

An Economic Evaluation of ‘Sheds for Life’: *A Community-Based Men’s Health Initiative for Men’s Sheds in Ireland*



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Men’s Sheds (‘Sheds’) attract a diverse cohort of men and, as such, have been identified as spaces with the potential to engage marginalized subpopulations with more structured health promotion. ‘Sheds for Life’ is a 10-week men’s health initiative for Sheds in Ireland and the first structured health promotion initiative formally evaluated in Sheds.

Cost is an important implementation outcome in the evaluation of Sheds for Life when operating in an environment where budgets are limited. Therefore, an economic evaluation is critical to highlight cost-effectiveness for decision makers who determine sustainability. This is the first study to evaluate the cost-effectiveness of health endeavors in Sheds. All costs from pre-implementation to maintenance phases were gathered, and questionnaires incorporating the SF-6D were administered to participants (n = 421) at baseline, 3, 6, and 12 months. Then, utility scores were generated to determine quality-adjusted life years (QALYS).

Results demonstrate that the intervention group experienced an average 3.3% gain in QALYS from baseline to 3 months and a further 2% gain from 3 months to 6 months at an estimated cost per QALY of €15,724. These findings highlight that Sheds for Life is a cost-effective initiative that effectively engages and enhances the well-being of Shed members.



Introduction

Traditionally, men have been regarded as being more difficult to engage with conventional health services compared to women, and an understanding of how gender shapes men's health practice is a critical first step in developing effective health promotion strategies that might appeal to men.¹ Indeed, the importance and success of gendered approaches in the design and delivery of health interventions for men has been highlighted in a host of community-based men's health programs.^{2,3,4,5,6}

These approaches also demonstrate a need for a more targeted approach to recruit more marginalized groups of men.⁵ Research spanning Australia, Ireland, and the UK has cemented the reputation of Men's Sheds ('Sheds') as settings that are inherently health promoting for men, with Sheds increasingly being seen by health and social policy makers as an exemplar for the promotion of men's health and well-being.^{7,8,9,10}

The Men's Shed movement was first founded in Australia in the 1980s and has since expanded to other countries, first arriving in Ireland in 2011 and growing exponentially with over 450 Sheds now on the island and up to 10,000 members.

Sheds are community-based independent and self-autonomous where men come together of their own volition to socialize in the company of other men. The exponential and organic growth of Sheds has been highlighted as a testament to a need for men to identify with an environment that offers a sense of safety and purpose.⁷

Sheds engage in a range of activities, such as woodwork, music, and community outreach that foster opportunities to participate in meaningful activities that encourage skill sharing, informal learning, camaraderie, and belonging facilitated within a socially acceptable and masculine environment.^{7,9,10} Sheds operate on minimal funding and are self-sustained. The Irish Men's Sheds Association (IMSA) supports the development of the network of Sheds in Ireland.

The inherent health promotion qualities of Sheds such as the sense of purpose, meaning, and social support offered within them make the Sheds highly conducive to health promotion endeavors.^{11,12,13} Moreover, because they are community-based and non-clinical environments, research has found that Sheds typically attract more vulnerable subpopulations of 'hard-to-reach' (HTR) groups of men—older, more marginalized male subpopulations, who typically might not otherwise engage with health services or programs.^{10,11,14}

Thus, policy makers and researchers have called for structured health promotion endeavors in Sheds, querying what this might look like and how it might be effectively delivered without compromising the integrity of Sheds.^{7,10,12,15} However, to date, there remains limited high-quality or empirical research evidencing the links between Sheds and health and well-being, which has been a noted limitation in assessing the Shed–health relationship.^{7,10,16} To our knowledge, there has been no other structured health promotion initiatives evaluated in Sheds nor has there been any economic evaluation of health promotion in Sheds.

