

MEN'S HEALTH AND PRIMARY CARE: IMPROVING ACCESS AND OUTCOMES IN DENMARK

**A Report of a Roundtable Event
Held in Copenhagen on 28th October 2015**

Key findings

- Primary care services in Denmark have a crucial role in improving men's health in Denmark.
- Existing primary care services are not well targeted at men on the lowest incomes and with the shortest educational attainment, which are the men with the poorest health
- Health settings often appear to be more appropriate for women.
- Men tend to delay seeking medical help, especially for psychological problems, and often do not know what services are available.
- Male depression is under-diagnosed in primary care and therefore under-treated.
- Health campaigns and services should target specific groups of men.
- An increased focus on outreaching health care services for men.
- Shop stewards can play an important role in promoting men's health.
- Health services should go to where men are (e.g. workplaces, residential areas, and places where men are together with other men).
- Health checks, including at the workplace, could help to engage men.
- There should be a focus on men who are on low incomes in or outside of the labour market.
- Pharmacists, dentists and optometrists can do more to address men's health.
- Health professionals from all disciplines require training in communication with men.
- More health education for boys at school is needed.
- Men's health should be embedded in health policy.

Introduction

Men's health across Europe is irrefutably and unnecessarily poor. In the European region as a whole in 2013, average life expectancy at birth was 73 for men and 80 for women, a difference of seven years. Life expectancy at age 60 was another 19 years for men and 24 for women, a difference of five years.¹

Of particular concern is the high level of premature mortality among men. There were 630,000 deaths among men of working age (15-64) in 2007 across the European Union countries; by comparison, there were 300,000 deaths in women of working age. Recent improvements in the life expectancy at birth of men and women have mostly occurred at older ages; there has been little improvement in the high rate of premature death in men.²

In Denmark specifically, the estimated average life expectancy for males in 2013-14 was 78.5 and 82.7 for females.³ Rates of premature mortality (potential years of life lost before age 70) in Denmark stood at 4,311 per 100,000 for males, 73% higher than the female rate of 2,493 per 100,000.⁴ One of the consequences of men's under-use of primary care are the big disparities between occurrence and mortality for men in the big diseases. Men in Denmark have a 10 pct. higher prevalence of cancer but 40 pct. higher mortality than women do. This higher mortality for men is also seen for diabetes, CVD and other diseases.⁵

According to Michael Marmot's review of social determinants and the health divide in Europe, one important reason for men's poorer survival rates is that they are less likely than women to visit a doctor when they are ill and to report the symptoms of disease or illness.⁶ A *BMJ* editorial on men's health in Europe observed that 'a major challenge is to engage with the many men who do not access health services.'⁷

Primary healthcare services are central to strategies to improve men's health in terms of prevention, early diagnosis and treatment. The European Men's Health Forum (EMHF) has therefore begun a work programme which will lead to improvements in men's use of primary care services.

The first stage was a roundtable meeting held in Brussels in June 2013 which brought together a wide range of relevant organisations with a Europe-wide remit to learn from their expertise and experience and to determine how best to tackle the problems.⁸

Roundtables around Europe

One of the key recommendations from the Brussels meeting was that a similar event should be held in each European nation to take account of its specific circumstances, to provide an impetus for action in that country and to inform EMHF's Europe-wide approach. EMHF is therefore convening, in as many nations as is practicable, one-day roundtable meetings of the organisations representing

the different stakeholders in primary care. The first national roundtable, for England, was held in London in July 2014. The second, for Northern



The Roundtable participants in Copenhagen

Irish, was held in Belfast in November 2014. The third took place in Gibraltar on 19 May 2015 and the fourth, for Denmark, was held in Copenhagen on 28 October 2015.

This report summarises the main findings of the Denmark event.

The Denmark roundtable

The roundtable was chaired by EMHF Vice-President, **Dr Svend Aage Madsen**. Dr Madsen is also President of the Danish Men's Health Society. It took place at the offices of Dansk Metal (the Danish Metal Workers' Union) and there were about 30 attendees from a wide range of health and other professions.

