

MEN'S HEALTH MATTERS BECAUSE MEN MATTER



Community Consultation on Men's Health:

What we Heard

September 2011

PROLOGUE



*Northern Health included
“A Population Health Approach” as one
of the four pillars of its 2009-2015 Strategic Plan.*

The current state of men’s health in our region has emerged as an important area for action within this population health approach, because the health of men and men’s use of health services has been shown to lag well behind that of women.

The Chief Medical Health Officer’s Report released in November 2010, “**Where are the Men?**”, outlines the state of men’s health in the North. It marked the inauguration of a concerted effort by Northern Health to emphasize the importance of men’s health, not only for the wellbeing of men and boys, but also so that healthier men can contribute to healthier families and communities across the region.

To ensure that its programs and strategies are most effectively aligned with the issues and needs experienced by the people who live in Northern communities, Northern Health has regularly undertaken formal community consultations. This report documents a consultation process that was undertaken between May and July of 2011 as a follow-up to the men’s health report mentioned above.

By means of the consultation process, we hoped to learn directly from key individuals and stakeholders what they see as the most important factors both supporting and impeding improved health for Northern men. This work will also help to assist with the development of a men’s health program, with the twin goals of facilitating community work in support of healthier men and assisting Northern Health to include a men’s health perspective in its redevelopment of primary health care services. The following report is presented to the Northern Health Board for their consideration and to assist professionals working to improve men’s health in Northern British Columbia (BC).

This book documents the findings from consultations with seven Northern Health communities:

- Fort Nelson
- Fort St. John
- Houston
- Mackenzie
- Prince Rupert
- Quesnel
- Valemount

And also from three regional focus groups:

- First Nations
- Resource Sector (Forestry)
- Transportation

TABLE OF CONTENTS

3 PROLOGUE

6 INTRODUCTION

7 Executive Summary

- Why men's health?
- Results and themes
- Next steps

11 Background

12 Consultation Process

14 COMMUNITY FOCUS GROUPS

15 Fort Nelson

- Men's attitudes and stereotypes about health
- Men's health matters because our men matter to us
- Get the message out in whatever way works
- Find the men and engage them

20 Fort St. John

- Men's knowledge and attitudes toward health need to shift
- The relationship between work and men's health
- Build on community strengths and capacity
- There are significant barriers to men accessing female-oriented health care services
- Addictions are a problem

24 Houston

- How men think about health
- Men's health is important because it impacts those around them
- Societal attitudes and the need for social changes
- For men, work means health
- Building on community capacity
- Learning from the health systems approach to women's health
- Health service barriers to men's health
- A clear plan for action

28 Mackenzie

- Lack of awareness
- Quality of life
- "An ounce of prevention is worth a pound of cure"
- Time is money
- Strong community support for health
- The importance of mentoring
- Education and communication
- The importance of accountability

31 Prince Rupert

- Societal stereotypes
- The primacy of work
- Reluctance to access services
- The importance of balance in life
- We need to talk
- Prevention and support
- Helping people who are vulnerable
- Learning about successes elsewhere

34 Quesnel

- "Men will be men:" The gendered nature of health behaviour
- Immortal, invincible, immune
- Prevention
- The access gap
- Health at work, work at health

37 Valemount

- Identity, masculinity and health
- It takes a community
- Early intervention

40 REGIONAL FOCUS GROUPS

41 First Nations

- Valuing the traditional role of men and identifying the barriers to fulfilling the role
- How men think about health
- Paying attention to men's health at health events
- Building important relationships with organizations
- The disconnect between what is needed for men to be healthy and what is available
- Start talking about men's health
- Build a greater understanding of traditional healing

46 Resource Sector (Forestry)

- Increasing the awareness of the importance of health at a young age
- Everyone gains when men's health improves
- Exercise and healthy eating
- The importance of collaboration
- Leveraging safety committees and embedding health into workplace practices
- Building partnerships with key stakeholders

50 Transportation

- The role of wives and women in men's health
- "Show me the plan"
- Why "manning up" leads to "Man down!"
- Shifting paradigms from safety to health

54 FINDINGS: 6 THEMES

56 Theme 1

- Men's health matters because men matter

57 Theme 2

- Masculinity, work and health are interrelated

59 Theme 3

- A culture of "live hard and take risks"

61 Theme 4

- Men need to become involved in the conversation

63 Theme 5

- Men need information about their bodies

64 Theme 6

- Cultural healing is essential to First Nations

66 CONCLUSIONS

70 APPENDIX A : MEETING STATISTICS

PART 1

INTRODUCTION



Executive Summary

Background

Consultation Process

EXECUTIVE SUMMARY



This report summarizes a series of conversations on men's health that Northern Health hosted across Northern BC in summer 2011. This was the sixth in a series of regional consultations sponsored by the Northern Health's Board of Directors:

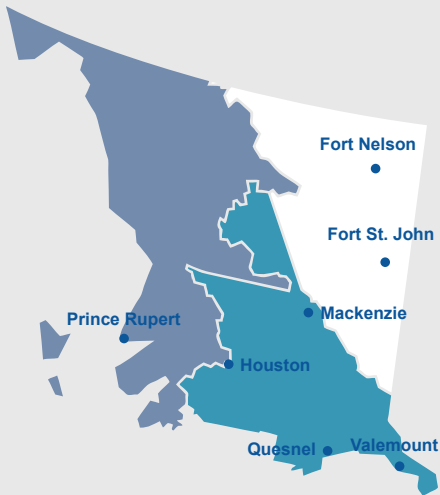
- **2004:** "Let's Talk About Health" (basic population health)
- **2006:** Cancer care in the North (in conjunction with UNBC on behalf of the Premier)
- **2007:** "Let's Talk About Addictions and Mental Health"
- **2008:** Community meetings on Northern Health's Strategic Plan
- **2009:** "Let's Talk About Primary Health Care"
- **2011:** Focus groups on Men's Health

Why men's health?

This consultation was part of a larger conversation on men's health that was sparked by the Northern Health report entitled ***Where are the Men? Chief Medical Health Officer's Report on the Health & Wellbeing of Men and Boys in Northern BC*** (November 2010).

As noted in ***Where are the Men?***, men in Northern BC do not live as long as those in the lower mainland of BC. As well, throughout BC, and indeed in most of the developed world, men die earlier than women of virtually all causes.





- *The First Nations consultation was hosted by the Nak'azdli Band, near Fort St. James.*
- *Forestry was chosen for the example of a resource industry. The consultation was held in Prince George.*
- *The transportation industry consultation was also held in Prince George.*

To hear Northerners thoughts on men's health, Northern Health held focus groups in seven communities:



Fort Nelson



Fort St. John



Houston



Mackenzie



Prince Rupert



Quesnel



Valemount

As well, there were three regional focus groups:



First Nations



Resource Industry



Transportation

The goals of the 2011 men's health consultation were as follows:

- *To engage individuals, communities and key regional sectors in the issues of men's health.*
- *To connect people and their understanding of men's health issues with the activities that are currently in place in each community and sector, and with some new possibilities for men's health within Northern Health.*
- *To support the establishment of a men's health coalition in Northern BC, with ongoing leadership through Northern Health's Population Health portfolio.*
- *To understand the experiences that men have with the health care system today and determine what can be improved.*

Results and themes

The conversations at each of the focus groups were rich with ideas for action. Although each group brought unique perspectives to the conversation, we heard several recurring themes (each is presented in more detail later in this report):

Theme 1: Men's health matters because men matter



Participants spoke of men's health in terms of its intrinsic and vital contribution to the health of communities, children, families, the workplace and the economy. In the words of one participant, "[Healthy men create hope for our future.](#)" In resource-based economies, the health of the community is especially dependent on men's health.

Theme 2: Masculinity, work and health are interrelated



In the North, a man's identity is intricately interwoven with the role of provider. A man's ability to work trumps almost everything else -- and if health concerns arise that he perceives as competing with the need to work, he may ignore them, until they actually prevent him from working, at which point (often too late) he will take them seriously.

Theme 3: A culture of "live hard and take risks"



We heard that Northern men need to be tough, strong and macho. As one participant said, "[In our community we are rough, rowdy and ready to party.](#)" A "live hard" mindset is normalized and taught to boys from an early age.

Theme 4: Men need to become involved in the conversation



A key finding was that men and women think differently about health. This is especially important given that health care is a female-dominated sector and, therefore, may not be well positioned to engage men to maintain and improve their health. Each focus group recognized improving men's health will take the whole community and, more importantly, that it will take the involvement of men.

Theme 5: Men need information about their bodies



Unlike women and children, men have fewer opportunities to encounter health services and access standard screenings. Therefore, one suggestion was that we develop a maintenance manual for men's bodies, much like those for vehicles or equipment. School settings (including colleges) could provide good opportunities to share this information.

Theme 6: Cultural healing is essential to First Nations



We heard about root problems that need to continue to be healed before First Nations men can be fully whole and healthy. First Nations people view health holistically: it includes physical, mental, emotional, spiritual and cultural aspects. The legacy of the residential schools is part of the root problem, marking a time where the men's traditional roles were interrupted. Today, many First Nations men are unable to participate in handing down the traditions that are part of holistic health. Despite this, most First Nations people have a strong desire to see a healthy generation of young boys grow up and take their places within their communities.

Next steps

This report will be presented to the Board in fall 2011 and used to support Northern Health's operational direction in regard to men's health. It will also be made public, and it is hoped that it will be a catalyst for action at the local level.

The results of the consultation will also be used to support the work of the new Northern Health Men's Health Coordinator, Brandon Grant. Northern Health hopes that a coalition of communities, industry, local governments and agencies will develop across the North to address the issues raised in the report and to create change for the health of men. Connections made at the focus groups will be instrumental in sustaining the conversation going forward and building the necessary partnerships to improve men's health outcomes in the North.

The communities and sectors consulted in the 2011 men's health consultations told us that improving men's health is a shared responsibility. Health professionals, community organizations, families and men themselves need to address the issues in the report in order to increase men's life expectancy and their overall quality of life.

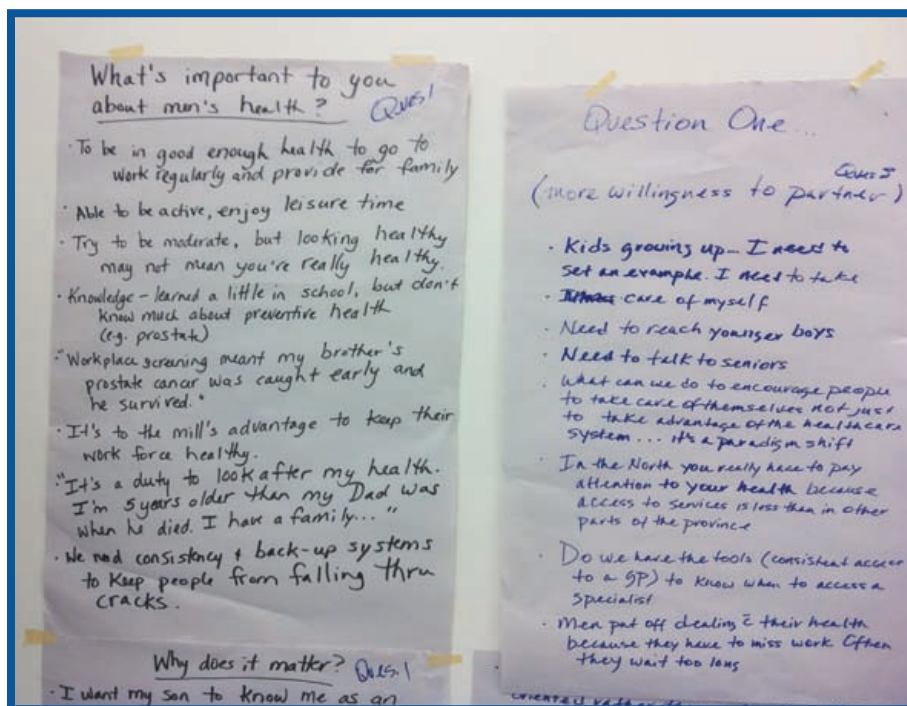
One of the questions Northern Health asked was "What will it take to create change?" One answer is to keep asking questions and keep the conversation going. This is an important conversation, because healthy men are essential to the fabric of our communities.

Introducing...



Brandon Grant, Northern Health's new Men's Health Coordinator.

Brandon is excited to join Northern Health in the capacity as the Men's Health Coordinator and he brings the knowledge, skills and approach that are needed to assist us in improving health services and outcomes for men in the North.



Questions and answers from the Mackenzie consultation.

BACKGROUND



In *Where are the Men?*, we learned that, in BC and most of the developed world, men die earlier than women of virtually all causes. Life expectancy for males is, on average, about five years less than that of females. Further, men in Northern BC do not live as long as their male counterparts in the lower mainland of BC (Vancouver and area).

Where are the Men? also presented the following information about death rates of men and women in Northern BC (all are per 100,000 people):

- *All cancers -- Men: 231; Women: 138*
- *Circulatory diseases -- Men: 270; Women: 184*
- *Unintentional injuries – Men: 79.3; Women: 28.7*
- *Suicides and self-inflicted injuries -- Men: 20; Women: 6.5*

These numbers, while informative, do not tell the whole story of the impact of men's health on their own lives and on the lives of their families and friends, their communities and their workplaces. Behind the numbers are individual stories of illness, injury and loss.

Yet there are opportunities for change. A desired outcome of this consultation is that it will contribute to positive change by supporting and encouraging collective action by men, families, communities, and organizational partners, all of whom have a role to play. As with any population health initiative, there are few quick fixes – especially when many of the root causes are embedded in commonly held societal beliefs and attitudes. However, with intention, persistence and tenacity, the stories we heard about men's health can have happier endings.

When I think of the words “men” and “health” I think...

- Neglect
- Second class citizen
- When you are young you are bullet proof
- It takes a crisis
- Ignorance
- My wife makes the appointments that I don't go to

Men's Health Focus Group Participants

CONSULTATION PROCESS



Northern Health selected seven communities to participate in the consultation: Fort St. John, Fort Nelson, Houston, Mackenzie, Prince Rupert, Quesnel, and Valemount. As well, a regional group of First Nations communities was invited to convene in Nak'azdli (near Fort St. James), and a number of industry sectors that were either large employers in the North or that influence men's health outcomes were identified. For this consultation, the resource sector (i.e., forestry) and transportation sector participated. Additional work with the education sector, health benefit providers, and the oil and gas sector will be part of the men's health initiative as it moves forward.

