small steps rather than one giant stride.

- "I'm too old to change"- this comment may be a mixture of low frustration tolerance, fatalism and a genuine belief that at a certain age you are set in your ways and nothing can dislodge you from them. – You may find that stopping smoking, losing weight, cutting down on unhealthy foods, regular exercise, pursuing social activities can add more vigor and fun to your perceived 'past it' lifestyle thereby giving the lie to the adage that you cannot teach old dogs new tricks.
- "I am happy the way I am" is not so much a statement of genuine contentment but a fear of being even worse off if the change process fails. Hence they decide to stay in their rut rather than attempt to leave it.
- "I am too busy" "there are not enough hours in the day" – these expressions indicate they are not in control of time: they keep chasing after it or are weighed down by it. Men often said their days are distressingly full, nothing can be cut out and everything is equally important. 'I can do nothing'
- The bus attracted many visitors and many men commented that it would be ideal f they could just drop in to check their weight, BP, Blood Glucose, Cholesterol and monitor their progress. They did not want to commit to regular attendance. Many were not keen to go to the Doctors or see the nurse.
- The Mini Health check acted as a great hook to engage men in a conversation about weight. However, the health check would take 10-15 minutes and the follow up questions on weight would also take 10-15 minutes. Many men were just popping in and wanted to be in and out in 15 minutes. The better, more accurate information and insights were obtained from men who spent longer with me.
- The NHS Health Check outreach also confirmed that many men were reluctant to take up the invite to have a health check with their GP. The majority would prefer a drop in service at a convenient location. The mobile bus and mini health check is great to catch people who may not be aware of their health and act as a trigger for making behavior changes.
- I found it very difficult to arrange focus groups for this project. There may be several reasons for this. I was relying on workplace/community champions to help recruit for sessions. They were happy to arrange a venue but think they may also have had other priorities and did not want to target overweight men specifically. I had the impression that in the one focus group that was conducted, if I had given a choice to the overweight men, they would have rather spoke on a one to one basis. It was the Senior Manager

who insisted we ran the group and I found that the 7 men who were in our target group did not contribute that much. However, when I saw them on a one to one after they spent at least 30 minutes with me. Finally, as it was proving difficult to organize focus groups, I concentrated on setting up sessions that were conducted on a one to one.

4. **Identify and profile the key segments within the target audience and make recommendations on appropriate approaches for each segment. This should include**

consideration of the influence of variables like lifestage, age, income or employment status, ethnicity and household make-up.

- I found it difficult to profile and segment the target audience because of the time variations I had with people. The majority of men were seen for a maximum of 15 minutes, and it was difficult to conduct the health check, build confidence and trust, and record all the information in that time (People were often waiting).
- I found very little differences between men by Postcode. More differences were apparent for age, ethnicity, occupation, relationship status, comorbidity.
- All the audience and behavioural insights identified in the specification were very relevant for our target audience.
- Many highlighted the connection between their weight and health problems or significant stressful life events. It was these men (with comorbidities and injuries) who were more likely to consider a weight loss programme. However, they emphasized more holistic support and focus on physical and emotional wellbeing.
- There were equal amounts of men who were single and in a relationship who would also be open to weight loss groups. It's very hard to find clear differences between many of the men I spoke with.
- Several of the married men expressed a preference to get healthy with their partners. Slimming World also confirmed that those men who brought their wives along were more likely to stick to the healthier diet and lose weight. A weight loss service aimed at couples would be ideal. I know the smoking cessation service are offering support to couples and it works very well.
- Single men often placed importance on social activities and spending time with friends. However, it did not make them more likely to want to attend a group. Some did suggest a preference for teaming up with a friend to do more exercise.
- Almost all men preferred to focus on getting fit and healthy rather than losing weight. They wanted a positive goal, not a negative one of cutting something out, stopping, losing.
- Many men suggested that their concern was not being able to run up the stairs or play football with their mates, children or grandchildren. It was more of a concern if they could not do the activities they used to do rather than being overweight.
- Most men mentioned a need for a change in attitude and motivation. "I am just knackered and can't be arsed at the moment – if you could help me change my attitude that would help"