Participants were welcomed by Dr Madsen who highlighted men's higher mortality from cancer, cardiovascular and other diseases as well as their under-use of general practice and other primary care services. He pointed out that one of the reasons why single men die sooner than men in relationships is that they are not encouraged to see a doctor by a partner. Dr Madsen also observed that, in some areas of Denmark, it is difficult to find a GP because they are fewer in number but these areas also tend to have a higher proportion of men. The roundtable's focus is identifying the barriers to men's access to primary care services but also suggesting new ways of reaching men, such as through health checks at workplaces.



Svend Aage Madsen

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Dr Madsen was followed by **Professor Ian Banks**, EMHF President. He stated that, although men's health is inevitably compared to women's, women's health was also problematic and must not be viewed as a 'gold standard'. Also, men's and women's health are inextricably linked – when the health of one sex is improved so is the health of the other. Professor Banks observed that men's poor health is partly due to genetics, partly to risk-taking and partly to how men use health services. The way services are delivered to men is probably the easiest issue to tackle but it is important to understand the barriers first.



Ian Banks

Three Presentations

There were then three scene-setting presentations. **Peter Baker** from EMHF began with an outline of the aims and methodology of EMHF's primary care work programme and the findings to date (see Box).



Peter Baker

EMHF primary care project: Principal findings to date

- There is good evidence that men attend primary care services less frequently than women, especially working age men.
- Men are less likely than women to: attend for a health check; opt for bowel cancer screening; visit a pharmacy; and have a dental check-up or eye test.
- There is good evidence that men delay seeking help for many health problems, particularly mental health, but not necessarily all problems.
- Men not homogenous in their use of primary care services – some groups face particular barriers, including working age men (especially men in insecure employment or who are self-employed), migrant men, homeless men, released prisoners, gay/bisexual/transgender men, and men who conform to 'traditional' norms of masculinity.
- Men do not seek help for a variety of reasons: many are reluctant help-seekers, are not aware of important symptoms of disease, fear a positive diagnosis, and are deterred by services that are difficult to access or which have a 'female' ambience.
- The solutions could include dismantling the practical barriers (opening hours, appointment systems, etc), promoting pharmacy as a first point of contact, better outreach services, training for health professionals in men's health, addressing men's health literacy, engaging men during key transition points in their lives (especially becoming a father), focusing on men who use services least effectively and who have the worst health outcomes, and involving men and organisations working with men in service design.

Dr Andreas Rudkjøbing, President of the Danish Medical Association, spoke about men's greater exposure at work to risk factors for poor health, their risky lifestyle behaviours and their tendency not to react actively to symptoms by seeking medical help. Women are also more used to going to the doctor for reproductive health issues and for screening. GP services are not well targeted at men in terms of opening hours and location. Services must go to where men are as well as men going to the services. Health information should be provided specifically for men and the potential role of health checks should be further investigated. Socially marginalized men, not middle-class men, should be the main focus.



Andreas Rudkjøbing

Ilja Sabaj-Kjær, a sociologist at the Danish Men's Health Forum, presented preliminary findings from a new study on men's use of health services. The research is based on interviews with 50 men at five different workplaces in Denmark as well as at a social housing project and a jobcentre. The findings confirm that men tend to delay seeking medical help, especially for psychological problems about which they lack the language for a discussion with health professionals. Men are very reluctant to tell employers about mental health problems and will not talk about them to friends or colleagues either. In general, men are fearful of being told there is nothing wrong ('making a fuss about nothing') but are even more afraid of receiving a positive diagnosis. But men do welcome invitations to health checks, especially at workplaces, and respond to simple and clear explanations about health issues.