For the identified communities and regional groups, Northern Health used a targeted invitation process: Northern Health's Health Service Administrators and Primary Care Leads invited influential and knowledgeable people from their communities who would have a vested interest in the outcome of the consultation. Northern Health's Aboriginal Health Director, Agnes Snow, provided leadership for the invitation process to the focus group with First Nations communities. As well, MaryAnne Arcand, Executive Director of the Central Interior Logging Association, Director of the BC Forest Safety Council and leader of the Road Health Coalition, supported the invitation process for the two region-wide industry focus groups (forestry and transportation).

Those responsible for inviting people to the focus groups were asked to make invitations personally and to invite those who had:

- *The authority to act*
- *The resources to contribute*
- *Expertise in men's health*
- *Critical information about the issues*
- *Personal experience with men's health concerns*

Community # Participants

Fort Nelson	22
Fort St. John	5
Houston	13
Mackenzie	15
Prince Rupert	12
Quesnel	17
Valemount	13

Sector/Region # Participants

First Nations	14
Resource Sector (Forestry)	3
Transportation	10

Participation was voluntary and participants were asked to come prepared to share their knowledge about men's health. To allow for in-depth conversation and interaction among the participants, the format was a focus group rather than a town-hall-style public meeting. This allowed for valuable insights and ideas on men's health to be shared.

Meetings in each community and for each regional focus group (forestry, transportation, and First Nations) followed the same format. Each began with introductions and the opening question, “**What comes to mind when you hear the words ‘men’ and ‘health’?**”

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A presentation based on Northern Health's 2010 report *Where are the Men?* followed. To start the conversation, Northern Health then asked, “What comes to mind for you when you hear the words ‘men’ and ‘health’?” The remainder of each focus group was shaped by three clusters of questions:

1. What's important to you about men's health, and why do you care?
2. What conversations, ideas or activities are taking place in your community/industry to address men's health? What's missing?
3. What would it take to create change on the issues in men's health? What partnerships will be needed? What are the next steps?

The participants were asked to work in small groups and to spend significant time exploring the questions and each other's responses. The conversations were captured so they could be themed after the sessions.

The focus groups averaged 13 participants in size, with the largest turnout (22 participants) in Fort Nelson and the smallest group (three) at the resource sector meeting. Appendix A provides lists of each of the communities and sectors that participated in the consultation, the key inviters for each, and the numbers of participants.

One of the challenges for the men's health consultation was that it took place during the Stanley Cup Playoffs and the Vancouver Canucks' run to the finals. In spite of this conflict, the turnout was strong and the conversations substantive.



“What leads to good health for men are not the values that our culture celebrates.”

PART 2

COMMUNITY FOCUS GROUPS



Fort Nelson
Fort St. John
Houston
Mackenzie

Prince Rupert
Quesnel
Valemount



FORT NELSON

Photo courtesy of Picture BC, taken by Wayne Sawchuck



June 14, 2011

Fort Nelson is the northernmost community visited as part of this consultation, and was the community with the highest turnout to the men's health focus group. What distinguishes Fort Nelson particularly in relationship to men's health is that there are more men living in the camps surrounding the community than there are in Fort Nelson proper. Both men and women attended the consultation meeting in this community.

This is what we heard:

Men's attitudes and stereotypes about health

We were told the topic and importance of men's health is largely neglected, especially by men and the media. There are centuries of ingrained behaviour and the general public has a narrow view of what men's health is about. Many men live in resistance to and denial of their health needs and they see themselves as "too damn busy to think about it." In Fort Nelson, to be a man means being "rough, rowdy and ready to party." One participant stated, "[We are a frontier town and there is a tough exterior that men learn to put on.](#)"

As well, we heard that men think differently about health than women. As one participant pointed out, "[It is not right or wrong, it is just different.](#)" Women are seen as willing to talk about health where men won't. For men, "[You don't fix it if it's not broken](#)" and "[You don't talk about it if it is broken.](#)"

Society's message to men is that there is shame in being sick or hurt and that you are not a man if you are ill, or even if you talk about your health. Men talk about hockey and drinking and doing risky things, but they don't talk about their health.

Quick Facts

Population

4,514

Main Industries

Forestry, natural gas, transportation, and tourism

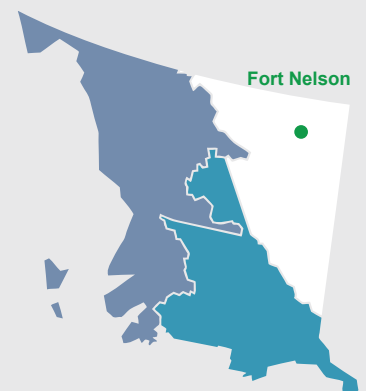
Medical Facilities

Fort Nelson General Hospital

5315 Liard St.

Fort Nelson, BC V0C 1R0

250-774-8100



“When men talk about having a health exam in the arena dressing room, it is a joke. And yet it is important. How do we get men engaged in their own welfare, help them to be more proactive, and educate the younger men?”

Some deeper insights on this came from the men in the group. They shared that they don't want their wives to think less of them because they are ill. Stories were recounted of employers being less than supportive during times of family crisis, and participants asked the very fair question, “If men aren't supposed to take care of a sick child or wife, why would we expect them to take care of themselves?”

However, there was recognition that in some situations, men will act on their health concerns. Typically, this is when there is an external motivator. For example, if an employer required them to have a physical and employment was contingent on compliance, they would have the physical.

Attitudes about men's health can be passed from generation to generation. The participants talked about the way that a generational pattern of men not attending to their health can become a cycle. An example was given of a son who even, though he saw his dad contend with health problems that he knows have a genetic component, doesn't want to go to the clinic for early screening. A question that emerged for the group was whether or not there is a generational difference emerging in men's attitudes towards health.



Men's health matters because our men matter to us

Men play many important roles in the lives of their families and their community. Wives shared about the importance of their husbands and their desire to have long and healthy lives together. For the women, men's health is important because “Men are our partners, our sons, our dads, and our brothers.”

They eloquently expressed the genuine nature of their concern: “We want them to have a good quality of life, and not just because their health issues affect the health and quality of life of our lives.”

In many families, men are the breadwinners and their health is important to their ability to provide for their families. As well, healthier men might be more likely to lead a balanced life and to understand the impact of their health on others. “There are so many friends and families with cancer that it is important that we detect and prevent it”, said one Fort Nelson participant, speaking of a specific health concern. We also heard that for Fort Nelson men, health is important because they want to be happy. It is also important because they want to pass this on to young boys and men who look to them as examples.

Improve access to services and build on community strengths

In Fort Nelson there have been support groups available for men. However, very few men have participated. There is a local AA group and a men's health forum was held recently. The First Nations communities held a medicine wheel, holistic health event but mostly women attended. The question emerged as to whether groups would work for men and, if offered, would men participate?

There are activities available through the local recreation centre. The new Art Frazier Park provides a place for activities and there is a community commitment to physical activity. Recreational soccer league and high school sports teams are available as well.

Employers are aware of and pay a lot of attention to drug use. There is "dope testing" for job readiness and some felt that **"there is probably more drug testing done for employment in the North than anywhere else."**

There is also a sense of a changing culture in the community with regards to the traditional roles of men. In the past, it would have been unusual to see dads pushing strollers and now it's more common. Men come to the library with their kids and a new program called "daddy and me" is happening to connect males with the children in their lives, as well as giving them an opportunity to bond with other men. The community wants to help build healthy relationships, even if much of the population turns over in a short period of time.

What is missing is a greater awareness of men's health issues. The media doesn't talk much about men and health, and there was a question raised as to whether there is conversation in local schools about boys' and men's health topics.

We heard that buy-in from industry and the business community would be helpful. However, a business case needs to be made demonstrating benefits in the long run by offering preventive services.

A notable strength of the men in Fort Nelson is organizing fundraisers, especially for individuals with health and other challenges, and this may be an opportunity to engage men on health topics.



The Fort Nelson Public Works Department working on a water line, one of their many day-to-day tasks.

Photo courtesy of Picture BC, taken by Wayne Sawchuk

“[Work] camps are where boys go and learn to be men.”

Work camps surrounding the community have an impact on health outcomes

A key question raised during the Fort Nelson session was, “When we think of the communities in the Northeast and the camps around us, what impact do they have on how men are accessing health services?”

There are more people living in the camps than live in Fort Nelson proper. As well, there are a lot of fatalities on the roads in this region because weather conditions can be harsh and the roads are often in bad shape. We need to partner with others to improve health and we need to find practical solutions where men are. However, time and other practical constraints limit access to health services. Work safety conferences demonstrate that industry is serious about safety -- but it appears men’s health is not a focus.

Get the message out in whatever way works

There were a lot of really good and fun ideas for creating change in Fort Nelson on men’s health issues. The participants talked about the second-class citizenship of men in terms of health promotion. It seems as though men currently need to actively seek out health information, and that health promotion messaging primarily targets women and children.

Initially, the conversation centered on the services that are needed and the cost and accessibility of screening and other health services. Then it moved to a discussion of whether there could be a shift from the reactive end of health care towards the prevention end and what is needed in Fort Nelson to help that happen. Would it be possible to have talks on diet and diabetes, screening opportunities for blood pressure and cholesterol? There has been work done on tobacco cessation -- could something be learned from that approach? Bold ideas such as renting billboards to ask women to honk if their men have been screened for prostate cancer, and having a prostate screening bus that could travel to the men were also explored.

There is recognition of the need to tackle the impact that working camp life has on men’s health. Men are encouraged to work in the camps and the community knows that this disconnects the men from the supportive environment of their families.

The challenges inherent in Fort Nelson’s location were acknowledged by everyone: the time it takes to travel out of the community for specialized services, the lack of professionals in the community, and the cost of buying healthy food.

An underutilized opportunity was pointed to in looking at the online environment as a way to engage in conversations about men's health and to provide education and information in a timely and relevant way.

It was noted that we need to use humour and strong, no-nonsense messaging to get the word out about men's health. Men naturally use humour to raise issues with other men. It was suggested that punchy, humorous messages be created and displayed in men's public washrooms as a way to target this captive male audience.

Regularly featured articles in the newspaper and on the radio were also suggested as having potential, as was the notion of reaching men where they naturally congregate (the Petroleum Club, in bars and restaurants, sporting venues, places of faith, musical venues, etc.).

Find the men and engage them

To really make change we need to hear from the men. It is a slow process and it will take a while for the information to sink in. It would help to talk about men's health in the schools, to have older men talk to younger men about their health, create a mentoring process, or encourage sons and daughters to talk to their dads about their health. We need to make it okay to talk about men's health. Other practical ideas included creating a maintenance schedule for the male body. Men need to lead the process. The women can help support it; however, the men need to engage around the importance of the issue.

Build partnerships within the community and capitalize on strengths

Change will be created if we start working with businesses, community agencies, faith communities and schools. Within these partnerships, attention to health can be made a more integral part of the employment process and a business case could be created to engage the corporate sector in understanding that the improved health of the men they employ may increase profits. Healthy men are more careful and safer, and experience fewer stress-related injuries.

Fort Nelson was one of three communities in BC that successfully reduced the vulnerability of kindergarten entry children through a concerted effort across the community. The residents of Fort Nelson have seen firsthand that community action works. Having done it once, there is a level of confidence that they can do it again.

Men's Health website

The Men's Health program is currently initiating efforts to build a website that will use relevant, interactive tools in engaging men to access health information. The website will be operational by the end of 2011.



FORT ST. JOHN



Quick Facts

Population

18,270

Main Industries

Agriculture, forestry, oil & gas, tourism, and construction

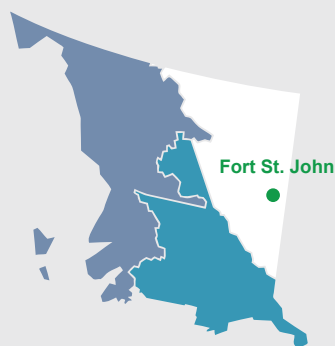
Medical Facilities

Fort St John Hospital

9636 100 Ave.

Fort St. John, BC V1J 1Y3

250-262-5200



June 13, 2011

Fort St. John, located to the northeast in the Peace Valley, is the centre of oil and gas development in BC. The surrounding terrain is known for a variety of outdoor activities including fishing, boating and hiking.

The Fort St. John men's health focus group happened to be scheduled at the same time as the sixth game of the 2011 Stanley Cup. With the Vancouver Canucks playing in the final, the session was rescheduled to start early enough for people to get home in time to watch the game. Three community members attended the session.

This is what we heard...

Men's knowledge and attitudes toward health need to shift

The participants questioned why more men had not shown up for the session and felt this was a reflection on how men view men's health. Comments included, "[Why do men seem to be unconcerned about their health?](#)" and "[There are so many men in Fort St. John. Why are they not here?](#)" One participant suggested, "[Perhaps we need a broader definition of health, as one employer who was approached about the meeting felt that their men were \[already\] healthy.](#)"

Participants felt that men think they are healthy until they drop dead or receive a serious diagnosis. They noted that there is much about health that men can learn, including the medicine wheel and its holistic approach to wellbeing. With hindsight, one man expressed a wish that he had known about the information and resources that were available, as his health outcomes might have been better today. "[It's hard to connect what I'm doing today with future events that are abstract; for example, my future health status,](#)" said another attendee.

Men pay attention to what is bothering them today and not necessarily to impacts that may come later in life. For men who are living with or who have survived an illness, there is the realization that “I’m sick and I don’t want to die.” For one participant, when there was a realization of his own illness -- a silent illness -- he wanted to help others to be healthy and to better manage their health in proactive ways.

Within the Aboriginal community, men talked about the importance placed on wellness in the past and the traditional medicines that were used. They expressed concern that today’s generation may not have the same opportunity to live long and healthy lives unless factors such as diet start to change.

This group discussed the fact that, when men die of heart attacks, the response is often, “At least he died quickly and didn’t suffer long,” as if there is a good way to go and the tragedy of the loss of a man’s life is somehow lessened by the event’s suddenness.

There was also discussion of how sometimes it takes just such a sudden event or crisis to overcome the “I’m invincible” mentality. Further, the group was reminded that many illnesses don’t result in sudden death, but disable men and make them a burden to their families and unable to enjoy life. Unfortunately, this fact does not seem to be considered until it happens, and even then, men often do not participate in the recommended rehabilitation that is needed to prevent a second or third medical crisis.

We heard that, for men in Fort St. John who are “pounding out the hours of work and living hard, seeking health services is seen as admitting that you are broken.” Services may be offered, but they won’t get used by men as long as the culture tells them that needing medical attention is not “cool.” Perhaps, some participants hypothesized, it starts with what fathers teach their little boys about what it means to be a man: “I never thought about what was being modelled by my father and the impact on my health.”

