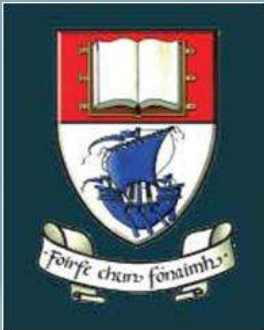


A Customised Intervention Improves Health Practices in “Hard to Reach” Men



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Introduction

- In Ireland, male life expectancy is almost five years lower than that of females.
- Men have higher death rates for most of the leading causes of death across the lifespan.
- Men from the lowest socio-economic group are up to 6 times more likely to die from the leading causes of death than men from the highest socio-economic group.
- 46.3% of men in Ireland are overweight with 20.1% classified as obese.
- Only 48% of Irish men engage in some form of regular physical exercise.
- Approximately 26% of men in Ireland smoke. Smoking is socially distributed with increased tobacco consumption in lower SE groups.
- Men in Ireland drink, on average, 14.3 litres of pure alcohol per annum: twice the average for males among the countries involved in the European Comparative Survey.
- In a study of 15 European countries, Irish men had the second highest level of perceived 'good health' despite having the lowest life expectancy of all countries surveyed.

Methodology

Study Aim: To improve knowledge of beneficial health behaviours in socially marginalised men.

Setting: Ballybeg CDP, Waterford City.

Subjects: n=13 men. Immigrants, Travellers, Unemployed, Recidivists

Snowball sampling technique

Repeated measures design; 4-week intervention

Friedman test for ordinal outcomes

BMI, BP, Spirometry

Tecumseh step test, grip strength, sit & reach test

Questionnaire: Demographics,

Health awareness, Nutrition,

Physical activity, Smoking , Alcohol



4 week Intervention and Education Programme

- Week 1: Health Screening, Fitness tests, Baseline Questionnaire
- Week 2: Physical activity education, results of fitness tests and personalised feedback
- Week 3: Food pyramid, Harmful foods, Food additives, Caloric and salt equivalents, Components of balanced diet
- Week 4: Smoking and alcohol harms, Intake limits, Alcohol units, J Shaped curve, Quit techniques, Responsible behaviour
- Follow Up: Repeat administration of questionnaire.

Characteristics of Study Subjects

SEG: 100% BRG Class 5 Unskilled Manual

Age: 34.5 (SD 10.1)

African Ethnicity: 23%

Relationship Status: Single 46%

Education: Primary 30%, Junior Cert 30%, Leaving Cert 40%

Smokers 61%

Sedentary 31%

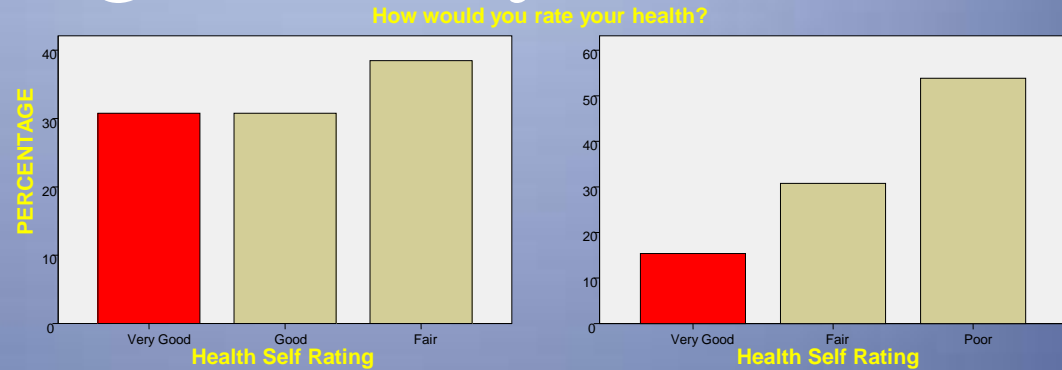
Alcohol: None 38%; 1 – 21 units/week 39%; > 21 units/week 23%

