

A brief history of HoM – a personal perspective

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In January 1993 I decided to organise a professional development day on men's health as part of a regional training programme for health promotion officers. I thought about it for a while and rang round places to see what sort of activities there were specifically directed at men. I knew that there were some activities around that involved men getting naked and sitting in sweat lodges and crying a lot and that sort of thing, but I didn't think that this would be viewed as legitimate health promotion by my colleagues.

I was pleased with the programme that I eventually came up with. Jeff Hearn, who had written books about men and who worked at Bradford University, gave a theoretical overview of men's health and then there were workshops on men and drugs, men as carers, men living with HIV and men and driving. I thought that was a fair summary of men's health at the time. One cultural note that I must mention is that the workshop on men and driving was run by two probation officers from Nottingham who called it *Driving with Rambo*.

There was one moment that I treasured when a nurse from Hull, who had worked for quite a while on a cardiac ward, had a 'light bulb' moment: she had just realised, she said, that the vast majority of people who had been on her ward were men. It was like the business of goldfish not recognising they inhabit water because it surrounds them the whole time. I understood from that moment that a lot of the work involved in developing men's health was getting people to pay attention to what was going on around them – and that certainly included the male half of the population.

My next opportunity to think about men and their health came in 1997 when I was approached by a male health visitor – one of only three in Bradford – who wanted me to help him run a training day for his health visitor colleagues on the

subject of fatherhood. In July we put on a training day for health visitors, school nurses and midwives that tried to grapple with the reasons why men seemed so often to be left out of the picture by the various services directed at children and their mothers.

The opinion offered by some of the female health visitors and midwives on the course was that men weren't really competent to look after their children, an opinion with which the mothers often colluded. These were the attitudes that my male health visitor colleague wanted to challenge:

The father's view of himself as an irrelevance is often reinforced by professionals such as health visitors who, even if the father is present, can quite unashamedly direct all comments to the mother, or tend to patronise fathers when they turn up at the clinic in charge of their babies.

I had another moment of enlightenment when taking feedback from an exercise that asked the participants to reflect on their experiences with their own fathers. The anger that poured from one woman – a health visitor in her fifties – was both sad and disturbing. I thought *'No wonder this woman has no time for the men she encounters in her daily work'*.

My health visitor colleague and I began to collaborate on other projects, working in schools and developing ways to engage boys in the classroom. He came to see me one day saying that he had been contacted by a school where the girls got the familiar menstruation talk from the school nurse whilst the boys were sent litter picking (I have related this story elsewhere in the book. I relate it everywhere – I find it so extraordinary).

We were joined by the two other male health visitors who were also beginning to do puberty talks in schools and began regular meetings over the next couple of years to offer each other support. We talked of the ten per cent of health visitors' time that should be devoted to public health and how we could use it to develop support for men and their health.

It was during this time, in early 1999, that we embarked on an ambitious plan to create a mobile men's health clinic with some Health Action Zone money that had been set aside for developing men's health. We got as far as viewing a bus and having preliminary negotiations with a bodywork company regarding its conversion, before we were 'rumbled' – apparently none of us was senior enough to authorise such radical expenditure.

A further addition to the group was a worker from the local authority who was part of the Council's HIV Unit; he was the one who eventually provided the name for the project. Among his suggestions were: *SMASH!* – Supporting Men And Sexual Health; *MALE* – Men And Living, Equally; *DUDE!* – Definitely U Deserve Equality and, the one we eventually went with, *HoM* – *Health of Men*. It was only later and with mixed feelings that we discovered we had named our project after a brand of underwear.

Finally we were joined by a student who on qualifying took up a post in

Keighley. I say finally, although this isn't really an accurate description of the process, because HoM accreted like making a snowball – we were constantly trying to add members (and still are). The ones that stuck became part of the network and ultimately part of the HoM team.

Subsequently the final member to join the team created and applied for the position of HoM facilitator and began building a HoM team in Keighley by getting sums of money from various sources and appointing new staff. He felt his way through funding organisations and often thought 'outside the box' without being daunted by the rules and regulations.