There was general agreement that men’s health is important because of the cost to multiple stakeholders, the system, the community, families, the individual, and businesses: “There’s a significant impact on families who have a dad who is unhealthy.”



Photo courtesy of Picture BC,
taken by Andrew Tylosky



Photo courtesy of Picture BC,
taken by Andrew Tylosky

The relationship between work and men's health

We heard that men's health is important to men because they need to be able to work. Employment has a huge influence on men's health, and it creates incentives both for and against healthy choices. It was stated that within the work environment, many employers will say, "We want you to be healthy," but then complain when an employee's desire to access preventive health screening "gets in the way of your work."

It was pointed out that while industry has created access to preventive health services in the Northeast, there is no access to the follow-up services necessary to address the health concerns diagnosed through these screenings.

"The reality is that the majority of the workforce here is male," noted one participant. It is difficult to find good people and there are real costs to businesses if workers are sick. In the oil patch there are safety regulations that prohibit unhealthy and unfit workers from being on the job site operating machinery. But these regulations, people said, are not always followed and workers risk losing promotions or even their jobs if they admit to not being well. There is also a cultural influence that values working long hours and working hard as long as there is work, even if this means workers are too tired to be safe on the worksite.

Build on community strengths and capacity

Fort St. John is a place where there are a variety of options for people who want to maintain an active lifestyle. Activities include a men's hockey league, an outdoor arena, an indoor walking track, and gyms (with some employers providing passes for their employees). There is also a Healthy Living Alliance that has been established by the city of Fort St. John that includes multiple partners who collaborate in a broader sense around health.

The group articulated feeling very fortunate to have enough doctors in the community and easy access to physicians. All three medical practices hold walk-in clinics as well. There may be a need to look at whether or not physician hours accommodate people's work schedules and if there is a need for group service models to assist people in managing specific diseases and chronic conditions.

There are strong connections between the school system, the University of Northern BC and trade schools in Fort St. John. These strengthen the community and contribute to higher high school graduation rates. There is little incentive in Fort St. John for male students to go the academic route, because local employment opportunities reside primarily in the trades. Students are exposed to safety in their trades training, but not to health literacy.

A number of agencies and programs are offered for youth, including Big Brothers and Big Sisters, the Friendship Center, and the PARTY program. On the negative side, there has been gang infiltration into the First Nations communities. However, it has been observed that when youth are connected with their culture, it helps them avoid the gangs.

What seems to be missing is communication about what is happening in the community. The question emerged through discussion about how the people of Fort St. John could benefit from more collaboration, as there are many agencies and services that are not necessarily integrated.



There are significant barriers to men accessing female-oriented health care services

Currently the language of health and health care is feminine and the providers of health care are predominantly women. This needs to change so that men are engaged on the health issues that they need to talk about and address. There were questions posed as to whether we can make health care professions attractive to men, and whether there is gender bias against men entering these professions.

Another question related to how we can overcome the “I don’t have time” thinking that seems to be dominant for men and connect with the men who are not making positive choices? Until we understand what is happening in the choices that they are making we won’t understand how to change things.

There was a suggestion of a one-stop, all-inclusive place for men’s health care— a wraparound system for men. Certainly there is a need for more promotion, awareness and support. A mentoring model was suggested by participants where one person takes workshops and then becomes a guide to help men navigate the health care system: “If it’s someone that you know and trust, maybe you will listen.”

The participants believed the North has a mentality of self-sufficiency and wondered, “How can we use this in the messaging around men’s health?” Generally they felt that if we can get more men talking about men’s health it will be the grandchildren who will benefit in their choices. Can we improve access to preventive services? If physicians were to go to the camps, would that remove a barrier to accessing health services and preventive services? Another suggestion was that men may need a preventive maintenance schedule with follow-up reminders.

Addictions are a problem

In Fort St. John, we were told that “there is the largest number of working people on methadone.” We also heard that “workers get hooked on opiates for pain medication that they receive after experiencing a workplace injury.”

The medications are used so that men can work through pain and reduce lost work time. There is a methadone clinic, although the hours can be challenging and the doctor is fully occupied with the current roster of clients. We were told that there have been conversations in Fort St. John about the need to address the issues surrounding alcohol misuse, and that there has been an identified need for a halfway house in the community for the past 16 years. In other words, there is a desire to help men who are returning from detox treatment, but nothing has happened in 16 years.

Troubling Statistics

- Men are 24% less likely than women to have visited a doctor within the past year and are 22% more likely to have neglected their cholesterol tests.
- Men are 28% more likely than women to be hospitalized for congestive heart failure.
- Men are 32% more likely than women to be hospitalized for long-term complications of diabetes and are more than twice as likely than women to have a leg or foot amputated due to complications related to diabetes.
- Men are 24% more likely than women to be hospitalized for pneumonia that could have been prevented by getting an immunization.

*Stats taken from
www.ahrq.gov/healthymen/index.html*



May 31, 2011

Houston is a small Northwestern town located in a large backcountry playground. Surrounded by mountains, lakes and rivers, the area is known for its destination fishing locations. While planning for the men's health focus group session in Houston, the community was under flood watch. Fortunately, the situation stabilized and the focus group was held as planned. Thirteen men and women from the community participated.

This is what we heard...

How men think about health

We heard that although most men gain wisdom with age, there is still a cone of silence around men's health. There is a culture of brushing men's health aside and choosing not to worry about health issues such as prostate cancer. Fortunately, there is hope that the barriers preventing men from accessing health services can come down and that people will realize there is no shame in talking about their health issues. Sometimes it takes a wakeup call for such conversations to happen or to cause a change in lifestyle; ideally, the wakeup call does not involve a near-death experience.

Men's health changes over time and many young men have a feeling of invincibility. "As you get older, however, your health ownership increases and you realize that you have to look after yourself," said one participant. The participants identified that health is a holistic term that includes nutrition, activity and mental health, not just physical health. However, men don't always make the right or smart choices when it comes to their health because health is often viewed as an afterthought. For some reason, men take precautions and seek care

Quick Facts

Population

3,200

Main Industries

Forestry, mining, and tourism

Medical Facilities

Houston Health Centre

3202 14th St.

Houston, BC V0J 1Z0

250-845-2294



only when something is wrong. Otherwise, they assume they are healthy. Sometimes it takes the women in their lives to encourage them to deal with health issues and choices.

Participants expressed a desire to make it easier for men to engage in their own health issues; however, it is unclear what the solutions might be for men who work long hours and need to seek medical help: “How can we make information more accessible to men and how can we help men who are working at jobs that may not be all that safe?”

Men’s health is important because it impacts those around them

Men are important to their families and to their entire communities.

This point was made by several of the participants:

- “Men’s health choices impact others.”
- “It’s a man’s world so their health has impact.”
- “Men’s health concerns us because we care about the future of our families, our children and our community.”
- “Men’s health is especially important in resource-based communities to keep the industry and economy going.”

Participants expressed concern for the poor eating habits of young men and children, attributing this to a lack of education around diet. They also pointed out that men in Houston are noticeably absent from exercise activities and classes. Many Houston men seem to prefer attending sporting events rather than participating in regular exercise.

At the other end of the spectrum, some youth were thought to be over-exercising, doing age-inappropriate activities and more harm to their health than otherwise.

Societal attitudes and the need for social changes

We heard there are societal expectations of what men should eat, how they should exercise, where and how they should work, and that all these affect their health: “Bad habits seem to be more fashionable, including smoking and drinking.” It is felt that there is an “absence of role models for being both healthy and a man.”

We were told that there is a current mindset within our culture about men that emphasizes “manliness, being macho and taking risks.” Health concerns are not talked about and going to the doctor is not modelled. As a result, there are “weekend warriors” (older men who jump into sports and get injured). As well, a participant noted, “In the North, there’s a self-sufficiency syndrome that means men take more risks.” This is carried into the workplace too, as “men will go to work when they’re not well and when they’re injured, even if this creates risk for others in the workplace.”

“I read the report and I was shocked at the statistics. I think of men and health literacy and I wonder how we can make this information more accessible?”

“...to keep my license for road-racing I have to get a physical and be declared ‘fit to race’ – maybe we need a ‘fit to work’ approach”

The type of work that the community is centred around is also thought to have an impact on men's health. For example, in resource-based communities, there is an acknowledgement of the stress created when the industry is suffering. There is also a generation within the workforce that has left physical work to do more sedentary work, but both types of work carry risk factors.

For men, work means health

Being able to work is a priority for men. Not being able to work for health reasons means loss of income and directly affects a man's role as provider. Yet the workplace in the North does not necessarily support or encourage health. It seems that men avoid getting a medical opinion because it may mean time off work and loss of pay. Shortages of skilled workers result in a blind eye being turned to safety in order to keep projects on time and prevent penalties. Men who work away from home in camps, may find it more difficult to seek medical help when they return home due to family and home demands. When men work shift work, they don't have the time or energy to exercise when they get off shift -- they may come home, eat, deal with the family and go to bed.

We heard that *"in the workplace safety is being taken seriously; however, there's not as much concern for regular health needs, such as [checks of] blood pressure or cholesterol levels."*

Building on community capacity

Clearly the participants saw a role for their community to step up and play a role in improving men's health. "The community" includes recreational facilities, health centres, schools, health care professionals, the college, the local health committee and districts, families, and people in the community who have stories to tell.

There are many health initiatives happening within the community including healthy eating initiatives, workplace safety initiatives, and increasing the awareness about taking unnecessary risks while participating in sports and other activities.

Houston regularly stages big activities around health issues, such as hosting a heart and stroke fundraiser; however, people don't really talk about how heart attacks and strokes actually affect them.

There is a lot of activity in Houston on health literacy, but more information needs to be distributed to men and programs need to be rescheduled to accommodate working men. Out of this focus group there was interest and willingness to distribute the men's health report ***Where are the Men?***, more widely to help get the conversation started.

What's missing is greater attention on safety in smaller workplace settings, continued efforts to engage with the school system around healthy choices, and greater promotion of the recreational facilities and activities that are available in the community. In Houston there is also a growing immigrant community, and there is a sense that the information on health may not be as accessible to them.

Learning from the health systems approach to women's health

Women seem to be looked after better by the medical system than men, perhaps because they have more opportunities to interact with the health care system through prenatal and maternity care, child health screening and monitoring, and other preventive health checks. As well, women often are alerted about various regular preventative checkups as they come due (for example, postcard reminders that it's time to have a mammogram). Men could be encouraged to be more proactive to go in for regular prostate testing, just as women have regular Pap smears and breast cancer checks. There was conversation about what the regular checkup schedules should be for men, particularly for the 20 - 50 age group who have little occasion to interact with health professionals.

Health service barriers to men's health

Local health services may inadvertently be unsupportive of engaging men on their health issues. There may be gender issues (some men may not interact well with female health care professionals, including doctors); the local health centre hours may not be convenient for working people; there is a lack of health professionals in Houston; local doctors are overworked and not accepting new patients; and public health has been cut back and as a result seems to lack the capacity to educate and respond to the community's health information needs.

Other challenges were identified as:

- *People not having the time to leave work during the day to go and wait for the appointment to see doctor; i.e., time is limited and it is valuable*
- *Regular medical checkups for men are also missing*
- *Men are uncomfortable about going to the doctor or going for screenings*



A clear plan for action

The participants were quickly able to identify clear steps for an action plan on men's health in Houston. The first step was to clearly identify who needed to be involved and to invite them to education and information sessions. Thought also needed to be given to who should be in the audience. Ideas included young people who have the influence to create change, people from various demographics, and people with invisible disabilities that may lead to risk-taking or poor health.

The second step was to think through where and when to invite people. The experience has been that it is very difficult to get people in Houston to attend certain events. It was seen as important to grab people's attention in places they regularly visit (e.g., filling up their trucks at the gas station, minor hockey events or existing health and safety groups).

The third step was to be clear on what was to be planned. Ideas included screening clinics; helping people to locate good online information; creating checklists for things to watch; supporting tobacco cessation activities, circulating the men's health report; finding role models within Houston that exemplify healthy men; and talking about high-risk behaviour with youth. There is also opportunity within Houston to work with the people who are addressing health literacy.

Other ideas included:

- *Roving health care/information providers who could visit playgrounds, playing fields, and other places where men congregate with their children*
- *Canvassing door-to-door to promote men's health awareness*
- *Partnering with the theatre group at Houston Secondary (holding dinner theatre on the topic of men's health)*
- *Partnering with the local art teacher to focus art projects on men's health*
- *Working with local mills and finding common ground to encourage the promotion of men's health*

Photo courtesy of Picture BC, taken by Alec Pytlowany



May 24, 2011

Mackenzie is a district municipality within the Fraser-Fort George Regional District in central British Columbia. The community is located at the south end of Williston Lake. The townsite was established by Alexandra Forest Industries and was named for Sir Alexander Mackenzie.

Mackenzie's two main industries are logging and tourism. Among the many things this community has to offer are hiking, snowmobiling, off-roading and dogsled racing. This is a terrain and a community that is attractive to men for both work and play. Thirteen men and one woman attended the focus group despite an NHL playoff hockey game.



Quick Facts

Population

3,859

Main Industries

Forestry and mining

Medical Facilities

Mackenzie & District Hospital & Health Centre

45 Centennial

Mackenzie, BC V0J 2C0

250-997-3263



This is what we heard...

Lack of awareness

Many participants spoke of men's tendency of not paying attention to their health until their health demands it. They spoke of the traditional role of men as the provider and protector of the family while depending on wives and girl friends to make appointments. This lack of body awareness is accompanied simultaneously by a lack of information in schools and the community about issues pertaining to men's health. Cultural or gendered views of masculinity often create a barrier to speaking freely about health issues. Men spoke of a minimal awareness of their health and health issues until a problem occurs.

Some discussion centered on the need to pay preventive attention to men's health, given that access to timely health services within the community is perceived as minimal. Participants suggested grassroots strategies to address men's health as well as the need to pay attention to negative stereotypes that see men as one-dimensional "providers." They also stressed the need to attend to the whole man, including social, spiritual and mental health needs.

Quality of life

Many of the answers clustered around the kind of life that men are seeking to live. Many spoke of their fathers dying young and having a responsibility to their families to stay healthy and active. Others referred to the need to be the provider of the family, and that therefore good health was a requirement. This provision went much further than the desire to bring in a paycheck; it really spoke to the wish of these men to live long healthy lives and to support and not burden their families. A particularly powerful quote that emerged from the discussion was "It's not the dollars they need, it's us."

