Peter Baker's speech to the MHF event Challenges and Changes 15th November 2012

I'm sure many of you will have heard Al Gore's rather good joke – he likes to introduce himself by saying "I used to be the next President of the United States of America." Well, obviously I'm no Al Gore but I can quite legitimately say that "I used to be the first Chief Executive of the Men's Health Forum." And I was the Chief Executive for what would, in terms of the US Presidency, be a totally unconstitutional 12 years. That's also longer than Margaret Thatcher's and Tony Blair's prime ministerships and they seemed to go on forever. So 12 years at the top is definitely a long time.

In fact, I realised that I might have been working in the men's health field for rather too long when I recently saw a book on display in Waterstone's with "ED" in large letters on the cover. My first thought was, great, it's about time we had a popular book on ED, erectile dysfunction. Imagine my disappointment, therefore, when I realised it was actually a biography of Ed Miliband and, as far as I can see, contains no mention of his or any other man's sexual functioning.

That I was CEO for 12 years is actually very surprising given how I was first appointed. When MHF's Co-ordinator, as the post was then called, left rather suddenly in 1999, I was a member of the executive committee and working as a freelance journalist. I had been health editor at Maxim magazine and more recently the launch editor of the malehealth website, which at the time was not owned by MHF but by an independent publisher, Radcliffe. I was also working on a self-help book for men that was, by the way, published in 2002. It was called Real Health for Men and you can still buy it on Amazon – for the very reasonable price of £9.50. Now that I'm self-employed, you will appreciate that I have to seize any opportunity for shameless self-promotion!

Ian was then the chair of the Forum and invited me to step in on a short-term basis to hold things together until a proper appointment could be made. As you can see, it

turned out to be a very long short-term appointment. But it was one that changed my life, and I like to think also changed the Men's Health Forum, for the better.

My life changed because I had the job I'd dreamed of for years – working for an organisation that could make a real difference to men's lives. Before I was a journalist, from the early 1980s, I'd been involved in different men's issues and a member of several men's groups. I got involved in men's work at a time when there were literally no professional organisations working on behalf of men and I used to fantasise about an organisation like the Men's Health Forum coming into existence and me being involved with that in some way. I can honestly say that, despite the inevitable challenges and stresses of running an organisation, my time at MHF was the most fulfilling period of my working life and that this organisation has become permanently embedded into my DNA.

But what's much more important is the impact MHF has made since its launch in 1994 on men's health. I started to make a list of what MHF has achieved in its 18 years and I quickly realised that if I talked about all of them this short lecture would extend almost to the length of Fidel Castro's infamous speech to the Cuban Communist Party Congress in 1986. That lasted for a brain- and bum-numbing seven hours and 10 minutes. I promise I will be a lot briefer.

Perhaps the most significant success of the MHF is that it's still here and, much more than that, very much alive and kicking. It's a relatively small charity and they are often the hardest to sustain and expand because they lack the resources to invest in income generation. MHF's income has waxed and waned year by year but the overall trend has enabled the organisation to grow steadily in size. It has also recently shown the acumen to adjust its strategic direction to enable it to generate new sources of income to replace the government and other public sector grants that are now diminishing and which may well disappear completely before too long.

Not only has MHF established itself on its home turf of England and Wales, it has contributed to the development of an international men's health movement. MHF set up the European Men's Health Forum in 2001, an organisation that became independent a few years later and which is now, under Ian's tireless leadership, also well established and influential. MHF is now part of a growing network of men's health organisations that quite literally encircle the globe.

Thanks to MHF, there is now a much clearer understanding of what is meant by 'men's health'. When we started, we thought it was largely about this – urology or, more specifically still, those issues that are exclusive to men. Now of course urological issues are still important and some – like lower urinary tract symptoms – remain very neglected. But whatever the impression given by the Movember campaign, or Men's Health magazine, most of us now understand that men's health is about much more than what's hidden beneath men's underpants or the six-packs that are located just above them.

MHF has shown that weight, mental health, cancer, heart disease, smoking, alcohol, diet, and the design and delivery of health services, are all issues of significance to men. We were among the first to analyse the data and highlight that men are so much more likely than women to develop and die from cancers that both sexes share, like bowel or stomach cancer, and that men are much more likely than women to be overweight. Until then, weight had largely been seen as a women's issue.