Discussion

This paper sought to conduct an economic evaluation of SFL, which is the first structured men's health promotion program in the Shed setting.¹² Given the lack of formal evaluation of health promotion in Sheds, not surprisingly, there has been no formal economic evaluation of such endeavors, with research further highlighting a distinct lack of economic evaluation for men's health initiatives and public health interventions more broadly.^{10,15,37,38} Therefore, the findings fill an important gap in the literature by assessing the cost effectiveness of a tailored and gender-specific health promotion initiative (SFL) targeted at an HTR cohort of men in the Shed setting. Findings also build upon the recommendations of a previous community-based physical activity program designed for middle-aged men, Men on the Move, which highlights the efficacy of gender-specific, community-based men's health initiatives that can effectively engage men and are also cost saving.²⁵ Moreover, advocates of implementation science have called upon public health practitioners and researchers to assess implementation outcomes and incorporate cost analysis into evaluation in order to encourage the translation of research into practice.³⁹ Researchers in this field have highlighted the importance of identifying and addressing potential barriers to implementation and scale-up and to further understand factors that facilitate adoption at the provider and funder level to improve the acceptability of evidence-based practice and the likelihood of intervention scale-up.⁶ Identifying the potential cost-saving benefits of SFL will be an important facilitator toward its scalability. Furthermore, by establishing SFL as a



cost-effective health promotion intervention model, this adds further weight to the importance of the partnership approach that underpins SFL and which has been highlighted as a key pillar of its sustainability.¹²

Results highlight that this cohort of Sheddors rate their dimensions of health relatively positively, resulting in high average utility scores at baseline of 0.827 for the IG and 0.787 for the CG. Research has determined that there is often a discrepancy between men's objective health measures and how they rate their health subjectively.⁴⁰ Moreover, previous studies involving participants both from Sheds and the general population have posited that older people re-calibrate their self-rating of health relative to what they think is reasonable for their age.^{11,40} However, when comparing these findings to a comparable study, Men on the Move participants had baseline utility scores of 0.630 in the IG and 0.664 in CG, which are significantly lower than those of Sheddors in this study.²⁵ The difference between Sheddors baseline utility scores compared to men in the general community setting may be due to the inherent health-enhancing benefits of the Sheds, which have long been cited in research.^{7,10,11,16,41} While the high baseline utility scores arguably make it more difficult for further improvements to be made in terms of benefits derived from SFL, despite this, at 3 months, there was a clear and significant difference for the IG (3.3% improvement) with a further 2% gain at 6 months. This contrasts with an insignificant 1% improvement for the CG over the first 3 months. These improvements in the IG were evident across all of the six dimensions of utility from baseline to 6 months. Although some dimensions did decline from 6 to 12 months, leading to a small decline in utility over this period, utility scores remained significantly higher than baseline at all time-points and notably one year later. Moreover, almost all of the gains achieved from baseline to 6 months were still evident one year later after SFL finished. While there is evidence of sustained improvement overall, this drop-off (which may have been somewhat influenced by COVID-19 restrictions, although not significantly) does highlight the importance of further follow-up with participants in the design and future implementation of SFL to encourage the maintenance of positive behavior change. This is an important consideration and may be indicative of the need for a longer-term evaluation.

From a cost perspective, the total costs of delivering SFL was €130,144 (€309 for each of the 421 participants in the IG), and while it is difficult to compare this on a like-for-like basis to similar studies, this cost per person is shown to be modest and comparable to community-based physical activity interventions for men (Football Fans in training study⁴² €239 per participant; Euro FIT^{43,44} €221.25 to €312 depending on the country; and Men on the Move²⁵ €125.82 per participant). Moreover, SFL has a more diverse range of program offerings including but not limited to physical activity, health screenings, healthy eating, mental health, digital literacy, health awareness (cancer, diabetes, dementia, and oral health) and suicide prevention training, which offers an

increased level of intervention. When the estimated benefits in the form of improved QALYs are considered, the SFL initiative is shown to generate a cost per QALY that is far below that of established guidelines of €20,000 per QALY.³³ While it should not be assumed that every intervention below the threshold is worth funding if there are cheaper alternatives available, the SFL evaluation is the first economic evaluation of health promotion in Sheds and therefore highlights the benefits of this approach. This gain is reaffirmed through the Sensitivity Analysis, where the probability of success with the intervention is extremely high, even when the costs per QALY exceed its current cost of €15,000.

