



Green Paper on the European Workforce for Health

EMHF contribution to the Commission's consultation – 30 March 2009

Men do care about their health. Ignoring their health needs in terms of health communications and service delivery is neither productive nor helpful.

EMHF therefore calls for:

- New investments in health information strategy to address low levels of health literacy among EU citizens, and particularly in large sections of the male population through the use of appropriate language, communication format and dissemination channels.
- Adjustments to be made to the healthcare delivery process in order to increase its effectiveness among the male population e.g. through promoting extended opening hours of primary care services, outreach services and staff trained on working effectively with male patients.
- The systematic collection and availability of sex-disaggregated data for use in planning, implementation and evaluation of primary care service delivery.
- On the Commission to build on existing expertise and fund the development of the first publicly-funded report on the state of men's health in Europe.
- More visibility to be given to EU-OSHA at national level to help reduce the incidence of work-related accidents which affects men predominantly.
- The further development EU-OSHA's focus on gender impact assessment and the development of related partnerships between its national focal points and local expert men's health NGOs.
- The inclusion of gender and its relevance to the effectiveness of health interventions in the curriculum and continuous training of all health professionals including pharmacists and health promotion and prevention campaigners.
- The training of policy makers and health service managers in interpreting and making the most effective use of sex disaggregated data in a gender-based approach to service delivery.

The European Men's Health Forum (EMHF) is an independent, non-governmental, non-profit making organisation established to raise male awareness across Europe. EMHF represents 25 member organisations across Europe. It promotes collaboration between interested individuals and organisations on the development and application of health policies, research, education and prevention programmes. EMHF provides a unique platform for non-discriminatory co-operation and information exchange within Europe and with other countries worldwide.

It actively promotes collaboration with other international networks and institutions sharing the same goals.

EMHF welcomes the Commission's initiative to consult on the future of the workforce for health in Europe and is pleased to submit its contribution.

A draft response was prepared based on a formal consultation with EMHF's membership. The responses of EMHF members were considered and incorporated in the development of this document.

EMHF has concentrated its contribution on points 2: Public health capacity and 3: Training, which it considered most relevant to its field of expertise.

1. Public health capacity

Strengthening capacity for screening, health promotion and disease prevention

It is widely accepted health promotion and disease prevention should be stepped up to reduce the overall burden on health systems. The effectiveness of such initiatives relies on the clear identification of the health needs of population groups targeted, both in bio-medical terms and in relation to the health perceptions, attitudes and behaviours of individuals.

Building on the EU patient-centred approach, EMHF advocates for health promotion and prevention interventions effectively addressing such differences between men and women. Women and men differ in terms of sex and gender. Because of social (gender) differences, they face different health risks, experience different responses from health systems, and their health seeking behaviour and health outcomes differ¹ (e.g., rate of male presentation at screening programmes, men's lower contact rate with primary care services, etc).

It is a fact that men, in general do not access primary health care as often as women, and they tend to wait until symptoms are serious and can no longer be ignored. This leads to later diagnosis and poor health, and a heavy burden of cost on the health service in the longer term².

¹World Health Organisation, Strategy for integrating gender analysis and actions into the work of WHO (extract), 2007

² Recent Danish research has examined the potential impact of men's lower contact rate with GPs and suggests that because men present later than women with severe symptoms, it may be linked to higher hospitalisation and mortality rates. This finding is consistent with Europe-wide data on malignant melanoma, which shows that while women are more likely to develop this type of cancer, men are more likely to die from it.

It does not mean that men do not care about their health. There is an increasing body of evidence suggesting that men can be encouraged to take their health seriously, provided they are approached in a male sensitive way. Health services are failing to engage effectively with them, especially men in disadvantaged groups.

Gender considerations should be taken into account in the formulation, planning, implementation and evaluation of all public health initiatives and particularly for health promotion and disease prevention. They represent factors that influence the actual receipt by men and women of equal health benefits from a given intervention.