"An ounce of prevention is worth a pound of cure"

This theme surfaced from a discussion on the need for earlier intervention with education about men's health issues. They spoke to the need to have more basic health education to enable men to make better health related decisions. This included more body awareness, more access to consultations and more awareness about early warning signs, specifically for the prostate. The discussion also included a suggestion to develop a male-friendly strategy of going to places where men live, work and play, as opposed to expecting men to frequent more traditional health care venues.

Time is money

The men of Mackenzie understand that time at the doctor, and specifically, time in the doctor's waiting room is time not at work. Men talked about the time wasted spent waiting for a doctor's appointment and the pressure to be at work. One man said, "When I'm waiting for the doc I feel like I'm on the loser's bench."

Suggestions to implement simple, male-friendly measures included longer clinic hours and reception areas that are more engaging for men (e.g., sports magazines and posters depicting men).

Strong community support for health

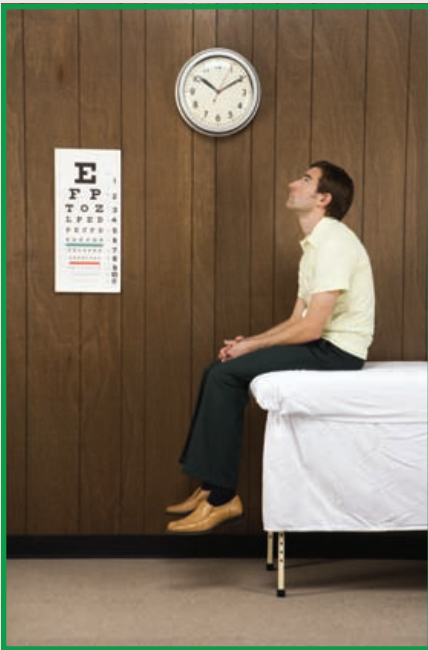
Mackenzie, as a community, supports sport and health prevention activities. Soccer, swim club, GPs doing screening for mental health and addictions, food banks, Meals on Wheels, fun runs and a weekly organic market are only a few of the initiatives already supported by the community.

In addition to events that support health there is a weekly men's discussion group that focuses annually on men's health, AA, NA and Al-Anon. The community strikes a balance between information, activities and opportunities for men to come together to discuss issues related to health. Despite this, the question that continues to emerge is why, when there is strong community support for health, are few men still leading healthy preventive lifestyles?



Photo courtesy of Picture BC, taken by Alec Pytlowany

“When I’m waiting for the doc I feel like I’m on the loser’s bench.”



The importance of mentoring

Men spoke eloquently to the need for strong healthy male role models and mentors in the community. More than talking about health, they believe that young men need to see men demonstrate caring for their health. Northern communities are often slightly younger than the BC average and have a need for support that emulates the extended family. Mentoring provides the opportunity and venue for role modeling, support and discussion about men’s health.



Education and communication

Education and communication were seen as primary ways to shift the current paradigms that men hold about their health. More education will address the need for men to understand more about their bodies, to be able to read early warning signs and to practice preventive measures. There was a strong suggestion to provide education in the workplace at health and safety meetings in tandem with screenings that occur in the workplace.

Health and safety meetings were also thought to be opportunities to talk about issues such as obesity, diabetes, and the role of healthy eating to maintain good health. Doctors and other caregivers were seen as key resources to educate and communicate messages about men’s health. Many men spoke to the fact that men are motivated by tangible rewards and that monetary rewards could be offered by both the workplace and service providers to encourage healthy behaviours such as lowering blood pressure and losing weight.

The importance of accountability

The subject of more accountability on the part of men for their health was a theme throughout the evening. The prevailing feeling in the room was that men themselves need to understand their bodies and how they work and to accept the accountability and ongoing maintenance that healthy bodies require -- just as they do for cars, lawnmowers and snow mobiles. The concept of an “owner’s manual” for the male body had great appeal for its simplicity and usefulness.

The participants in Mackenzie also shared strong concerns around the shortage of physicians and the attendant issues related to that concern (wait times, access to service, quality, etc.). Those concerns fell outside of the mandate of this year’s community consultations and, though critically important to the health of the community in Mackenzie, are not reflected in the summary.

PRINCE RUPERT



Photo courtesy of Picture BC, taken by Lonnie Wishart

May 30, 2011

Prince Rupert is located on the wild and beautiful Northwest Coast at the terminus of Highway 16. A place known for its rich Aboriginal culture and pioneering heritage as well as its sports fishing and wildlife viewing, the community is a regional center for commerce and transportation in the Northwest as well as a regional center for health services.

The group who attended the men's health focus group in Prince Rupert represented leadership from across the community. All the community participants at the focus group were men.

This is what we heard...

Societal stereotypes

Men's health carries many connotations that are stereotypical and reflect societal values. There is an outdated stereotype of men that they have to be tough, strong, and macho and that "living hard" is the best way to live. Often younger men do not have strong male role models within the community – men who are aware of who they are, the roles they play, and the way they participate within their families and within their community.

Unfortunately, too often this means a crisis has already happened by the time a man seeks help. The reasons for the crisis may be emotional, family, addictions, or other challenges, but when it happens there are few places within the community for men to go.

To avoid this kind of event, men need to understand and be aware of health at a younger age. It is important to start young with boys on health education, and to reach the 20-35 age group, who feel they are resilient and tough. Heritage and history also play a role in men's health and are especially an issue for First Nations people and those who have grown up in poverty.

Quick Facts

Population

12,815

Main Industries

Fishing, port, and tourism

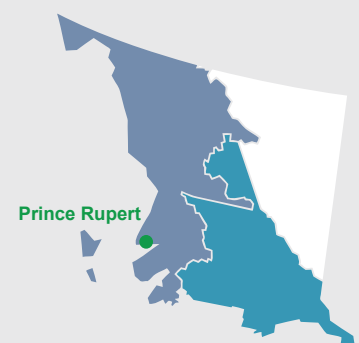
Medical Facilities

Prince Rupert Regional Hospital

1305 Summit Avenue

Prince Rupert, BC V8J 2A6

250-624-2171



The primacy of work

Throughout the conversation, the participants spoke of how men's perceptions of health are tied very closely to their work. Often men go back to work before they are healed, men working in industries have cumulative injuries and are exposed to pollutants and yet their identities as providers to their families within their community makes work a priority over their own health issues: "We need a greater awareness of the importance of health, the need for balance, and the need to be proactive."

Reluctance to access services

Men do not access health care services because of personal attitudes towards their needs for health care, the orientation of the health system towards women's health issues, their unwillingness to take the time to go and seek help, and their reluctance to wait to receive services.

There was, however, acknowledgement of the role that women play in modeling healthy behaviour. Examples were given of women in the workplace and women in the home who take responsibility for their health. Societal norms reflected an acceptance that women talk about health and address health, and that men see it as their role to not attend to health issues.

The importance of balance in life

Men's health is important because it makes us aware of what a balanced life needs to look like. There is a cost to living a life that is not in balance, as often the imbalance is between work and health. Men's health is important to the people in the lives of men: for their families, for fulfilling their role as providers, for helping maintain the standard of living for their children, and for the health of their community. People who love the men in their lives want their men to be around longer and healthier.

"We have lost friends and there is a greater awareness of the consequences of not having good health," said one attendee. Not paying attention to health often means the early and preventable death of friends, constraints on activity, and poorer quality of life.

For men in the room there was knowledge of the importance of having good health and at the same time an awareness of the constraints in their lives that prevent good health. Having a good quality of life is important, but at some points in life, career, work and other pressures can outweigh the need to maintain a healthy lifestyle. Guys like what they do for a living and they want to work even when work may be negatively affecting their health. Men are looking for ways to stay healthy and external incentives such as biking to work can help them engage in healthy lifestyles.

"I think it's due to ego and some men being...afraid they may be told they have prostate cancer."

We need to talk

We heard that "We need more conversations with men about men's health." Men are missing information about their own physiology and the screening and services that they need to stay healthy. There is a lot of mystery around men's health. When the crisis comes the disease process is too far gone. Conversations with men about men's health need to be funny, serious, and take place in the places where men are – like pubs. Food is a good place to start – for example, by modelling healthy eating at meetings. We need to talk about the stigma and macho barriers that prevent men from getting health screenings and take the screening to the where the men are – including the workplace. The conversations need to be ongoing and regular. We need to pass on traditional values and teachings between the generations. "We also need to talk about what being a dad is about," said one participant, "the importance of fathers to their sons and daughters."

Prevention and support

Within the community there are incentives to quit smoking; however, what seems to be missing is a strong anti-alcohol /anti-drinking campaign. There are some services that offer counselling for men but there is a need for more.

There has been some activity in the schools around early education and health. The presence of the school nurse made a significant difference in teenage pregnancies and sexually transmitted diseases (when the position was discontinued, the rate of teenage pregnancies and STDs was seen to increase). There are a number of initiatives within the school system focused on building resilient kids and supporting partnerships between health and education. There is also an Aboriginal advocacy worker who works with families through the school system and this model works well.

It will take education, early intervention and awareness to make changes in men's health. It will also take education for men at various ages and stages in their life. There are key points in the life journey -- for example, renewing a driver's license, when screening and other health information can be provided. Education and awareness can also be focused at events where men gather. It will take community leaders and role models prepared to speak on men's health issues to increase awareness:

"We can focus advertising about men's health to women and children so that they can help influence the behaviour of men," and *"We need to start early in life."*



"Little kids grow up and we need to start the conversation on health early."

Helping people who are vulnerable

There are vulnerable people within the community who can be marginalized and who find it difficult to get help.

There is a need for a crisis line for men – who can they call? There are faith-based supports and *"when funding is available we apply for it."* There is a gap between men and police involvement; for example, a man's issue may be health-related, but he ends up in police custody.

Learning about successes elsewhere

Some suggestions included looking to other jurisdictions where there's been success in addressing men's health issues, learning from those experiences, and celebrating success.

It will take partnerships between health, WorkSafeBC, industry, recreation, and First Nations communities. It will take talking about men's health, planning jointly, and taking action. We need to pay attention to cultural differences and marginalized populations and we need to hear their voices and involve them in the planning.

One attendee summed it up: *"If we're realistic about applying business principles to social and health initiatives, building sustainability, taking a long view and if we're prepared to wait for the results, we can see a change in men's health in Prince Rupert."*

QUESNEL

Photo courtesy of Picture BC, taken by Bob Michek



Quick Facts

Population

Approx. 25,000

Main Industries

Forestry, mining, and agriculture

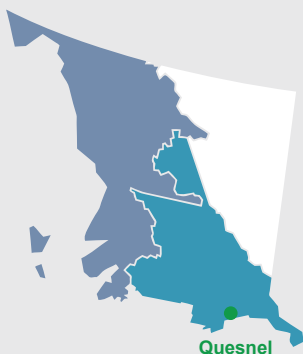
Medical Facilities

G R Baker Memorial Hospital

543 Front St.

Quesnel, BC V2J 2K7

250-985-5600



May 25, 2011

The city of Quesnel is almost equidistant between Prince George and Williams Lake. It has a population of about 25,000 and is located at the confluence of the Fraser and Quesnel rivers. The city's slogan is "active, green, connected," and this is reflected in the concern for the health and welfare shown by its citizens, as well as the beautiful and diverse geography in which it rests. Seventeen members of the community, both men and women, participated in the focus group.

This is what we heard...

"Men will be men:" The gendered nature of health behaviour

The discussion in Quesnel focused largely on how the gendered nature of men's behaviour was often at odds with healthy actions. Multiple statements revealed that the traditional role of provider and protector is deeply entrenched culturally and at odds with masculine self-care...**"Between work and kids I'm too busy to be healthy"**, **"Waiting two weeks for an appointment and then an hour on the day is a deterrent – not worth the time/money off work,"** and **"I feel like a wuss going to the doctor."**

Men's health practices (or lack thereof) have traditionally been viewed as a part of being male: **"These behaviours are innate to men and will be hard to change."** Much of the conversation focussed on the need for change within society toward better male self-care practices. While the men in attendance at the Quesnel consultation agreed that men need to accept greater accountability for their own health, it was also clear that they felt caught between the traditional role of "breadwinner" and a new, more reflective role that incorporated parenting, partnering and relationships.

It was acknowledged, many times, that while we want men to shift their traditional role we haven't yet worked with men to deeply understand how that shift will appropriately represent their masculinity. This will be difficult as long as society continues to honour aspects of male identity that are risky and daring. As one participant put it, "We need to challenge mainstream ideas of what a man is."

Immortal, invincible, immune

In tandem with stereotypical roles around work, partnering and parenthood, society has also encouraged behaviours that are in opposition to good health and long life for men. Men's perception of themselves as masculine impacts the value they place on their own health. Unhealthy, damaging and high-risk behaviours may occur when men are proving their masculinity to others.

One participant suggested that young men and boys perceive themselves as "immortal, invincible and immune...twelve feet tall and bulletproof." Another defined the male perspective on culturally appropriate access to health care as, "It's okay to go to the emergency room if it's a hockey injury -- that's macho enough -- but if your finger is hanging off you put on a Band-Aid and stay at work."

It was acknowledged that cultural messages around masculinity reflect unhealthy stereotypes and that there is a need to regard men as much more than one-dimensional: "We need to treat men holistically...physical, mental and spiritual," and "...broaden our focus to include finances, spiritual, physical, emotional and relational health."



Prevention

There was agreement that men's health starts with boys' health. Participants felt that in order to create real and sustainable change it was important to "start educating boys at a younger age...the younger the better." There were many comments on the need for significant partnerships between health and education to ensure that boys and young men are engaged in appropriate discussion on body awareness and health accountability for: "We need partnerships with education around understanding the 'warranty' or 'owner's manual' for the male body." This sentiment was echoed by the desire to "see men's health made accessible to them in ways that's meaningful to them."

Quesnel also acknowledges the need to find creative approaches and activities that are designed to reduce the chances of disease and disability: "We need policy change for preventive funding – if it makes more sense, let's do it. Stop looking to government to fund everything. It's not sustainable."

There was also acknowledgement that prevention is the slow path that leads to longer term health: "We need to shift from immediate results to longer term investment for longer-term gain (ROI)." In addition, there was a need to build health programs that reach the health goals of men and to "create models...and prevention activities that are run by men for men." Ultimately, the group felt the need to "value prevention activity over reactive services."

The access gap

Quesnel is a community that supports vibrant healthy living. The community has an emphasis on prevention and has “robust recreation programs – no limits on participation – activities geared to whatever age and stage a man is at.”

