Rebuilding Strength

FIRST NATIONS MEN'S HEALTH IN NORTHERN BC

northern health
the northern way of caring

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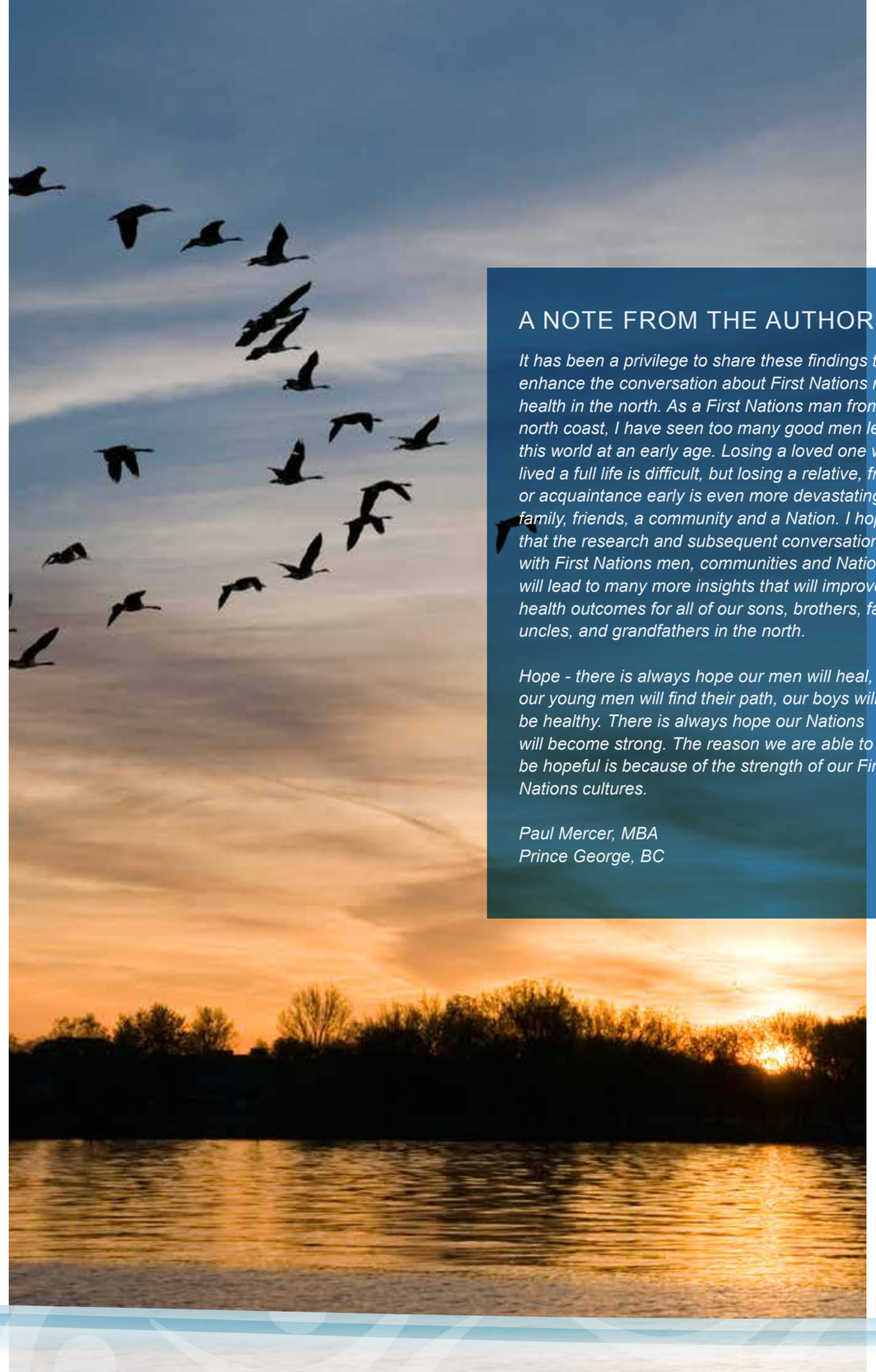

A NOTE FROM THE AUTHOR

It has been a privilege to share these findings to enhance the conversation about First Nations men's health in the north. As a First Nations man from the north coast, I have seen too many good men leave this world at an early age. Losing a loved one who lived a full life is difficult, but losing a relative, friend, or acquaintance early is even more devastating for family, friends, a community and a Nation. I hope that the research and subsequent conversations with First Nations men, communities and Nations will lead to many more insights that will improve the health outcomes for all of our sons, brothers, fathers, uncles, and grandfathers in the north.

Hope - there is always hope our men will heal, our young men will find their path, our boys will be healthy. There is always hope our Nations will become strong. The reason we are able to be hopeful is because of the strength of our First Nations cultures.

Paul Mercer, MBA
Prince George, BC

INTRODUCTION

The health of First Nations men is at a critical juncture in northern British Columbia, and across Canada. It is vitally important that well-informed and culturally appropriate initiatives and action plans are established to effectively address their health needs and improve their experiences with health care. Northern Health is exploring how to expand the Northern Health Men's Health program to engage First Nations men and communities throughout the north. This report summarizes findings from interviews with First Nations men and provides considerations for supporting the health of First Nations men and communities.