Self-reported “good” or “very good” health 61%

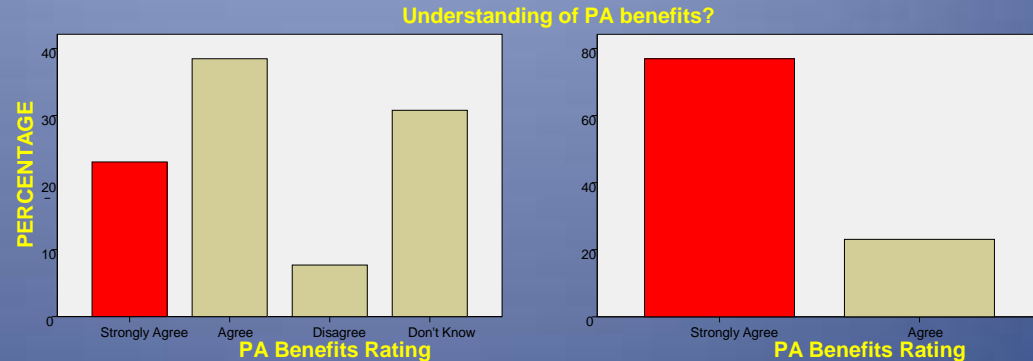
100% retention in study

Health Rating and Physical Activity

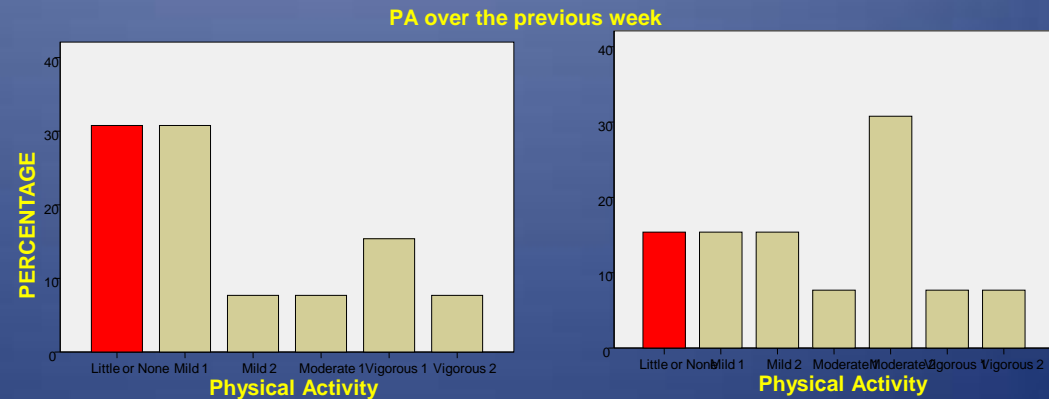
Good or Very Good health Self-rating
(Chi 7.4; $p < 0.01$)



Beneficial Effects of Physical Activity
(Chi 8; $p < 0.005$)

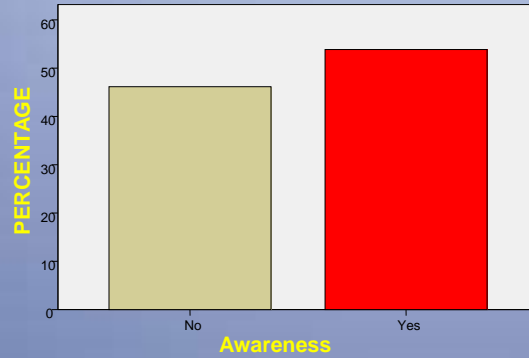


Increased Physical Activity Last week
(Chi 4.5; $p < 0.05$)



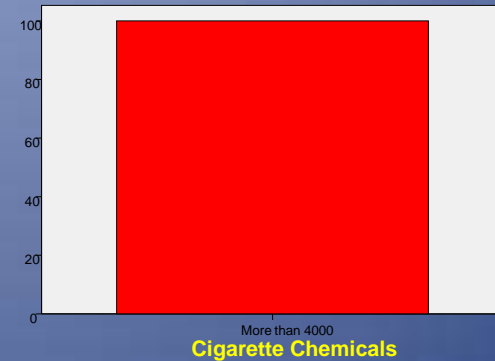
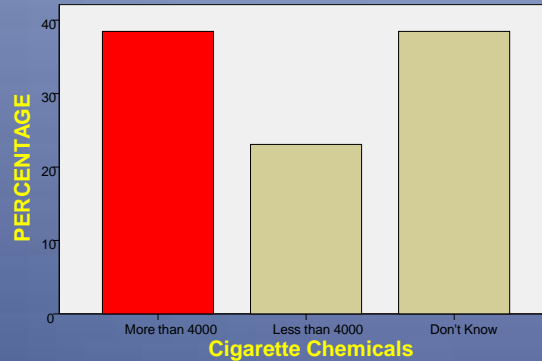
Diet and Smoking