- Many men said the focus should not be on their weight but the shape and size. Many knew that BMI could be skewed if they carried more muscle. It also gave them an excuse if they had broad shoulders and big arms, they dismissed the health impact of a large belly.
- I also found that across all men language and terminology was very important. They did not like the terms obese and BMI. They wanted to talk about strength, fitness and being healthy. They thought the term obese conjured up the image of needing fireman to life you off the couch.
- I think size was a big factor in what type of support they would be open to. The larger they were the more helpless they were feeling. With several saying that intensive regimented support from Doctors, Personal Trainers, and Nutritionist would be needed. The larger men often described an ongoing battle with weight.
- Several of the larger men felt they were very low on confidence and self-esteem, they were reluctant to seek help as they were just so low on confidence. They wanted some quick wins first to boost confidence and then start thinking about exercise or groups.
- I also found that men were less likely to be knowledgeable about healthy eating and the majority relied on their partners for cooking. It was their day time dietary habits that often were highlighted as the problem. This was affected by working hours, deadlines, workload and convenience. This was true for almost all working men.
- Many of the men were keen on quick wins to boost confidence and then decide on the next goal. Long –term goals were seen as a de-motivator and unrealistic. This was across all postcodes, ages, occupation and relationship status.
- They were very keen on a straight forward matter of fact approach but as long as they were told how to do it too. “Is easy to say I am fat and need to lose weight but the Doctor/nurse did not tell me how to lose weight”. They were also very keen to modify and adapt health strategies to them. They wanted to make it their own. It also had to be simple and convenient.
- The men all enjoyed and welcomed the health check. They thought it was important to know where they were at. Many expressed that they would also like to have a diabetes and cholesterol check too but were reluctant to go to the Doctors of Pharmacists. It was often mentioned that a yellow card (health warning) as this type of health check would trigger a change in their behavior, very much like smoking when smokers often say they want an ultimatum from a healthcare professional – stop or else.
- Those aged between 25-35 often said they had young families or were thinking about families and this was a time when they became concerned about their weight and had

begun to think about making changes. This is also contrasted with those of the same age who feel that they are so busy with work and commitments of a young family to do any sort of activities.

- Black men whose BMI was between 28-34were very unlikely to think their weight was an issue. Many said their weight was not an issue, if anything their belly was a getting a bit big. They were not interested in groups but would read/listen to more information at community venues or the bus.
- Travelling/commute to work was also highlighted by many men as a factor for engaging in healthy behaviours. They were spending an hour and 20 mins commuting to and from work (Forest). There may be an opportunity to reach this audience with posters on traffic lights at traffic Jam hot spots. After a long day at work and an exhausting commute many lacked the energy to get off the couch.
- I think I was hoping to find a new breakthrough insight into why men are overweight and what would help them lose weight. My findings have supported the audience and behavioural insights stated in the specification. I think more research is needed, with more time spent understanding men's thought and behaviours that increase and maintain their weight.

Recommendations:

Most of my recommendations are flexible and can be adapted for different profiles. I think its important for all approaches to be client centered and very flexible to meet the needs of each

individual. As Tess Tremlett said, Obesity is a complex and wicked issue, with many factors influencing weight gain and maintenance.

Almost 80% of men stated that they would be interested to find out more information. Detailed information on how to lose weight, how to eat healthy, what was healthy, what were good exercises etc. Similar to a men's health manual. They did not want it to be too complicated. Like food preparation they wanted advice to be quick, easy, simple and easy to adopt. This could be tailored for different age groups and ethnicities.

Did you know booklet/Campaign: To engage their curiosity, stimulate learning about weight gain and also provide them with the correct information. E.g.

- Did you know that a 2ltr bottle of coke contains around 900 calories?
- Did you know that drinking a soda a day for 6 months increases liver fat by almost 150%?
- Did you know using a problem solving model could help you deal with stress and support you to lose weight?
- Did you know that just 30 minutes of moderate activity 5 days a week could lower your Blood pressure?
- Did you know getting 7-8 hours' sleep a night can help you lose weight?
- Did you know swapping to water could result in 2lbs weight loss a week?

How to booklet? Telling them what activities needed to achieve their health goal. E.g.

- How to lose weight?
- How to eat healthy?
- How to start doing more exercise?

Men's Health Manual:

I also think a men's health manual will be very well received by men. Many of the men who had been to Slimming World said they liked the information booklets given out but did not care much for the group process. The majority of the men I engaged with told me that if they had all the correct information in a quick and easy format to follow they would stick to it.

Using the Haynes Car Manual format and design as an example – we should produce mini manuals for different age groups, ethnicities and services. Manual to lose weight, eat healthy, recipes, stop smoking etc. Haynes already do the Man Manual which is all about health – it costs £15 and 50p is donated to the MHF on each copy.

I think any material needs to be small and discreet, many men do not want others to know of their concerns or what they are trying to do (it can be kept and fit into the glove compartment or back pocket).

<u>The GCCG Information Bus:</u>

The bus was very effective in getting us noticed and encouraging people to enquire about our activities. I chose to use the NHS Health Check Banner as it looked more official. My concern was that people may think we were selling something and avoid us. I also had several posters printed that highlighted it was men only and stuck them on the Perspex barriers of the bus, there was also an A board with Men Only Posters.

