V FORUM on WOMEN, HEALTH, and GENDER

October 14 & 15, 2008
Ministry of Health
Ministerio de Sanidad y Consumo, Paseo del Prado
Madrid, Spain

DALHOUSIE UNIVERSITY
Inspiring Minds

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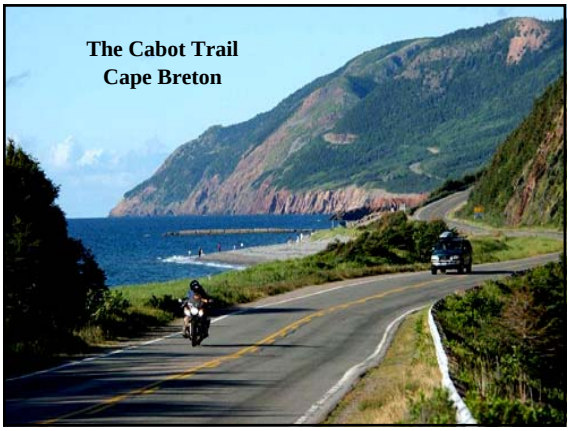
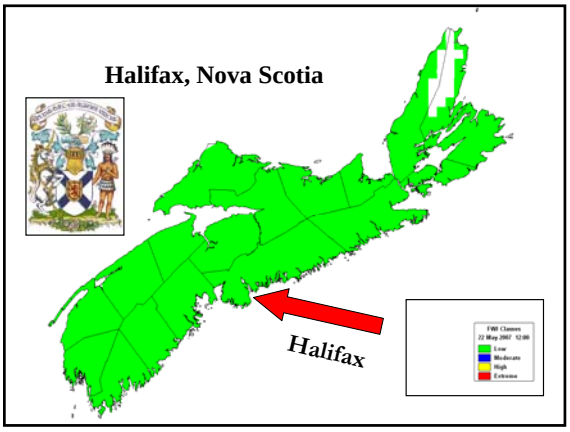
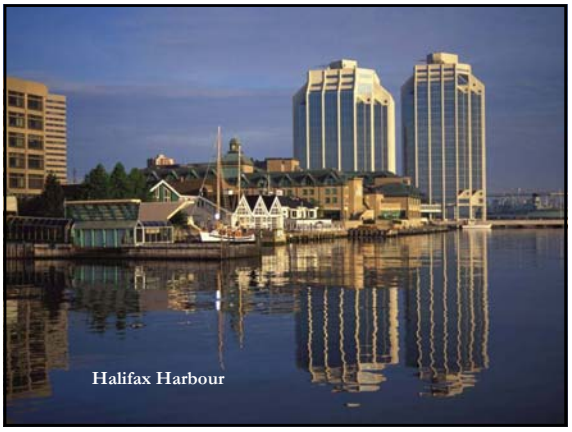
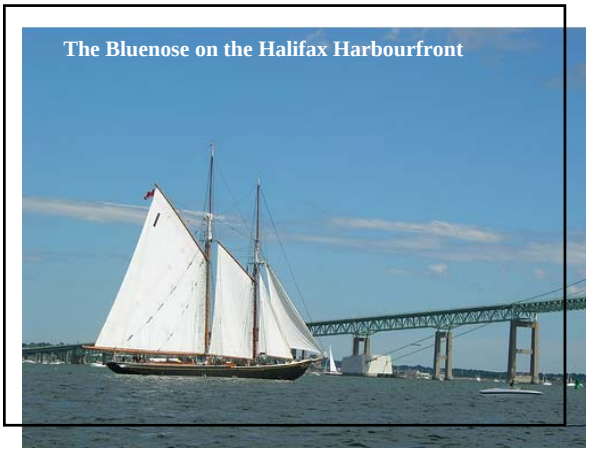
Canada