The Council of Europe has recently addressed this issue³ by recommending Members States should:

- promote gender equality in each sector and function of the health system, including actions related to health care, health promotion and disease prevention in equitable manner.
- consider issues related to the improvement of access and quality of health services as these relate to the specific and differing needs and situations of men and women

EMHF therefore calls for

- New investments in health information strategy to address low levels of health literacy among EU citizens, and particularly in large sections of the male population through the use of appropriate language, communication format and dissemination channels.
- Adjustments to be made to the healthcare delivery process in order to increase its effectiveness among the male population e.g. through promoting extended opening hours of primary care services, outreach services and staff trained on working effectively with male patients.

Collecting better information about actual and potential population health needs in order to plan the future development of public health workforce

The lack of systematic availability of sex-disaggregated data for use in health planning, implementation and evaluation is largely considered as a barrier to improving the effectiveness of health interventions and to improving gender equity in health.

The Council of Europe recognises the need for systematic collection of appropriate sex-disaggregated data, promotion of relevant research studies and gender analysis to support evidence-based interventions. It also recommends in health services and in the most relevant health surveys and programmes all routine data recording and collection systems should be sex-disaggregated according to the health priorities⁴.

³ Council of Europe, Recommendation CM/Rec(2008)1 of the Committee of Ministers to Members States on the inclusion of gender differences in health policy (30 January 2008)

<https://wcd.coe.int/ViewDoc.jsp?id=1241743&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>

⁴ Council of Europe, Recommendation CM/Rec(2008)1 of the Committee of Ministers to Members States on the inclusion of gender differences in health policy (30 January 2008)

A survey conducted by the Men's Health Forum in the UK, suggests that often basic data used for planning health services have not been routinely considered in gender disaggregated form⁵

The Commission has so far funded two consecutive reports on the state of women's health in Europe, the latest of which was published under the Austrian Presidency of the EU in 2006. The European Men's Health Forum's, Report on the State of Men's Health in 17 European Countries⁶, remains the only document of its kind up to now. The EU project EUGLOREH (March 2009)⁷ is the first to provide a description of men's health in Europe, thanks to a collaboration with the European Men's Health Forum.

The EU project European Community Health Indicators (ECHI) aims to provide quality and comparable data for use by policy makers at national and EU levels. Indicators are at the crossroads of policy questions and data sets. They are therefore expected to be broken down by sex but for the most part the data across main diseases, health determinants and health interventions/services is not currently disaggregated.

EMHF therefore calls for

- The systematic collection and availability of sex-disaggregated data for use in planning, implementation and evaluation of primary care service delivery.
- On the Commission to build on existing expertise and fund the development of the first publicly-funded report on the state of men's health in Europe.

Giving the Agency for Safety and Health at Work (OSHA) more visibility in the Members States by publicising its existence directly at workplaces

Men are generally more likely to leave unhealthy lifestyles and less likely to seek professional health advice, delay diagnosis and make less effective use of the health service. The situation is particularly exacerbated among men of lower social economic groups. EMHF therefore encourages national health services to reach out to men where they are. The workplace has been successfully piloted in several EU countries as an effective health-promoting venue particularly for men.

<https://wcd.coe.int/ViewDoc.jsp?id=1241743&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>

⁵ A survey of English primary care trusts (PCTs) by the Men's Health Forum in 2006 suggested that fewer than a third of PCTs always used gender disaggregated data when planning services in relation to heart disease and cancer, and less than a fifth when planning services in relation to diabetes (Wilkins 2006)

⁶ Cash K., White A., Report on the State of Men's Health in 17 European Countries, European Men's Health Forum, July 2003.

⁷ Eugloreh project, The Status of Health in the European Union: Towards a Healthier Europe 2009, EU public health programme project, global report on the health status of the European Union, March 2009 (retrieved 13 March 2009 from http://www.eugloreh.it/ActionPagina_993.do).