We did find that during the sessions in Gloucester Town Centre, the bus was a hub for anybody and everybody. I found it difficult to actively be on the street and targeting overweight men as I was dealing with many questions from the public. However, Gloucester town Centre was the best venue and produced the most amount of health checks for our target audience. Many used the bus to vent their frustrations with the NHS, Doctors, Mental Health services and even the lack of public toilets.

<u>Mobile Beard Trims/Haircut for Fat Men:</u>

In future, the bus décor and exterior should be modified to look a little less clinical. I recently heard of a Social Marketing Campaign for Perrier Water in Barcelona. They had a Vintage Van made up into an authentic barber shop inside. It offered free beard trims for men and manicures for women. Participants had to have a picture taken with the van and product, then post it to their social media (Facebook, Twitter etc.). Perrier were targeting the 20-40 yrs old hipsters.

I really like this idea and think it would be a great way to engage men. We could offer a beard trim or basic haircuts for overweight men. We would have to use a local barber and maybe work in partnership with local barbers so they do not think they will lose business. Each man has to talk to the barber/advisor about health issues and will also have to post a picture of themselves at the barbers onto their social media. They will also commit to a health goal and agree to a follow up call or a series of follow up/coaching calls.

During the CVD Men's Health Outreach Project, I delivered health checks at several barbershops in Gloucestershire. Barbers and hairdressers are often the informal counsellors in the community. They have a unique opportunity to have 20 – 30 minutes one to one with men who often open up and share their feelings. I have recently read that in the US, an $8.5million

grant goes to train black barbers in Los Angeles to check black men for high blood pressure. I think Barbers in Gloucestershire will be ideal to help reach men and influence health behaviours. I have spoken with several barbers in Gloucester and they all seem keen to offer an additional service. However, it will be very important that the barber will have to practice what he preaches.

A sponsored/branded health barber or health taxi would also work to reach our target audience.

Taxi Drivers, Driving Instructors, Benefits Advisors, Job Centre and Recruitment Consultants also have one to one time with our target audience. I think there is an opportunity to develop the interaction/relationship with their clients to talk about health and signpost them to relevant services.

Healthy Food Tasting:

Many of the overweight men said they were fussy eaters. Saying that healthy food looked and tasted boring. They just did not like healthy food. Some saying they only eat green veg with a roast dinner on a Sunday when they visit their mum. People don't like change so we have to build confidence to deal with change and enjoy exploring.

Displays could be set up in Town Centers for healthy food tasting. Very few men will refuse free food. Hopefully the food will taste very nice, the man will be able to talk about healthy eating with the advisor and also be given a recipe for the dish that will be quick, simple and cheap to make. This will be suitable for the single men but also for the 85-90%of men whose wives prepare all their food at home.

The food would have to be made with products obtained within close proximity to the town Centre and very cheaply. It would also have to take between 5-10 mins for a lunch or 10-15 mins for evening meal.

Just 1% of men answered yes to all my dietary assessment questions – thus having a good diet. The majority 70% + answered no to 2 or more of the questions – thus having a poor diet. Many men in the initial 5 minutes only ate healthy, did not snack but after 10 mins the truth began to come out. I think it's important that to spend as long as possible with the men to get a true and accurate picture of their health behaviours, it also builds trust and rapport. They will then be more likely to listen to the options available to them.

Less than 5% managed to get 5 fruit and veg in a day. I would also say around 10% of men thought 5 a day just meant fruit and 1%thought it referred to types of exercise.

Healthy Sandwich Van:

A healthy sandwich van that patrols workplaces, building sites, industrial estates would also work very well. Selling meals that use cheap local fresh food and giving out recipes and information on portion sizes. Men often mentioned that convenience was the main issue. They often said if I am going to cook it needs to be quick, simple, cheap and healthy. The main slogan should be cheap healthy, quick and simple to prepare food! We would also have to be wary of annoying other mobile sandwich companies. However, I have seen several sandwich vans target the same companies, industrial estate or building site.

Bus Transport: “Can you walk to the next Stop?”

Bus Drivers and Bus Stop advertisements may also be a great way to engage with our overweight audience. “Can you walk to the next stop” It should not affect the use of buses or their revenue. The Bus Driver should also be a good example of healthy lifestyle. However, I found Stagecoach very difficult to engage with, I have approached them for all my health outreach projects and have not managed to get access to their drivers.

The Weight Management Advisor:

The shape and size of the advisor is also very important. Many men said that the nurse who told them they were obese was actually bigger than them, making them very unlikely to listen to their advice. Many also mentioned that going to a gym where everybody was musclebound or looking extremely fit or skinny may also put them off. This probably explains the popularity of fat gyms in the US. They are out performing all other gym chains. Many people will join a gym when they are keen to make a healthier lifestyle change and they are the first port of call for health information.

The advisor needs to look healthy but not that they are obsessively healthy when engaging with obese men.