The Northern Health Men's Health program began with a report on the health of men and boys living in northern BC (see Northern Health, 2010). The report indicated that a vast number of men living in the north are absent from, or reluctant to access, the health care system. The program encourages men to become involved in their own health, with the goals of achieving better access to care, earlier detection of acute and chronic conditions, and improved health outcomes for men living in the north (Northern Health, 2010). The positive response to the Men's Health program and recognition of the unique factors that contribute to First Nations peoples' health and wellness prompted this exploration of First Nations men's health in the north.

First Nations and Aboriginal[1] men in British Columbia and across Canada suffer a disproportionate burden of ill health compared to non-Aboriginal men (Office of the Provincial Health Officer [PHO], 2001; PHO, 2009). Life expectancy is lower and this group has higher prevalence of preventable conditions such as heart disease, stroke, diabetes and HIV (PHO, 2009; BC Statistics, 2011; Canadian Aboriginal AIDS Network, 2014). Self-ratings of health and well-being are notably lower for First Nations men – only 65% rate their health as very good while 80% of other population groups rate their health as very good or excellent (PHO, 2009). Alcohol and drug misuse and suicide are among the most pressing health issues for Aboriginal men (PHO, 2009). These inequities in health are a result of colonial intrusions over the past several centuries that have deeply disrupted Aboriginal peoples' communities, families, cultures, languages, societal structures, ways of knowing and ways of being.

This report is the result of a shared desire by the Aboriginal Health and Men's Health programs at Northern Health to undertake a careful and respectful exploration of First Nations men's health in northern BC. The purpose was to learn about barriers and challenges that First Nations men face in accessing health services, about challenges faced by those providing services to First Nations men, and about successes, promising practices and opportunities for positive change.

1 Throughout this paper, the term 'Aboriginal' is used to refer collectively to all groups of First Nations, Inuit and Métis people, regardless of status or location of residence.

The report begins by setting the context for understanding the health of First Nations men in northern BC, followed by a brief overview of the existing literature. The next section describes the process used to gather knowledge and experiences offered by First Nations men to inform this report. The findings are summarized and considerations provided for strategies to support the goal of improved health for First Nations men in the north. This report approaches First Nations men's health from population health and determinants of health perspectives that recognize the holistic interplay of multiple factors that shape the realities, health and well-being of First Nations men in northern BC.

THE CONTEXT OF FIRST NATIONS MEN'S HEALTH

Colonialism

The context of First Nations men's health in northern BC is shaped by colonialism. Prior to contact by European explorers, First Nations people lived in structured societies where individuals valued family, land, and relationships (First Nations Health Council, 2011). The primary laws that governed these societies were communicated through stories (Frideres, 1991; Mussell, 2005). Stories were essential for the health of individuals, families and communities because they included lessons and principles that reminded communities of their origins and helped guide decisions (Mussell, 2005). Oral traditions described a family's connection to, and utilization of, the land and ensured the health and well-being of First Nations communities (Frideres, 1991; First Nations Health Council, 2011).

The influx of European settlers affected the traditional practices of First Nations communities and transformed gender roles. First Nations men became involved in new employment and economic opportunities that initially flourished, such as fur trapping and trading, fishing and fish canning, forestry and logging, guiding and carrying freight (British Columbia Archives, 2003). However, over time settlers depended less and less on First Nations people for these services and resources (Douglas, 2013).

Many colonial policies and practices deeply disrupted traditional ways of being for First Nations communities and families. In 1857, Canada enacted the *Gradual Civilization Act,* which empowered the government to design laws and policies that were meant to eliminate First Nations cultural identity and separate them from their land (Lavallee & Poole, 2010). The 1876 *Indian Act* imposed a foreign social structure on First Nation societies, which eroded cultural values and altered gender roles (National Collaborating Centre for Aboriginal Health [NCCAH], 2009). Further, the potlatch system[2] was banned in areas of BC because the Government of Canada believed them to be a place for First Nations to gather and talk about politics under the guise of ceremonial practice (Carter, 1996). The continued interference and subversion of traditional social structures are seen by many scholars as the root of many health disparities experienced by First Nations people today (PHO, 2009; Shah, 2003; Waldram, Herring & Young, 2006).

One of the most devastating colonial institutions forcibly removed Aboriginal children from their homes, families and communities and placed them in residential schools. More than 150,000 First Nations, Inuit and Métis children were removed from their homes and placed in over 130 residential schools that operated across the country (Truth and Reconciliation Commission [TRC], n.d.). These government-funded, church-run schools were intended to "kill the Indian in the child" and children were forbidden to speak their own languages or learn traditional skills necessary to thrive in their communities (TRC, n.d.). Children were also exposed to neglect, abuse, public humiliation, and in some cases, even death (TRC, 2012; Canadian Broadcasting Corporation [CBC], 2013). Recent research reveals that these schools were also sites for nutritional research, whereby food was withheld from hungry Aboriginal children (Mosby, 2013). According to a report released by the Truth and Reconciliation Commission (2012), "residential schools disrupted families and communities by preventing [parents and grandparents] from teaching their children long-valued cultural and spiritual traditions and practices" (p. 1).

