

# MEN'S HEALTH INSIGHT & SCOPING RESEARCH

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# INTRODUCTION

Tackling Obesity is a priority in the Gloucestershire Health and Wellbeing Strategy. In Gloucestershire it is estimated that around 24.7% of men are obese (with a BMI  $\geq 30$ ), 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.

The problem is compounded by the fact that men, in general, are reluctant to access available health services, especially weight loss programmes (both commercial and NHS). 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 and several 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.

The campaign targeted Men aged between 25 – 60 (priority 30-54) with a minimum BMI of 28 who were not involved in weight management activities.

This report will summarize the findings of the scoping phase and set out detailed recommendations on the most appropriate local options for engaging and supporting men to improve their health and wellbeing and manage their weight.

# METHODS

Before the outreach was started a review of the insights and learning from secondary research on obesity and men's health interventions was conducted. The findings from the second hand review were used to inform the content of the health check and discussion.

A Men's health check was offered to overweight/obese men from our target areas as a hook to engage with them. The health check had been used for health outreach activities over the last 3 years and proved to be very effective to get people talking about their current health behaviours and concerns.

The GCCG Information Bus was used to deliver 25 outreach sessions and a further 10 sessions combining with NHS Health Check Outreach in our target areas. 5 sessions were conducted at workplaces, with only 1 focus group.

206 men from Gloucestershire had a health check and provided insights on the factors influencing men's health behaviours. 17 men contributed to a focus group and an additional 20 conversations were had with healthcare professionals who work directly with overweight/obese men.

# FINDINGS SECONDARY INSIGHTS

Several key insights and learning from secondary research were found to apply locally for hard to reach men.

An insight project carried out in deprived areas of Harringey to understand why men do not access primary care services that address the prevention and detection of Cardiovascular Disease identified 3 segments. The segments were not exclusive, as men can move between them, depending on the situation, for example, due to changing life events or a positive or negative personal experience, or experience of a family member.

The first Segment was willing to use GP-led preventative services. These men were more likely to react positively and attend preventative checks and services if they knew they are available and how to be referred on to such services.

Those in Segment 2 need more flexible services (open long hours and weekends, and available at community centre's and other non-GP facilities. These men are more likely to work long hours, be from an R & M background and not be keen to attend their GP. They do not like the idea of becoming ill and are nervous about visiting a GP, worried about what they might find.

Segment 3 need supported outreach to increase preventative services uptake. These men often lead very chaotic lifestyles and are currently unemployed.

These segments can be roughly applied to our target group too. 15-20% could be identified as Segment 1, they would be more likely to do so because of a comorbidity, more likely to have a higher BMI and a more sedentary occupation. Another 15-20% could be Segment 3 but the vast majority (60 – 70%) would come under Segment 2. It is these men who need more flexible methods to engage with.

## **WHAT MEN WANT AND WHAT WORKS:**

Secondary research highlighted that Men want information online, free and easily accessible. Men want to know the information on how to lose weight, but they also want to research it for themselves and they want it to be confidential. 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. Many men are also reluctant to give out all their details on the first visit to a health service.

The actual how of weight loss is comically simple: eat less, choose healthier options and get involved in exercise and activity that makes them feel good. If they can do that, hold onto their motivation, keep learning about weight loss and keep a positive frame of mind they will change. They were often keen to take small steps, make small changes, it was all about making changes they can actually do.

## **SEVERAL STUDIES RECOMMENDED THAT HEALTH PROMOTION CAMPAIGNS AND WEIGHT LOSS PROGRAMMES 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

They emphasize the importance of goals, action (exercise) for men. Weight loss should be tied to wellbeing, improved quality of life. Any weight loss programmes should set up a Facebook page to increase participant engagement, support and communication.

They should encourage couples to attend. Offer bring a friend sessions. 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. I think the basic health check was a very good motivator, if they could check all their readings regularly they would be able to see any progress and have some immediate feedback.

## **A RANGE OF THEMES WERE ALSO IDENTIFIED:**

**SOCIAL SUPPORT** - Many men they liked the group aspect of weight loss programmes, referring to a sense of community, all in the same boat. It is 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'. Weight loss programmes 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** - Men also tended to compare themselves favourably with extremely obese others, stating they were often slimmer than other men their age. Nonetheless, although some men were relatively happy with their bodies, most men 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 some. 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** - 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.

### **SECONDARY RESEARCH ALSO HIGHLIGHTED THE FOLLOWING FACTORS AS INFLUENCING MEN'S WEIGHT AND HEALTH BEHAVIOURS.**

**UNDERLYING CAUSES** - They should learn about what is causing their problems and research the solutions. Men often said there are too many people happily telling them what they ought to do without actually giving them the answers and helping them. They often stated that they wanted to understand the root cause of reasons why they put on weight – whether that's simple changes they need to make to their activity levels, or it's about addressing unhappiness in their life and relationships.

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. 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.

Low Frustration Tolerance was also highlighted by several psychologists that 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.

**SHIFT WORK:** There has been some recent studies and media coverage suggesting that Type 2 diabetes is more common in people who work shifts. 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.

