Men’s health

At the Centre de formation médicale du Nouveau-Brunswick at the Université de Moncton, Canada, Dr Jalila Jbilou is advancing understanding of men’s health and defining innovative interventions to tackle rising obesity and related health complications among men.

How have obesity rates changed in Canada in recent years?

Recent reports from the EU and Canada show that poor access to adequate and gender-sensitive care, low health status and a lack of gender-specific preventative interventions are important health indicators for the status of men’s health. Furthermore, initiatives to address the needs of a population are designed without taking into account the specific needs and realities of men. The literature shows there are two major factors influencing men’s health: the first being health-related attitudes, knowledge and practices, along with individual risk-taking behaviour and the management of care; the second related to masculinities and men’s socialisation. Developing services and interventions for men that are built on an understanding of these two major factors will increase success, improve effectiveness of care and health outcomes, and enhance the willingness of men to access healthcare services.

Why is there a need to look more closely at men’s health in particular?

Men face poorer health outcomes, have a shorter average life expectancy and experience higher mortality rates than women across many leading causes of death. The literature on men’s health shows that men underuse health services. The principal reasons for this are the lack of ‘male-friendly’ health services, the functional view men have of their bodies and their perception of healthcare services as an occasional ‘fix-it’ cure service. There are also results suggesting that men are reluctant to engage in traditional preventative services such as weight-loss programmes. Men are less likely than women to perceive themselves as overweight or to attempt weight-loss programmes. They are also underrepresented in studies and clinical trials on engagement in healthy behaviours through an integrated lens. Moreover, little research to date has focused on the meanings men attach to healthy living and the impact of men-sensitive health communication on men’s behaviour changes and maintenance.

How does your latest project improve on existing interventions?

Statistics show that the most prevalent men-related chronic health conditions such as obesity, diabetes, high blood pressure and cancer have been on the rise over the last two decades. What is troublesome is that these conditions are influenced by a small set of well-established, modifiable causes such as an unhealthy diet, smoking, excessive alcohol consumption, etc. In collaboration with my team, I conducted a systematic review aiming to identify evidence for effective strategies for weight control and management in men. The results show that the strategies were fragmented and only had short-term follow-up. Thus, we articulated the extracted intervention to build a long-term (24-month) comprehensive intervention and developed men-sensitive content that has been validated with 49 primary care professionals and 40 men within five focus groups in two Canadian provinces.

What is the link between stress and obesity?

The link between stress and obesity is well established in the literature. Indeed, the neurobiology of stress overlaps significantly with that of appetite/food intake and energy regulation. High levels of stress increase the stress hormone cortisol, which affects eating behaviour, and insulin, which promotes food intake and obesity.

What findings have you published so far and how do you intend to make your research widely available?

We have already published a paper on the mental health of men in rural Canada. We currently have two papers under review and two manuscripts in preparation. In addition, I am seeking international collaboration in developed countries and also in low- and middle-income countries. Our results will be accessible at no cost (open access) to ensure wide dissemination. We will also provide academic support to facilitate replication in other contexts, language translation (Spanish, Arabic and Portuguese), cultural adaptation and resources adjustment.

Have you faced any barriers in pursuing your ongoing studies?

Working on men’s health is a challenging process. In some cases you need to justify why you are interested in men rather than women. The amount of research funds dedicated to men’s health is really scarce. There is a lack of awareness about men’s needs. Policy and decision makers do not see the added value of supporting and investing in men’s health. Moreover, there is a visceral fear of being inequitable. Men represent 50 per cent of the population. So, if the goal is to improve the health of the population, we need to be more inclusive and adjust our strategies to boys and men. Transparent and evidence-based gender-sensitive health policies and services need to be implemented urgently.
Men-sensitive healthcare

A team of Canadian researchers is unravelling the complex issue of men’s health. The multidisciplinary project promises to help overweight and obese men to improve their health with community support.

