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The state of men's health in the city of Leeds: using evidence to commission gender-sensitive services



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Introduction



- Men's Health identified as a gap in the Joint Strategic Needs Assessment for Leeds
- The 'State of Men's Health in Leeds' was commissioned by Public Health in response
- Leeds Beckett university researchers worked closely with commissioners to design the study
- The first detailed study at a citywide level in the UK

Methodology

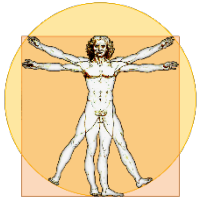


- Literature review
- Analysis of current policies and practices within the City of Leeds
- Interviews with key council stakeholders
- Analysis of routinely collected health, socio-economic and service use data (at city and across 107 MSOAs)

Factors influencing the health of men



The male body and physical sex-differences



Intersectional factors



Structural factors



Social determinants



Masculinities



Lifestyle



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Premature mortality



Life expectancy at birth across Leeds

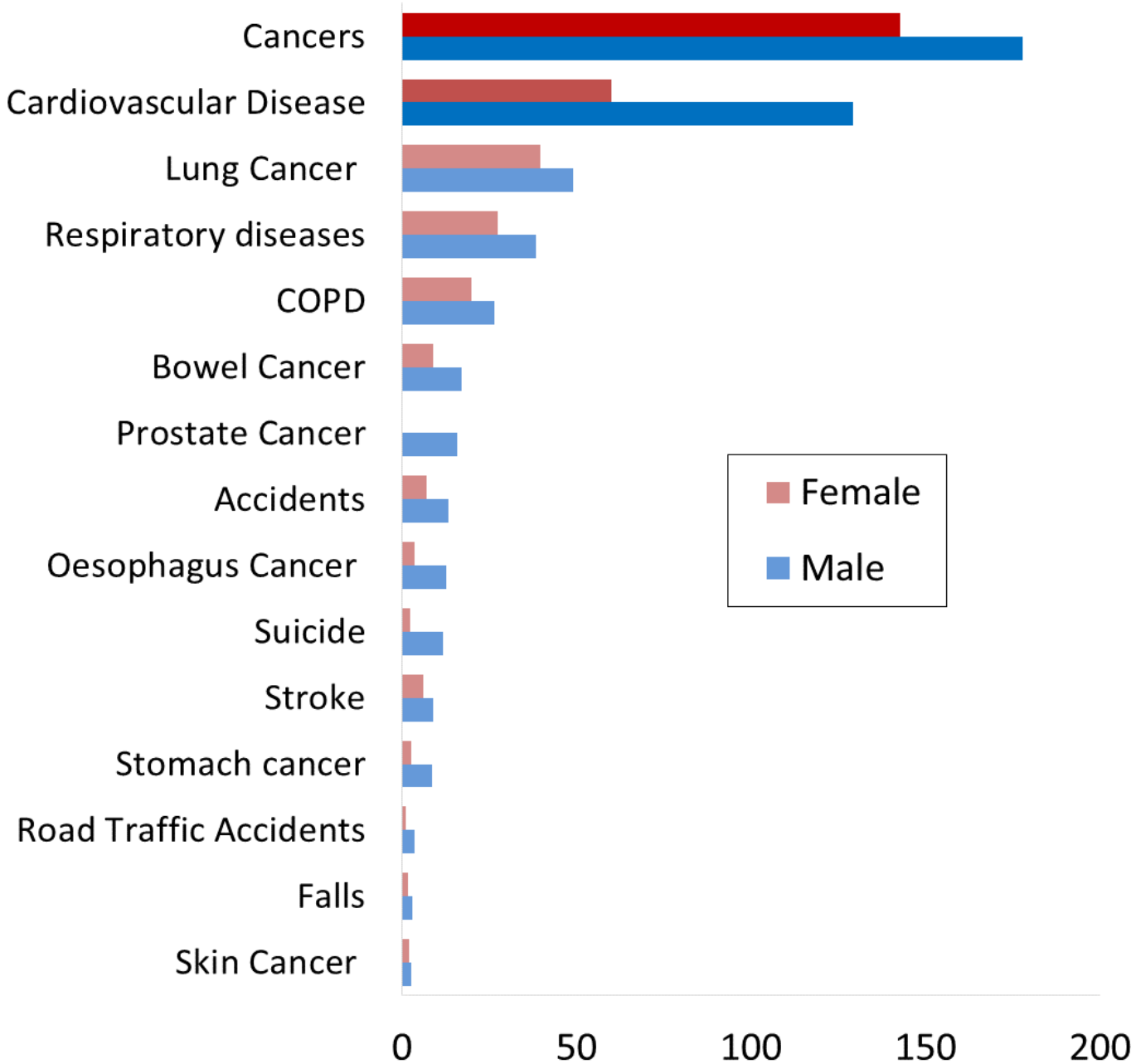
78.9 years for men (range of 74.8 to 85.0 years)