The city of Quesnel itself has a health committee and has undergone policy changes to support health prevention activities. There is a river walk which attracts runners and walkers of all ages and sexes and yet the health of men within the community is not radically improving and participation by men is not increasing.

A high level of community interest in health has been demonstrated in Quesnel but participants still felt that strong input by men was lacking in the definition of programs and services: “We need to hear what men want”; “...need more awareness of issues,” “...need to work together, not in isolation;” and “it will take the whole community to change the issues around men’s health.” Strategies to address the gap between health services for men and men accessing those same services may help to increase men’s participation.

Health at work, work at health

The Quesnel group had great clarity in understanding the critical link between men’s health and healthy work environments. The workplace was seen as a key setting in which to target men’s health initiatives and to create partnerships of mutual benefit. The discussion centered on the need to promote men’s health as a productivity concern and to emphasize that a healthy workforce makes good economic sense.

One group saw a pressing need to “build and present a bottom-line business case to local employers for investment in employee health.” The necessity for health to be a topic of discussion at work and for employers to work at the health of their employees is underlined by the central focus that work plays as a defining aspect in men’s lives.

Men of the North, in particular, may be at risk by being employed in work environments that have the potential to damage their health. Rigid regulations around hours of work and health (e.g., time off for doctor’s appointments) have improved in many work environments in the last decade, but much work still needs to happen around men’s perceptions of what is appropriate time off from work for health-related issues and prevention activities.

Suggestions from the group included “holding men’s forums at the mills with screenings onsite” and “...having health care professionals come out to do education...”

Another noted that the mill was “banning smoking and fully implementing WCB regulations,” while BC Hydro has instituted health initiatives including a “modified work week.” It was recognized that “stress at work needs to be addressed” to combat low productivity, absenteeism and high turnover, issues that are of pivotal importance to employers as well as employees. Participants were quick to point out improvements in the work environment but felt there was still much left to do: “There is less trauma at work now, but more heart attacks – doughnuts at every meeting.”



VALEMOUNT

Photo courtesy of Picture BC, taken by Alec Pytlowany



June 7, 2011

Valemount is a village of approximately 1200 people in east central British Columbia. It is situated between the Rocky, Monashee and Cariboo Mountains. It is the nearest community to the west of Jasper National Park, and is also the nearest community to Mount Robson Provincial Park. Outdoor recreation abounds in summer and winter with hiking, skiing, snowmobiling and horseback riding among the most popular outdoor activities in Valemount. Fourteen community members participated in the focus group, with both men and women in attendance.

This is what we heard...

Identity, masculinity and health

Throughout the consultation in Valemount, attention was drawn to the importance of understanding how men perceive themselves in relation to their health. When asked to articulate what comes to mind when hearing the term men's health, one participant stated, "I think about health and illness and how that interplays with masculinity and identity."

Gender and identity have a critical bearing on men's health. How men see themselves impacts the value they place on their health and how they manage their health within the health care system.

Going to see the doctor or visiting a group screening was a cause of fear for some men and in direct opposition to the stereotypical image of the "strong silent type". "If I feel fine and everything's fine, why would I go to a meeting like that? I don't want to know. If something's wrong or I break something then I'll go to see the doctor."

Some viewed illness as a direct threat to both their physical and psychological strength. "If I have to go to the doctor it means I'm not strong; I'm weak. I can't get better by myself."

Quick Facts

Population

1,195

Main Industries

Forestry, ranching, and tourism

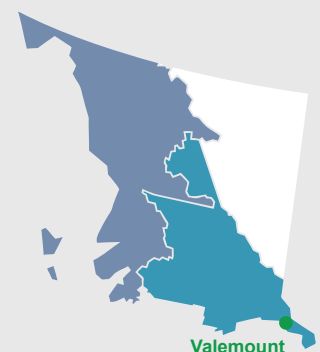
Medical Facilities

Valemount Health Centre

1445 5th Ave.

Valemount, BC V0E 270

250-566-9138



“If I have to go to the doctor it means I’m not strong...I’m weak. I can’t get better by myself.”

One participant summed up the goal of good health as “to die young as old as possible.”

It was acknowledged that a gendered focus on men’s health was needed in order to better understand the unique perspectives, identity and health needs of men. To effectively serve men’s health requirements, it is critical to understand how men’s values and beliefs drive behaviour in relationship to their health: *“We need to really acknowledge the differences between men and women; we don’t want men to behave like women.”*

The groups recognized that the characteristics of maleness and masculinity play a vital role in relationships, families and communities. Greater understanding of how men construct their lives would lead to greater success in supporting healthy behaviours. Simply asking men to don the more relational aspects of femininity (e.g., openness about health issues, willingness to go to the doctor, and comfort in talking about health with others) is unlikely to be attractive to men.

Where are the men?

Valemount as a community has a disproportionately high number of men who work in careers that take them away from their homes and families. This was perceived as damaging to the overall health of the family and the community. One participant suggested that the impact of this trend meant *“too few role models for boys, fewer fathers in the home and many children not knowing their fathers.”*

One young woman stated that, *“Studies show that teenagers still have human role models”* (when asked who they look up to); and asked *“what are the effects when all the men are away working?”* Another participant noted that her son’s scout troop had been led by a woman because there were no men to take on the role.

The group expressed deep concern that boys were not receiving good role modelling of male health within the home and that there were *“no male figures on staff at the elementary school.”* The group agreed that *“...relationships with men are really important for boys”* and that it will be important to...*“raise the bar for youth as to what a man is.”*

It takes a community

Virtually all of the Northern Health community consultations on men’s health engaged in deep dialogue on the need to focus on preventive measures, as opposed to reactive measures for helping men achieve optimal health and quality of life.

The Valemount consultation had a high number of health care professionals who were able to speak to the considerable efforts of the health care community to engage men in thinking about and caring for their health. There is recognition that *“Men have fear, discomfort and embarrassment when interacting with medical services;”* and *“There is no privacy in a small community.”*

Despite the lack of privacy, it was felt that there are considerable benefits to being known by your health care provider:

- *“Because we are centralized it’s easier for our clinicians to talk to each other and to give each other the heads-up.”*
- *“It’s a huge advantage that everything in Valemount is centralized – one stop shop.”*
- *“When a patient comes in for another reason we can get a printout of all the screenings and tests they need...”*
- *“We are pretty consistent and they know if they’re going to be a frequent flyer and we’re going to be seeing them a lot, we’ll keep reminding them.”*

There is also a growing need for education for female health care providers to understand men’s health from the male perspective: *“We have three male doctors and 27 female employees at our clinic – what’s missing is an equal balance between male and female health care providers. All those women can be intimidating to some men.”*

As a group, participants in the Valemount consultation commonly shared the concept of prevention as it relates to the development of proactive health habits and positive health outcomes. Prevention in this context meant moving beyond an understanding of men’s behaviours to creating supportive environments for men to change their behaviours:

- *“The (behavioural) changes we make now will improve the health of generations to follow.”*
- *“Information doesn’t change behaviour or influence the effectiveness of our teaching.”*

It was perceived that role modelling played a significant part in encouraging behavioural changes and the modelling of new behaviours, with participants commenting *“There are men in the community being very proactive about their health. One man can influence many...”* and *“Men have improved their eating habits in recent years - the doctors here have influenced this by becoming part of the community.”*

Early intervention

In tandem with a focus on behavioural change and role modelling, the Valemount group felt that early intervention with boys was a critical strategy for improving men’s health. There was recognition that boys and young men are often disconnected from their mortality: *“Boys feel invincible; early socializing is critical; parenting is key to body awareness.”* Also, *“Young people need to understand the importance of healthy habits early on.”*

This raised the issue of how stereotypical perspectives on masculinity (risk-taking, invulnerability, a focus on physical size and strength) may lead to a denial of healthy fears and healthy feelings. *“Young men engage in a lot of secretive behaviours that prevent them from seeking help.”* *“Our culture doesn’t support healthy choices.”* and *“Society glorifies masculine risk-taking – how do we tell boys that violence is bad?”*

Again, role modelling was seen as crucial to replacing cultural norms with healthier physical and psychosocial behaviours: *“I encourage fathers to be present at home visits...to be involved in the health of their child.”* *“Get more men involved in the ‘puberty talks’. Boys need to hear about their bodies from men.”*

The consultation in Valemount was both realistic and optimistic. They committed to continuing this important conversation as well as to “be the change” thinking.

PART 3

REGIONAL FOCUS GROUPS

First Nations
Resource Sector (Forestry)
Transportation



Photo courtesy of Picture BC, taken by Ryan Jensen



Nak'azdli, June 1, 2011

Fifty-two First Nations communities share the land across Northern BC. To capture their voices and to build on the work that is under way on Aboriginal health, a regional focus group was planned for First Nations people to talk about men's health. The conversation was held in Nak'azdli, near Fort St. James, and 14 participants, both men and women, attended.

This is what we heard...

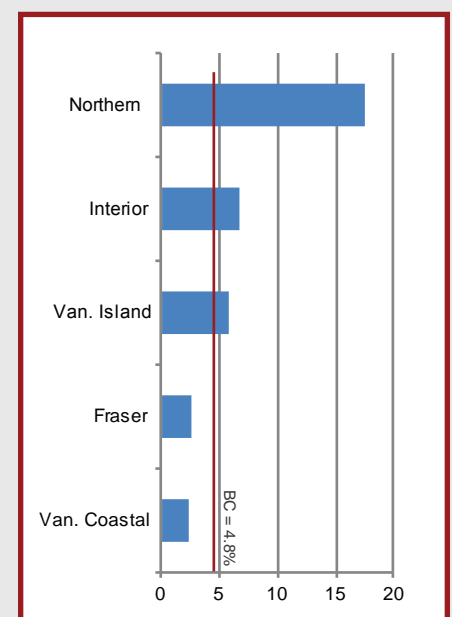
Valuing the traditional role of men and identifying the barriers to fulfilling the role

We were told that there are root problems contributing to men's health issues in First Nations communities today that it is important to identify. Many First Nations men do not believe that they deserve to be healthy, yet they need to pass on their traditional holistic approach to health to the next generation. However, many First Nations leaders are good role models in that they are healthy and are good providers, partners and heroes.

Many men do not know all the reasons why their health is in its current state, but feel that it is linked to alcohol, residential schools, and poor nutrition. "Residential school took part of our men and women," said one participant. Another noted, "The healing needs to take place to rebuild men's spirits."

We were told that the men need to be able to share what's inside in order to heal, but that history and western society haven't supported this. It was important to the participants that healing needs to focus on all aspects of men including their mental health, spiritual health and physical health.

Aboriginal persons as percent of Health Region populations



Source: BC Stats: Regional Socio-economic Profiles and Indices
www.bcstats.gov.bc.ca/data/sep/index.asp

“There is a hole in the spirit of men that needs to be reignited.”

“Culture is what’s missing in our health”

They were looking forward to the day when this healing will be accomplished:

- *“Men are the foundation of a family and if the man’s not healthy and happy, neither is the family.”*
- *“When the men are healthier men we will have a healthier world, environment, and way of life.”*
- *“When we get men’s health back we will be strengthened as a nation.”*
- *“It may take seven generations before we see the change we want.”*

When the participants think of men’s health they think of the importance of “...valuing the traditional role of men and identifying what is preventing them from taking on that role.” A man is provider, helper, protector, hunter, fisherman and steward of the land. He is also son, brother, father, and grandson. Health is holistic, including having a relationship with the environment and a connection to the land. Health relates to mental health as well as physical health. First Nations men feel they have been neglected from a health point of view – not only their physical health, but their mental health and spiritual health as well.



Men are a key part of each First Nations community and men’s health affects the community’s health. In Nak’azdli, for example, there have been efforts underway for the past few years to establish a men’s house with the goal of providing a gathering place for men and supporting them in becoming drug and alcohol-free through reconnecting with the traditional ways and roles of men.

The men’s house is seen as a safe space to build relationships, trust and rebuild their identities. By taking part in hunts and in fishing and canoe trips, men are “getting their footsteps back on the land.” Supporting traditional provider roles through fishing was important so, the community went to court to fight for the right to fish in their traditional waters. Fishing helps keep the men healthy, and their goal is that in 10 years there will be 10 men with keys to the house to work with those needing help with hunting and processing meat.

In other communities there are men’s kitchens where health education is offered and where men cook together – for example, Moricetown. Communities are investing in healing by making the Choices Program available to community members, offering healing programs that men are attending (as in Ormond Lake), and providing grief support.

How men think about health

We were told that many men are not comfortable talking about their health, as they somehow feel it takes away their power. One of the challenges is how to discuss men's health as a positive pursuit instead of a negative one: "In traditional roles, as an Inuit, my being a provider is not related to health. That's the role that women play." "My wife of 35 years makes my health appointments...that I don't go to."

We were told that as providers, men are not focussed on their health; instead their goal is to "feed their children and sometimes to get their next fix." It is hard to reach men who have busy work and family lives and no time to look after their health. A lot of men think they're invincible, but this is recognized as a problem: "We've got to start building that awareness about what happens at 40 because I don't want a heart attack at 40."

The participants talked about the importance of re-establishing roles around health. Men need room to talk about what has happened to them and to tell their stories without women present. Women have taken on the role of directing men's health in addition to other historical and traditional roles and men need to take these roles back. It is important for men to say what they need and look to resources to meet those needs

Men have an attitude towards their own health that is clearly about "working hard, playing hard, living that way until they die" -- and having no time for the doctor. The men shared that there is a range of responses to their own health problems when they are experiencing problems. "There is a hope it will go away," "they don't want to wait to be seen," or they "don't want to wait and then not get what they need."

Alternatively, First Nations men see going to the health care system to be a weakness, they may be scared to approach the health services, or they may not believe that they deserve to be healthy. Clearly expressed was a pervasive distrust of the health system.

The people in the focus group cared about men's health because when they lose someone prematurely it leaves them feeling angry. Parents want their children to outlive them, and now they see children getting what used to be adult diseases, such as type II diabetes. Comments included, "We want our men to be healthy because we love them;" and "Most importantly, when we get our men's health back, it will strengthen our nation."

Paying attention to men's health at health events

People are starting to see men's health fairs in communities and the conversation is starting to happen. For example, at a recent conference in Prince George there was a session targeting men's health. Men's health has also come up in health evaluation as an issue, and planning is currently under way for a men's conference. There is interest in learning what contributes to the health of those men who are healthy in First Nations communities: "This gives us lots of possible initiatives to address risk factors and we can build on these."

