

# An Alternative Approach to Tackling Obesity in Men

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## Abstract

*Objective - To explore alternative ways of engaging obese men in more tailored services, especially as men are far less likely than women to engage in current health services. This article explores ways of de-medicalizing services, giving men the opportunity to discuss health issues before becoming ill. Men are much less likely to recognize the health implications of obesity or seek help to lose weight.*

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**Keywords:** men, obesity, innovation, gender-specific services, health

## Description

Despite 30 years of government obesity policies in England, obesity rates have increased substantially. Recent findings suggest that 67% of men and 60% of women now live with overweight and obesity. It seems many of these policies failed to learn from past mistakes and continue to focus on services that do not work [1]. With this in mind, I have explored alternative ways to provide NHS services for men that are both male-friendly and more accessible than conventional services. We know that men are far less likely than women to utilize health services in England [2]. Men are also much less likely to recognize the health implications of obesity or indeed even recognize when they are obese [3, 4].

Setting up my first drop-in health service for men in 1997 in a pub in the West Midlands, made me realize that men were far more interested in their health than I had previously imagined as over 102 men turned up over 2 days. Over 70% had one or more undetected long-term health risk problems, including 68% being classed as overweight or obese. Over 60% had diastolic blood pressure readings over 100 mmHG and over 40% exceeded 80 units of alcohol per week, with 9% having blood glucose readings above 11 mmol/L [5].

Following the success of the pub clinics, I ran further outreach services in other male-friendly venues, including a stand at a fishing fair, titled 'Get weighed and discuss your tackle'. The first 4 men seen, weighed a combined 699 kg (110 stone), one having a random blood glucose above 19 mmol/L. This stall proved to be the busiest stall at the fair.

Farmers' markets were equally revealing, especially as many farmers have little opportunity to visit their primary care services due to their remote locations. I had a tent with the message 'Are you man enough to come inside', it was amazing how many stepped through the door.

I also set up services in an industrial estate in Donnington, working with local practice nurses. Over 100 men were seen and again many were found to have serious long-term health risk problems. Many of those seen reported that due to their work, it would have been extremely difficult to take time off work to see a health care professional.

Following these events, I explored more long-term and sustainable clinics, so I set up a surgery in the back of a barber's shop in Wolverhampton, which ran for several years [6]. Here regular weight checks were offered, along with an initial health screening which included, height, weight, blood pressure, peak flow, family history taking, discussions around obesity, diabetes, prostate and testicular awareness (age appropriate), bowel and heart awareness, depression and erectile dysfunction (age dependent). All findings were recorded and records were then given to the patient to take to their GP along with a letter explaining where they had been seen and by whom. Many of the customers called in to see me at subsequent hair appointments to check their weight and other health issues. Eventually, the staff at the barbers took over the weigh-ins, making it a truly public health success.

At the same time, I ran a clinic in the Harley Davidson showroom, next door to the barbers, during a quarterly event promoting new bikes. I dressed up as a mechanic and offered men MOT which took place in the service area of the bike shop. Many failed their MOT.

I have also taken a team of nurses to motorway service stations across the UK offering truck drivers 'Spare Tyre Checks'. 18% were found to have blood glucose readings above the recommended levels and 100% failed to guess their waist measurement, one underestimating by 48 cm (19 inches) [4]. This is a particularly interesting subgroup of men as many do not wish to report their findings to the GP for fear of losing their license. In addition to these services, I have taken men's health services to Goodwood Festival of Speed, Arriva Bus Depots in Brixton and Norwood, Town Markets, Crown Green Bowling events, and working men's clubs, and all the findings were very similar.

## Conclusion

I believe the current way we offer services to men in England, is not working. To engage men in taking their health more seriously and tackle gender inequalities, we need to change our approach. These initiatives often reach the hardest-to-reach groups suffering the poorest outcomes, with many of the men seen being unaware of the dangers their lifestyle imposes on their health. It is time we take public health seriously and start to think more creatively to make a difference to men and their long-term health outcomes.

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