Ilja Sabaj-Kjær

Panel discussion and workshops

The presentations were followed by a panel discussion with the audience chaired by **Dr Svend Aage Madsen**. The panellists were **Professor Ian Banks**, **Dr Andreas Rudkjøbing**, **Anne Kahns** (Chair of the Board of the Association of Danish Pharmacies), **Lars Engberg** (President of Danish Patients), and **Dr Birgitte Ries Møller** (representing PLO, the Organisation of General Practitioners in Denmark).

The Roundtable participants then met in small workshop groups to discuss the barriers to men's effective use of primary care and potential solutions. This was followed by a plenary discussion.

The barriers

The panel discussion and workshops identified the following barriers to men's effective use of primary care in Denmark:

Cultural/educational

- Men often do not know what services are available.
- Boys are not properly introduced to the health system and therefore do not know how to use it effectively.
- The language and the communication used in health care services is often not well adjusted to men.
- Social isolation is a huge health problem that must be addressed – there are too many men sitting alone in their homes.
- Health settings often appear to be aimed mainly at women.
- Health campaigns often target well-educated and middle-aged women, not men.
- There are taboos about what men can talk about and talking about health is not 'normal' for many men.
- Many men are unwilling to conform to the role of 'patient' and a better understanding is needed about men as health service users.

Thomas (a worker from Denmark):

"I myself have struggled with something for about a year now. I haven't seen a doctor about some cell transformation which I have since had radiation and cryotherapy treatment. ... I have sores and the like on my head and, although I know I haven't hit my head, that's what I told my wife. I ask myself why the hell do I do that and why am I still not doing anything about the problem."

- Men can use apparent contradictions in health lifestyle advice as an excuse to do nothing.
- Men often perceive illness as a weakness and this inhibits help-seeking.

Structural

- The health professions are female-dominated in Denmark and this may deter some men.
- A fragmented health service can result in men becoming lost in the system.
- GPs are now under huge pressure – there are too few (in some areas there is a five-week waiting time for appointments) and they are dealing with an ageing population – and it is therefore not easy for them to change the way they work with men.

Clinical

- The symptoms of male depression are different from those for female depression but many primary care practitioners are not aware of this and men's depression is therefore under-diagnosed and under-treated.

The Solutions

The following changes were suggested to improve men's use of primary care:

Cultural/educational

- A clear and consistent message about men's health and new 'health language' for men are needed as the basis for engaging men.
- Encouraging men to plan for their long-term financial future could help engage them in health.

Educational

- More work with boys in schools (and also with fathers) is needed.
- Health campaigns should target specific groups of men and use language and humour that resonates with men. Campaigns must be accessible to men who are functionally illiterate.
- There is a need for role models/ambassadors for men's health.
- Shop stewards can play an important role in promoting men's health.
- Men need to be made more aware of the symptoms of cancer and other diseases.

Structural

- Men's health needs to be embedded in health policy. There should be action at a political level to take this forward.
- To improve access, more health services should go to where men are, e.g. workplaces and supermarkets.

- Services need to engage with specific groups of low-income men in and out of employment.
- Services should reach out for single men who have a shorter life expectancy and are a high risk group when it comes severe illnesses.
- Services should go to day centres, prisons and other settings to engage marginalised men who are not in employment.
- Targeted screening for male diseases should be introduced.
- Health checks could detect diseases at any early stage
- Health checks might also initiate lifestyle changes (but it was also suggested that health checks are not any 'easy solution' and may not bring about long-term behavioural change).
- Quicker ways and new entries to contact doctors are needed, e.g. using new technologies. Service opening hours should be extended.
- Men need more time to talk to health professionals.
- Men's mental health should be addressed in new ways.
- Because men may be reluctant to follow doctors' 'orders' they need to be fully involved in shared decision-making.
- Primary care will need to respond to the issue of manual workers continuing in employment as the retirement age increases.
- Pharmacies can do more to engage men e.g. offering blood pressure checks at service stations, running sports injuries clinics at fitness centres, encouraging more men to use sun protection.
- Recently-introduced pharmacy regulations have limited pharmacies' product range and cosmetics are no longer sold. This may help to reduce a barrier to men's use of the service.