To help men talk about their health there is a need for groups that are strictly for men. It was thought to be helpful to establish a networking meeting at least annually to ensure the exchange of information and the creation of linkages between services. Another suggestion was for a men's health conference for men only that is held regularly.

Many prevention and screening services are seen to be geared to women and/or offered during work hours. It would be helpful to offer services when men can use them without losing pay. Currently, if a man goes to an appointment in Terrace it is an all-day trip, plus there are expenses such as food for the day. We were told that the "...chances are that he won't go back because it's too expensive."

“We need to get our footprints back on the land.”

Building important relationships with organizations

The First Nations leaders are seen as becoming healthier and building relationships with other governments and ministries. Northern Health is not letting artificial funding barriers prevent them from working in partnership to offer services to First Nations people. There is a move towards creating a First Nations Health Authority in BC; this will help clarify federal / provincial responsibility. Within Northern Health, Aboriginal Health Improvement Committees are creating a venue for First Nations communities and people to be heard and supported. Increasingly there are opportunities to connect with local people who deliver services in a way that can be supportive of the traditional ways.

The disconnect between what is needed for men to be healthy and what is available

We heard that for Aboriginal men, there is a holistic approach to health that is missing as well as a clear definition of men’s health. In the absence of a holistic approach, the treatment of underlying problems is missing, and therefore also the healing that is needed and the connection with spirituality and spiritual healing: *“We are missing a different approach to what health is for men and the opportunity to teach young people their identity.”*

We heard that funding for the healing programs is missing. Communities have limited capacity to support healing without programs being available. Services and human resources (both enough and Aboriginal providers) are also missing, and there are not enough Aboriginal people delivering health services. More outreach treatment programs are needed, as well as more knowledge and education about men’s health.



Start talking about men’s health

There was agreement that the conversation about men’s health needed to continue:

- *“We need to talk more about men’s health topics on our reserve.”*
- *“We always seem to hear about services for youth, women and the elders.”*
- *“It seems that people have forgotten that men exist.”*

“In some cases what is missing is the men.”

There is a clear sense that men's health issues have been neglected for too long and there needs to always be a question held out: "How we can improve the health of men relative to women?" We should also be asking these questions:

- *How do we navigate our health services to properly service the men in our communities?*
- *How do we work together in partnerships to improve health and services overall?*
- *What can be done to keep men from slipping through the cracks of screenings and health promotion?*
- *Why are more services and programs not made more accessible to First Nations people?*

We heard that "We need to find the men and ask the men. Find the healthy men and talk, give back abilities to men because they are competent and capable, find role models. There are a lot of women here to talk about men's health we need more First Nations men."

Clearly if anything is going to happen, men have to step up and spark the discussion.

We also heard that "We need to talk with communities." There are 52 First Nations communities and the question "What do you want to do about men's health?" needs to be asked of all of them. There is great diversity amongst communities and therefore there is a need to engage local health care providers. Networks can be built between communities to see what is going on and to support sharing with other communities.

Build a greater understanding of traditional healing

Sometimes the healing has to start before grassroots capacity can grow. The loss of the spirit when something traumatic happens is significant and a spiritual healing is a way of looking after one's self.

"We know who the healers are and we can work with them. We can create a definition of health for First Nations men's health that is more than not being sick."



"We know who the healers are and we can work with them. We can create a definition of health for First Nations men's health that is more than not being sick."

RESOURCE SECTOR (FORESTRY)



“There is a ‘work comes first, sacrifice everything to work’ ethos for men that can negatively impact their health over time because things don’t get dealt with.”

Prince George, June 2, 2011

Northern BC’s economy is heavily dependent upon the resource sector. Forestry, oil and gas, and mining drive the economy and the job market. Maintaining a healthy and skilled workforce is seen as critical to the sustainability of Northern BC communities – the health of Northern men matters to business in the North. This was an initial session to engage the resource sector in a conversation on men’s health. The following organizations participated:

- *Carrier Lumber*
- *Forest Safety Council*
- *BC Logging Association*

There are special health challenges for the trucking and resources sector. The average male lifespan in Canada is reported to be 75, but for truck drivers we were told it is 61. Based on this there is a real urgency and immediacy as the average age of truckers is 56 or 57 – so we only have five years in which to see change happen.

This is what we heard...

Increasing the awareness of the importance of health at a young age

Participants felt this was very important:

- *“I wish that younger men understood the importance of their health. I realize now that I could have been more proactive with my own health when I was younger.”*
- *“Almost invariably young men think they’re invincible and they don’t worry about getting hurt or about taking care of themselves.”*

- *“I think there’s an expectation that men need to prove themselves when they first start in a job in a camp and health is not a term that is acceptable for men in the field and it is not a priority on the hit list of terms in their life.”*

There is a reluctance to talk about men’s health and to participants, the two words seem incongruent and almost an oxymoron. However, for “health” terms that came to mind for them were *longevity, balance and lifestyle*. We heard that a man’s health is something that is important to the people in his life. For women there is the worry for the health of their sons and husbands. The attendees also thought healthy communities: *“Healthy men are really foundational to the health of women, children, communities, and the economy.”*

Everyone gains when men’s health improves

The participants told us that there are many older men who have lots of knowledge about the work but who are not able to contribute fully because of health problems. When fairly senior people go on long term disability, this is seen as a loss of resources and knowledge that is valuable to the company. Injuries negatively impact the individual, the co-workers and the organization.

There was a discussion of the need to demonstrate the business case that health (in body and mind) contribute to doing a better job and positively impacting on the bottom line. When employees are healthier, insurance premiums should go down. Some research was shared in which companies that did invest in men’s health found that for every dollar they invested in men’s health (i.e., weight loss programs or gym passes) the minimum return on the investment was \$2.50 on the dollar.

There has been a significant investment into safety in the workplace and it has paid off. It is important that the health piece be put back into occupational health and safety agendas.

There are advantages for employers if they can show that their employees are among the healthiest in the industry. It would be an effective recruiting tool because people know instinctively that healthy workers are safer workers. Employers can contribute to the health of their employees through Employee Family Assistance Programs (EFAP). It was also noted that men do not deal well with stress, depression or family issues.

There is a *“work comes first, sacrifice everything to work”* ethos for men that can negatively impact their health over time because things don’t get dealt with. There is an opportunity with young employees to teach them early on about taking care of their own health. In the tree-planting industry, the young men stay on and often make a career out of it. The first summer in the bush sets the stage and if a health and safety culture is not introduced then, it is hard to change things later.

The participants identified that there are programs that work to improve targeted health improvements. An example is the Fit to Drive program for commercial drivers that has targeted diet adjustments complemented by repeated measurements to meet goals. Changes have been seen in individual driver’s diet choices.

Participants suggested that industry can best sell the importance of men’s health to industry. If we can put the case into language companies and organizations understand, then the triple aim of happy employees, good use of resources, and good outcomes can be achieved. We also need to remember that top-down approaches often don’t work. Any initiative needs to have workers involved and engaged and understand what is in it for them: *“If workers think it’s just to save the bosses money, they’ll eat more junk food on purpose!”*

“In camp, the ONLY thing you have to look forward to is dinner – and it better be a steak.”

“Men equate food to love and we need to reposition it as FUEL.”

Exercise and healthy eating

The attitude of men towards food was characterized as, “I figured I’m busting my butt here and working long hours and I’ve earned the right to eat what I want to eat;” and “In camp, the only thing you have to look forward to is dinner – and it better be a steak.” Men equate food to love, but it needs to be repositioned as fuel.

A number of employers support access to gyms, either through having gym on-site or making gym passes available. Even in the camps there are exercise rooms – although they may not get used much and the equipment may be old. Just providing the facilities may not be sufficient incentive, as men may not use the equipment or may use it incorrectly.

A significant barrier for truckers is that anything (including food and drinks) within the cab of a machine or truck has to be tied down lest it become a projectile. The participants played with an idea for a snack vest that could have pockets for drinks and snacks and that might fit within the safety regulations. There has also been work done on health vending machines and these could be extended to the workplace.

Having discussions with the food providers in the camps may be a place to start around diet and eating choices. Ironically, there is a belief that when given a choice people will nearly always choose the unhealthier choice. A suggestion was made that a mini-study could be conducted at the Chetwynd 7-11 on food choices, as at times it is the only option in the area for a place to buy food.

A concrete opportunity to influence food choices is in the food that people bring into the workplace to share with others. For example, salespeople often bring in a box of donuts. Promoting the guidelines “Eat Smart, Meet Smart” that are available from the province could shift that. In other words, the workplace could say “You’re welcome to bring food, but it has to fit our guidelines.”

The importance of collaboration

To really make change in the industry will take collaboration. There are examples of programs and initiatives that are being tried and successful models of collaboration. Some examples that could be looked at are the Fit to Drive program, the work of the Road Health coalition, and Enform’s work on fatigue and stress management (Enform is the safety association for the oil patch).

Other work that was identified included upcoming provincial work on sleep apnea, Healthy Hearts at Work, and drug and alcohol screening: “We have to quit separating all these things and try to build an integrated approach.”

Leveraging safety committees and embedding health into workplace practices

Each workplace is mandated to hold safety meetings and these are a huge opportunity to add health and wellness components to the agenda. Northern Health could be available to provide information and to help build health promotion and illness prevention knowledge.

Within the workplace there is tremendous opportunity to embed health initiatives into workplace practices in such a way that it becomes part of the culture. It has been done successfully for targeted initiatives and a more holistic approach could build on the work that has been done. Suggestions included:

- *A “Fit to Work” certificate from WorkSafeBC that could become a job requirement or a preferred qualification when applying for a job.*
- *Including a question about health and wellness in the audits that are part of WorkSafeBC’s program*
- *Encouraging more workplaces to require their employees to have a personal wellness program*
- *Creating simple “how to be healthy” strategies tailored for specific jobs (e.g., for truckers, walk around your truck a dozen times a day)*
- *Increasing access to EFAP programs*
- *Creating a Charter of Rights for Workplace Wellness (e.g., “We have the right to stop and rest, we have the right to access a bathroom”)*
- *Creating targeted awareness campaigns with strong messages (e.g., family portraits on the boards at hockey games with the dads missing) and use humour in others and key into the competitiveness that is a trait for men*
- *Creatively using communications media that overcome barriers of access and literacy. For example, rather than creating another pamphlet, put the information on a CD or MP3, use auditory tweets, or use the knowledge channel*

Building partnerships with key stakeholders

We were told that the Optometrists’ Association of BC and the Hearing Association of BC are very interested in testing men, and that other organizations have money (e.g., the BC Medical Association, the Vancouver Foundation, BC Truckers). Shell is also looking to get involved, but they are wary of the overhead so there could be an opportunity to work collaboratively with them and others.



**Industry meeting - June 2nd
Prince George Civic Centre**



Prince George, June 17, 2011

The Northern Health Crossroads report (October 2005) states,

“Many drivers, particularly commercial drivers, suffer from other health-related issues that may impair their ability to make safe driving decisions: fatigue, lack of exercise, improper diet, chronic disease, and so on. Factors like too many hours on the road at a stretch, use of stimulants to stay awake, eating junk food to stay awake, too much sitting in one position, and others, contribute to poor driver health...”

Driving is dangerous not only because of motor vehicle accidents but also because of the high risk of chronic disease. It was for this key reason that Northern Health felt it would be critical to engage the transportation sector in a conversation about men’s health. There were nine participants, with both men and women in attendance.

This is what we heard...

The role of wives and women in men’s health

The role women play in the health of the men they love was a constant theme throughout the transportation sector session: “If the wives aren’t there dragging you or leading you by the nose, then lots of things don’t get done.” We also heard that men’s health issues don’t affect only men, they have a significant impact on everyone around them: “It’s attitudes that have to change. Men think ‘if I’m ignoring it, it’s not hurting anybody – it’s just me’. But they drop dead and leave their whole family behind.”

“...Men think ‘if I’m ignoring it, it’s not hurting anybody – it’s just me’. But they drop dead and leave their whole family behind.”

Because women frequently live longer than men, they may see fathers, brothers, sons and husbands suffer or die prematurely. Women are involved in men's health for a number of reasons, not the least of which is that they love their men: "Spouses of truckers pack their lunches so they don't eat on the road..."

Women may play a key role in many families of being the most involved in health decisions and the first to know of health problems: "I ignore a lot of little symptoms and things, but my wife beats on me a fair amount." Women also tend to know more about health services and how to access them. Because they are more familiar with the system (often thanks to the process of childbirth) they tend to have greater knowledge about and comfort with the system.

For all these reasons, women are in a unique position to help their partners: "I've observed over the years in the bush there's the average level of guys that don't take care of themselves, then there's a whole subset of guys that take even worse care of themselves, and the difference is whether they're married or not." As one participant succinctly put it, "Women improve the health behaviours of men – wives encourage their husbands to be healthier."

"Show me the plan"

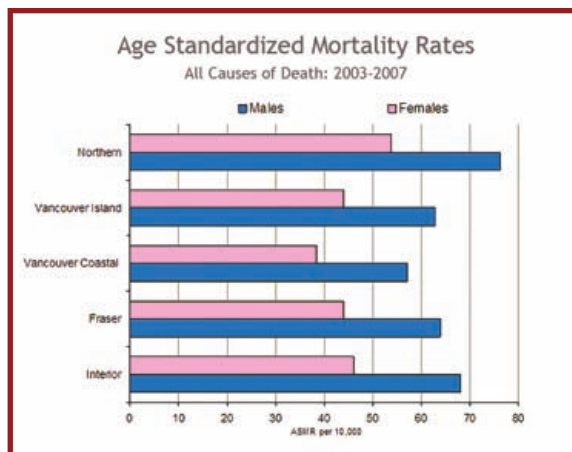
In the transportation sector consultation, men often expressed the desire to have good health habits be demystified. "Show me the plan," said one. "I wish there was a checklist of five simple things that are guaranteed to work," said another. "People need a plan, a simple tool, to guide them to take care of their health," suggested a third.

Others offered that medication is sometimes easier than the radical and often painful change in lifestyle required for robust health: "We're too quick to go to a pill as a solution...it's easier to take a pill than change your lifestyle."

The group also suggested that there is conflicting and confusing information about health care: "...when you get the long list of side effects from the drug store, you wonder, 'am I going to get these?'... it's difficult for the average person to read through all of that" In the same vein, another noted, "We are lacking information and education – this can be used as an excuse...but there's competing and confusing info out there."

Men's lack of awareness of the more basic issues related to health may account for a delay in seeking help when they are sick. Additionally, societal expectations for men to be strong, tough and invulnerable in the face of personal problems or ill health may also play a role in disconnecting men from understanding and valuing their bodies: "Men's health is generally...eat what I want, do what I want and then crash out...I've seen men have a heart attack on the job, take a bottle of aspirin and drive to camp."