Lunenburg


Halifax, Nova Scotia
Halifax


Halifax Harbour


The Bluenose on the Halifax Harbourfront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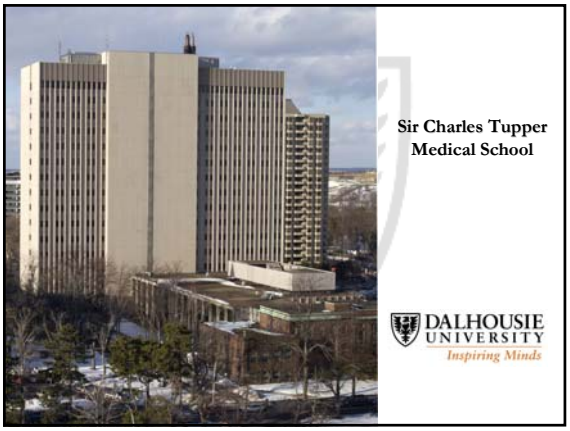
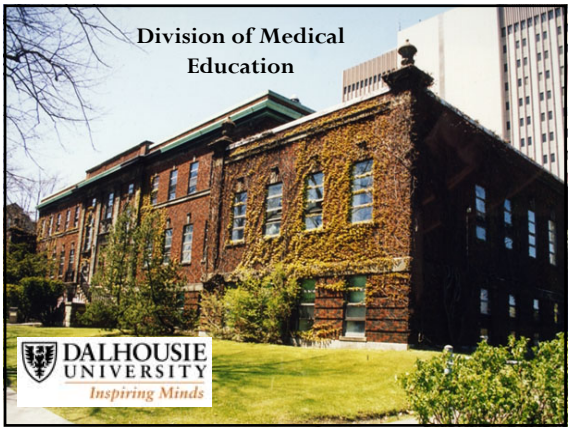
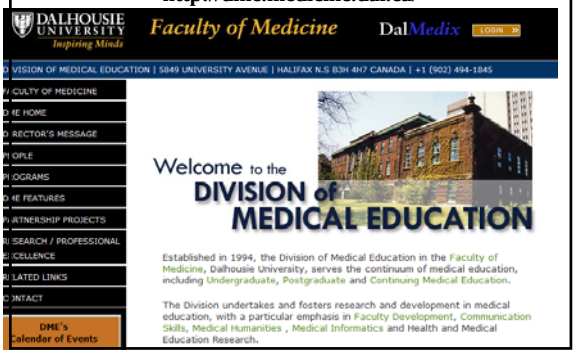
Halifax, NS


Sir Charles Tupper Medical School
DALHOUSIE UNIVERSITY
Inspiring Minds



The Division of Medical Education
http://dme.medicine.dal.ca/



Halifax to Madrid = 4817 Km

CIHR (IGH); Partnerships; Masculinities; Men's Health; and Medical/Health Education and Gender

Gender Mainstreaming in Health Policies Panel

12:30 – 14:30 pm

Tuesday, October 14, 2008

Ministry of Health

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CIHR IRSC

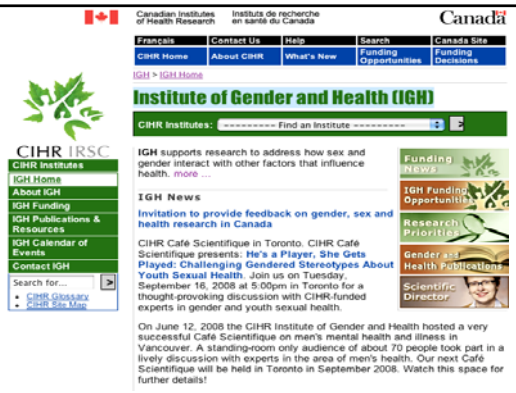
Objectives

1. to provide information on the Canadian Institutes of Health Research (CIHR)
2. to provide information on the Institute of Gender and Health, one of the 13 Institutes of CIHR
3. to encourage linkages of partnership with Canadian Researchers in the area of gender, sex and sexuality

CIHR-IGH

Objectives

4. to discuss my own research on masculinities and men's health
5. to discuss the theoretical framework on Health, Illness, Men and Masculinities (HIMM) which a team of researchers in Canada have developed
6. to discuss how we might incorporate information on gender, men's health and masculinities in our heath/medical education of health care professionals.



CIHR Website- www.cihr.ca

Canadian Institutes for Health Research

CIHR Mandate
"To excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system…"

CIHR is:

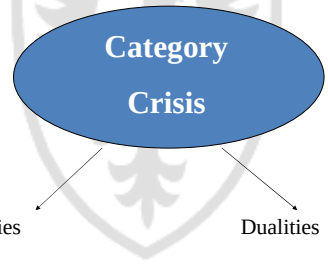
- Government of Canada's health research funding agency
- Supporting the work of up to 10,000 researchers and trainees in universities, teaching hospitals, and research institutes across Canada
- Developing high-quality people, excellent science and training the next generation of health researchers
- Funding research that improves Canadians' health, health care system and quality of life
- Fostering commercialization, moving research discoveries from academic setting to the marketplace
- Allocating 94 cents of every dollar directly to fund Canadian health researchers

CIHR's 13 Institutes

1. Institute of Aboriginal Peoples' Health
2. Institute of Aging
3. Institute of Cancer Research
4. Institute of Circulatory and Respiratory Health
5. Institute of Gender and Health
6. Institute of Genetics
7. Institute of Health Services and Policy Research
8. Institute of Human Development, Child and Youth Health
9. Institute of Infection and Immunity
10. Institute of Musculoskeletal Health and Arthritis
11. Institute of Neurosciences, Mental Health and Addiction
12. Institute of Nutrition, Metabolism and Diabetes
13. Institute of Population and Public Health

Dr. Joy Johnson
Scientific Director
CIHR-IGH

A Comment:



Trans Websites

http://www.cpath.ca/

http://www.wpath.org

Canadian Professional Association for Transgender Health

The World Professional Association for Transgender Health, Inc.

