25 years post-Calman: the state of men's health in the UK

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25 years have passed since the then Chief Medical Officer, Sir Kenneth Calman, included men's health as a 'special topic' in his annual public health report.[1] Peter Baker reflects on what has been achieved in the men's health field during this time and what issues remain in need of attention.

Men's health is more prominent in the media now than in the early 1990s and charities like Movember are raising awareness

As well as being the first of its kind, Calman's report in 1992 was significant and influential in officially recognising the serious health problems facing men in the UK and the need to address them. A quarter of a century after its publication, what has changed and have we made any progress?

There have clearly been some important improvements. In 1990–92, male life expectancy in England and Wales was 73 years according to the Office for National Statistics (ONS). By 2012 this had increased to 79. Between 1992 and 2013, the age-standardised mortality rate for males in the UK fell from 1840 to 1183 per 100 000 (Figure 1). In 1993, 68% of all male deaths in the UK occurred before the age of 80; by 2013, this had fallen to 54%. Men are not only living significantly longer than they did in 1992, they are also experiencing a healthier life expectancy.

Alongside this, there has been growing professional, political and public interest in men's health. In 1994, the Royal College of Nursing established the Men's Health Forum (MHF) in England and Wales. This became an independent charity in 2001, and similar bodies were established in Scotland in 2001 and Ireland (covering North and South) in 2002. The MHF facilitated the development of the All Party Parliamentary Group on Men's Health in 2001, launched National Men's Health Week in 2002, and was appointed a strategic partner of the Department of Health in 2009, a position it continues to hold.

Other men's health organisations have also had an impact. Prostate Cancer UK was launched in 1996 (as the Prostate Cancer Charity) and was the first national organisation for prostate cancer in the UK. It merged with Prostate Action in 2012 and, in the last 20 years, has invested over £37 million in research, and provided advice and support for many individual men. Orchid was set up in 1996 with the

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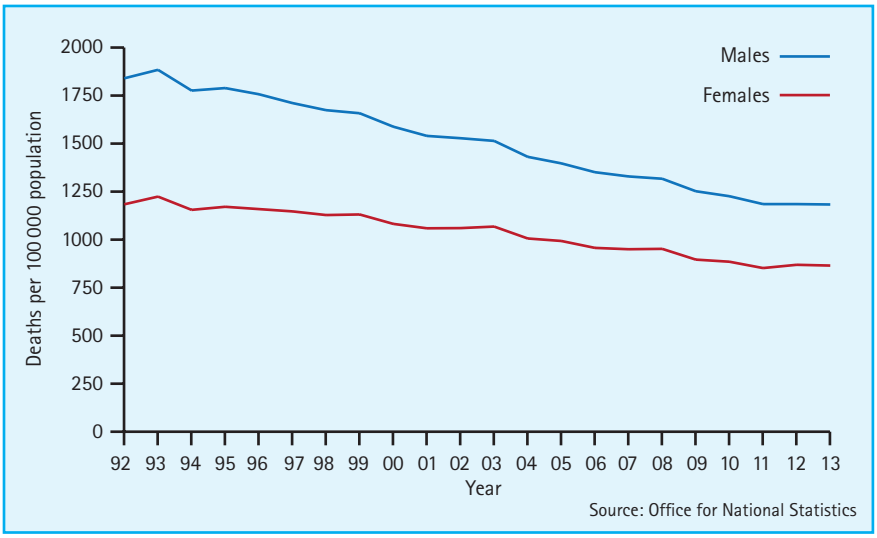

Figure 1. Mortality rates in men have been falling in recent years, but the gap between men and women is still significant (age-standardised mortality rates, 1992–2013, UK)

wider remit of tackling all male-specific cancers. CALM (Campaign Against Living Miserably) began in Manchester in 1997 in response to a spike in young male suicides, and became a national men's mental health charity in 2006. Movember was launched in Australia in 2003 and reached the UK in 2007. Initially supporting work on prostate cancer, it has more recently taken an interest in addressing issues around male mental health and physical activity.