The group discussed the need for health information and services that can be incorporated into the busy lives of men and the notion that health awareness can be raised by bringing resources to men rather than expecting men to select the appropriate resource from a dizzying array of potential services.



“Why manning up leads to man down...how do we help these guys to realize it’s okay to not have a heart attack, it’s okay to not get diabetes.”

Why “manning up” leads to “Man down!”

“Man up” is derived from the phrase “cowboy up”, meaning to be tough, be strong, act like a real cowboy, which was in use in rodeo circles at least since the mid-1970s. One participant wondered “[why ‘manning up’ leads to ‘man down’...how do we help these guys to realize it’s okay to not have a heart attack, it’s okay to not get diabetes?](#)”

Taking care of your health can fly in the face of cultural messaging, particularly in the workplace. Gender has a critical bearing on men’s health. How men perceive themselves as “masculine” impacts on the value they place on their health and the behaviours that express their masculinity. While there are increasing numbers of women in the transportation industry it still continues to be largely male-dominated and deeply entrenched in the patterns of not talking about health and engaging in high risk “masculine” behaviours: “[I could tell you many stories of people who had a heart attack or stroke behind the wheel because they ignored the symptoms,](#)” said one attendee. Other comments included, “[My whole life has been, ‘I can just ignore that and it will go away’,](#)” and “[I just worked a 36-hour shift...I’m raking in the dough!](#)”

It was universally agreed that the workplace is a critical setting for delivering important messages about health: “[We take better care of our machines – trucks and loaders – in many ways than we do our people.](#)”

One attendee pointed out that “[\[Community name\] took out its commercial parking – no place for truckers to go to the bathroom or stop for a healthy meal.](#)” Because of this, many truckers have colorectal issues - bags of feces and urine are thrown out of trucks because there’s no place to “go”

The outcome is, “[people who don’t feel well make poor decisions at work. This puts self and others at risk.](#)” The group agreed that taking care of your health in the transportation industry is still considered by both the men and the industry as counter-cultural. In participants’ words, we need to “[create a pit stop where all maintenance can get done at once,](#)” and “[create a new culture among male workers where health and healthy choices are the norm.](#)” In other words, where “manning up” does not mean “man down.”





Northern BC is home to just over 7% of the BC population.

Despite the small size of our population, Northern residents account for over 1/3 of all workplace deaths in British Columbia.

Males account for nearly 94% of occupational deaths and the vast majority of hospitalizations resulting from workplace incidents.

Source:

Statistics from BC Coroners Service

Shifting paradigms from safety to health

The transportation industry, like many others, has experienced a shift over the last several decades toward ensuring that workers and work environments are safe. Safety checks by WorkSafeBC have served to increase safe practices and regulate unsafe practices. However, the participants agreed that *“A safety focus is moot if all the worker lifestyle choices are unhealthy...smoking, food, lack of exercise.”*

It was collectively felt that the new focus for employers needs to be health: *“Good health means you can enjoy work and home life/ recreation. Poor health can make work harder and reduce the quality of off-work hours,”* and *“There’s a business case to be made for men’s health - we need a healthy workforce for a healthy bottom line.”*

Many valuable suggestions were made by the group to encourage the cultural shift from a safety focus to a health focus:

- *Create a resource kit for employers*
- *Help foster mentoring programs for topics that are difficult to talk about (such as prostate/cancer screenings)*
- *Coordinate men’s health promotional materials and programs*
- *Put resources in place to link safety practices with health practices*
- *Involve men with “hands on” learning*
- *Take health information to where men live, work and play*

And a final thought...one participant suggested that engaging men in conversation and education about their health was crucial, but *“...we [health care system; employers] may not have the capacity to respond if men get serious about their health.”*

PART 4

FINDINGS: 6 THEMES



Men's health matters because men matter

Masculinity, work and health are interrelated

A culture of "live hard and take risks"

Men need to become involved in the conversation

Men need information about their bodies

Cultural healing is essential for First Nations

Each focus group created an opportunity for the participants to hear from one another as they responded to the questions and explored the issues that were raised. We found the participants to be open, honest and able to laugh at the stereotypes and attitudes that exist around men's health. They were also deeply concerned about the picture the men's health report painted of the current reality for the health status of men in the North. There was agreement that the health of men affects the men, families, communities and the economy of the North – that men's health matters.

Although there are clearly many ways in which we need to work collectively to improve men's health in the North, our participants made it clear that there are many activities and conversations taking place on which these efforts can be built. We repeatedly heard about:

- *A strong understanding of and focus on the importance of healthy eating and healthy activity as building blocks of good health.*
- *Men and women who care about the health of the men in their communities and who are working collaboratively to provide programs, information and supports.*
- *A growing awareness in communities of the important role they play. Northern Health is seen as a partner and not the sole contributor to health. People and communities want to be involved.*
- *Opportunities to work collaboratively with schools to influence early healthy choices and build on the many programs currently in place for comprehensive school health.*
- *Northern Health's reputation as an organization that is willing to work across boundaries to find effective solutions to complex challenges.*
- *Well-connected primary care networks, both established and developing, that are supporting people's journeys through the health care system.*
- *Recognition of and appreciation for Northern Health staff and physicians who work locally within their communities to foster health through health promotion, screening and providing health services.*



“There is a strong desire by many First Nations people to see a healthy generation of young boys grow up and take their rightful place within their communities. We heard that healing will take time and that it may take seven generations before the changes that are needed will be seen.”

“Women are involved in encouraging and helping men to ‘take care of themselves.’”

THEME 1: MEN'S HEALTH MATTERS BECAUSE MEN MATTER

Photo courtesy of Picture BC, taken by Alec Pytlowany



“Healthy men create hope for our future”

We heard that healthy men create hope for our future. When asked why men's health is important, invariably the responses led people to reflect on their own health journeys and the health of the men in their lives. The health of men was spoken of in terms of its intrinsic and vital contribution to the health of communities, children, families, the workplace and the economy. In resource-based economies the health of men particularly impacts industries and the economy.

When men don't take care of their health, there is an individual cost and a cost for families, communities, and workplaces. When men die prematurely, they leave holes in the lives of their families and friends.

The importance of the role that women can play in the health of men (e.g., encouraging them to eat well, seek medical attention, take safety precautions) arose repeatedly throughout the consultation process and is a testament to the interconnectedness of men's health with the health and wellbeing of others. Women play a key role in attending to the health needs of all family members and are seen to be knowledgeable about health and the health care system.

We also heard there is a role for communities in addressing health. Through partnerships across sectors and around a focussed purpose, communities can improve environments and policies that affect key health indicators. Many communities have the services, supports, and knowledge in place to leverage improvements in men's health outcomes.

We heard that the following actions could help to create change in this area of men's health:

- *Support community action on men's health initiatives*
- *Create a campaign highlighting pictures of families with the fathers missing and place them strategically at sporting events and other places where men gather.*

THEME 2: MASCULINITY, WORK AND HEALTH ARE INTERRELATED



How men perceive their masculinity directly affects the value they place on understanding and responding to their health needs. One of the most significant points we heard in the consultation process was that the role of “provider and protector” trumps all others and has an important impact on men’s motivation and capacity to manage their own health. We heard multiple statements that the traditional role of provider and protector is culturally entrenched and frequently at odds with masculine self-care:

- *“Between work and kids I’m too busy to be healthy.”*
- *“Waiting two weeks for an appointment and then [taking an] hour [out of] the day is a deterrent – not worth the time/money off work.”*
- *“If I feel fine and everything’s fine, why would I go to a meeting like that? I don’t want to know. If something’s wrong and I break something, then I’ll go and see the doctor.”*
- *“If I have to go to the doctor it means I’m not strong. I’m weak. I can’t get better by myself.”*

Being able to work is a priority for men. Not being able to work for health reasons means loss of income and directly affects a man’s role as provider. Men acknowledge that they often need an external motivation to pay attention to their health and, “if my employer required me to go to the doctor, then I would go.” It was acknowledged, however, that the workplace can also give mixed messages about the importance of the health of its workers: ‘Your health is important; however, we need you at work to meet our deadlines.’

In many communities, the nature of the work requires men to be absent from their families for significant periods of time. Whether it is the oil and gas camps in the Northeast, the forestry sector in the Northwest, or the trucking industry, time away from families makes it difficult for everyone and rarely supports holistic, healthy lifestyles for men.

The role of “provider and protector” trumps all others and has an important impact on men’s motivation and capacity to manage their own health.

Because of the primacy of work in the lives and health of men, we heard there is a key role for employers to play in positively impacting the health of men in their workforces. In virtually every consultation, there was great energy around the idea of working more closely with employers and sector groups. The workplace is a critical setting for delivering important messages about health, and closer partnerships with employers were viewed as an opportunity to promote greater awareness of health; specifically, enhanced workplace health.

Much has been done in the last several decades to regulate work environments to ensure that workers are safe. While the change toward greater workplace safety has created positive momentum, it was seen by participants as less effective if there was no accompanying focus on health. As one participant concisely stated, “A safety focus is moot if all the worker lifestyle choices are unhealthy...smoking, food, lack of exercise.” Conversation in the consultations centered on the need for workplaces to be more explicitly focussed on the health aspect of health and safety and the contribution good health makes to workers’ safety practices.



Many of the participants saw an opportunity to connect the high costs of low productivity, low job satisfaction, and low morale with a business case stating the positive economic benefit of more family-friendly and work/life-balance-friendly policies in the workplace. “There’s a business case to be made for men’s health,” said one participant, and there is a direct correlation between worker health and economic health for employers. “We need a healthy workforce for a healthy bottom line,” said another participant.

We heard that the following actions could help to create change in this area of men’s health:

- Use message media that work for the North and the work-life realities of men in the North. Suggestions included using a radio channel for men’s health messages and the creation of CDs and podcasts that men can listen to when driving and working.
- Develop strategies to address access challenges to screening and other preventive services when men work away from their home communities.
- Change hours and locations of health services in order to be more “man-friendly.”
- Engage employers in the importance and issues of men’s health and use the workplace as a venue to deliver important messages about health.
- Build on the work that has been done to create a safety culture in the workplace and bring health onto the agenda of health and safety committees.
- Engage key employers/ industries across the North in the role they can play in improving men’s health.
- Help develop a business case for employers that will demonstrate the benefits for them if they invest in preventive health initiatives for their employees.
- Target workplace interventions that will be sustainable over time. Messages about health must be communicated continuously in a variety of media for sustained change to occur.

THEME 3: A CULTURE OF “LIVE HARD AND TAKE RISKS”

Photo courtesy of Picture BC, taken by Dexter Hodder



The North has its own culture and story of what it means to be a man: we heard that men need to be tough, strong and macho. As one participant said, “In our community we are rough, rowdy and ready to party.” Living hard is thought of by a segment of our population as the best way to live, and this is taught to boys from an early age. Often in the conversations the older men expressed two thoughts:

- *“If I knew when I was younger what I know now about my health, I would have done things differently.”*
- *“How can we connect with the younger generation and teach them to take better care of themselves?”*

Society has long paid homage to the “manly man.” We have immortalized such men as James Dean, Clint Eastwood, Sylvester Stallone and Arnold Schwarzenegger. Their larger-than-life personas have embedded notions of masculinity that include physical strength and courage, silence in the face of suffering and the ability to “get the girl.” More recently, we have seen the glorification of “gangsta” culture, which advocates physical strength, violence and an anarchic lawlessness. Being “strong and silent” in our culture has led many men to ignore their bodies’ natural cues that something may be wrong. Traditional work environments have often demanded gruelling working hours, sedentary lifestyles, poor eating habits, and long periods away from loved ones. Men have endured this for income security and to put bread on the table. The price they are paying is decreased life expectancy and compromised quality of life.



“Our view of men’s health needs to be holistic: Men’s Health is about mental, emotional, relational, spiritual, physical, and cultural health.”

“A safety focus is moot if all the worker lifestyle choices are unhealthy... smoking, food, lack of exercise.”

Focus Group Participant

Societal views of men’s health are seen from a narrow lens focusing on virility and strength. We heard from both men and women in the focus groups that “**These [male] behaviours are innate to men and will be hard to change,**” as opposed to learned masculine behaviours that reflect wider cultural values. We were cautioned against feminizing men in our efforts to make them healthier. We were reminded repeatedly that understanding individual men’s attitudes and behaviours will be important to developing health promotion strategies that are attractive to men and challenge the values that underlie high-risk and potentially health-damaging behaviours.

Men’s sense of place has shifted through time in response to socio-cultural transformations. The traditional roles of provider and protector have been reshaped to include new notions about fatherhood and increased expectations from families with regard to household maintenance and domestic activities. This identity re-tooling directly challenges traditional understandings about what it means to be a man. In tandem with increased insecurity and instability in work, this has made it challenging for men to understand their unique roles and contributions to society. We heard many times



during the consultation that while we want men to shift their traditional roles, we haven’t worked with men to deeply understand how that shift will appropriately embody and represent their masculinity. This will be difficult as long as society continues to honour aspects of male identity that are risky and daring. As one participant succinctly put it, “**We need to challenge mainstream ideas of what a man is.**”

The outcome of this prevailing societal view of men and men’s health is that it takes a crisis before most men will seek help and by then, illness has often silently had a cumulative effect, often resulting in death or disability.

We heard that the following actions will help to create change in men’s health:

- *Create a campaign of key messages around “waiting until there is a crisis is waiting too long.”*
- *Create a working definition of men’s health that is holistic and connects to the things that are important to men.*
- *Identify and support community leaders and other role models (i.e., sports celebrities) who will talk about men’s health in relation to their own health experiences.*

THEME 4: MEN NEED TO BECOME INVOLVED IN THE CONVERSATION



We heard through the consultation process that men and women think differently about health. This is a key finding from the focus groups, especially in light of the fact that health care is a female-dominated sector and may not be well positioned to engage men in the changes needed to maintain and improve their health.

Men choose not to talk about health, and this is a strongly socialized attitude. We heard in almost every session that talking about your health is seen by men as “**admitting a weakness.**” Women, on the other hand, do talk about health and about how to be and stay healthy. Men typically will not think about their health unless something is wrong. “**If it isn’t broken, then don’t fix it.**”

Because of this key difference between the genders, having women create strategies for men’s health may not result in the alignment of service planning with the desired outcome.

Men’s attitudes and practices with regard to their own health create challenges in engaging them in health improvement. We heard in every consultation around the region that it will take the whole community to change the issues around men’s health and, more importantly, that it will take the involvement of men.