Partnering with Small Local Gyms:

I have noticed several smaller local gyms appearing with cheap membership rates. These often do not have the latest equipment or the hard sales push. They are often run by members of the community and are the first point of call when people want to get healthy and lose weight.

Many of these gyms do have a lot of young men who just want big muscles and may abuse steroids. However, there has been a rise in Gyms offering shorter more intensive circuit training classes. They are adopting the latest research on High Intensity Interval training that can have significant effects on weight loss and fitness. Gyms are also a convenience business and a 30 minute workout at a gym 5 minutes from their house will be very appealing to many with a busy lifestyle.

Many men who worked complained of long working hours or doing unsociable hours, not having the time to attend any class. Many men also think that when undertaking exercise it will be for an hour or so, and after a shower and then drive home it will take up about 2 hours of their time. We need to emphasize that 20-30 minutes of exercise is very good and can have significant health benefits. We also need to provide 20 – 30 minute workout routines that can be done in the spare room or garden.

High Intensity Interval Training/Exercise (HIIT/HIIE): The rise of intensive workouts on DVD 'Insanity' and also gyms putting on intensive exercise classes in 30 min and 45 min duration. Makes it more appealing to busy people. They are also set up for anybody to attend – many smaller gyms have done away with classes for different levels (advanced) as it put many local people off attending. Some gyms even allow kids to watch from the sidelines and as it is only 30 mins, the parents are only out of the house for 40 mins.

Corporate Wellness/Workplace Health:

Nuffield have just bought Virgin Gyms and they may be open to working in partnership on health awareness and behaviour change programmes. They have a large corporate wellness business as do Bupa and have many corporate clients in Gloucestershire. Many Employee Assistance and Corporate wellness Programmes in the US use health coaching to support behavior change on weight, diet and physical activity. It is still in its infancy in the UK, however I think the major players in the UK market will all be open to partnerships with Public Health – I know several are already bidding for telephone coaching work in other parts of the county.

Many men stated that their workplace would be ideal to reach our target audience. The workplaces used for this piece of research were very productive sessions. The workplace wants to be seen as a caring employer but does not want to spend much money. They will promote any workplace initiative and encourage staff to attend. You have a captive audience and many staff will engage as they are reluctant to take time off work to visit a health care service. If they can drop in for 15 mins and return to their desk quickly they are very happy and so is their manager.

A Workplace Health and Wellbeing Programme is essential to improve the health behaviours of Gloucestershire residents and will reach the majority of residents. The mini health check would be the main focus of the workplace programme. There is a risk that residents from outside of Gloucestershire or very healthy employees would want to take advantage.

Mini Health check:

The mini health check has shown to be very effective as a hook to engage hard to reach men and talk about health issues. Many men have said that they made a decision to change their lifestyle after having a health check where concerns were raised. I think the mini health check needs to be extended to cover point of care testing for blood glucose, cholesterol and maybe liver function. These are the tests men ask about and would be interested in having. They do not want to go to the Doctors or the Pharmacist – and they want the result almost immediately. High readings on the blood glucose or cholesterol test would be more of a trigger to seek out and adopt healthier behaviours.

The Slimming World and Weight referral Team both said that the majority of men who came to their sessions had a health condition. I also found that the majority of men who were open to attending a weight loss programme were more likely to have a health concern (High BP, Diabetes etc.).

A mini health check campaign that focused on just workplaces and town center's for 3 days a week could easily deliver 60 health checks on men in our target areas per week (250 a month, 3000 a year). The health checks could be delivered on Employer premises, CCG Bus or even a modified Camper Van (I have just heard of an Occupational health Firm in Swansea delivering medicals to their corporate clients in an old converted VW Camper Van.

Many men liked the idea of dropping into the bus every couple of months to check their progress and speak to someone. It was quick, easy and convenient and they did not have to wait. It's all about convenience with working men, longer working hours and commitments at home limit the opportunity and energy capacity to engage with health services.

The health check should also have a more holistic focus and ask about emotional wellbeing. Many men were open to a more holistic approach and need help with time management, assertiveness, problem solving, confidence and self-esteem, action planning and careers advice. Health coaching that could be accessed on a rolling basis would also appeal, they could drop in whenever they needed support.

Consumer Behaviour:

I think it is very important to understand the food purchasing behaviour of men. The majority of men in relationships depend on their partner for cooking and shopping. They often say it is the food they consume when they are at work or at social events that is the main problem. If we could explore the message they notice that trigger food purchases we could understand and plan how to counteract it. The Big food companies spend billions on advertising and getting us to buy their product now. If we can adopt some of their strategies we may be able to make a difference.

Work/Life Balance and Time Management:

Many men said they were struggling to find a good work life balance. Many said there were not enough hours in the day to get things done, spend time with the family, do some exercise and get a good night's sleep. Work often was prioritized and then family. Exercise and sleep were at the bottom of the list.