The profound effects of residential schools are felt at every level of First Nations' experiences from "individual identity and mental health, to the structure and integrity of families, communities, bands and nations" (Kirmayer, Simpson, & Cargo, 2003, p. S18). Through a process of intergenerational trauma,[3] the abuses experienced by residential school survivors have been perpetuated by some within their families and communities (Mussell, 2005). The long term psychological and social consequences of intergenerational trauma include poverty, addiction, suicide, sexual abuse, intimate partner violence, prostitution, and an over-representation of children in the child welfare system (Chavoshi, 2009). The intergenerational impacts of trauma experienced by the families and communities of those who attended residential schools is well documented and is one of the leading factors (determinants) contributing to the many health disparities First Nations people face. As one of the men interviewed for this report stated about First Nations communities:

> …there is still evidence from both colonization and residential school. In their own way they are the cause of a lot of dysfunction for men that I work with; not all men though. Those men that are affected are stuck in cycles of negative behaviour caused by either direct or secondary exposure to residential school; while others are hampered by the nature of nepotism which stems from colonialism.

As a result of colonial policies and practices, such as residential schools, First Nations people continue to experience profound inequities in employment, income, housing, and many other factors that negatively impact health and well-being.

Socio-economic and cultural determinants of First Nations men's health

While there is great diversity within and between Aboriginal peoples, many share a holistic perspective of health that includes physical, emotional, spiritual and mental dimensions (Reading & Wien, 2009). These dimensions are influenced by a wide range of factors (determinants) that contribute to an inequitable burden of health disparities for First Nations people. The following paragraphs introduce a model that illustrates the impact of specific social determinants on Aboriginal peoples' health.

Reading and Wien (2009) propose an *Integrated Life Course and Social Determinants Model of Aboriginal Health* as a framework for understanding the health determinants leading to disparities lived by many Aboriginal people, families, and communities. This framework conceptualizes determinants of health as being proximal, intermediate or distal. *Proximal determinants* are defined as those factors which have a direct impact on health, and include housing, living conditions, family violence, health behaviours, employment, income, education and food security. These determinants impact the ability of individuals to meet basic survival needs, which in turn leads to stressors that can generate or worsen health problems. *Intermediate determinants* are those factors that are at the root of proximal determinants, including health care or educational systems; community infrastructure, resources or capacities; environmental stewardship; and cultural continuity. These determinants can permit or prevent equitable access to opportunities and supports that impact health and well-being. *Distal determinants* are the political, economic and social contexts that construct both intermediate and proximal determinants. For Aboriginal peoples, these include colonialism, racism, social exclusion and self-determination (Reading & Wien, 2009). For example, racism increases "stress through systemic disadvantage, lack of control and dehumanizing treatment" (Reading, 2012, slide 12).

This framework promotes the understanding of determinants of health across a life span and across broader historic and demographic scales. Addressing the disproportionate burden of health disparities faced by Aboriginal people requires an understanding of the complex interactions between these determinants and the roles they play in health and wellness.

Data on First Nations and Aboriginal men's health in northern BC, particularly on socio-economic status, is limited. This is partly the result of challenges associated with Statistics Canada's Census enumeration, which is limited in small communities including on reserves. Further, most published information is focused on urban centres like Prince George. We do know that First Nations people generally experience significant inequities on a number of socio-economic indicators including lower levels of education, income, employment opportunities, and living in crowded or poorer quality housing.[4] We also know that access to education, employment opportunities, and other services that can be

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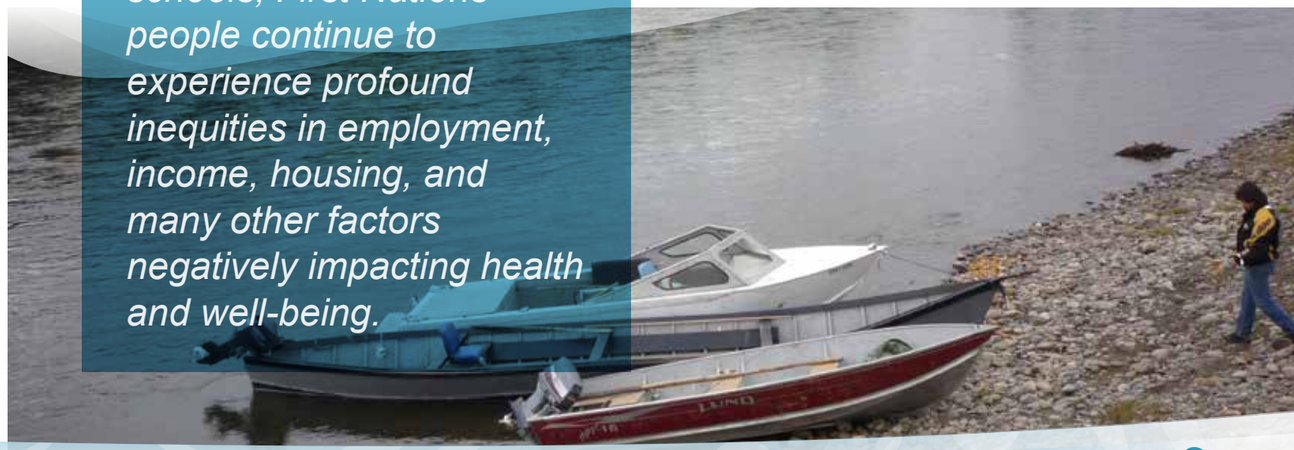