There has been a plethora of local and national projects aimed at men. The Health of Men project in Bradford and the Preston Men's Health Project were major interventions, as was the Scottish Government's Well Men Services pilot programme. Premier League Health in England delivered and Football Fans in Training (FFIT) in Scotland continues to offer effective lifestyle change programmes to men via top-flight football clubs. The FFIT model has recently been extended, as EuroFIT, to 15 clubs in Portugal, Norway, The Netherlands and the UK.

ETHICAL AND LEGAL DUTY

Addressing men's health inequalities is now a legal as well as an ethical duty. The Equality Act 2006 requires public authorities, including the NHS, to pay attention to gender inequalities where they affect men as well as women. Department of Health guidance for the NHS recognises that men's under-use of services and their poorer health outcomes need to be addressed, including by appropriate service design. A duty to address gender inequalities has also been enshrined in the Health and Social Care Act 2012 and the NHS Constitution, launched in 2011.

Specific health policies have addressed men's health. The Government's 2012 suicide prevention strategy highlights the vulnerability of men and suggests how they could be addressed. The national strategy for improving the public health role of pharmacy (2005) contains a section on men's health. Men aged 40–74 are now offered NHS health checks, and national NHS programmes offer chlamydia screening for the under-25s and bowel cancer screening for the 60–74 age group. Men aged 65 can also access screening for abdominal aortic aneurysms, the only national programme aimed at men alone.

The evidence base for a gender-specific approach to men's health promotion has grown substantially. The Centre for Men's Health at Leeds Beckett University, established in 2007, has played a leading role; for example, by producing a comprehensive review of current research evidence and practical knowledge about the core elements that make for successful work with boys and men around mental health promotion, early intervention and stigma reduction. Other academic centres have produced similarly robust studies of men and obesity and self-management for men with long-term conditions.

PROMINENCE

Men's health is more prominent in the media now than in the early 1990s. *Men's Health* magazine was launched in the UK in 1995 and, despite the collapse of the general men's magazine market over the past 20 years, still achieves monthly sales of almost 200 000 copies. The launch of Viagra in 1999 precipitated extensive coverage that extended well beyond erectile dysfunction. Haynes, best known for publishing car maintenance manuals, launched *The Man Manual* in 2002. This sold in excess of 100 000 copies and went into a second edition. Haynes has since published similar books for men on cancer, obesity and mental health. Online health information for men has also become more widely available, including the MHF's MaleHealth website and male-targeted sections of NHS Choices.

Finally, the understanding of what is meant by 'men's health' has expanded significantly. The topic is now widely understood to be about much more than urology and men's under-use of health services. Those working in the field are now far less likely to blame men for their health behaviours – understanding instead that they are rooted in the way their masculinity has been constructed – and to acknowledge the barrier of inappropriate 'gender-blind' service design and delivery. A 'whole system' response, involving health, education, employment, housing, transport, and other areas of policy and practice, has been advocated. It has also been understood that men are by no means a homogenous group – subgroups of men have specific attitudes, behaviours and needs that may

require targeted responses – and that simplistic comparisons between men's and women's health outcomes can distract from the need for action to improve the health of both sexes.

CURRENT PROBLEMS

Progress since Calman's 1992 report has without doubt been substantial, but major problems remain. Life expectancy for UK males born in 2012 lags behind that of the best-performing countries – Iceland and Switzerland both achieved 81 years, according to the World Health Organization – but more significant is the stubborn persistence of health inequalities for men within the UK. ONS data show that, in 2009–13, the level of inequality in life expectancy between males living in the most and least deprived parts of England was eight years. The comparable figure for females was six years, suggesting that the social gradient is steeper for males. In neighbourhoods of Blackpool, life expectancy for males was around 68 years. Homeless men are believed to have an average age of death below 50 years.[2]

Mortality rates fell for men across all age groups in the period 1990–2010, but the fall for some age groups has been modest. For example, for men aged 30–34, mortality rates fell by a mere 4%.[3] In all age groups under 55 years, the UK ranking in male age-specific mortality has worsened substantially compared to the 15 original members of the European Union, Australia, Canada, the USA and Norway. 19% of all male deaths were aged under 65 and 38% of all male deaths were aged under 75 in the UK in 2012.[4]