I am Aware of the Food Pyramid



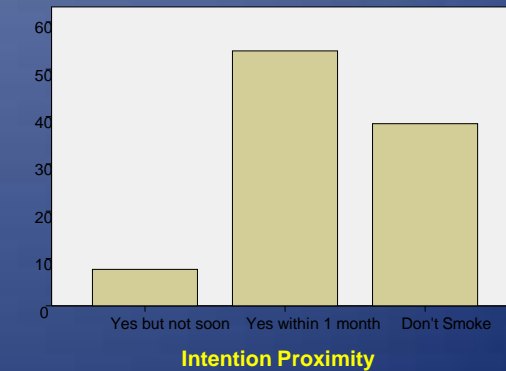
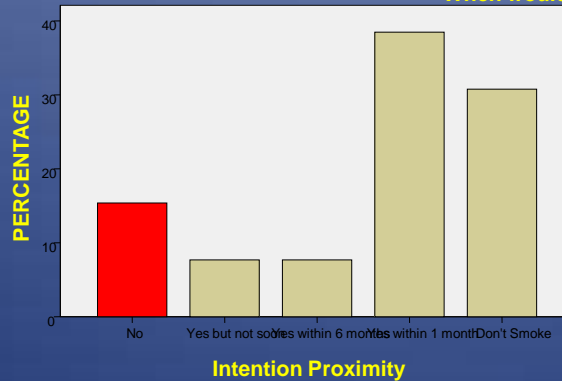
Aware food pyramid
(Chi 6; $p < 0.01$)

Poisonous Chemicals In Cigarettes?



Chemicals in Cigarettes
(Chi 8; $p < 0.005$)

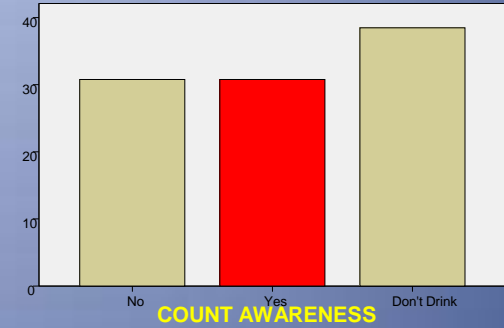
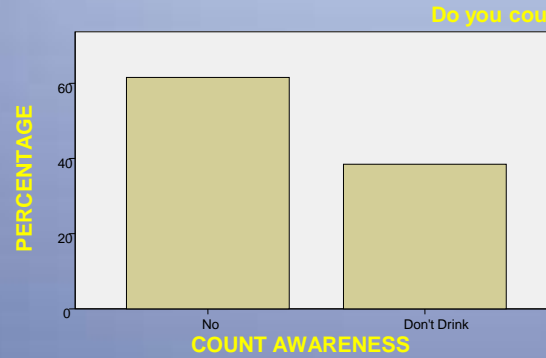
When would you Like to Stop Smoking?



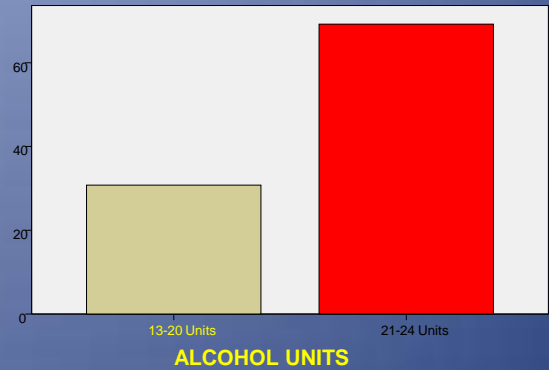
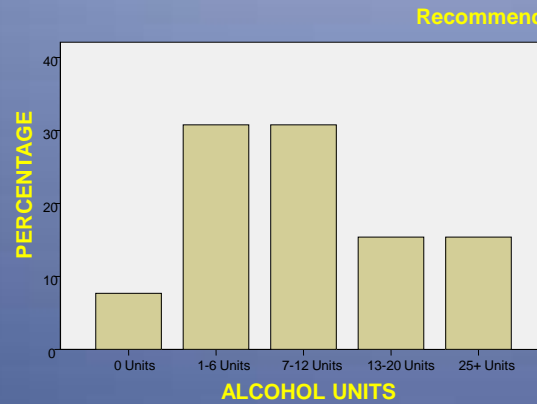
Smoking Cessation Precontemplation
(Chi 5; $p < 0.05$)