I think workplaces need to be engaged with and encouraged to support their staff get healthy. The benefits of a healthy workforce will be less absence and recruitment costs, and they will be more productive. Workplace health and wellbeing is often superficially addressed and often the first thing to be axed during hard times. It is also the more professional organisations that provide services for their senior staff. If we could provide a workplace service targeting lower level staff, workplaces would be keen to offer a free service to their employees and promote it.

Developing people's time management skills will also allow them to make better use of their time and increase energy and motivation, and also decrease stress. This more holistic approach will help build people's confidence in their abilities to make and stick to new health behaviours.

Stress Management:

Stress Management interventions are also very important in building up men's capacity to make and stick to new behaviours. Around 15%of men mentioned stressful lives as a contributory factor in their weight gain. However, there has been research suggesting that 30-70% of everyday GP consultations may have stress as one of the underlying factors.

I often think unhealthy behaviours such as smoking, drinking (alcohol or sugary) and comfort eating rob the individual's ability to develop healthy coping mechanisms for dealing with stress. At the first sign of stress they reach for the cigarette, have a drink as a reward for a stressful day or just eat something nice for an energy boost.

By giving men problem solving skills and stress management tools they will be better able to deal with what life throws at them and less likely to resort to unhealthy coping behaviours.

Corporate Social Responsibility

Many large organizations are looking to improve the health and wellbeing of their employees, clients and communities. They have large budgets and are open to working in partnership to make a difference. They are often doing it for PR purposes so the messages will definitely get promoted.

Green Gyms

I have seen a few in the Forest but they are never used. They are often put near children's play areas and are metal equipment. Maybe more natural materials (wooden gates etc.) in a more natural environment may be more appealing (Forest, playing fields).

Increasing Energy and Improving Sleep

Many men mentioned feeling a lack of energy and enthusiasm, as well as sleep problems.

Message and techniques to increase energy and enthusiasm may work well to make health changes. Maybe a campaign that focused on a more positive goal of increasing energy would appeal more to men than trying to lose weight. They often wanted to veg out on the sofa in the evening after a hard day's work.

Many stated having sleep problems. Sleep may be seen as a softer approach to target weight. As Gary Deighton said it may be useful to target weight loss in a subliminal way by helping improve sleep.

Street Health Walkers

One man mentioned Street Pastors and their attempt to engage and befriend drunks. I do not agree with any religious approach but think the idea of roaming health coaches could work. They would have to be well connected within communities and also have the interpersonal skills to engage with a wide variety of people. They would be very convenient to access and could start building relationships and encouraging health changes.

Health Monitoring and Apps

Men like monitoring, checking and recording information. Several men who had high blood pressure showed me the spreadsheets on their phone monitoring their BP. Several of the men who had made changes and had been losing weight – highlighted how they had been using an App to help them identify high risk foods, what activities were having the most effect etc. Men

said they liked looking for the best deals, lowest price and looked at labels – they said if they put their mind to it they would start looking for the healthiest food – but wanted more help on portion size and what to look for on labels (salt, sugar, fat, calories).

Business of Healthcare and Fat Man's Assault Course

Healthcare business/services that succeed provide what their customers want at a price they are willing and able to pay. We can see with E-Cigs that it meets the needs of tobacco smokers as many say they like the habit but would be happier if it was not so dangerous to health and cheaper. This is exactly how E-cigs have been marketed. With the initial huge rise in popularity of E-Cigs, we are now beginning to see that people bought them but are not using them in the long term, as people are not buying the top up cartridges. If we apply this to obese men, they want to lose a bit of weight (BMI just under30) in a way that is not totally focused on losing weight. They would like to do an activity that as a byproduct helps them to trim up. There has been a huge surge in popularity of military designed assault courses. I think this builds upon the boot camp fitness approach. Many people are signing up for a 20km assault course (tough mudder, wolf pack etc.), they are using it as a kick start to get healthy and raising money for a cause. They are often paying up to £100 to take part and training for 3 months. I think an assault course with a 3 month training programme could help ingrain healthy lifestyle behaviours for obese men. It will also develop confidence and self-esteem. There could be different levels to cater for larger men.

Smoking Cessation and Weight Loss:

There were at least 10 men who had stopped smoking and put on around 10kg's after quitting. Smoking still remains the priority to give up for many overweight men. They feel that if they can stop smoking they can do anything. The evidence does say that quitters will put on between 5-10kg's but this is not true for everyone. Several studies suggest that people who try to quit smoking and lose weight at the same time can do so. The stop smoking service said they do not get many obese men come through their service but I definitely think they have an opportunity to help men develop healthier coping mechanisms and healthier behaviours. Turning Point said that they do see obese men with drink problems. They are very keen to make every contact count and are planning to offer smoking cessation advice and would be open to supporting men manage their weight too.