2 The potlatch system was a central and vibrant legal, political, cultural, economic and societal governance system of gatherings and feasts held among some BC First Nations to manage natural resources, maintain societal structures and relationships, and to preserve and share histories (Gall & Hoffman, 2013; U'mista Cultural Society, 2014; 'Namgis First Nation, 2014).

3 Intergenerational trauma is the passing down from parents to their offspring the effects of traumatic experiences. In other words, "the effects of traumatic life experiences constitute a dynamic cascade of behavioural, psychological and environmental events, any of which might contribute to effects seen in the ensuing generation(s)" (Bombay, Matheson, & Anisman, 2009, p.17). See also Wesley-Esquimaux & Smolewski, 2004.

4 See for example the numerous publications produced by the National Collaborating Centre for Aboriginal Health on social determinants and their impacts on health found at http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&searchCat=2&currentPage=1

beneficial in promoting and supporting good health are limited in rural and remote areas and can thus maintain inequitable health outcomes (Williams & Kulig, 2011).

Literature review

Literature related to the health of First Nations and Aboriginal men in northern BC was identified using Google Scholar and combinations of the following search terms: First Nation/Aboriginal + (men's) health + northern BC/northern British Columbia. The search revealed that most relevant research was related to the Cedar Project Partnership, an ongoing prospective study of Aboriginal young people in Vancouver and Prince George who use injection and non-injection drugs. Because of this, a separate search was also undertaken for publications specifically related to the Cedar Project Partnership. The search included both peer- and non-peer-reviewed publications with no date restrictions. However, it is important to remember that this search was not systematic and, therefore, may not be inclusive of all available literature on this topic.

The literature search revealed a lack of publications focused specifically on First Nations/Aboriginal men living in northern BC. Most of the literature focused on First Nations/Aboriginal health in BC generally (with no specificity for gender or region) or on First Nations/Aboriginal women only. Of the literature that was identified as having a focus on First Nations/Aboriginal people living in northern BC (17 publications), only one was focused exclusively on First Nations/Aboriginal men. This study by Verde and Li (2003) on health care utilization in a First Nation within the Northern Health region found that compared to women, male participants visited a local clinic less frequently over the past six months and that 27% of men did not visit the clinic at all compared with 16% of women. Their study also noted that men indicated experiencing fewer barriers in accessing health care facilities than did women; for example, women were more concerned about the gender of their physician. The factors men identified as influencing the frequency of their clinic usage included health knowledge, health importance, cultural barriers, and having a family physician. Other major obstacles identified by both men and women included lack of confidentiality, lack of qualified health professionals, and lack of an efficient appointment scheduling system.

Of the remaining 16 pieces of literature identified in this search, 14 were part of the Cedar Project Partnership and thus oriented towards First Nations/Aboriginal people living in Prince George. Ten pieces of literature provided some analysis for First Nations/Aboriginal men, and ten pieces of literature provided some analysis at the community level (Prince George in all cases). The Cedar Project Partnership literature is primarily concerned with increasing rates of HIV/AIDS, sexually transmitted infections, and drug use among Aboriginal people in the communities of Vancouver and Prince George. Aboriginal people across Canada represent a disproportionate percentage of HIV infections and are more likely to be newly infected with HIV compared to non-Aboriginal people (Public Health Agency of Canada [PHAC], 2007). In BC, HIV rates in both First Nations women and men exceed those of all ethnicities (15.9 versus 1.2 per 100,000 population for women and 26.8 versus 9.1 per 100,000 population for men in 2012) (BC Centre for Disease Control, 2013). Intergenerational impacts of the residential school system play a role in this disproportionate representation and are highlighted by the links between trauma and drug use (Chansonneuve, 2007). The mode of HIV infection for Aboriginal people is primarily through intravenous drug injection, which is not the case for other populations (PHAC, 2007).

More specifically, in the body of literature associated with the Cedar Project Partnership, there were a number of key differences noted between First Nations/Aboriginal men living in Prince George compared with Vancouver, and between First Nations/Aboriginal men and women. These differences related to prevalence of HIV/AIDS and sexually transmitted diseases, safe sex practices, access to drug treatment programs, historic and lifetime trauma, and rates of suicide. For example, several studies highlighted the role that sexual abuse and historical trauma plays in drug use and HIV/AIDS risk. Pearce et al. (2008) found that 31% of sexually abused participants were male and that the median age of first sexual abuse was six years for both genders. Jongbloed (2012) investigated associations between housing, historic trauma and drug use, finding strong associations between both childhood sexual abuse and safe sex and drug use practices with unstable housing type. She found similar levels of historical and lifetime trauma among participants in both Prince George and Vancouver. However, Prince George participants were more likely to report daily cocaine injection, needing help injecting, and needle sharing; and they were considerably less likely to report living in absolute homelessness in the past six months. Despite this, living in Prince George was significantly associated with housing transience (sleeping in multiple places over the past six months), and living in an institutional setting like a drug treatment facility or halfway house. Another example is a piece of Cedar Project Partnership literature which focuses on the relationship between drug use and suicide. Moniruzzaman et al. (2009) found that participants in Prince George were nearly two times more likely to attempt suicide than those in Vancouver, and that drugs and alcohol were a major factor.

