

Health and Community Care

Well Men Health Service Pilots Evaluation

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The Well Men Services (WMS) Pilot Project was established by the Scottish Executive (now known as the Scottish Government) to evaluate alternative approaches to addressing men's health needs, particularly engaging with 'hard-to-reach' men. While men's health has been improving over time, marked gender inequalities persist in health, and between men in different social circumstances. Men are less frequent users of health care services, particularly primary care. Scottish Health Boards and their partners were invited in March 2004 to submit bids to develop and pilot WMS in their areas. The work presented here was commissioned by the Scottish Executive to evaluate the individual and overall impact of the pilots, and their effectiveness in contributing to meeting the health improvement policy objectives of the Men's Health Strategy.

Main Findings

- The number of men who were recorded as having had a comprehensive health assessment was 3,367. However, a greater number of men were in contact with the WMS pilots.
- Most pilots offered a health assessment, suggesting partial achievement of the Men's Health Strategy.
- Pilots did not generally reach the 'hardest-to-reach' men, but recorded data indicated that more men were from deprived areas and unemployed.
- Most pilots took at least a year to become fully established and operational.
- Features associated with successful service implementation were: clear, realistic objectives; motivated and well-informed staff; successful partnerships; access to support services; and a supportive, wider organisational context.
- In terms of good practice, there is no 'one size fits all' approach. Services should be tailored to address the needs of the specific target group, health topic, setting and circumstances.
- Primary care staff should develop a 'gender sensitive' health improvement ethos to encourage men to raise health and lifestyle concerns with them, particularly general practitioners (GP).
- Similar factors both encouraged and inhibited men from using the WMS pilots. These were associated with: (a) individual motivation and health beliefs; (b) perceptions about service characteristics; and (c) social circumstances and networks. Men valued clinical tests (cholesterol and blood pressure in particular).
- Different delivery models were capable of producing similar costs per health assessment. Workplace delivery had a lower range of costs, but also some evidence of lower referral rates. Higher referral rates were associated with higher staffing intensity and higher costs at clinics.
- WMS users reported a range of modifiable health behaviours and risks and there is the *potential* to intervene and produce health gains in this group.

Well Men Services Pilot Projects

In March 2004, the Scottish Executive Health Department (SEHD) invited partnerships between health professionals, local authorities, voluntary and private organisations to submit bids to pilot WMS in their health board areas. The Scottish Executive (SE) Men's Health Strategy was based on three key principles: establishing strong community links; developing appropriate support mechanisms and providing a comprehensive health assessment.

The pilots aimed to:

- promote healthier lifestyles and attitudes among men;
- provide men with an opportunity to undertake a health assessment and to obtain advice and support on health and lifestyle issues;
- effectively engage all men.

Eighteen pilots, in seven health board areas, were subject to an independent evaluation and were funded from June 2004 till March 2006.

Aims of the Evaluation

The main evaluation aims were to:

- assess how far the objectives had been met at the level of individual pilots and in terms of the Men's Health Strategy as a whole;
- identify the factors which were likely to facilitate or inhibit the development of effective WMS with regard to the objectives of the strategy;
- identify good practice in tackling men's health issues through WMS.

Methods

This evaluation used a mixed-methods approach to address the study questions.

- A systematic review to assess the effectiveness of health care interventions aimed at improving men's health;
- A secondary analysis of routinely collected health and illness data (Scotland only);
- A Monitoring Framework (MF) developed to direct the collection of monitoring information on the operation and outcomes of all pilots;
- An analysis of the resultant MF data;

- In-depth interviews with key service providers and partner agency representatives;
- Three case studies, designed to capture the key features of the processes at work. These included interviews with WMS (non) users and further staff interviews;
- An economic evaluation to assess the costs and benefits of the individual pilots, and to consider the cost-effectiveness of the different approaches taken in the projects.

Meeting Pilots' Objectives

Promoting healthier lifestyles

Collectively, WMS pilots offered five possible levels of engagement with men: awareness raising activities (health fairs and marketing events); brief or comprehensive health assessments with specially trained (usually nursing) staff: community development endeavours and potential follow-up work. A range of services were offered including fixed and mobile nurse-led clinics, outreach work and community development orientated projects. For example, health assessments were held at a snooker club in Inverness, health awareness days were held at a Further Education college of in Dundee, and outreach work was carried out in council offices in Fife.

WMS users were interested to find out about or were concerned about diet, weight management or physical activity. They also reported some behavioural change as a consequence of contact with the pilots. Fifteen percent of WMS users were referred to exercise services or to a dietician.

Providing health assessments

Most pilots had established some form of health assessment, which represented a partial achievement of the Men's Health Strategy objectives. There was wide variation in data collection practice across the pilots, and subsequent underreporting of activity. Data were returned on 3,367 men who received comprehensive health checks; 72% were given advice during their health check. A similar percentage were referred to another health service, predominantly the GP or practice nurse.

Engaging with all men

Engagement includes the involvement of men in the planning, development and ongoing management of services. A wide variety of stakeholder groups were involved in the WMS pilots and men participated in their management through steering groups, and in community development work in a small number of cases.

The comprehensive health check data suggested that WMS users were not generally the most 'hard-to-reach' although they were more likely to be from deprived areas and unemployed. There were examples of projects successfully targeting specific groups, such as the homeless.