Appendix

Standard Operating Procedure

Equipment

To ensure that accurate and consistent measurements are recorded, the equipment described below will be used for all Big Man's Health MOT's.

Equipment Specification

Measure	Equipment	Measuring range
Height	SECA Leicester Portable Height Measure	0 – 2.07 meters
Blood Pressure	OMRON 7051T (BHS validated)	BP 0 – 299 mmHg Pulse 40 – 180 /min
Weight	SECA 884 Class III Floor scales with RS232 interface capability	Capacity 160 Kg x 200g
Waist	SECA Waist Measuring Tape	

I will be fully compliant in their use and prepare the equipment in accordance to the manufacturer's instructions. Replacement equipment is also available if a piece of equipment is deemed to be faulty by the operator. All equipment will be calibrated in accordance with manufacturer's instructions.

Service delivery

Locations
The provision of the service will reflect the prevalence of male obesity. The Big Man's MOT will be delivered to reach men who live in:

- Barton and Tredworth
- Matson and Robinswood
- Podsmead, Tuffley and Moreland
- Lydney East and Cinderford
- Newent and Tewksbury

Venues and Times
The Big Man's MOT will be held in venues (and times) identified as favourable to the target audience. The model of delivery will be flexible, offering a wide range of client choice with a mix of times, location, day time and out of hour's provision. Access to the service will be drop-in and appointment based.

The Big Man's Health MOT will be delivered within a range of community bases, such as community centers, sports clubs, leisure centers, supermarkets, employers, one stop shops, GP surgeries etc.

Pre- Health MOT **-** Inclusion Criteria

The Big Man's Health MOT should only be provided to a male clients aged between 25-60. However, I will be flexible to maintain relationships with our target group. I am aiming to engage with at least 150 men aged between 30-54 from our target areas with a BMI above 30 or above 28 if they are from a BME group or have another condition.

Pre- MOT Activity - Information

I will ensure that all clients that present for a check are provided with the same information about the service prior to the process commencing. It is essential that men who are interested in receiving a MOT are given basic information about the process, in order for them to make an informed choice as to whether or not they consent for the check to take place.

Introductory Script

This is a standard introductory script that I will use as a guide for all clients participating in the Big Man's Health MOT

Introductory Script

Hello, my name is Paul Rossiter and I am a Health Outreach Specialist working for Gloucestershire County Council Public Health Team. My role is to carry out a Big Man's Health MOT for men in Gloucester and the Forest of Dean.

The purpose of the project is to increase our understanding of how to both engage men locally and support them to improve their health and wellbeing, specifically with respect to their weight, diet and physical activity levels.

The main purpose of the Health MOT is to assess your weight, diet and your physical activity levels. Once the assessment has been made, I will then discuss what support is available to you to change your lifestyle and get your feedback on what type of weight management support(if any) you would prefer.

The health MOT is a free service and it will last approximately 15-20 minutes. During the assessment I will measure your blood pressure, weight, waist and height. I will also ask

you a number of questions, which will help us, get a better overview of your current condition.

Consent

Prior to the commencement of a Health MOT, it is essential that the client gives their consent for the check to take place. As part of this process I will inform the client of the following terms that relate to data protection:

- The data collected during the health MOT will be temporarily stored on my laptop/ forms in the Health MOT database.
- Personal identifiable data will be held by myself for a maximum period of 3 months, after this all information will be deleted.
- Anonymous data will be emailed to Gloucestershire County Council Public Health for research and evaluation

The client must also give their verbal consent for a blood pressure, height and weight measurement to be taken. If the client gives their consent to the terms above then the check can continue. The client will then be asked if they would like to participate in any future development work and be involved in co-producing possible interventions.

If the patient refuses to give consent to the terms above then the check must be terminated.

Coincidental Medical Problems

Clients may from time to time present with coincidental medical problems such as pain, breathing problems, bleeding, mental health problems etc. If I judge that further clinical assessment or treatment is required, I will make the appropriate referral at the appropriate level of urgency (for example emergency ambulance, walk-in centre attendance, GP/nurse attendance).

Big Man's Health MOT Process

Clinical Measurements and Questions

The questions and/or measurements are broken down under the following headings:

- Session and Contact Details
- Current Conditions
- Blood Pressure
- Height Measurement
- Weight Measurement
- BMI
- Waist Measurement

- Health Promotion
- Insight Capture

Session and Contact Details – see Assessment Form (Appendix 1)
I will record the venue location onto the data sheet and proceed to ask the relevant questions. All responses to the questions should be entered into the boxes on the sheet. Appropriate measures will be in place for the safe storage of any hard documents.

