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 sexdifferences



Intersectional factors



Social determinants

Structural factors



Lifestyle















Premature mortality

Life expectancy at birth across Leeds

<u>78.9</u> years for men (range of 74.8 to 85.0 years) <u>82.4</u> for women (range of 76.8 to 88.5 years)

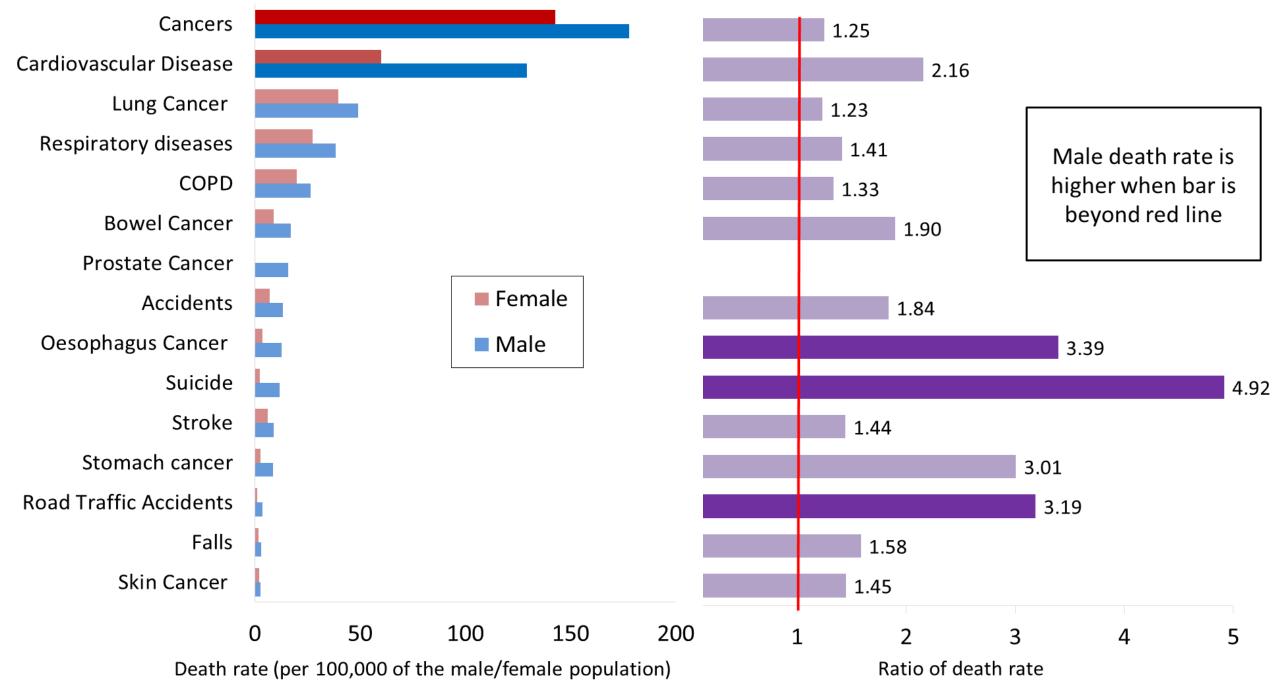
20% of male deaths in Leeds occur under the age of 65 years compared to 12% of female deaths





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

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



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, ≥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 councilowned 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)













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/thestate-of-mens-health-in-leeds/

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