But we also were insistent that men's health and women's health should not be seen as in competition. From early on, we avoided making provocative claims comparing the amounts of money spent on, say, prostate cancer and breast cancer research. We've never sought to depict men as 'victims' when it comes to health with women as the 'victors'. Instead, we've sought to work with women's organisations to make the case for gender to be mainstreamed in the health system. This means that all health policies, services and research should be sensitive to the often different beliefs, behaviours and needs of men and women. The landmark Gender and Health Summit we co-organised at the King's Fund in 2003 was an outstanding example of the insights and influence to be gained from working in partnership with women's organisations.

We've also consistently argued that men cannot be seen as a homogenous group with a single set of attitudes and needs. MHF has consistently argued men are a very diverse group and that it's vital to focus on those groups of men with the worst health outcomes, not least those in the lower income groups.

MHF has, with increasing impact, challenged the fatalism that used to bedevil work in this area. For too long, it was assumed that men were a hopeless case and that trying to improve their health was a waste of precious time and resources. Because of our

work, and that of many others, we've demonstrated beyond doubt that most men do care about their health and that, if services are delivered in the right way, they will use them. The Premier League Health initiative, which Leeds Metropolitan University has recently evaluated, is a very good example of how to engage successfully large numbers of disadvantaged men in a behaviour change programme using a male-targeted approach.

I think another very telling example of how men's behaviour can be changed is that, after years of focus on testicular cancer, men are now presenting with tumours at an earlier stage of progression. In a way, it's a shame testicular cancer has received so much attention – because it is rare and relatively easily treated – but my main point here is that men's changed behaviour shows that they are far from being a hopeless case.

A very important part of MHF's work has been to develop health information products that men are more likely to use. Pre-eminent among these has been the so-called 'Mini Manuals' in the car manual format – over 2m copies of over 150 different titles have been distributed to date – but we must also not forget the impact of the malehealth website which reaches some 1.5m different men each year. We also know that digital services are the way forward for many more men and, again, this is something that I'm sure Alan will want to come back to because I know that MHF has ambitious plans in this area.

Because of the hands-on and research work that MHF and other organisations have undertaken, we now have a very good idea about 'what works' with men. Nobody can now say that they can't provide health information, run a campaign or deliver a service for men because there's no evidence about how to do so. Is there still room for improvement? Of course there is. But we've learned an awful lot in a relatively short period.

Throughout my time at MHF, we sought to work with the largest possible number of other organisations in all sectors. We never took the view that men's health somehow belongs to us and that nobody else should come near the issue. Just the opposite. We made a strategic decision positively to encourage others to take up the cause and to work with us wherever possible. As a small organisation, we judged this essential to us making the impact we wanted and needed to make.

Men's Health Week, which MHF launched in 2002, and which has run every year since, and with each year bigger and better than the one before, is a classic example of how we have sought to work in partnership with others. I remember some Men's Health Weeks where we had over 30 national organisations actively involved. The extra reach this kind of partnership provides can be quite staggering and many of the relationships we started during a specific Week went on to become long-lasting ones.

The issues MHF raised during a Men's Health Week often went on to become part of a long-term work programme and to result in a real impact on national health policy. Sexual health, the theme for the second Week, in 2003, led to an action research project on chlamydia screening for men which in turn informed a lobbying campaign that persuaded the National Chlamydia Screening Programme to pro-actively target men. Within a few years, the proportion of screens that were of men rose from well under 10% to over 35% and some local offices were achieving more than 50%.

MHF can also point to policy changes in mental health, screening for abdominal aortic aneurysms, and cancer. Our lobbying on the gender equality duty, which became operational in 2007, ensured that official guidance contained significant references to men's health and, indeed, to the Men's Health Forum itself.

The support we gave to the Department of Health with its work on gender equality, as well as the contact we had on many other different issues, helped with our successful application to become a Strategic Partner of the Department in 2009. This was another major turning point in our short history. A closer relationship with government clearly had its risks but the upsides were greater financial stability and, more importantly, much greater influence.

But our impact was not just at the national level. We have for several years been working with NHS North West as one of their equality stakeholders and through that helped to consolidate the men's health work that has been developed by local services in areas like Sefton, Knowsley, Preston and Halton. MHF has also supported work in Greenwich, Haringey, and Lewisham and is now embarking on a new project in Lambeth and Southwark which is set to become one of the biggest-ever men's health initiatives in England and Wales.