Family History / Current Conditions
I will ask the relevant questions to ascertain information on the above. All responses to the questions should be entered onto the data sheet.

Blood Pressure
I will outline the procedure briefly to the client; in particular warning them of the minor discomfort caused by inflation and deflation of the cuff. I will explain to the client that measurement may be repeated several times.

I will ensure the client is sitting down. Once the client is comfortable I will then ask the client to remove any tight or restrictive clothing from the arm. The blood pressure (BP) monitor will be placed on an even flat surface.

I will then place the cuff over the brachial artery, just above the antecubital fossa. The cuff will then be closed with the fabric fastener. I will ensure that the clients' arm is laid on the table with the palm of the arm facing upwards so that the cuff is approximately at heart level.

I will ensure the clients' legs are not crossed and ask him not to talk whilst their BP is being measured; I will also not talk to the client during the measurement. I will then press the on button then the start button on the BP monitor.

When the blood pressure monitor has completed (i.e. inflated and deflated) the reading (systolic and diastolic) will appear on the screen. I will then outline the reading to the client. If the blood pressure measurement exceeds 140mm/Hg systolic and/or 90mm/Hg diastolic, take a secondary reading after 2-3 minutes and again 2-3 minutes later and take the average of the second and third readings

Height Measurement
I will not take a height measurement if the client is immobile and/or does not feel safe standing still, or if I do not feel safe to support the client whilst they are being measured.

In measuring for height, I will place the stadiometer against a wall on an even, flat surface; ideally a hard floor. The client will be positioned with their feet together, feet flat on the ground and heels touching the back plate of the stadiometer. Their legs must be straight, buttocks against the backboard, scapula wherever possible against the backboard and arms loosely at their side.

I will then pull down the upper section of the stadiometer until the horizontal pate touches the clients head. I will then make a note of the clients' height in metres and centimetres.

If the client requests their height measurement in feet and inches, I will use a conversion chart to cross reference the height against metres and centimetres.

Weight Measurement

I will not weigh the client if they are immobile and/or does not feel safe standing still, or if I do not feel safe to support the client whilst they are being measured. Iwill place the scales on an even, flat surface; ideally a hard floor. I will then level the scales by adjusting the feet underneath, using the level on the side of the scales as a guide.

I will ensure both of the patients feet are in the middle of the scales and that they have let go of anything they may have been holding once they have their balance. I will then make a note of the clients' weight in kilograms and grams. If the client requests their weight measurement in stones and pounds, I will use a conversion chart to cross reference the weight against kilograms and grams.

BMI and Waist Measurement

After I have recorded the height and weight of the client. I will input both onto the weighting scales and they are able to calculate the person's BMI. I will then use the measuring tape to record the clients waist circumference. Waist circumference is at least as good an indicator of total body fat as BMI and is also the best anthropometric predictor of visceral fat.

Health Promotion and Insight

I will ask questions about physical activity, smoking, diet, alcohol and fizzy drink/water consumption. I will follow this up by asking about the clients concerns about their weight. Please see Appendix 1 for a draft assessment sheet. I will ask questions to identify the physical, social, behavioural, thoughts and emotional factors that influence their health behaviours.

We may also have online resources displayed on the flat screen TV on the bus (fatman slim, Man V Fat, Nintendo Wii Fit), and will present different resources to the men and get their feedback.

I will present them with research/models/providers of weight loss programmes and get their feedback on what they would prefer, what messages they identify with and how they think it could be improved.

I will also try to get them to set goals to encourage weight loss, increase physical activity and a healthier diet. These goals will also be a great insight into what men think are specific, measurable, achievable and realistic weight loss goals.

Here are some of the health assessment questions I will be asking:

Dietary Assessment Questionnaire

Do you…	**Yes**	**No**
1. Eat at least one portion of oily fish each week?	☐	☐
2. Eat at least 5 portions of fruit and/or vegetables every day?	☐	☐
3. Eat ready-made processed foods (e.g. ready meals, takeaways, sausages, bacon, burgers, pies, pastries, cakes, biscuits, crisps and chocolate) less than 3 times per week?	☐	☐
4. Eat at least one portion of wholegrain foods every day (e.g. a slice of wholemeal bread, portion of wholewheat pasta, brown rice or high fibre breakfast cereals)?	☐	☐
5. Generally use healthier cooking methods (e.g. grill, bake, steam instead of fry)?	☐	☐

Good diet: all yes

Average diet: 1or 2 "no"

Poor diet: or 3 or more "no"

Diet Assessment Questionnaire Guidelines

5 a day

- Includes all fresh, frozen, tinned and dried fruits and vegetables
- A portion is approximately as much as you can hold in the palm of your hand

Oily fish

- Includes all fresh, frozen, smoked and tinned salmon, trout, mackerel, herring, sardines, pilchards, kippers, eels, whitebait, swordfish, bloater, anchovies, hilsa, cacha, carp, jack fish, katlas, orange roughy, pangas and sprats. Also includes fresh, frozen and smoked tuna, but not tinned

Ready-made/ processed foods

- Includes processed meats and fish (such as burgers, sausages, bacon, processed ham, fish fingers and fish cakes), processed meals (such as ready meals, pizzas, takeaways – Chinese, Indian, chips, fried fish, instant noodles, tinned and dried soup, savoury rice and pies) and snacks (such as crisps, biscuits, chocolate, salted nuts, cakes and pastries).