82.4 for women (range of 76.8 to 88.5 years)

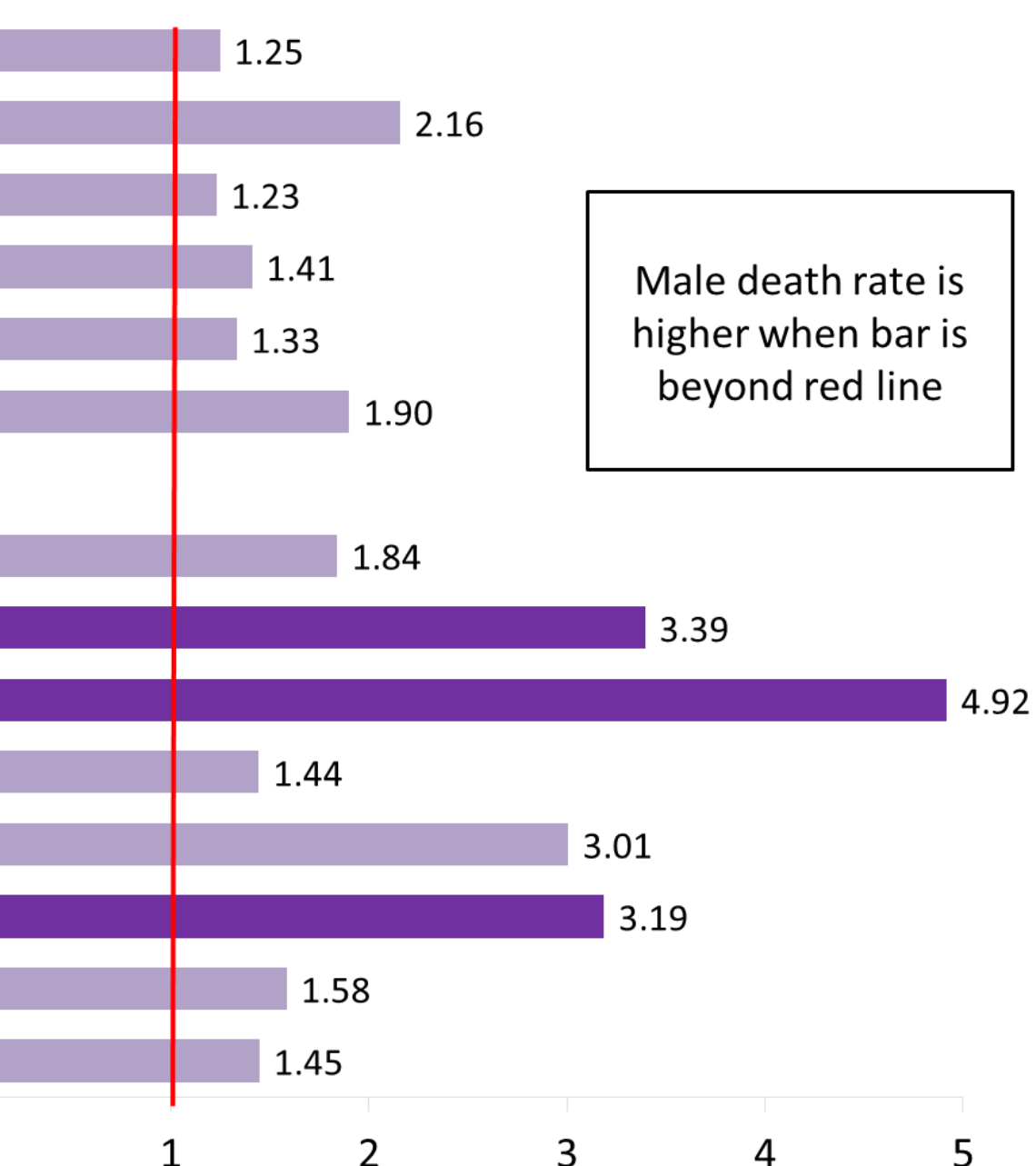


20% of male deaths in Leeds occur under the age of 65 years compared to 12% of female deaths

Common causes of death for males and females in Leeds (U75)



Ratio of male death rate to female death rate (U75)



Male death rate is higher when bar is beyond red line

Death rate (per 100,000 of the male/female population)

Ratio of death rate

Social determinants

From early years, boys educational attainment is worse than girls. In five MSOAs, 70-75% of boys not achieving five or more GCSEs (inc maths and English) at grade A-C.