EU-OSHA through its work and partnership with EMHF has demonstrated the commitment in the implementation of gender mainstreaming in health and safety. Therefore EMHF supports giving OSHA increased visibility in the workplace. OSHA's initiatives can help improve health and quality of life, particularly in men from lower-socio economic groups who are more likely to lead unhealthy lifestyles. Health improvements can contribute to a reduction in work-related accidents which affect men the most across the EU.

EMHF therefore calls for

- More visibility to be given to EU-OSHA at national level to help reduce the incidence of work-related accidents which affects men predominantly.
- The further development EU-OSHA's focus on gender impact assessment and the development of related partnerships between its national focal points and local expert men's health NGOs.

2. Training

The Council of Europe, has recently recommended that governments of Members states should ensure the Inclusion of gender aspects of health in the training and continuing education of all health and related social professionals at both undergraduate (medical and nurse training) and continuing education levels (in service training) for all workers, including policy makers ⁸

EMHF welcomes the identification of training needs in the Green Paper. The Forum firmly believes that training of the health workforce should go beyond bio medical differences between men and women by developing their understanding of gender based attitudes, behaviours and therefore expectations from the health care delivery process.

While gender is the result of socially constructed ideas about how the behaviour, actions and roles an individual of a particular sex performs. Sex refers to the *biological and physiological* characteristics that *define* men and women. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles" ⁹

Policy effectiveness relies on policy makers understanding the impact of gender differences on health outcomes and patterns of service use. Data availability must be accompanied by appropriate training regarding the use of this knowledge in the various stages of a project. Policy makers are often confronted with the requirement to take gender considerations into account in the planning, implementation and evaluation of an initiative without having the necessary tools to be able to do so

⁸ Council of Europe, Recommendation CM/Rec(2008)1 of the Committee of Ministers to Members States on the inclusion of gender differences in health policy (30 January 2008)

⁹ <http://www.who.int/gender/whatisgender/en/index.html>

effectively. Project coordinators' understanding of the notion of gender and its application to project management too often reveals a need for greater gender literacy¹⁰.

Gender literacy in doctor-patient relationship is equally crucial. "Health workers and other professionals, for example, need to be trained in good communications and listening skills and in how they tailor their communication to meet their patients' needs (Kickbusch, Wait & Maag 2006). They also need to be aware of how gender influences health outcomes and health seeking behavior. This requires the integration of gender into the curriculum of health personnel as part of training "¹¹

Tools already exist that have proved successful in the area of men's health. In 2006, the Royal College of General Practitioners (UK), launched a new interactive short course Men's Health in general Practice, to help GPs practice nurses and other primary care professionals expand their knowledge and understanding of men's health needs and improve their consultation techniques. The centre for Pharmacy postgraduate Education, also in the UK, funded by the Department of Health to provide continuing education for pharmacists in England, developed a similar programme.

In order to take the next step from sex-disaggregated data towards policies that reduce the imbalances shown by the data, a new kind of research is needed. That is research on the impact of gendered norms and expectations on lifestyle and health behaviours. Research with a social sciences and behavioural approach to gender and health is specially needed. Also it would be crucial to investigate the interrelation of masculinities with other social categories such as class¹².

EMHF therefore calls for

- The inclusion of gender and its relevance to the effectiveness of health interventions in the curriculum and continuous training of all health professionals including pharmacists and health promotion and prevention campaigners.
- The training of policy makers and health service managers in interpreting and making the most effective use of sex disaggregated data in a gender-based approach to service delivery.

¹⁰ Value+: Impact of gender on the meaningful involvement of patients in EU funded projects (preliminary results), EU Public Health Programme, 2007 call for proposals.

¹¹ World Health Organisation, Closing the gap in a generation. Health equity through action on the social determinants of health- Final report of the WHO Commission on Social Determinants for Health, 2008

¹² Varanka, L (2008) Mainstreaming men into gender sensitive health policies, Journal of Men's Health, Vol5,N3