In October 1999 this team ran a health week for the town offering information, advice, exercise demonstrations and entertainment in an attempt to attract men along to consider their health. This was the first *Men's Health Week*, which has now become a national event through the influential growth of the Men's Health Forum. This was also the year that work started on a men's health website (www.healthofmen.com), the first British based website dealing exclusively with male health issues.

To try to establish a baseline of knowledge we wrote a questionnaire that asked for respondents' opinions on where they would most prefer to be offered health advice and of what type. Out of a total of 393 respondents, 71% wanted more information – most particularly on heart disease, stress, diet and exercise. If they were worried about a health problem the majority – contrary to research – thought that they would first consult their GP, next a partner and then read up on it.

We asked a series of questions:

- › Who is the healthiest man you know?
- › How did he get that way?
- › And why aren't all men as healthy?

The answers were not a surprise: the most frequent answer was Linford Christie, who was in the news for getting an OBE in 1998. Clearly many of the respondents felt that health equated with fitness, and Christie was one of the most high profile athletes at the time, attracting considerable press attention for his 'lunchbox' (a reference to his genitalia which were outlined by his close-fitting shorts). This was also apparently considered a sign of health.

There were several other sportsmen mentioned, their qualification for the healthiest man being that they trained and kept themselves fit. The answer to the question 'Why aren't all men as healthy?' was consistently given as lack of time and too much alcohol and smoking, indicating that most men knew what it took to be healthy but felt that it was a hard thing to achieve.

The next most healthy man came as more of a surprise, as many respondents picked their father and in one instance grandfather. A typical reason for this was: '*Looked after himself as a kid to the present day.*' This was a consistent finding and again equated health with fitness, often achieved through 'physical work' and moderation in their behaviour. Most of the men who answered the questionnaire

knew that lack of moderation in eating and drinking, and smoking and not exercising were responsible for ill-health.

The results of the questionnaire set the agenda and location of the men's health drop-ins in Keighley, some of which worked and others of which didn't. The process of developing health resources for men took on more firmly the pattern that came to characterise the project as a whole, that of 'suck it and see'. We were fortunate to have a highly motivated group of workers with a wide variety of skills and lots of ideas. They reminded me in some ways of the *A-Team*: a group of eccentric individuals with divergent skills welded into an effective fighting unit – but without the cigars and jewellery. In addition we had a fair degree of freedom in deciding what kind of interventions to use. This concoction led to a number of inventive strategies to try to engage men in their own health.

We used the accepted wisdom based on the research by Lloyd of *Working with Men* and others (Lloyd, 1998; 2001): that men responded better when health advice was made easier to access by taking it to where they were and making it accessible in other ways e.g. by making it more informal. An example of this was the pub quiz, the aim of it being to provide health related information in a socially acceptable format, to raise the profile of the HoM project, to introduce men's health related topics into the social setting of a pub and to encourage the association of health and fun.

The first one we tried out in the social club of a local transport workers union, with prizes donated by local businesses. I remember two things about the evening in particular. The 'audience' was for the most part middle-aged couples who were reasonably enthusiastic about participating. The subject matter and the audience between them gave the evening the air of a *Carry On* film with a lot of joking and teasing – one of the questions asked how many times a year people in Britain had sex and another the average length of an erect penis; the differences in answers between members of the same couple were highly entertaining.

The other thing I remember was a late middle-aged man who stood at the bar drinking with his back to everyone in the room. We were reading out the answers and giving bits of information as we went along; when we came to the answers about the prostate he turned around and asked 'What's a prostate?' My colleague briefly explained and for a moment there was an interaction with a man who would not have normally talked to anyone about health issues.

One thing we learned from doing the quiz the first couple of times was that if we made all the questions 'medical' then very few people were able to answer them. We needed to intersperse them between more general knowledge questions – people like to feel that they have a reasonable chance of competing or they get demotivated. One of the times we included mostly medical questions, though, the quiz was won quite decisively by a group of young women, which I guess says something about men and their knowledge of health.

The HoM Airedale PCT team have done about ten of these quizzes now and interaction with the customers has always been a major feature of the evenings.

In venues where the team have repeated the quiz they have always had good numbers in attendance. The pub quizzes are generally newsworthy projects and therefore were good for raising the profile of the HoM project as a whole.