There are some limitations to this study that should be noted. Firstly, the Sheds operate within a capricious informal environment, which makes a randomized study design unfeasible within this complex real-world system that has many evolving variables. Due to capacity constraints at the time of data collection in Sheds—namely, the availability of two/three data collectors to cover all Sheds and counties as well as the requirement of having to align data collection with Shedder availability and limited Shed opening hours—there were some limitations in terms of the control group and follow-up rates where rescheduling of data collection was not possible. In keeping with the gender-specific approach of SFL, the researchers endeavored to complete all follow-ups in the Shed setting to promote a sense of safety for participants. However, this can present challenges for follow-up rates considering the informality and sporadic attendance in Sheds. Future research may benefit from identifying strategies that would mitigate against this problem, perhaps through hosting an enticing event or the use of other incentives. The control group for this study was a wait list control. Questionnaires were completed in a comparator cohort of Sheds (n = 4) due to receive SFL 3 months prior to SFL delivery. This means that a small cohort (n = 86) of participants acted as the control and were followed for 3 months only—as these participants transitioned from being the CG to the IG after this period. Moreover, the recruitment of participants into SFL was a sensitive process facilitated by gender-specific approaches where buy-in and trust building is critical to engagement. Therefore, respecting the autonomy of Sheddors to opt in/out of the program on their terms took precedence over any attempts to generate a larger size control group. However, research has demonstrated that there is value in having a small control with a larger intervention group in community-based programs where there are often capacity constraints.⁴⁵ Indeed, this research calls on researchers to consider an unbalanced design using a relatively small sample size for a control group as it would still improve the amount and quality of available evidence for public health practice and practice-based evidence.⁴⁵ The advent of COVID-19 at the time of data collection compounded this difficulty and led to reduced resources, which concentrated

on the IG for the remaining time period of the study. The subjective nature of the data and the inherent bias in the self-report format should also be noted, particularly considering the study design where participants are aware they have received an intervention. It is also possible that participants' self-ratings of health outcomes may have led to some inaccuracies in terms of the benefits that were computed; however, the estimations presented are shown to be still within cost effectiveness thresholds when sensitivity analysis is conducted on the key variables. While the evidence suggests that the recruitment strategy was effective in engaging the target group of Sheddors, this approach may lead to a potential selection bias when applied to HTR groups outside of Sheds. Finally, while comparisons can be made between Sheddors and the general population of older males in Ireland, SFL is an initiative tailored to the Sheds setting, and therefore, generalizability is limited to the Shedder population.

Conclusions

This research is the first study that has considered an economic evaluation of men's health promotion in Sheds. It has highlighted the value in utilizing Sheds as a setting in which to engage men with a targeted health promotion initiative (SFL) that not only has the potential to improve health and well-being outcomes but is also cost effective. The research demonstrates that the partnership design of SFL is an effective way of delivering community-based health initiatives and dispels myths that these approaches are costly. Moreover, findings also further corroborate the value of Sheds as being inherently health enhancing for Sheddors. Overall, findings make a valuable contribution to existing research by highlighting the value of community-based men's health initiatives more broadly in terms of their potential to be cost-effective and health enhancing for men. The results provide a solid evidence base for the future scale-up of SFL and highlight the importance of further research to guide its implementation. Moreover, these findings will be invaluable in advocating for the prioritization of SFL and in the design and delivery of further health promotion initiatives in Shed settings for stakeholders involved in SFL implementation.

References available upon request