**HOW SLEEP LOSS ADDS TO WEIGHT GAIN:** Losing sleep tends to make people eat more and gain weight. Depriving people of sleep for one night created pronounced changes in the way their brains responded to high-calorie junk foods. 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. This was found to be very relevant as many men stated they had trouble sleeping.

Workplace healthcare providers are focusing on sleep research for their corporate clients as they think it is a softer option than dealing with obesity in the workplace.

**EXERCISE GUIDELINES HARD TO MEET:** 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.

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

**WORKPLACE HEALTH PROGRAMMES:** The workplace has a powerful effect on the health of employees and has been identified as an ideal setting for health promotion activity, where large numbers of people can be reached and encouraged to acquire the knowledge and skills to lead a healthy lifestyle. Many men said they would be more likely to engage with a workplace service as it would be convenient, they would not have to take time off work and would have the support of colleagues and others in the same boat.

Many of the more professional workplaces provide employee wellbeing services for their staff. However, many R & M occupations do not have the same access. If a service could be developed and marketed in a way that the company would save money on absenteeism, recruitment etc., they would engage and give access to their employees.

# LOCAL HEALTH PROFESSIONAL INSIGHTS

**SLIMMING WORLD** - Men who attend slimming world have a more medical motivation when attending. 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. 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. 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. 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.

**FOREST OF DEAN WEIGHT/EXERCISE REFERRAL** - We need to provide interventions that attract different people for different reasons. Men 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.

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.

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.

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.

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 centred, 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 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. 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.

They are 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.

**HEALTH IMPROVEMENT** - 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.

**HEALTH TRAINERS** - 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.

**HEALTH OUTREACH** - 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.

# PRACTICAL INSIGHTS

**WEIGHT LOSS PROGRAMMES** - Almost ¾ of men 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 these 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.

Just over 18% 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. These men were more likely to have been overweight for a long time and had already tried numerous attempts to lose weight. They were also more likely to have a BMI above 33 and possibly a more professional occupation.

12% had lost weight recently or in the past 5 years. A fifth 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.

**SMOKING AND WEIGHT** - 6% of 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.

15%e were 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"

**STRESS, DEPRESSION AND WEIGHT** - 16% of men had said stress/depression had been a major factor in their lives and impacted on their health, effecting their weight. Several men highlighted the first major bout of depression as the initial cause of their weight gain. Some identified 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.

**ALCOHOL AND WEIGHT** - 25% of men were binge drinking at least once a week. Many did not know that double the daily recommended amount was considered binge drinking. Several men had or were contemplating shifting from pints of larger to shots of low calorie alcohol, so they could still visit the pub but not consume as many calories.

**PARTNERS INFLUENCE ON DIET AND WEIGHT** - 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 AND DIET** - The single men often had poorer diets, which included more convenience food. They were also more likely to smoke and drink. Single men highlighted the need for food preparation to be quick, easy, simple and healthy for them to even contemplate trying to cook it.

**COMORBIDITY, INJURIES AND WEIGHT** - 27% had comorbidities and 12% had injuries. Those with comorbidities had often already made lifestyle changes, after diagnosis. 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 21% men from BME groups. 11% of men were Black (Black British, Black African, and 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% were 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.

6% were Asian Men. Many 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.

**BMI AND WEIGHT** - 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 just because of how it looked but rather they knew it was unhealthy.

**MEAL REPLACEMENT DIETS** - 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.

**WORKPLACE HEALTH OUTREACH** - 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.

Car use and commute to work time was also highlighted as a hindrance for more physical activity. 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 smelling. Some workplaces did have a shower but there was high demand for it in the mornings.

**R & M WORKPLACES** - School like banter of male dominated R & M occupations may hinder men making lifestyle changes. 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.

**WORK LIFE BALANCE** - 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.

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'S PREFERENCES** - 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 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.

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.

Many men expressed desire to do circuit training more than go to the gym to do weights or go for a run. 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.

**DIET CONFUSION AND DISTRUST** - 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.

**INFLUENCE OF OVERWEIGHT FAMILY AND FRIENDS** - 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.

**MEDICATION SIDE EFFECTS** - 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.

**HEALTH CONCERN ACTING AS A TRIGGER FOR BEHAVIOUR CHANGE** - Many of the men spoken with who had made attempts to change behaviours 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.

**QUICK RESULTS** - 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.

**SLEEP AND ENERGY** - 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.

**HEALTH OUTREACH** - The bus attracted many visitors and many men commented that it would be ideal if they could just drop in to check their Weight, BP, BMI, Waist, Blood Glucose, Cholesterol and monitor their progress. They did not want to commit to regular attendance.

The Mini Health check acted as a great hook to engage men in a conversation about weight. The better, more accurate information and insights were obtained from men who spent longer with me.

Many were not keen to go to the Doctors or see the nurse. 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 behaviour changes.

**POPULAR OUTREACH VENUES** - The Workplaces and Town Centres produced better results than supermarkets and industrial estates. Town Centres 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.

**HEALTH OUTREACH COMMUNICATION STYLE** - Men like 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.

# IDENTIFY AND PROFILE THE KEY SEGMENTS

**DIFFICULTIES IN SEGMENTING AND PROFILING** - 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, but not too distinct.