What emerged from this brief overview of the literature is that information about the health issues and needs of First Nations and Aboriginal men in northern BC is very limited. The literature that does exist is primarily focused on HIV/AIDS, substance abuse, and sexual health. Additional research into the health concerns and needs of First Nations and Aboriginal men in northern BC is needed, as well as a more holistic picture of First Nations and Aboriginal men's health and well-being.

Lack of employment opportunities in many First Nations communities contributes to poverty, low self-esteem, and migration to cities in search of work.

EXPLORING FIRST NATIONS MEN'S HEALTH IN NORTHERN BC

First Nations men in northern BC were interviewed to explore issues, barriers, challenges and successes they experience in managing and improving their health. Two different types of interviews were used for two separate target groups between January and March 2013. The first involved telephone interviews with leaders of First Nations men's health groups. The second was with First Nations men through in-person interviews at the 2013 All Native Basketball Tournament and in a small focus group.

For the telephone interviews with leaders of First Nations men's health groups, potential interview candidates were identified through an online search for programs in northern BC that focus on First Nations men's health. Leaders of these programs were contacted and asked if they would be willing to participate. Seven men's group leaders participated; one each from Dawson Creek, Mauricetown, Fort St. James, Gingolx, and three from Prince George. Participants were asked questions about:

- Features of successful First Nations health programming
- How to create an environment in which men feel comfortable
- Topics men discussed in the groups
- Major issues existing within communities that affect First Nations men's health
- Barriers and challenges for men's health and health programming
- Barriers preventing First Nations men from effectively participating in their own health
- Successes and promising practices for First Nations men's health programming
- Awareness of the Men's Health program at Northern Health and relevance of the information and tools for First Nations men
- Suggestions for enhancing the relevancy of the Men's Health program and tools for First Nations men
- Suggestions for improving mechanisms for delivering health information and services to First Nations men within the Northern Health region
- How to encourage and support First Nations men in becoming advocates for their own health

In-person interviews at the 2013 All Native Basketball Tournament in Prince Rupert explored the value of, and First Nations men's awareness of, the Northern Health Men's Health program and tools. Participants of the in-person interviews at the basketball tournament were asked questions about the MANual,[5] the Men's Health Program website, public screening programs, and other promotional/informational material. Ten First Nations men of varying ages representing different communities and Nations participated. An additional interview was conducted with a participant at an Aboriginal Health Improvement Committee[6] meeting. The small focus group held in Prince Rupert involved five

5 The MANual is a resource developed by the Northern Health Men's Health program to provide health information for men of all ages about nutrition, active living, and health screenings at the various life states. The MANual is available online at: http://men.northernhealth.ca/Resources/tabid/1094/articleType/ArticleView/articleId/60/The_MANual_for_Mens_Health.aspx

6 Aboriginal Health Improvement Committees meet across the north to share information and work in partnership on identified health care issues facing Aboriginal people in the area. They review issues and concerns and work together towards practical solutions. Learn more online: http://northernhealth.ca/YourHealth/AboriginalHealth/WhatWeDo/AboriginalHealthImprovementCommittees.aspx

Reconnection to traditional culture, community and spirituality is seen as being essential to improving health and well-being at both the individual and collective levels.

young men who were in the community participating in the Gathering Strength Canoe Journey.[7] The focus group explored participants' opinions of the MANual.

The findings from these interviews are synthesized in the following section of this report. Subsequently, the findings are drawn upon to develop considerations for policy, programs, and practice.

WHAT WE LEARNED ABOUT...

Men's groups in northern BC

Many men's groups in northern BC are working in isolation, tackling health issues in their own way. Although each group leader had a different perspective and approach, they were all motivated to support men to improve their lives. Each of the groups focused on creating an atmosphere and providing information in a manner that allowed men to feel welcome and empowered. Key features common among the men's groups included:

- A place to gather where men feel comfortable and able to talk
- Group work as a practical approach to improving life
- A casual atmosphere that empowers men to choose a health topic relevant for them
- Presenters that facilitate rather than dominate discussions
- Offering food
- Outings to support group cohesion and positive experiences
- Ground rules established by participants at the onset – they also monitor the rules

While group activities differed, the topics that were covered by the various groups were similar. They included: respectful communication, anticipating outcomes of behaviour, respecting family members, making healthy food choices, and the benefits of a healthy lifestyle.