Pilot staff reported using a range of different strategies to encourage men to use their pilots. These included: offering services in areas where the specific target group lived or worked; individualised approaches e.g. GP letters to men, face-to-face contact in health and other community centre; and/or promotional work using various media. In the end, the same factors encouraged some men and inhibited others from using the WMS. These could be categorised according to **a.** individual motivation and beliefs, **b.** perceptions about the service characteristics and **c.** external social circumstances and networks. Curiosity, seeking reassurance, gaining access to a health care professional other than a GP, and the presence of a spouse or partner were generally associated with use. Service use was generally inhibited by fear about health problems being detected, and perceptions of service inaccessibility.

Development of Effective WMS

Most pilots reported considerable delays in starting up due to the time taken to negotiate the local health board personnel and finance processes and, to a lesser extent, the perceived burden placed on projects by the external evaluation. Some pilots changed or evolved in response to men's uptake over their lifetime. Community development work was considered essential by some pilot staff as a means of encouraging longer-term use of the WMS.

While it was difficult to establish factors that were associated with successful pilot implementation due to the short time scale, those pilots that were beginning to show signs of promise had common features:

- defined (realistic) objectives or a more detailed project plan;
- motivated and committed staff;
- good partnership arrangements;
- good access to existing local resources and support services;
- a supportive wider organisational context.

Lack of follow up was considered a key service weakness by the users and providers.

Good Practice in Men's Health

Literature review

The systematic review indicated that little evidence existed about the effectiveness (or otherwise) of WMS in general or about alternative methods of service delivery. We found evidence of effective interventions with men relating to smoking, diet and physical activity, cardiovascular disease, cancer, preventive health screening and alcohol.

Men's response to the WMS

This study indicated that no single service model suits all men. In general, service users tended to favour a more medicalised service, clinical tests were considered a valued and missing aspect of the service. Cholesterol and blood pressure tests were particularly sought.

Some very targeted approaches engaged with specific groups of men. For example, the East Glasgow pilot was successful in recruiting homeless men by basing the service within the heart of this community.

There was general ambivalence about the need for a men's health service amongst users and nonusers, although some users were extremely enthusiastic about the existence of such a service. However, the WMS provided an opportunity for men to raise health concerns that they would not have thought appropriate to see their GP about. This was true both of men who had been in contact with their GP in the past year and those who had not.

Economic Analysis

The economic analysis focussed on the costs and outcomes relating to the comprehensive health assessment. Staff variation was the main factor in different session costs and attendance rate was the main factor in cost per health assessment. Similar costs could be achieved in different settings, but workplace delivery had the lowest range of costs.

Outcomes were considered in terms of contacts, onward referrals and potential health gain. Sessions held in community venues or workplaces were more likely to contact men who had not seen their GP in the past two years, but they did not appear to have greater health needs. Projects with higher staffing levels at sessions tended to have higher rates of onward referral. There was considerable potential for health gain with men reporting problems with smoking, alcohol and exercise. However, referral rates for alcohol and exercise were very low, suggesting that an opportunity for health gain was being missed.

Potential health gains could be achieved through WMS at a cost per Quality Adjusted Life Year (QALY) below the threshold for many clinical interventions. However, opportunistic intervention in primary care is likely to be more cost-effective for the majority of men.

Conclusions

About the WMS

Pilots did not generally reach the hardest-to-reach men although there were some notable exceptions. In order to reach this group, it may be necessary to offer a range of services in different settings. WMS should be developed to address the specific needs of the target group, taking account of the health topic, setting and local circumstances.

Organisations concerned with improving men's health should consider offering responsive flexible services. For example, various views existed among men about the acceptability of different locations, e.g. traditional health care/community-based facilities/mobile clinics.

Primary care services should consider creating a more "gender-friendly, health improvement" ethos within current practice to encourage men to raise health and lifestyle concerns with primary care providers, not just current illness signs and symptoms.

The pilots and evaluation

The SE attempted to commission projects that were informed by experts' knowledge and also by the intended target group; a blend of top down and bottom up approaches to health improvement planning. This is considered ideal health promotion practice, but it can create difficulties and tensions amongst the various stakeholder groups. In this case, different perceptions emerged about the purpose of the funding amongst project staff, and some believed that their projects had a medicalised framework imposed after the funding had been awarded, while others expressed

concern about the loss of the piloting element as the MF was rolled out. Future commissioning of similar types of projects should consider this possible effect.

Pilot projects can take up to a year to become fully operational, representing just under half the available funded time to run the pilot. This delay needs to be factored into programme plans and evaluation designs.

Most pilots appeared to have insufficient resources to support internal and external evaluation work.

The focus of evaluation should be determined by the stage of implementation. Joint intervention and evaluation plans may have helped to reduce the difficulties that subsequently arose around the resources available of the pilots, the fit between the stage of development of the intervention and the focus of the external evaluation. Evaluation plans should be developed at a much earlier stage.

Further Research

Further investigation is required to explore the professional and organisational capacity particularly within primary care, to deal with possible increased demand for health improvement work by men.

Due to many of the WMS pilot's short operational time frame, a question remains about the effectiveness that sustained community development may have in challenging men's attitudes towards their health and health services use.

It is also important to identify effective ways of engaging with young and single men with health improvement efforts. These groups emerged as hard-to-reach with WMS pilots.

Lastly, the effectiveness that the WMS had on health outcomes over time could not be addressed in this study. However, some projects have the potential to follow up their clients and it should be possible to explore this issue in the future.

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The report, "Evaluation of Well Men Health Service Pilots", which is summarised in this research findings is a web only document and is available on the publications pages of the Scottish Government website at:

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