During this period the group was actively seeking to build networks and alliances and in Keighley this was greatly accelerated by one of the team who seemed to know most people in the town. Many connections were made with trades and workplaces: printers, building societies, shops and banks – not what NHS staff would consider to be ‘the usual suspects’ but places where we could find men in abundance. A working arrangement was forged between HoM and Keighley Worksafe, a trade union funded organisation that campaigned and provided information on health and safety in the workplace, and with the local Asian community centre where health checks for older Asian men became a regular occurrence, helped along by the provision of a number of delicious curries for lunch.

In July 1998 the *National Lottery Reform Bill* was passed which established a new good cause for health by providing £300 million to build a network of ‘healthy living’ centres in the UK. These would ‘promote health and help people of all ages to maximise their well being’ (National Lottery Act, 1998). In January 1999 a new distributor, the New Opportunities Fund (NOF), was formally launched to allocate funds for this purpose. From January 1999 it invited bids for the healthy living centres and enabled distributors to solicit applications from where they were not spontaneously forthcoming.

Bradford held the first meeting of the group that was to promote healthy living networks in the city in March 1999, at which we were confronted by what seemed to be the forbidding ‘North face’ of bureaucracy and a process that would occupy us for the next few years. Our guide up this savage route was a man whose previous incarnation as a mental health professional gave his current avatar as healthy living centre coordinator the professional skills to persistently rescue our mental health during the journey.

We completed the first stage application by October 1999 and then employed an accountant to give our philosophical musings financial credibility. The bulk of the application was so short of hard evidence that it was based mostly upon assumptions. For example, from the original project programme of activities: ‘We have assumed that men will access services which are provided in a convenient place at an appropriate time.’

By August 2001 we had a business plan for *A Comprehensive Men’s Health Service for the Metropolitan District of Bradford*, which we presented to the Lottery. Our numbers came up in 2002. The grant offer was accepted on the 18th April by the then Chief Executive of Bradford Metropolitan District Council. The application to NOF was approved on the 25th April and we were in the money to the tune of just under a million pounds!

In structural terms, HoM anticipated the return to a local authority coterminous with NHS primary care and partnership working. HoM also appeared to anticipate a more holistic approach rather than a condition or illness approach to health.

Sudden wealth can be as much a curse as a blessing. Current research into wellbeing and happiness is beginning to show that since the 1970s, although gross national product has risen steadily, contentment levels have remained the same – we are richer but no happier. Lottery winners, despite an initial flood of euphoria, tend to return to previous levels of contentment when they become habituated to their wealth.

Because we were now officially a Healthy Living Centre, the need to create a HoM team certainly provoked levels of unease that perhaps were always there but now came to the fore. HoM may have been a district-wide service but the majority of the HoM team worked for individual Primary Care Trusts. PCTs were at this stage barely out of nappies and just entering adolescence in developmental terms. Their managements were often to be seen stalking their boundaries, checking that work done by their staff was performed within their territories and not in those of their rivals. This propensity reared its head over and over again throughout the project, causing sometimes the suspension and sometimes the cancellation of services that HoM team members had set up in good faith in collaboration with others of the team from different PCTs.

There then came a strange lull in activity, almost as though we needed to recover from the effort involved in winning the bid, so it was not until a year later in 2003 that HoM appointed its first business coordinator. The coordinator turned out to be very good at raising the profile of HoM and entered the project for the Health and Social Care Awards in the spring of 2004; we subsequently won the 'Reducing inequalities' category, going forward to the final in London in June. Although we didn't win in London, the regional award was a massive confidence boost for the project, gaining us national recognition and giving the group a greater sense of shared identity. In a House of Commons debate on 'Men and cancer', Dr. Howard Stoate (MP for Dartford) mentioned the HoM project in respect of having won the award and as an example of good practice.

Further honour was brought to the project by a team member who won the Queen's Nursing Institute Award for his work on weight management with men from Bradford's cleansing department in 2005.

The project has expanded into many areas of work from saunas to schools, clinics to domino clubs to barber's shops, using any and all methods to engage men in their own health. Sport has proved popular, as has providing food and going into workplaces; but also some initiatives have worked despite the prevailing wisdom, finding success in health centres and other traditional healthcare settings. What the project has illustrated is that men do and will care about their health if they are approached in the right way and offered the right sort of deal.