In 10 MSOAs, $\geq 30\%$ men with no qualifications (8 of these also top 10 for long-term unemployment)

Excluding students, there are nearly 70% more men than women in Leeds registered as unemployed



Men make up nearly two thirds of residents in the city's council-owned high-rise flats

Lifestyle (16-64)

OF THOSE ASKED:

- More likely to be overweight, smoke and consume harmful levels of alcohol than women
- 40% of men classed as inactive (48% women)
- In at least 10 MSOAs, over 40% of males smoked

BUT

- Less known about smoking and weight status of men compared to women
- Lower knowledge of alcohol status in local areas where men were at most risk of harm from alcohol

AND

- Less likely to use smoking cessation and weight management services than women (although more likely to succeed when they do go)



City Centre New Farnley, Lower Wortley
 Aberford, Barwick, Lotherton and Thorer Upper Wortley Fearnville, Hollin Park, Beechwood, Brooklands
 Seacroft North Seacroft South Holbeck, Morley West
 West Hunslet and Hunslet Hall Little Woodhouse, East Ardsley, Bramham, Boston Spa and Clifford, Brackenwood and Gledhow, Bramley Hill Top, Raynville and Wyther Park
 Burley Bramley Whitbecote
 Armley, New Wortley Gamble Hill, Moorside, Horsforth Central, Hyde Park, Burley Halton Moor, Wykebecks
 Harehills - Comptons, Sutherlands and Nowells Morley East, Belle Isle South, Osmondthorpe, East End Park, Drighlington and West Gijdersome, Horsforth - Brownberries, West End, Tinshill Swarcliffe Harehills
 Lincoln Green and Ebor Gardens Kippax, Oakwood and Gipton Wood, Adel, Alwoodley West, Car Manor, Wetherby West, Swillington, West, Garforth and Little Preston, Yeadon - Henshaws, Southway, Westfields, Middleton Park, Manor Farm and Sharp Lane, Beeston - Parkside and Cross Flatts
 Harehills Triangle Wetherby East, Thorp Arch and Walton Alwoodley East Middleton and Westwoods
 Belle Isle North Headingley Central Cross Green, East End Park and Richmond Hill Swinnow, Hawksworth Village, Trainers Park
 Meanwood "6 Estates" Beeston Millshaw, Elland Road and Cottingley, Kippax East, Ledston, Mickfield Gipton South Moor Allerton, Hyde Park, South Headingley and Woodhouse, Crossgates and Killingbeck Allerton Bywater, Methley and Mickleton Bardsey, East Keswick, Collingham, Linton and Harewood
 Broadleas, Ganners, Sandfords Ireland Wood, Lawnswood, Little London, Sheepscar, Scarcroft, Scholes and Shadwell Beeston Hill Hunslet Green, Stourton, Thwaite Gate, Chapeltown
 Hawksworth Wood Yeadon - Rufford Park, Yeadon Tarn, Wellington Hill, Whinmoor and Red Hill, Carleton, Robin Hood N, Rothwell Haigh, Roys Lane Gipton North Bramley Otley - Newalls / Weston Lane, Cookridge, Holt Park Farnley

Key messages

All services need to ensure they are meeting the needs of men to meet the requirement of the Equality Act

Strategies, equality impact assessment and service specifications should consider gender

Better gender data recording is important to identify areas of greatest need



Progress since report



- This research influenced healthy living, community health development and preventative cancer service specifications
- Scrutiny Board
- PHE engagement
- Leeds Clinical Senate
- 3rd Sector events
- Council HR supporting their men working in manual jobs

Conclusion



Leeds is a city with great variance in the health and wellbeing of its men, with areas of high deprivation seeing very different health challenges than for men living in the more affluent suburbs

Local government can provide leadership across a city but other key organisations must also take action

The next important step is for us to explore the narrative behind the data

To find out more and download the summary, main and data report please visit:

<http://www.leedsbeckett.ac.uk/research-case-studies/the-state-of-mens-health-in-leeds/>

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