These are just some of MHF's achievements over the past 18 years. I could easily go on … and on…, like Fidel Castro, but I'd better end this part of my talk here.

I can't seriously compare the impact of the MHF to that of Montgomery's victory at El-Alamein almost exactly 70 years ago, but I can perhaps be allowed to echo Winston Churchill's comment on the victory and say that, while our work certainly has not yet reached its end and has not even reached the beginning of its end, it has, perhaps, already reached the end of its beginning. From pretty much a standing start in 1994, I count this as a major achievement.

We wouldn't have got to this point without all the wonderful people who it's been my privilege to have worked with at MHF over the past 12 years. Unfortunately, can't mention everyone but would like to highlight those who have been around for all or most of the time I've been involved. I can never fully repay the debt I owe to Ian for asking me to head up this organisation and for his consistent support and friendship since. He has been, and continues to be, an inspiration. I also owe Alan a huge thank you for his encouragement and support since he became chair of trustees in 2001. Like me, I don't think he expected to be around for quite so long but, over the years, I've enjoyed a relationship with him as chair that I know most other CEOs can only dream of.

I'd also like to mention my former MHF colleagues David Wilkins, Jim Pollard, Colin Penning, Caroline Dyer, Matthew Maycock and Stephen Sibbald for their loyalty to me but also their hard work and sheer commitment to the cause over many years.

Outside of MHF, of course I have to mention Richard Parish and the RSPH, the co-hosts of this evening's meeting. Their support over the years has been phenomenal and has helped us immeasurably. I was honoured to be invited to become a Fellow of the Society in 2009 but even that's eclipsed by the invitation to become a member of the new Academy. I am very grateful indeed not just on my own behalf but because it reflects the importance Richard and his colleagues attach to our project. Richard was one of the first leaders in public health who understood that improving the health of men is inextricably linked to improving public health as a whole and that recognition and endorsement from him and the RSPH is worth its weight in much more than gold.

Finally, and too briefly, I want to thank Pfizer and Sanofi Pasteur MSD for their support for MHF in general but specifically for this evening. This wonderful event would not have been possible without your help and it demonstrates yet again how MHF and the pharmaceutical industry can successfully work together.

Now, and for the rest if my time, I'm going to say something about the challenges that lie ahead for those of us working in men's health. I may have left MHF but this remains my work and my passion.

First, we need to develop new sources of funding. As I said before, the days of big government grants are over. MHF – and others – will need to build closer links with the corporate sector, and not just the pharmaceutical industry, but also with the general public. Movember raises millions of pounds in the UK alone but only for work on prostate and, to a lesser extent, testicular cancer. We need to find a similar way to capture the public's imagination, enthusiasm and financial support for a wider range of men's health issues. I know MHF, under the expert guidance of Sultan Torshkhoev, is looking at how the organisation can re-position itself to have a much wider appeal and I'm sure you will all be hearing more about the plans once they have been finalised. There's also a job to be done to persuade the funders of academic research that men's health is a valid and relevant area for enquiry.

But a repositioning is not just necessary for financial reasons. There's also a political dimension to this. We will be able to achieve more significant and longer-term change if we are much more than a group of professionals, however well-connected and talented we might be. We need to connect much more closely with the 'man in the street' and build a movement that is bottom-up as well as top-down. I am very interested in the idea of developing networks of men's health community activists, men (and indeed women) who can talk to their neighbours, work colleagues, parents at the school gates and people in the pub about the issues and start to put some pressure on local councillors, MPs and local health services.

This is a long-term project and we can't wait for cadres of local activists to emerge before we act to make sure that men's health is integrated into the new health system. It's vital that health and wellbeing boards, as well as clinical commissioning groups, include men's health in their strategic planning. It seems to me self-evident that if health outcomes for the population are to be improved, not least tackling premature mortality, then men's health needs to be addressed much more directly. Premature mortality is, after all, predominantly an issue about men.

Health organisations in the public sector also need to focus on men's health if they are serious about tackling inequalities as well as meeting their legal obligations under

the Equality Act and the requirements of the Equality Delivery System. A health system built around prevention must look at the section of the population which in general takes most risks with its health. And work on prevention must drill down to those men most at risk – in other words, not bankers living in Surrey but unskilled workers in Manchester or Newcastle or other groups – Travellers, gay men, Bangladeshi men – who either do very badly across a range of health problems or for particular conditions.