Other findings from program leaders included the problem of limited funding for men's programming. One respondent said that "…most funders don't see the value in funding the men's group." Funders are still focused on women's issues and have yet to turn their focus to men as an under-served population. Respondents also expressed an interest in connecting with other men's groups to share experiences and be supported. Group leaders noted that some men fear and avoid authority, including doctors, as a result of residential school experiences. They suggested that holding screening events combined with other community events encourage higher attendance and participation.

The Northern Health Men's Health program and MANual

Many of the group leaders agreed that information from the Northern Health Men's Health (NHMH) program would be useful in their programs, but that information and programming specifically designed for First Nations men would be more effective. Of the ten men interviewed at the All Native Basketball Tournament, two were aware of the NHMH program and the MANual. The remaining eight were shown the MANual and commented that it would be a useful booklet. One individual suggested that due to the in-depth nature of the information contained in the manual, it might be delivered in a two-day workshop. Two of the participants knew about the men's health website, but due to internet access challenges in their communities, they probably would not visit the site. However, all agreed that the information is useful and the best method of delivery would be through their local health centres.

Interviewees noted that the NHMH program and the MANual provide practical advice that can be used until more culturally appropriate resources and programs can be developed. A holistic and strategic focus on issues that are historically and culturally-framed will encourage First Nations men to lead healthier lifestyles and become engaged in managing their own health. One respondent spoke about how information about "physical and lifestyle changes" are good, but "for First Nations, more is necessary to include a holistic aspect." Another respondent said that "…it would be beneficial for the Northern Health Men's Health Coordinator to come and visit and share the next steps in the process." Yet another respondent suggested a different approach is needed for engaging men of different age groups:

> …a modern flair will appeal to the young people. For the older generation of men, not sure if the website matters much. Many don't have computers or access to the internet. For the middle aged guys, I think they respond to group settings where the focus is not on them. I am hoping the Northern Health men's program will offer us new ways to engage all ages of men to become the leaders in taking care of our own health.

Challenges faced by First Nations men in improving their health

This section outlines some of the challenges identified by interviewees for improving the health and well-being of First Nations men in northern BC. These factors could be viewed through the social determinants of health framework explained earlier in this report; they are interrelated and contribute to the context in which First Nations men are working towards their health and wellness.

Lack of employment opportunities in many First Nations communities contributes to poverty, low self-esteem, and migration to cities in search of work. Many jobs in First Nations communities tend to employ women instead of men, such as Band Office administration, child care, and health care. As one respondent said, "…low employment opportunities plague many small communities, men who once were leaders in their lives are now subject to asking for assistance." This, in many cases, contributes to lowered self-esteem and affects positive recognition and acceptance in families and communities. Further, intergenerational effects of colonization and resulting traumas also contribute to a loss of social skills and low self-esteem for many men, which in turn contribute to dysfunctional ways of interacting. Listening, asking questions for clarification, solving problems together, and meeting new people are difficult for many men.

One respondent spoke about the importance of programs focused on improving social skills :

> Everything bad in our communities is learned. Therefore becoming aware that this is the case is a starting point. If we can learn it, then we can stop it and replace it with something better. The key is to learn good skills like coping skills, life skills, effective communication, anger management, and violence against family members. These were not the ways of First Nations men. Instead, we want all our men to be responsible for their actions, and if they live right, then the assumption is they will be happier.

Men are often contributors to family violence. This is related to stigmatization and shame, which can lead to an ongoing cyclical pattern of violence. Support is needed for issues like violence that are connected to, but perhaps not directly within the scope of health. Common across the interviews was the need to develop better communication skills as a strategy for reducing the number of situations leading to violence. One of the respondents said:

> The focus [of our programming] has been on the transference of violence by men, due to enhanced violence that First Nations men experience in their daily lives. For instance, First Nations men are subject to racism in the community and redirect that negativity to others in their network.

When left unaddressed, the impacts of trauma, violence and shame can have serious consequences on the health of men, their families and communities. One of the respondents summarized these interconnected factors when he said:

> The impacts of the cycles of colonization and residential school have caused a lot of dysfunction, not in all men, but for those that learned that the paths they are on are going nowhere or for others who have hit rock bottom, those that experienced trauma, broken homes, failed relationships. The trauma is compounded and collective, where they feel isolated, lack self-esteem, they feel they are at the end, and the thought of suicide becomes an option. It's hard for them to function.

One of the "distal determinants" identified earlier in this report is racism. Racism has many overt and covert negative impacts on First Nations men's health, including increasing levels of stress for individuals coping with racism. Stress diminishes immunity and resiliency to disease (Herbert and Cohen, 1993) and can contribute to a complex cycle of negative coping behaviours like substance misuse and violence (Wesley-Esquimaux & Smolewski, 2004). Unfortunately racism is frequently and widely found in systems where men are expected to go to for health and wellness concerns. A respondent spoke about the way racism is experienced and then learned second-hand by younger generations:

7 Gathering Strength Canoe Journey is a multi-day journey along the west coast with the main objective to empower First Nations youth. Learn more online: http://www.metlakatla.ca/our_community/gathering_strength_2010

> We, as First Nations men, are dealing with years of shell shock. Racism played a larger role in holding the people back, more than the policies of the government. If we only had to deal with the government, then our people would have had a better chance to forge a better lifestyle. Instead, every First Nation had to endure negativity, judgment from ordinary citizens and people in power like RCMP and health care. That systemic barrage left many men broken and reclusive, thus teaching future young men to act in a similar way – even though they may have never been subject to the act of racism.