Men continue to take significant risks with their health. Cigarette smoking rates may have fallen sharply in men, down from 29% in 1992 to 20% in 2014 according to the ONS, but it remains a significant contributor to poor health. In 2014, according to The Opinions and Lifestyle Survey, 64% of men had drunk alcohol in the week prior to the survey, with 52% drinking more than 4.67 units on their heaviest drinking day. 12% of men drank over 14 units on their heaviest drinking day. Alcohol-related death rates for men in the UK were 58% higher in 2013 than in 1994. The impact of men's behaviours is reflected in data on the mortality rate for causes considered preventable: in England in 2012–14, the rate was 230 per 100 000 for males, compared to 138 per 100 000 for females.[5]

> **Those working in the field are now far less likely to blame men for their health behaviours**

There is a clear social gradient in male risk-taking behaviours. The proportion of professional men with four key lifestyle risk factors (smoking, excessive alcohol use, a poor diet and low levels of physical activity) is half that of unskilled men working in manual jobs.[6] Gay and bisexual men are more likely than heterosexual men to smoke, use recreational drugs and engage in binge drinking.[7] Men continue to under-use a wide range of primary care and screening services, and many are unaware of the common symptoms of potentially life-threatening diseases including diabetes and cancer.

Despite men's poor health outcomes, there has not yet been a strategic response. The UK has not followed the lead of Australia, Brazil, Ireland and Iran in developing a national men's health policy. National policy on promoting equality has not translated into systematic local action either: gender generally, and men's health specifically, has been poorly addressed in the majority of Joint Strategic Needs Assessments, the key policy document in determining and subsequently implementing local health priorities and activities.[7] The NHS reforms introduced by the Coalition Government in 2010 and cuts in public health funding have resulted in a loss of expertise in men's health and a reduction in activity at the local level. Although men's health organisations have raised these issues with local and national government, their impact is muted by a continuing lack of popular concern.

THE NEXT 25 YEARS

Over the next 25 years, male life expectancy in the UK is predicted to continue to rise, with the ONS predicting that it will reach 84 years by 2039. The number of men aged 65 and over in the population will more than double between 2014 and 2039 to reach about 11.4 million. Many of these men will be affected by a range of long-term health conditions. As the retirement age rises – 67 years by 2028, increasing to 68 years at a yet-to-be determined date – managing men's ill-health will become an increasing problem in the workplace. The social isolation of retired older men, which often affects mental health and wellbeing, is likely to become more prevalent. Many men will also be caring for a partner with serious health problems. A better and larger community support structure, including an expansion in the number and reach of Men's Sheds and similar organisations, will be needed for this group.

Inequalities in male health outcomes are highly likely to persist in the absence of more egalitarian social and economic policies. Continuing economic restructuring (particularly increasing automation and the growing casualisation of labour), unavailable low-cost housing and educational under-achievement could have a negative impact on many men's physical and mental health. Male body dysmorphia, especially in boys and young men, is likely to increase as a result of the increasing commodification and objectification of male bodies in the media, advertising and also pornography. Obesity rates will continue to rise and, by 2050, 60% of males are likely to be obese.[8] This, in turn, will impact on the prevalence of type 2 diabetes and other weight-related health problems.

More positively, recent improvements in the use of tobacco, alcohol and illegal

drugs by young men could, if sustained, lead to longer-term health benefits. Road traffic injuries and deaths could well fall over the next 20–30 years as a result of driverless cars. Other new technologies could help to engage men in behaviour-change programmes and make it easier for them to access healthcare. The introduction of online consultations with GPs is likely to prove particularly attractive to many men. Medical advances will also lead to better treatments and outcomes, although access to them may be limited by budgetary constraints.

The Chief Medical Officer's annual report for 2014 took a detailed look at women's health. The MHF and others have suggested that, 25 years post-Calman, it is time for Dame Sally Davies to consider the present-day and future challenges to men's health. This would hopefully prompt a new series of initiatives, including the long overdue introduction of a national strategy.

Declaration of interests: *none declared.*

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