And I haven't even mentioned NHS funding. If savings are to be made in health budgets, which in general means keeping people healthier for longer and out of hospital wherever possible, then improving men's health is an obvious starting point. Unfortunately, however, the evidence base on the economics of men's health remains under-developed and is one area where further research and analysis is still needed.

I think we need to take a more nuanced look at men's use of services and not continue to repeat the crude mantra that men simply don't seek help. There are some primary care services that men use particularly badly, such as pharmacy and dentists for check-ups. We also know for a fact that men are less likely to be screened for bowel cancer and chlamydia or to attend for NHS Health Checks. We also know that men are less likely than women to use the internet for health information, although the trend is now in the right direction. But for GPs the research that does exist suggests a mixed picture with men just as likely to seek help at the same time as women for some conditions but not others. We need more research in this area and to focus on the conditions where we know men are reluctant users of the services, such as for mental health problems.

Clinicians in primary care who take up the challenge of 'making every contact count' need to get better at asking men about embarrassing issues like weight and erectile dysfunction. Over the next 25 years and beyond, obesity will disproportionately affect men and, if present trends continue, by 2050, half of all men in their 40s will have Type 2 diabetes caused by their weight. This is a men's health timebomb if ever there was one and I think we need to re-focus on weight issues and start to think about how we can improve diabetes prevention, early diagnosis and treatment for men.

We now know that ED – not Ed Miliband – is an early warning sign for heart disease. The NHS Health Checks must include a question about this – and the Checks must be

delivered for more extensively to men. (NHS Halton has already clearly demonstrated how this can be done effectively in deprived estates across the borough.)

Because they aren't being asked about conditions like ED, men are increasingly turning to counterfeit medicines purchased online. This is precisely the wrong kind of self care, an agenda that understood correctly is very important for men. The danger of counterfeits is not just that men might end up with a substance made in a cement mixer in China that might be dangerous but that their conditions are not being diagnosed properly. In the case of ED, if the underlying cause is heart disease or diabetes, that could quite literally be life-threatening. We need to tackle the supply of counterfeit drugs but also the demand. This surely is a matter for public education, with a particular focus on men. Pfizer has done some good work in this area and I think it's something the NHS should now pick up far more widely.

A big issue that remains to be addressed is how we deal effectively with the health issues facing boys and young men and how we work with boys to reduce the risk of health problems when they become adults. The issues here include circumcision, accidents, binge drinking and other drug misuse, eating disorders, suicide and sexual health. One very significant, and relatively new, issue is whether or not boys as well as girls should be routinely vaccinated for HPV.

Australia will be vaccinating boys for HPV from next year even though they have high rates of vaccination for girls, as does the UK. The argument for vaccinating boys here is the same – that it will increase women's protection against cervical cancer, protect both sexes from genital warts, and protect men, especially men who have sex with men, from rising rates of HPV-related oral, throat, penile and anal cancers. It could be argued that only men who have sex with men should be vaccinated but the optimum age for vaccination is before sexual activity begins and at that age it is of course impossible to predict sexual orientation. The best course, in my view, would be to offer vaccination to all boys and girls at the same time.

I think there is also an important debate to be had about the potential impact on men's health of wider public health interventions like smoking bans, minimum alcohol pricing and even so-called fat taxes. There is no doubt that the ban on smoking in public and workplaces has reduced smoking and smoking-related diseases, especially

in men. Modelling on minimum alcohol pricing suggests that the biggest impact would be on those drinking at harmful levels, the majority of whom are men.

The other areas I'd touch on, if I had more time, are social care and the extent of men's biological predisposition to reduced life expectancy. As more men reach an older age, their care will become a more pressing issue but it's one that we've scarcely considered yet from a gendered perspective. As for men's biology, I wonder whether men's health activists have sought to minimise men's innate frailties because of a (perfectly understandable) fear that others would use this as an excuse to do nothing. Perhaps now is the time to look again and afresh at this issue.

So these are some of the challenges we face. Again, I could go on but I suspect that by now you're keener to get back to the wine and conversation. I recognise that, now I've moved on from MHF, it's easy for me to talk about what needs to be done without having to worry about actually how to do it. But I am committed to supporting MHF in my new role as an independent consultant and also to working with the widest possible range of other organisations that want to begin or develop their work in this field.

Thank you all for coming and for your attention, both now and over the past 12 years. It's been great fun, I'm very proud of what we've achieved together and I know the best is still to come.

Thank you.