Other challenges voiced in interviews related to the ways First Nations men think about and approach the concept of health and wellness. For many First Nations men, it is not a priority to be aware of personal health and to know about issues pertaining to their own well-being. Most men see the doctor only when necessary, are not active in the management of their own health, and tend not to be concerned with their health until they are diagnosed with a problem. Other priorities, like where to get the next meal, a place to sleep, or the means to earn money, are more pressing issues than their personal health, which can disconnect men from their own bodies. One respondent spoke about how many First Nations men are disconnected from the messages their bodies may be giving them:

> Some of my friends are too proud, just like I was, to set time aside for regular check-ups or ask questions when they do see a doctor. We miss opportunities to understand the messages our bodies send us; this is what I regret the most. I had an episode once and I thought it was just because of my previous night. Little did I know it was a symptom of something bigger to come.

Many men believe health conditions are inherited and their health is predetermined. They expect that at a certain age, they will be afflicted by whatever condition their uncle, father or grandfather had. This sense of fatalism can result in apathy about their health, and some men tend not to be aware of strategies for preventing illness. They have witnessed many losses from diseases and have come to believe that "if it happens to me, it happens."

Promising practices for First Nations men's health in northern BC

This section summarizes some successes and promising practices that were identified by interviewees for improving the health and well-being of First Nations men in northern BC. Many respondents referred to the crucial link to the land, and through the land to culture, as a cornerstone of men's health in First Nations communities. As one respondent said:

> That connection to the land required families to work together. Today the people don't come together like they used to and share what they harvested. Restoring that broken connection to the land, not just retaining the language, but actively using the language, hosting feasts, families knowing their house stories, this is what a healthy man needs to strive for today.

Given the displacement and suppression of cultural traditions and the impacts this has had for the health and well-being of First Nations people, it is not surprising that a reconnection to traditional culture, community and spirituality is seen as being essential to improving health and well-being at both the individual and collective levels. The findings in this report re-emphasize the importance of cultural connections that foster healthy roles for men in their families, their communities, their Nations, and in their own bodies. An important step towards improving First Nations men's health is providing and supporting opportunities to rebuild important traditional support structures. Program coordinators can seek local knowledge to provide innovative and culturally relevant supports and resources. For example, one respondent identified "a need for rite of passage programs to teach young men to be fathers."

Interviewees noted that men will thrive with the right supports and programs — men's health will improve when their identified needs are met with culturally safe, responsive and relevant programs, services and resources. These conditions are not complex or expensive. Men are ready to make changes if they are well supported. Messages meant to encourage and support First Nations men need to include respect for self, children, spouse, community, and Nation. Achieving positive results hinges on effective communication between the participants and facilitators, and the capacity to lead men to learn how to understand and live in their traditional role in their families and communities. Most respondents felt that information needs to be continually communicated using different styles or methods until it becomes integrated with their thinking and understanding. As one respondent said, "I may be slow to get the message, but when I get it, I got it. I can make the changes once I get there."

Groups for men work best when they are informal in their design and structure. For example, instead of having a meeting to present information on diabetes, the meeting is called a 'health discussion' and the participants decide the topic based on their own priorities. This provides the best opportunity for the information to be brought forward as men are ready. All the group leaders reported that the less formal the meetings were, the more success they experienced. One respondent spoke about the success of offering health information as a secondary or complementary part of a community activity:

> Our CHRs [community health representatives] still run the cooking portion of the program. Many of the young men are on low income and once a week they can come and participate in the cooking portion and are able to keep what they make. During those cooking sessions, there is information posted on the walls about the health topic, the CHRs conduct a presentation while the young men are moving around the kitchen, and a paper is left on the counters where the young men can write their questions at any time about the topic or any other health-related issue.

Another respondent explained the flexible and informal way they set up their programs for men and the approach of successful presenters:

> We have four programs available for the men to participate in, plus a 'whatever' kind of program. Sometimes we just post information on the walls and let the men stew over what they see and read; then if it catches their interest, they ask for more information, even if that means bringing in a presenter. The right presenter is not one who is an expert, does all the talking, and then leaves. Instead, the men prefer someone who will listen and guide their talks about what they know of the information and then let the presenter fill in the gaps or clarify what he has heard.

Offering food at programs recognizes and addresses an underlying barrier to learning – poverty and other factors like food security issues limit access to healthy food which can create challenges for retaining information. Food and beverages are actually key components of health programming for men and go beyond 'hospitality' as it is often categorized by government funding. One respondent spoke about the importance of including food in programming, and the challenges of getting the funding to do so:

> Another key aspect we offer is time to make breakfast. We used to try lunches or dinners, but the costs are too high and many funders don't see the value of offering food for programs. We recognize that if participants are hungry they are unable to retain the information. We hope this study will send the message that nutrition of the body is just as important as knowledge for the mind. This recognition by funders should be a priority.