**COMORBIDITY, INJURIES AND STRESS** - Men with a comorbidity were more likely to make lifestyle changes and more open to attend a weight loss programme. However, they emphasized more holistic support and focus on physical and emotional wellbeing.

**RELATIONSHIP STATUS** - 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.

**APPROPRIATE APPROACH** - 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 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.

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 or Pharmacists. It was often mentioned that a yellow card (health warning) as this type of health check would trigger a change in their behaviour, very much like smoking when smokers often say they want an ultimatum from a healthcare professional – stop or else.

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 minutes 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.

**CONCERNs AND TRIGGERS** - 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"

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.

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.

**MEN'S GOALS** - The majority of men said that the first thing they would do to lose weight would be to cut out the junk food and get more active. Closely followed by reducing alcohol consumption.

**CONFIDENCE** - 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.

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

**HEALTH KNOWLEDGE** - 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.

**BME MEN** - Black men whose BMI was between 28-34 were 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.

## CONCLUSION

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 groups. I think it's important for all approaches to be client centred and very flexible to meet the needs of each individual. As several health professionals told me, 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.

## THE WEIGHT MANAGEMENT SERVICE:

The Weight Management Service is working well for the men who do attend. However, there are a significant amount who are not open to going and also a significant amount who are willing to attend out of desperation to lose weight. These men are often feeling quite hopeless about the situation, they are not confident it will work but will give it a go – probably a good indicator about how successful the attempt will be.

Many of the health professionals highlighted that men were more likely to lose weight and keep it off but they were very difficult to engage. Many of the men I spoke with were adamant that they could do it themselves and would prefer to do it themselves.

At the end of each health check I asked the men what would be the first thing they would consider to lose weight. The vast majority said they would try to do more exercise and cut out the junk food. If we could encourage them to actually do this it would be a great starting point.

They often said they would rather get more active than focus on their weight. Often blaming a more sedentary job or injury as the cause of their weight gain and reason for the decrease in activity.

The service should have a more holistic focus and reconsider the use of weight in the title for men who do not have a comorbidity or when targeting men with a BMI of between 28-32. Many men were not concerned about their weight but rather the size of their belly or inability to do normal activities. I think there should be more focus on helping men to understand their thinking styles and behaviours. I often find that when you engage people and help them understand how the process works, they become more engaged. I also think it's vital to the success of any behaviour change for the participant to learn everything they can about the process and their current health habits.

The service should also address the main reasons given for weight gain e.g. convenience, time management, work life balance, stress, sleep and energy, problem solving and health knowledge.

## **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 muscle bound 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. It was hard to tell how serious some of the comments were but a significant amount of men suggested that an attractive female advisor/outreach worker would be more effective in drawing them into the service and their consistent attendance.

## **WORKPLACE HEALTH PROGRAMME:**

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.

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 behaviour 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.

## **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 centre'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.

## **MEN'S HEALTH MANUAL:**

I 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).

**DID YOU KNOW BOOKLET/CAMPAGN:** 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?

## **THE GCCG INFORMATION BUS:**

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.

## **FUTURE OUTREACH - MOBILE BEARD TRIMS/HAIRCUT FOR FAT MEN:**

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.

Several organisations have come forward since the end of the project who would be very interested in future outreach and cover our target audience e.g. Kwik Fit, Mullins Tyres, Zurich,

### **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 Centres 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.

## **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.

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.

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 show them 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.

## **WORKOUT DVD:**

The rise of intensive workouts on DVD 'Insanity' are more appealing to busy people. They have to pay around £100 for this workout. If we could produce a workout for our target audience to follow in the comfort of their own home, I think it would be well used.

## **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. Work life balance Workshops may also be popular if provided free to Gloucestershire companies.

## **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. A Workplace programme could engage with CSR Business leaders and help develop services and promotion.

## **ECOTHERAPY AND GREEN GYMS:**

Many Men highlighted being more active rather than focusing on losing weight. They felt if they could get out there and do something the weight would drop off. I do know that Gloucestershire Wildlife Trust are developing an Ecotherapy service that will aim to improve mental and physical health of residents.

I have seen a few Green Gyms in the Forest but they are never used, I have also seen Table Tennis tables near Robinswood but again 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. More focus on this area and techniques to increase energy and enthusiasm may work well to engage and trigger 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, who 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 several corporate healthcare consultants suggested. 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 under 30) 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.

## **HEALTH SHOP/STALL IN EASTGATE SHOPPING CENTRE:**

I spoke with the E-Cigarette stall in Eastgate Shopping Centre and also watched who engages with them over the course of a few days during a previous health outreach session in Eastgate Shopping Centre. They were very good at attracting men, but not always over weight. The girls on the stall said that many men just want to talk, are interested in making a change (stop smoking) but doing it gradually. They were not keen to go into the stop smoking shop just 100m away as they would be in the shop window and would have to provide their details.

I regularly saw over 100 obese men walk past me in Eastgate Shopping Centre. I think it would be a great venue to reach men, however, a shop that looks too clinical may be a turn off. A stand/display may be a better option.