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# Newcomer Men's Health

## *Challenges & Opportunities*

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# The Context

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- ❑ Newcomer Men's Health-acknowledged service gap
  - ❑ Historically the focus has been on women and children
  - ❑ Engaging newcomer men is deemed a challenge
  - ❑ Tendency of systems to engage with newcomer men when there is a "problem"
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# The Context - Research

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## ❑ **Health is a settlement issue**

- ❖ Underemployment is a significant source of mental stress (Fenta et al., 2004, NEW report- 2010, Global City Report-2011)
  - ❖ Marital and relationship stressors in the context of resettlement (Across Boundaries Report-2008, Global City Report- 2011,)
  - ❖ Health defined by gendered, family centric markers – ability to provide for family, ensure education of children, be gainfully employed (Pandalangat, 2011)
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# Newcomer Men at risk

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- ❑ Prone to stress and depression in the context racism and discrimination (Hiott et al., 2006, Noh et al., 2007)
  - ❑ Mortality rate for stroke higher among refugee men than general Canadian population(Des Meules et al., 2005)
  - ❑ Twice as likely to develop Non Insulin Dependent Diabetes Mellitus (Hooeven et al., 2007)
  - ❑ Twice as likely to report having a workplace injury that required medical care (Smith & Mustard, 2009)
  - ❑ Newcomer men less likely than women to have a family doctor (Toronto CCHS data)
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# Working towards a Model Partnership with settlement

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- ❑ Access to newcomer men is enabled, and it is easier establishing trust and rapport
  - ❑ Health and well being addressed at the earlier stages of settlement
  - ❑ Gaps identified and addressed faster through active collaboration
  - ❖ Primary health care and social work support at the City Adult Learning Centre
  - ❖ Integrating stress management into employment workshops
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# Working towards a Model Participatory approaches

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- ❑ Men to be actively involved in the designing of health programming
  - ❑ Consultations with newcomer men at multiple sites, at times that work for them
  - ❑ Continuity of engagement after consultation – builds trust
  - ❑ “What they want” vs. “What we offer” – closing the gap
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# Working Towards a Model Capacity Building

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- ❑ Culture and gender sensitive approaches to working with newcomer men – related training
  - ❑ A greater gender balance in the service sector
  - ❑ QI Support – Gender based analysis of data to be used for programming decisions
  - ❑ Inter disciplinary approach and outreach
  - ❑ Translation capabilities of work we do with the general male population to newcomer men – ex. Bicycle repair clinics, harm reduction models, participation in advocacy
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# Working Towards a Model Capacity Building

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- Reviewing our existing services in terms of needs – Process orientation vs. functionality, reframing program parameters to address needs of the communities that we serve
  - Inter sectoral collaborations promoting exchanges, new learning and a holistic model of service delivery
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# Recommendations

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- ❑ Long term investment in newcomer men's health – program funding vs project funding
  - ❑ Funding bodies to invest in cross sectoral initiatives – moving beyond artificial silos of health, settlement and employment
  - ❑ Men as active partners in programming
  - ❑ Diversity and inclusion in health care planning
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# Thank You!

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