Gender as Practice

- as what we do
- a social accomplishment

Masculinity as Practice

- cross culturally
- 'same' culture
- same man - different contexts

Moving from *Masculinity* to *Masculinities*

Masculinity and Men's Health

- "Men are socialized to project strength, individuality, autonomy, dominance, stoicism, and physical aggression, and to avoid demonstrations of emotion or vulnerability that could be construed as weakness. These cultural orientations and structural opportunities combine to increase health risks" (Williams, 2003).

Masculinity

- "Masculinity is increasingly being conceptualized as a health risk for men and boys" (Courtenay, 2000).

Men's Health in Canada

1. Canadian men lead in 14 of the 15 primary causes of death, including cancer and heart disease (Statistics Canada, 2005).
2. Men with the same social disadvantages as women experience poorer health outcomes in relation to mortality, disability, chronic illness, and injury rates (Schofield et al. 2000).
3. Controlling for the greater life expectancy of women, men are 39% more likely to die from diabetes, 84% from arterial diseases, 78% from heart disease (Toronto Men's Health Network, n.d.).

Men's Health in Canada

4. Men are 29% more likely to be diagnosed with cancer and 52% more likely to die as a result (Canadian Health Network, 2004; Underwood, 2004).
5. Men are twice as likely to die from unintentional injuries and 7 times from HIV (Toronto Men's Health Network, n.d.).
6. In Nova Scotia men die an average of 5.1 yrs earlier than women, which is 1.3 yrs less than the Canadian average (Statistics Canada, 2004).

Men's Health in Canada

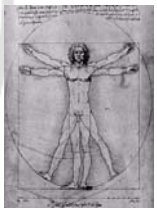
7. The cancer most likely to kill men between the ages of 15 and 30 is testicular cancer, but most physicians don't talk to boys about doing a testicular self-examination (Underwood, 2004).
8. 4 out of 5 suicides among young people in Canada are committed by men, despite the fact that they have much lower reported rates of depression (Canadian Health Network, 2004).

Men's Health in Canada

9. First Nation men living on reserve die an average of 5 yrs younger than those living off reserve; 8.9 yrs younger than Canadian men in general (Frohlich, Ross, & Richmond, 2006).
10. The life expectancy of gay men is 20 to 30 yrs shorter than that of heterosexual men (Jalbert, 1999).
11. The life expectancy of African American men is 5.5 yrs less that than of Caucasian men. They also lead in death rates for stroke, coronary heart disease and cancer (National Center for Health Statistics, 2004).

Poor Health Outcomes are Attributed to Men's Practices of:

- Engaging in high health risk behaviours
- Denying illness
- Avoiding preventative care
- Paying less attention to health information
- Delaying treatment
- Not following physician recommendations



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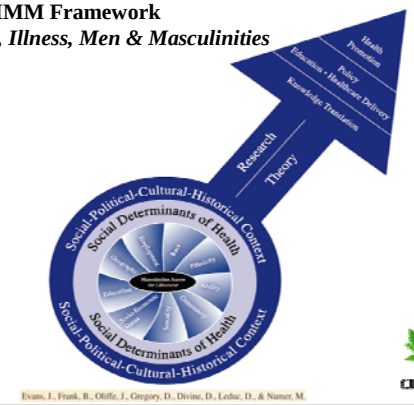
The Practice Of Masculinities

Taking Difference into Account

The HIMM Framework
Health, Illness, Men & Masculinities



Evans, J., Frank, B., Oliffe, J., Gregory, D., Divine, D., Leduc, D., & Namer, M.

Gender = girls & women

Gender and Medical Education

- Health professionals "need to be aware of how gender influences health outcomes and health seeking behavior. This requires the integration of gender into the curriculum of health personnel as part of training on the social determinants of health" (WHO, 2008, p.188)

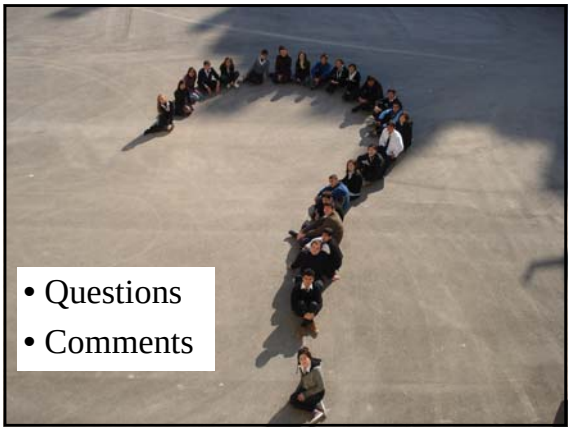
Improving Men's Health Outcomes … What's needed?

Education, care delivery and policy initiatives:

- Gender-sensitive health education
- Appropriate care delivery
- Public policy with gender perspective

Madrid to Halifax = 4817 Km

Grandchildren



- Questions
- Comments

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PowerPoint Production and Animation

By
Charles Hsuen