Alcohol Awareness

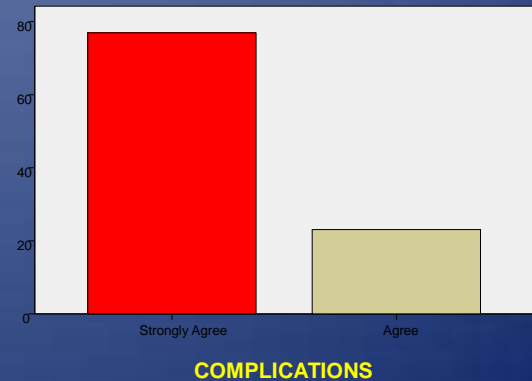
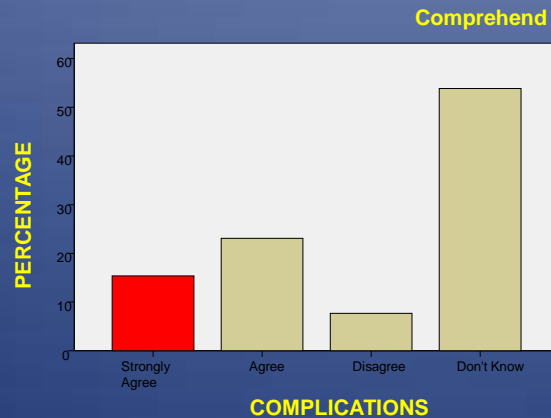
Count Alcohol Drinks
(Chi 4; $p < 0.05$)



Aware Alcohol Limits
(Chi 6.2; $p < 0.01$)



Aware Alcohol Complications
(Chi 9; $p < 0.005$)



Results

- Increase in reported consumption of fruit and green vegetables. (Chi 9; $p < 0.005$).
- No change in alcohol or tobacco consumption.
- Personal relationship status did not predict any health outcome.
- Education did not predict any health outcome.
- Age was inversely correlated with alcohol consumption.

Summary and Conclusions

- In socially marginalised men, information on fitness, combined with performance measures of physical function, foster interest in health issues and enhance participation and retention in a health education programme.
- A customised health education programme improves health knowledge and self-reported health practices.
- These men are naive to harmful effects of tobacco, alcohol and poor diet. There are substantial floor effects of poor health knowledge and behaviour so that the potential for effective interventions is correspondingly large.
- Socially marginalised men hold unrealistically optimistic views of their health which may perpetuate unhealthy behaviours.
- The education programme improved self-reported dietary practices and physical activity.
- Knowledge of tobacco harms increased desire to stop smoking.
- Smoking behaviour is more resistant to change than diet and activity.
- The intervention enabled participants to objectively quantify their own alcohol consumption and relate it to potential harmful effects.

Limitations

- Accuracy of self reported changed behaviour.
- Requirement for further objective measures of physical activity and physiological function, e.g. Pedometers, Accelerometers, Maximum aerobic capacity, 1-Rep Max for strength training
- Short duration of intervention
- Short duration of follow up.
- Small numbers.
- Snowball sample
- Requirement for food diaries
- More objective measures of cigarette and alcohol use.
- No exploration of mental health issues.

Future Directions

- 6 month intervention study with more objective measures of physical function and nutrition.
- Include mental health issues particular to men.
- Multi-faceted intervention on smoking behaviour to include cognitive behavioural techniques and pharmacotherapy.
- Explore misconceptions about health with a qualitative study.
- Longitudinal follow up to examine durability of changed behaviour.
- Extend study to ex-prisoners: The “U-Casadh” Project.
- Create supportive environments:
 - The Ballybeg urban horticulture project.