Wholegrains

- Includes wholemeal, brown and granary bread, wholewheat pasta, brown rice, high fibre crackers, high fibre breakfast cereals, muesli, oats

Physical Activity Assessment

I will ask how much physical activity they are doing. What activities and for how long.

Physical Activity (hr/wk)	Activity Status
0	Inactive
Some but <1	Moderately Inactive
1-2.9	Moderately Active
≥ 3	Active

Smoking:

1. **ASK and record smoking status**
   Smoker – ex smoker – non smoker
2. **ADVISE patient of health benefits**
   Stopping smoking is the best thing you can do for your health

3. **ACT on patient's response**
   Build confidence, give information, refer.
   Succeed with local NHS Stop Smoking Services

Alcohol :

Questions	Scoring system					Scores
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

1. Does patient know of recommended safe limits for alcohol:-
   1-4 units a day for women
   3-4 units a day for men
2. Advise not to drink up to these limits on a daily basis and to include some alcohol free days in the week
3. Explain benefits of cutting down
4. Give explanation of definition of a "unit" of alcohol

5. Explore ways patient may reduce drinking, e.g. “shandy” instead of beer, alternating alcoholic and soft drinks, to reduce overall consumption.

I will also ask about consumption of calorific and non-calorific drinks. As recent research has identified that swapping to non-calorific drinks can result in 2 – 2.5% weight loss.

How much water do you drink? Do you have fizzy drinks every day? Do you drink energy drinks?

Big Man’s Health MOT approach: My approach is based upon cognitive behavioural coaching and motivational interviewing techniques. After the initial MOT assessment I will aim to:

- Raise the issue of weight in a non-judgmental way
- Use open questions to get information from the individual about their health behaviours and how they feel about their weight
- Reflect back to ensure and demonstrate understanding
- Avoid making assumptions
- Explore the individual’s motivation
- Acknowledge the barriers and praise the individual’s ideas and efforts
- Goal setting - set an agenda or plan to change some aspect of health behaviour

Here are a few examples of how I will encourage men to share their insights:

Raising the Issue

‘How do you feel about your weight?’ rather than ‘I want you to think about your weight’.

‘I’m concerned about your diet, I wonder how you feel about your diet’ or ‘have you ever considered whether having a better diet might improve [condition]?’

Getting Information

‘Tell me about the foods you like to eat?’’

‘Can you take me through a typical day?’ and what they think they can do to improve their diet, e.g. ‘How do you think you might fit some fruit in?’

Reflective Listening

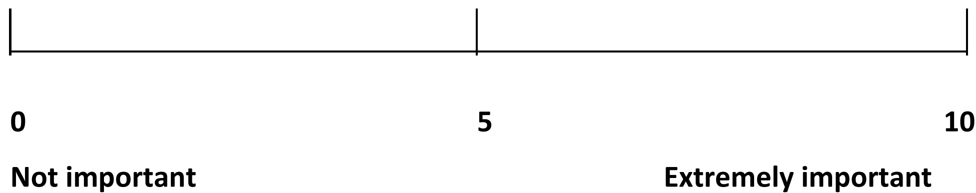
‘It sounds to me…’ or ‘Am I right in thinking…’

Not Making Assumptions

It is easier to make assumptions than listen carefully to an individual's lifestyle explanations, likes and dislikes. I will ask more probing questions if I need further explanation.

Exploring Motivation

For example, 'How important is it for you to lose some weight?'



Discuss solutions together 'Other people have tried…' and discuss past efforts and successes. Ask the individual…

- Tell me about your most successful attempt to…
- What have you learnt from…?
- Is there anything you would do differently now?
- How did you manage to do so well for so long?

Acknowledging the Barriers

It is important to acknowledge how difficult losing weight is. Praise any efforts that an individual may be making, small changes can lead to bigger ones over time. The aim is to encourage the individual to look for solutions to the barriers e.g. 'How might you get round that?'

Goal Setting

The session will finish with an agreement between the client and myself about changing some aspect of their health behaviour. Goal setting will be SMART i.e. specific, measurable, achievable, realistic and time specific and agreed and written down for the individual. A written copy of the agreed goals can be accompanied by appropriate healthy eating information.