"Poul (a worker from Denmark):
 "If you could somehow put it into a system – and it could easily be a doctor that could put into a system - so it was already scheduled that on, say, August 3rd, you had an appointment with the doctor. Then you would actually go along. For instance, I don't have any problem with my dentist sending me letters – and him I actually see. And if I can't make the date, then I call and reschedule."

Training

- Health professionals require training in communication with men.

Research

- More research into working with men is needed but even if robust evidence is not yet available there is still good knowledge about what actually works.

Next steps

To take this work forward, EMHF will:

- Publish and disseminate the findings of the Denmark roundtable.
- Support the Danish Men's Health Society in any initiatives to improve the health of men and boys.
- Add the learning from the event to its wider European work programme on men's use of primary care.
- Continue to organise roundtable events in a range of European countries.

The Danish Men's Health Society will:

Through the Danish Men's Health Forum partnership, The Danish Men's Health Society will work to improve men's access to and outcome of the primary health services. Men's Health Forum is a partnership of 45 partners from all corners of society – health authorities, patient organizations, health professional organizations, private operators, trade unions, municipalities, and others - led by the Men's Health Society. Several of the partners are involved in the activities and projects mentioned below.

1. Continue to raise awareness of men's needs for better and more appropriate health services through Men's Health Week, which in 2016 has the theme: 'Men's Health and Communities'. Men's Health Week 2016 focuses on how men through existing communities and by creating new communities can increase their well-being and mental and physical health. This applies to the workplaces, residential areas, organizations, educational institutions and in the neighboring areas. The goal is to develop new ways in which men may benefit from primary care.



2. One of the new health services for men is the Men's Health Forum's web-based symptom checker for men: 'www.tjekdigselvmand.dk'. This tool is designed and adapted for men and intended to guide the men about whether they should go to the doctor or another primary health care service. Forum is working to spread the use of 'www.tjekdigselvmand.dk' through partners, Facebook, Google, etc.

3. Men's Health Forum is conducting an interview study of the views of uneducated men and men with short educational attainment about health and health services, particularly primary care services. The results of this study will be used in most of the contexts in which the Forum operates, especially educational programmes for primary care professionals.

4. Men's Health Forum is currently developing major educational programs for a) Health professionals - doctors, nurses, physiotherapists, psychologists, etc. in regional, municipal and private sectors; and b) Health at workplaces – for working environment and safety representatives, union representatives and managers / team leaders and prevention counselors in municipalities. These programs will in many ways apply to several of the professional groups working in primary health care.

5. Men's Health Forum is independently and in different joint projects developing and implementing different actions at workplaces for men, experimenting with various forms of health information and health care services targeting men, including health checks. These projects are both primary health care services aimed at men and guidance for men to decide when they should seek help from a GP and other primary health care services.

6. Men's Health Forum has taken on responsibility for setting up Men's Sheds (which in Denmark are called Men's Meeting Places) and leads the Network for Men's Meeting places in Denmark. The goal is that at least 15 Men's Meeting Places should be established before summer 2016. One of the roles of the Meeting Places is the provision of health information and services.



**MÆNDS
MØDESTEDER**

7. Men's Health Forum will continue to put men's health on media and political agendas and to raise awareness of men's specific needs, e.g. in relation to cancer, diabetes, depression and other mental disorders, where primary care has a key role.

About European Men's Health Forum

EMHF was established in 2001 and is an autonomous, non-profit-making, non-governmental organisation based in Brussels.