Here is the conundrum: How do we engage men in conversations on health when conversations about health are culturally taboo? A prevailing message was that men need to accept accountability for their own health and the ongoing maintenance their bodies require, but that we need to create environments that support men to do this in their own way.



“We heard that men and women think differently about health.”



The internet and popular social media sites like Facebook and Twitter can help connect with men about health issues concerning them and quickly disseminate important information.



We heard that the following actions could help to create change in this area of men's health:

- *Explore the use of web-based discussions and social media to connect with men on health issues and improve awareness.*
- *Engage men in the conversation about men's health through messaging that is both humorous and serious.*
- *Identify the invisible barriers inadvertently created for men when women predominate as health care providers.*
- *Support and build on grassroots opportunities to keep the conversation about men's health going and keep men engaged in the conversation.*
- *Find men of influence who will talk about men's health issues and engage them in the development of preventive strategies. Create strategies by men, for men.*
- *Build on the willingness of older men to mentor and model healthy behaviours and to share their wisdom and personal experiences with the younger generation.*

THEME 5: MEN NEED INFORMATION ABOUT THEIR BODIES



Even though men don't like to talk about their health, there is a need for better information on the steps men can take to improve their health outcomes. In contrast to women and children, there are fewer opportunities for men to encounter health services and access standard screenings. Information on health for men and boys should be provided earlier in life. The school setting, including post-secondary institutions, presents prime opportunities to provide information to raise awareness and promote healthy lifestyles, early detection, and intervention when health issues emerge.

For many men, their bodies and their health may seem mysterious. Often it takes a crisis for them to take action. We heard from men that they do not think of their health until something is wrong. The delay in attending to and acting on health concerns narrows the window for early intervention.

Equally important in this theme is the need to adopt a holistic model and approach to talking about men's health. It was encouraging to hear in every focus group a clear understanding that healthy eating and physical activity are important starting points for becoming and staying healthy.

We heard that the following actions will help to create change in men's health:

- *Build on the current awareness of healthy eating and physical activity as key contributors to men's health.*
- *Develop a maintenance manual for men that includes a checklist and tune-up schedule, similar to a car's maintenance manual.*
- *Adapt information on men's health to the stages of life and look for key points in the life journey where the information and intervention can take place (e.g., getting or renewing driver's licence, high school graduation, starting post secondary education, retirement planning, prenatal classes).*
- *Connect the information, awareness and screenings to the things that men like to do, such as sports certifications (e.g., race car driving).*
- *Make health promotion strategies informal and personalized.*
- *Continue to examine the gendered differences between men and women when it comes to their perceptions about health and their motivations to care for their health.*

THEME 6: CULTURAL HEALING IS ESSENTIAL FOR FIRST NATIONS

Photo courtesy of Picture BC, taken by Arlon Gislason



“Residential school grew me up to be a hitter. I had no problem shooting, stabbing. I didn’t care about life, mine or anyone else’s. I was the scariest guy you wouldn’t want to meet. Being a man today is tough because you have to fight that expectation.”

*Focus group #1
Warrior Caregivers
Story Telling Circle, August 2010*



We heard there are root problems in First Nations communities that need to be identified and healed before First Nations men will be fully whole and healthy. For First Nations people, health is integral for both their culture and connection with the land. Holistically, health includes the physical, mental, emotional, spiritual and cultural aspects of life.

The Residential School history in our region has been identified as part of the root problem, as it marks a time where the traditional roles of men were interrupted. Today, many First Nations men struggle with their senses of worth and identity and do not believe that they deserve to be healthy. Because of this, they are unable to participate in handing down the traditions that are part of holistic health.

Many First Nations people, however, have a strong desire to see a healthy generation of boys grow up and take their rightful place within their communities. We heard that healing will take time and that it may take seven generations before the changes that are needed will be seen.

Many of the challenges identified by First Nations men paralleled challenges articulated in other community consultations. First Nations men also embody attitudes that are about working hard, playing hard and living that way until they die. As we heard in the other communities, a typical response to health problems is to hope it will go away. Additionally, themes of the primacy of work trumping all other activities and a distrust of the health care system were evident.

There is, however, a growing capacity and passion for connecting men and their families with traditional ways and with “[getting their footprints back on the land.](#)” Traditional hunting, fishing, food gathering and food preparation is being taught to men and their children. Community action is being taken to regain the traditional ways and people are talking with passion about the need for healing. There is an understanding that “[when the men are healthy, the community will be healthy.](#)”

We heard that the following actions could help to create change in this area of men’s health:

- *Continue to pay attention to men’s health at community health events.*
- *Continue to build respectful relationships between First Nations communities and their leaders and health service providers.*
- *Collaborate with First Nations communities as they identify the services, approaches and capacities that will support healing for men.*
- *Encourage Aboriginal people to enter into health care provider roles.*
- *Support and encourage greater understanding of traditional healing.*



Traditionally, First Nations used cranberries in a variety of foods, including pemican, as wound medicine, and dye.



Photo courtesy of Picture BC, taken by Mark Margerison

CONCLUSIONS



The communities and sectors consulted in the 2011 men's health consultations told us that improving men's health is a shared responsibility. Health professionals, community organizations, families and men themselves need to take action to improve the life expectancy and the overall quality of life for men. We heard from communities that men need "man friendly," gender-competent health services and that improved health for men must start with upstream strategies that target good health for boys.

We heard that the workplace is a key setting for the implementation of health initiatives, and that employers and unions can work together to collaborate on strengthening the health of working men. Most importantly, it was affirmed that men's health matters because men matter to our families, communities and economy.



Each community that we visited engaged in a fulsome discussion on the challenges of engaging men in talking and thinking about their health. The richness of the conversations made us recognize that there is a dawning awareness and a growing interest in men's health by men themselves. This is not the beginning of the conversation but rather a "pit stop" on the way to improved health outcomes for men.

Each conversation will be a catalyst for more discussion on how men can actively construct beliefs, attitudes, actions and habits that lead to robust health. During the process of answering questions about men's health, many more questions surfaced. Provocative questions foster curiosity about our underlying assumptions and beliefs and ultimately can lead to interest in making sustained change.



We heard that men and women think differently about health. Increasing the number of men in the health industry may help with designing strategies that appeal and apply to a larger audience of men.

Picture of new grad, Kurt Biagioni

One of the questions we asked was, “What will it take to create change?” The answers to this were imaginative, pragmatic, thoughtful and, at times, hilarious. People laughed, grew teary-eyed, argued, engaged in good-natured teasing, built on each other’s ideas, challenged each other’s assumptions and generally behaved like good citizens of great communities.

A consistent characteristic of the conversations was curiosity. Some of the things people left the room wondering about included:

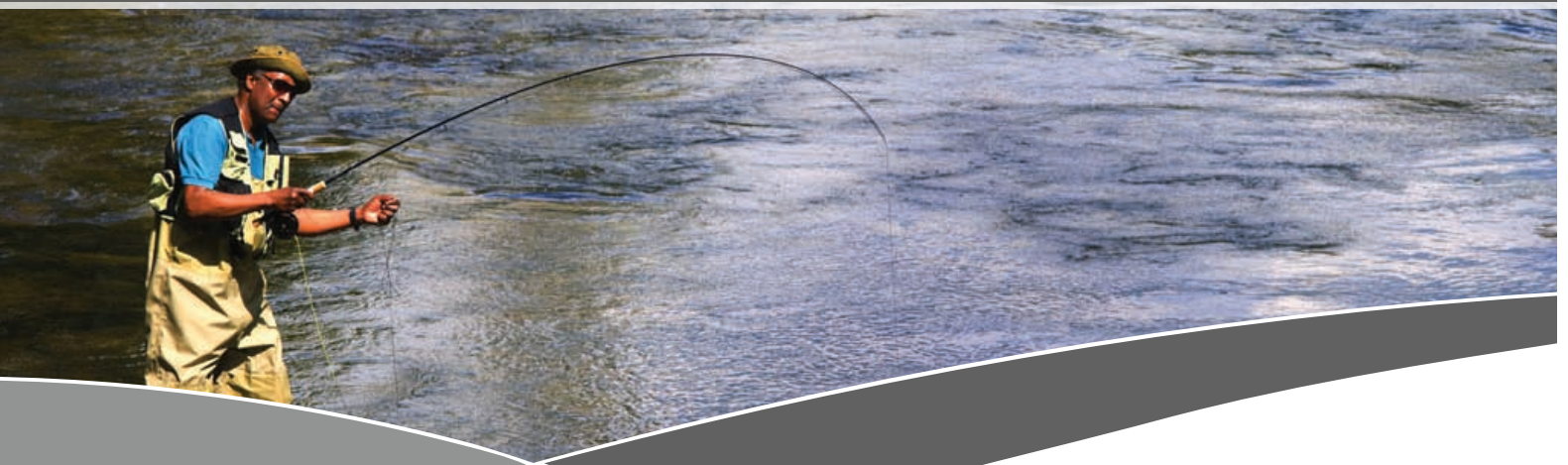
- *Is there a generational difference emerging in men’s attitudes towards health?*
- *Why do men seem so unconcerned about their health?*
- *Industry has made great strides in terms of safety in the workplace; can the same approach be taken to health?*
- *How can we make information more accessible to men and how can we help men who are working at jobs that may not be all that safe?*
- *How do we navigate our health services to appropriately serve the men in our communities?*
- *How could we work together in partnership to improve men’s health overall?*
- *What can be done to keep men from slipping through the cracks of screenings and health promotion?*
- *Why are more services and programs not accessible to First Nations men?*

May these important conversations continue. They matter because men matter.



The meeting held in Mackenzie had thirteen men and one woman attend the focus group despite an NHL playoff hockey game.





One more time...

The six themes that will continue to inform our decisions and strategies in men's health are:

- Men's health matters because men matter
- Masculinity, work and health are interrelated
- A culture of "live hard and take risks"
- Men need to become involved in the conversation
- Men need information about their bodies
- Cultural healing is essential to First Nations

The 2011 men's health consultation is the continuation of a story that will lead to improved health outcomes for men in Northern BC. The information provided by men and women across the region will ensure the development of programs, initiatives, and activities that will promote the health and wellness of men living in the North.

Northern Health is committed to the ongoing dialogue of engaging men of our region and incorporating their voices in the design and delivery of health services. The outcome of this consultation has already yielded actions taken from the stories, reflections, and ideas of the participants in their Northern communities, including:

Men's Health Coalition

During the consultation, participants expressed the need to develop a network of men's health groups that offered programs, shared information, and helped link men to health services. Beginning in August, Northern Health's Men's Health program will be offering fifteen \$1000 seed grants to communities across the North to build a Men's Health Coalition.

Men's Health website

Participants in the consultation expressed the need for communication tools that will reach men. The Men's Health program is currently initiating efforts to build a website that will use relevant, interactive tools in engaging men to access health information.

Connecting health and safety

Participants expressed considerable interest for industry to promote the link between health and safety in the workplace. The Men's Health program will work with the Road Health Coalition in the fall of 2011 to organize a conference with the aim of bringing together industry partners and health professionals to showcase health initiatives that provide opportunities for Northern Health and industry to work in partnership.

It should be emphasized that the men's health consultation is only the beginning of an ongoing process to engage community members about men's health in our region. Northern Health's men's health program is committed to working with community partners, industry, and individuals across the North that are willing to work for healthier outcomes for men. Northern Health recognizes that men's health matters because men matter, and moving forward we will ensure that we use innovative strategies to promote healthier lives for men in Northern BC.

Brandon Grant, Men's Health Coordinator

Brandon.grant@northernhealth.ca



What is RoadHealth?

A coalition of agencies working together to reduce the high rates of injury and death due to motor vehicle crashes in Northern BC

What does RoadHealth do?

- Provides a mechanism for communication, coordination and collaboration among Member Agencies
- Links Member Agencies with the broader Motor Vehicle Crash Reduction initiatives
- Provides information and advice to the public and government on the state of road safety in Northern BC
- Educates the public of Northern BC, and visitors, about hazards and conditions particular to Northern BC driving

APPENDIX A : MEETING STATISTICS & ACKNOWLEDGEMENTS

Acknowledgements

We would like to thank the following:

The Northern Health leaders who personally invited members of their communities to participate in the consultation

MaryAnne Arcand, for her support in inviting participants to the Resource and Transportation Sector Sessions

The 124 men and women who attended our meetings and shared their thoughts and ideas on why men's health matters

The project team, who supported the consultation, attended the sessions, and contributed to and edited the final report:

- Michael Leisinger
- Julie Kerr
- Dr. Ronald Chapman
- Dr. David Bowering
- Brandon Grant
- Anne Scott

Penny Lane and Christine Bonney of Penny Lane & Associates planned and facilitated the focus groups and wrote the initial version of this report.

Recording and communications support was provided by Joanne MacDonald and Anne Scott.

Community	Inviter	Date	Participants
Northwest			
Prince Rupert	Jane Boutette, <i>Primary Health Care Lead</i>	May 30, 2011	12
Houston	Cormac Hikisch, <i>Health Service Administrator</i>	May 31, 2011	13
Northern Interior			
Mackenzie	Sharon Kennedy, <i>Primary Health Care Lead</i>	May 24, 2011	15
Quesnel	Margaret Sadlon, <i>Health Service Administrator</i>	May 25, 2011	17
Valemount	Kim Nordli, Primary <i>Care Coordinator</i>	June 7, 2011	13
Northeast			
Fort St. John	Angela De Smit, <i>Health Service Administrator</i>	June 13, 2011	5
Fort Nelson	Christene Morey, <i>Health Service Administrator</i>	June 14, 2011	22

Sector/ Regional Table	Inviter	Date	Participants
First Nations	Agnes Snow, <i>Director Aboriginal Health</i>	June 1, 2011	14
Resource Sector (Forestry)	MaryAnne Arcand, <i>Executive Director of the Central Interior Logging Association, Director of the BC Forest Safety Council and leader of the Road Health Coalition</i>	June 2, 2011	3
Transportation Sector	MaryAnne Arcand, <i>Executive Director of the Central Interior Logging Association, Director of the BC Forest Safety Council and leader of the Road Health Coalition</i>	June 17, 2011	10

FOR MORE INFORMATION

Please Contact the Population Health Team

Centre for Healthy Living
1788 Diefenbaker Dr.
Prince George, BC, Canada V2N 4V7

Phone: (250) 649-7061

Fax: (250) 612-0810

More resources can be found at:

www.northernhealth.ca/YourHealth/HealthyLivingCommunities.aspx

<http://chip.northernhealth.ca/>



northern health
the northern way of caring