ACCORDING TO A 2009 report by the Public Health Agency of Canada, the prevalence of obesity has increased worldwide over the last three decades. Backing up the Canadian findings, a UK report has shown that the number of British adults classified as obese has trebled in the last 25 years, with a large proportion of the increase attributable to men. Similar results have been published in the US, where 72 per cent of men were considered overweight or obese (OV/OB) versus only 64 per cent of women. OV/OB has become a serious public health issue, and as the facts depict, a problem that particularly affects men. Added to this, as many men are estranged from primary healthcare services, the chance of an early diagnosis of weight-related health problems is reduced.

OV/OB in men can lead to premature death and illnesses such as Type 2 diabetes, cardiovascular disease and cancer. These conditions are influenced by several factors that disproportionately affect men; including excessive alcohol consumption, smoking, unhealthy diet, stress and a sedentary lifestyle. The diseases related to OV/OB put a strain on the healthcare system and pose a significant economic burden: the cost of obesity to the Canadian taxpayer is estimated at CAD $4-7 billion annually. Hence, understanding the underlying causes of the OV/OB pandemic among men and designing effective preventative health services that target men specifically has become a pressing concern.

COMPLEX ISSUE

At the Centre de formation médicale du Nouveau-Brunswick, Canada, Dr Jalilah Jbilou’s latest project – OV/OB Prevention Among Men – brings together a multidisciplinary team that includes public health researchers, general practitioners, nursing staff, specialists in education and nutrition, as well as experts in kinesiology (ie. the mechanics of body movement), psychology, statistics, informatics and social services. “Men’s health is a complex research and practice domain and we need to connect disciplines to better answer men’s health questions,” elucidates Jbilou.

Excessive weight gain can relate to genetic factors, individual behaviour such as diet and physical activity, environmental and social factors, or any combination of these. Jbilou’s previous work in the field has already highlighted the complexity of demographic and sociocultural factors that affect whether or not men turn to health education programmes to combat OV/OB.

The New Brunswick researchers have had to overcome many hurdles. For example, men tend to take a ‘functional’ view of their body, seeing it as a machine that can always be fixed. Also, men are typically more reluctant than women to engage in health programmes that would help them to control or reduce their weight. “Recent statistics show gender inequality in terms of unhealthy weight and preventative utilisation of health services in the form of a regular annual check-up,” explains Jbilou.

KNOWLEDGE, EXPERIENCE, ACTION

Funded by the Canadian Institutes of Health Research and the New Brunswick Health Research Foundation, the ‘First Workshop on Men’s Health: Knowledge, Experience and Action’ was held in Moncton, Canada, on 22-24 May 2013. As Principal Investigator and organiser, Jbilou wanted the workshop to raise awareness about the specific health needs of men with chronic diseases and to strategically resemble major stakeholders to identify opportunities for collaboration and action to foster men’s health in New Brunswick.

More than 20 speakers gave presentations on men’s health, with topics ranging from tackling weight issues to prostate cancer, to the health of homeless men in New Brunswick. The workshop was aimed at researchers, primary care clinicians, decision makers, healthcare managers and the community in general.

“Specifically, the sessions focused on health risk perception, health communication needs, health services utilisation and clinical follow-up among men,” elaborates Jbilou.

The first day of the workshop allowed stakeholders to assess the organisational challenges involved in adapting primary care services to the needs
DEFINITIONS OF OVERWEIGHT AND OBESE

Overweight and obesity among men is defined by using body mass index (BMI), which is calculated in kg/m². For the purposes of their study, the Canadian team used the following parameters: a BMI of 18.5-25 kg/m² and a waist size less than 94 cm to indicate normal weight and a BMI of 25-30 kg/m² or a waist size in excess of 94 cm to indicate overweight or obese.

of men, while the second day was dedicated to raising awareness about men-sensitive health communication and clinical practices among primary care clinicians. On the final day, a panel of international experts was asked to identify future research directions for men's health research in New Brunswick. The Delphi method was used to identify the major research avenues that could be taken to improve the health of men in New Brunswick, and it was concluded that unhealthy weight and mental health should become the health priorities for men living in the province.