Holistic approaches to health programming for First Nations men would incorporate a flexible, casual atmosphere, allow men to identify their own priorities, and address nutritional needs. As one respondent said:

> …a holistic approach for First Nations encompasses all aspects of life and not a linear system like the health model. In the First Nations world we think of everything, not just look for the problem or a symptom, but the actual issue.

A holistic approach to health is a significant factor in addressing inequities experienced by First Nations people and communities. For a discussion on holistic health in northern BC, see Aboriginal Health, 2014.

Despite difficulties in securing funding for men's health programs, communities, coordinators and host organizations are determined to see programs for men continue, and most do so even without funding support. Once the benefits of programming for men's health are experienced, organizations and communities commit to seeing them continue. Men who have participated in positive programs can become promoters of men's health within their community as well.

Holistic approaches to health programming for First Nations men would incorporate a flexible, casual atmosphere, allow men to identify their own priorities, and address nutritional needs.

First Nations men in northern BC are eager to reclaim their health and wellness. The most effective path is a journey to reclaim cultural traditions.

Summary

Although there are challenges for supporting the health and well-being of First Nations men in northern BC, many successes and promising practices also exist. Building on these strengths and investing in First Nations men's health is an important way forward and will contribute to the health of families, communities and Nations.

The literature review and interviews both indicate that colonization and residential school experiences affect men in complex ways that impact their health and well-being. Holistic programming that strengthens men's connection to the land, to culture and to spirituality has shown positive results. It is necessary to incorporate a broad, flexible and holistic approach that incorporates other activities and an understanding that multiple and complex factors affect First Nations men's health (i.e. social determinants of health). For example, men's programming that includes food and a casual atmosphere has more success attracting attendance for discussions about health issues.

POLICY, PROGRAM AND PRACTICE CONSIDERATIONS

The following considerations are grouped into three overarching categories within which a number of specific actions are proposed. They take into account what we have learned about men's groups in northern BC, the perceived effectiveness of the Northern Health Men's Health (NHMH) program and resources for First Nations men, and the challenges and promising practices for First Nations men's health in northern BC.

Policy considerations

- Use this report and its findings to support and sustain an ongoing conversation with First Nations communities
- Build organizational supports for collaboration and capacity building at the program and practice levels
- Incorporate flexibility in funding models to include holistic health needs
- Develop policies that are culturally safe and inclusive of First Nations and Aboriginal perspectives
- Support and enhance cultural competency of Northern Health staff at all levels from frontline throughout the organization

Program considerations

- Adapt the NHMH program to incorporate unique challenges and stressors faced by First Nations men. Develop a First Nations men's advisory group to guide next steps and overarching program development process.
- Emphasize Aboriginal determinants of health and ways of healing in current and developing programs, including: connection to land, culture and spirituality; and respect for self, children, spouse, community and Nation.
- Engage community "knowledge keepers" in determining programming priorities and vision
- Dedicate resources to invest in existing First Nations men's groups. This could support start-up for new groups and advocate for men's groups to other funders.
- Develop a repository of tools, ideas, activities, approaches, and contacts for those involved in First Nations men's programming (perhaps called a MENu)
- Develop an Aboriginal men's health promotion campaign. Some possible ideas include:
  - Present an award to a men's group for making a difference in their community and promoting health
  - Develop a wellness campaign/challenge for First Nations men of all ages
  - Partner with other organizations to develop and resource a mobile men's health campaign that will attend smaller community-based functions
  - Share success stories: hold a photo contest of men who made positive changes in their lives. The photos and write-up could be used for a calendar or other health promotion materials
  - Develop a documentary video of men harvesting traditional food from the land in all the regions of Northern Health, recording and sharing the skills needed and the healthy impact it has on men's health and community health

Practice considerations

- Support a network of First Nations men striving towards wholeness who can be role models, mentors and leaders
- Organize a cultural renewal conference and bring healthy men to host workshops and discussions for communities and practitioners
- Support community cultural camps where men can learn traditional skills and reconnect to their land and culture
- Incorporate a holistic approach in patient care relationships within clinical care, population health, community health and prevention

CONCLUSION

Opportunities to support First Nations men's health have been overlooked in health promotions and programs and by funders. Northern Health developed an innovative Men's Health program and there exists an opportunity to expand it to be more relevant to First Nations men. This report is a response to this opportunity and is based on interviews with leaders of First Nations men's groups across the north to find out what they have learned about the barriers and opportunities for supporting health and well-being among First Nations men. As well, interviews with First Nations men helped to inform this report on the utility of the Men's Health program and resources.

First Nations men in northern BC are eager to reclaim their health and wellness. The most effective path is a journey to reclaim cultural traditions. With Northern Health as a valued partner, the early bridges constructed through writing this report and the solid work of the current Northern Health Men's Health program and other community initiatives can lead to more long-term and mutually complementary and sustainable solutions. First Nation's men can take back a valuable role in the well-being of their families, communities, and Nations. The Northern Health Men's Health and Aboriginal Health programs can play a valuable role in supporting First Nations men in northern BC.

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