EMHF is the only European organisation dedicated to the improvement of men's health in all its aspects. Its vision is a future in which all men in Europe have an equal opportunity to attain the highest possible level of health and well-being. Its mission is to improve men's health across all countries in Europe by promoting collaboration between interested organisations and individuals on the development and application of health-related policies, research, education and prevention programmes. EMHF is committed to gender equality and fully supports activities to improve women's health.

www.emhf.org

About Men's Health Society, Denmark

The Men's Health Society is a multi-disciplinary organisation dedicated to the field of men's health in all its aspects. The Society has organised Men's Health



Week in Denmark since 2003, involving more than 200 participants around the country. The Society disseminates publications and organises and participates in national and international conferences and meetings. The Society leads the Men's Health Forum, Denmark, a body for 45 organisations from all areas of society dedicated to working

for better health for men.

During 2013-14, the Forum received grants for around €1.4 million for work with men's health in Denmark including research, education for health professionals, development of male-friendly health information, and establishing Men's Sheds to bring men together and improve their well-being. In all the activities there is a focus on how primary health care services can benefit from the results. www.sundmand.dk

Participants at the European Round Table Talks in Copenhagen

Andreas Rudkjøbing, President, the Danish Medical Association
Birgitte Ries Møller, Board member of The Organization of General Practitioners in Denmark
Charlotte Fischer, Chair of the Committee for Psychiatry and Social affairs, Danish Regions, member of The Danish Social-Liberal Party
Jane Korczak, Vice-president, United Federation of Danish Workers
Eva Secher Mathiasen, President, Danish Psychological Association
Per Michael Larsen, President, Danish Association of Opticians
Elisabeth Gregersen, President, Danish Association of Dental Therapists
Tine Lyngholm, Head of Professions, Danish Association of Nurses
Lars Engberg, President, Danish Patients' Organisation
Niels Sandø, Chief Consultant, the Danish Health and Medicines Authority
Peter Goll, Senior Vice President at Falck Healthcare
Søren Hougaard, General Secretary, EHIMA
Rikke Esbjerg, Director, Netdoktor
Anne Kahns, President, the Association of Danish Pharmacies
Tina Lambrecht, President, the Association of Danish Physiotherapists
Charlotte Juhl Groule, Board Member, Danish Dentists' Association
Astrid Krag, Political Spokesman of Health, the Social Democrats
Ann-Louise Reventlow-Mourier, Danish Association of Medical Specialists, President at DØNHO
Liselott Blixt, Political Spokesman of Health, Danish People's Party
Lise Müller, The Socialist People's Party
Susanne Greisgaard, Public Affairs Project Manager Janssen-Cilag
Peter Geisling Qvortrup, Danish Broadcasting
Mie Møller Nielsen, Danish Men's Health Forum
Ilja Sabaj-Kjær, Danish Men's Health Forum
Ian Banks, President, European Men's Health Forum
Peter Baker, European Men's Health Forum and Global Action on Men's Health
Steffen Hansen, Secretary, Danish Metal Workers
Svend Aage Madsen, President Danish Men's Health Society, president Danish Men's Health Forum, vice-president European Men's Health Forum
Tue Hansen, External Affairs Manager DK, Bayer HealthCare
Susanne Greisgaard, Public Affairs Project Manager Janssen-Cilag

The roundtable event was supported and funded by: Danish Men's Health Forum, Bayer HealthCare, Dansk Metal, and Janssen-Cilag. Financial support was given without any kind of influence on the event programme, the discussion or the content of this report.

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The text vignettes contain citations from the Men's Health Forum study of the attitudes of uneducated men to health and health services by uneducated men and men with short educational attainment. The study is conducted by sociologist Ilja Sabaj-Kjaer.

Copenhagen, December 2015

The report was written by Peter Baker, EMHF and Svend Aage Madsen, Men's Health Society, Denmark. All inquiries about the report should be directed to the address below. The report is available in a Danish version.

Also available in print. Copies in Danish and English can be commissioned from:

Men's Health Society, Denmark

Svend Aage Madsen

Sec. 9512, Rigshospitalet

Blegdamsvej 9

DK-2100 Copenhagen

Denmark

Web: www.sundmand.dk

E-mail: svendaage@madsen.mail.dk