MULTIFACETED INTERVENTION

Recent studies by researchers at Leeds Metropolitan University, UK, have shown that the increase in obesity and related ailments among men in the last few decades is due in great part to a failure to reach out to men through evidence-based programmes that promote health improvement opportunities, especially in community settings. “In order to modify this trend, my research programme seeks to implement an integrated, multifaceted intervention designed to raise awareness, encourage and support men-centred health practices, and improve men’s engagement and access to community-based primary care services,” explains Jbilou.

The Canadian team’s research has come to fruition in the ‘Men Weight Loss and Weight Maintenance Intervention Plan’ (Peer4Men©). With a duration of 24 months, the plan is divided into seven stages: identification of the target population (ie. men aged 25-54); weight group classification according to BMI and waist circumference measurements; a risk and complications briefing, followed by an intervention proposal; an individual pre-programming assessment; programme initiation with face-to-face interactive group sessions followed by a men-to-men comprehensive programme that includes dietary, physical activity, tobacco, alcohol, stress management and health services utilisation information and progress journals; maintenance of the intervention through self-monitoring, phone/web-based follow-up every three months; and a final evaluation to measure outcomes at the end of the two years. Jbilou and her team embarked on the experimental implementation of this intervention plan in New Brunswick and Ontario in February 2014. The intervention is supervised by the community health centres and fully organised and delivered by men in the community or workplace. Group facilitators are trained and coached by Jbilou. At this stage, the intervention material is available in English and French.

HONING THE MESSAGE

In terms of overall health and wellbeing, men presently fare much worse than women: higher levels of OV/OB across all age groups mean men suffer disproportionately from otherwise preventable diseases and early death. Unfortunately, as previously stated, men also have a tendency to underuse primary healthcare services, which means OV/OB problems are often not addressed in a timely manner. Jbilou and her team are encouraging health professionals to adapt their clinical practices to the specific requirements of men. This should lead to improving men’s willingness to access primary healthcare services and improve the likelihood of men participating in health intervention programmes. In the future, Jbilou would like to see randomised clinical trials being undertaken to test multifaceted interventions for OV/OB men. She is also working on expanding her research projects and tools development to other chronic diseases in men in Canada and elsewhere in the world.

Jbilou’s work is also honing the format of information delivered to men with weight problems. Computer technology, for example, has provided an ideal method to disseminate lifestyle advice to a much broader swathe of the male population. “One-size-fits-all approaches are no longer effective there is an urgent need for sensitive approaches for OV/OB men in terms of both channels of communication and strategies, as well as the content and type of messages,” concludes Jbilou.

Thanks to this research, future interventions promise to have a much larger impact on the health, and decline, of OV/OB men. Encouraging men to engage with healthy behaviours at the level of primary healthcare will contribute to the overall health of men, and ultimately bring down Canada’s healthcare costs significantly.

INTELLIGENCE

MEN WEIGHT LOSS AND WEIGHT MAINTENANCE INTERVENTION PROGRAM

OBJECTIVES

• To develop, implement and assess multifaceted community-based and men-sensitive interventions
• To improve men-sensitive health communication skills among primary care and public health professionals
• To improve men’s engagement for healthy behaviours
• To improve men’s health and wellbeing

KEY COLLABORATORS

Professor Marie-Hélène Chomienne, University of Ottawa • Assistant Professor Alain Gauthier, Laurentian University • Professor Judith Maclintosh, University of New Brunswick • Associate Professor Eric Hervet, Associate Professor Douglas French, Associate Professor Sarah Pakzad, Université de Moncton • Professor Gilles Tremblay, Université Laval • Professor Mathieu Bélanger, Université de Sherbrooke • Professor Margareth Zanchetta, Ryerson University • Professor John Oliffe, University of British Columbia

International collaborators: Professor John J MacDonald, University of Western Sydney, Australia • Professor Steve Robertson, Leeds Metropolitan University, UK

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