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## Introduction

The 2012 Joint Strategic Needs Assessment for Leeds identified major inequalities within life expectancy and mortality for men compared to women. These were highlighted as an area for development by the Executive Member for Health and Wellbeing and the Director of Public Health.

Leeds Beckett University worked with key commissioners and stakeholders to frame available data and intelligence on men's health. This provided the evidence needed to inform changes in future service specifications and thereby work towards reducing current gender inequalities.

To our knowledge, Leeds is the first city in the UK to commission such a specific scoping study to explore the health issues and health behaviours of its whole male population.

## Methods

Interviews were conducted with commissioners.

Descriptive statistics were used to conduct a gendered-analysis of routinely collected data (including Census 2011, GP audits and the Public Health Observatory) to determine the health, socio-economic status and local service use of the population at a city and local area level (MSOA).

Content analysis of city-wide strategies was completed to summarise their gender-sensitivity.

## Results

- Men were more likely to die prematurely than women (20% of male deaths occurring before age 65 compared to 12% of female deaths).
- For every non sex-specific cause of mortality, the mortality rate was at least 20% higher in men than women with the highest ratio observed for suicide (figure 1).



Figure 1. Male to female suicide ratio

- GP audit data related to lifestyle risk factors was often less likely to be recorded for men than women

## Results continued

Councillors recognised problems with some men's health behaviours and engagement with services

"These [vulnerable] men are mostly invisible unless they are a nuisance – they don't flag up on anyone's system"

- Men were more likely to engage in unhealthy lifestyle behaviours, yet less likely to use available services than women.
- Men were rarely mentioned specifically, but inequalities were a consistent theme in citywide policies and strategies.
- Complete data and supporting literature can be viewed in full elsewhere (Seims and White, 2016; White, Seims and Newton, 2016)

## Impact

The review influenced the community development, healthy living, and cancer service specifications. It was promoted widely through local media and discussed at strategic mental health and ageing well boards.

A Council scrutiny of male suicide and men's health checks is currently in development

The report has proven a useful resource for third sector organisations applying for funding

## Conclusion

This review identifies where men have the greatest need, providing the evidence needed to get men's health on the agenda in Leeds.

This close working relationship between research and practice demonstrates how academic support can be utilised to improve commissioning and service design.

## References

- Seims, A. and White, A. (2016). *The State of Men's Health in Leeds – Data*. June 2016, Leeds Beckett University and Leeds City Council.
- White, A., Seims, A. and Newton, R. (2016). *The State of Men's Health in Leeds - Main Report*. June 2016, Leeds Beckett University and Leeds City Council.

