QUEBEC'S MODEL FOR MEN'S HEALTH: CONNECTING COMMUNITY, RESEARCH, PRACTICE, AND POLICIES

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Abstract

In the past 20 years, in the province of Quebec, Canada, there has been an active social response to men's health issues, from local initiatives to research and national public health policies, such as the *Men's Health Action Plan 2017–2022*, created by the Ministry of Health and Social Services. Although Quebec has developed and implemented many initiatives in this field of study, they remain largely unknown outside of the French-speaking regions. This paper seeks to make Quebec's model available for an international audience and to inform a wider debate about gender and health issues. The main focus was to review the key community and institutional milestones that brought about this model. Challenges and limitations to the model are discussed within a wider debate on gender and health studies. Closing remarks support the relevance of greater inclusion of men's health content in university courses.

Keywords: Canada; gender; masculinities; men's health; policies; Quebec

INTRODUCTION

In recent decades, voices from nonprofit organizations, practitioners, and researchers have emerged in many countries to raise awareness about men's health and well-being (MHW). Helpful definitions of men's health reflect on what it means to be a man, its impact on health practices, and the necessity for specific actions targeting men.^{1–3} This approach should be as inclusive as possible and “recognise the centrality of equity and intersectionality to ensure that the impact of race, income, age, sexuality and other areas of discrimination and disadvantage are fully taken into account” (p. 7).² Although MHW is a global concern, responses from government bodies have greatly differed from one

state to another.^{4,5} Only a few countries or states, like Australia, Brazil, and Ireland, have provided a social response to MHW issues through public health policies. Consequently, the main outcomes from these policies were an increase in the visibility of men's health and a more prominent place of the subject in the public discourse.⁶

Internationally, Ireland was the first state in 2008 to implement a national policy on MHW.⁴ Richardson and Carroll⁶ argue that even with limited funding due to an economic recession in Ireland, the National Men's Health Plan prompted a significant response in areas such as capacity building, partnership development, research, advocacy, governance, and accountability. Their actions were mainly rooted in a broad range of men's health work

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across a number of different sectors and in increasing social attention to men's ill health.⁶ Brazil and Australia followed in 2009 and 2010, respectively, with both social recognition of the issue among the population and a growing body of research about MHW.⁵ In Brazil, their National Policy of Comprehensive Healthcare to Men (PNAISH) has been implemented across the country, but the government's focus with this policy has mainly been on risk prevention related to sexually transmitted infections.⁷ This focus comes in contrast with the Irish and Australian ones, which were focused on "[...] an increasing concern about sex differences in health status between men and women; a growing awareness of the need for a more gender-specific approach to health policy; and an expanding men's health field at a research, advocacy and community/voluntary level" (p. 424).⁸ The development and implementation of a specific policy to MHW has been unique to each region, thus suggesting a need to expand and understand the context in which policy is developed and implemented.

As for Canada, a landscape scan of men's health promotion in Canada argues that "governments at all levels—with the exception of Quebec—have been relatively silent and inactive on the subject of men's

mental health, particularly in relation to concepts of masculinity and health and social connectedness" (p. 3).⁹ Indeed, Quebec implemented its own MHW action plan, becoming the first North American government to do so. But, French is the official language of the province which results in few research papers and official documents being published or translated in English or other languages. This paper aims to bridge this gap by presenting to an international audience the evolution of MHW actions in the province, while outlining the rationale and operationalization of Quebec's 2017 MHW action plan. To provide a global portrait of the situation regarding MHW in Quebec, a contextual, historical, and ideological overview will be provided before presenting the MHW action plan and its impact, followed by an analysis of its strengths and weaknesses.

Men's health through the lens of gender responsiveness

The gender-responsive framework is used to assert to what extent MHW actions either perpetuate or disrupt gender-based inequalities (Figures 1 and 2).^{10,11} It is used internationally to assert social and health policies, programs, research, services, and many other fields.¹¹

FIGURE 1. Gender-responsivity framework, adapted from the assessment scale of the Institute of Gender and Health¹⁰ and the World Health Organization¹¹.

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On the first level, the gender-blind approach exploits inequalities by purposefully omitting or not omitting gender norms, roles, and relations, and their impact on health. One step further, a gender-sensitive approach appropriately identifies those gender processes and outcomes, but remedial action does not follow through, which may accommodate and perpetuate the negative impacts of traditional masculinity on men and society. The gender-specific approach has the benefit of considering specific needs of women and men. However, if diversity is not considered, it may assume a binary vision of two homogenic and mutually exclusive groups. Thus, the challenges faced by people of diverse gender identities and their fight against oppression may be marginalized or ignored. Finally, the gender-transformative approach¹⁰ includes and extends the criteria of the specific approach and aims to meet the following set of criteria:

- Considers gender norms, roles, and relations for people of all genders and that these affect access to and control over resources
- Considers the specific needs of people of all genders
- Addresses the causes of gender-based health inequities
- Includes ways to transform harmful gender norms, roles, and relations
- Often aims to promote gender equality
- Includes strategies to foster progressive changes in power relationships between people of all genders

In this article, this framework provides an analytic lens through which to reflect on Quebec's model for MHW through a series of community-based actions, practice, research, and policies.

CONTEXTUALIZING MEN'S HEALTH IN QUEBEC

The province is often described as an exception in North America, due to the presence of

progressive public policies.⁹ Common examples are parental leave for both mothers and fathers and the state-supported daycare network. The Government Strategy for Gender Equality 2017–2021 is also an example of a progressive provincial policy. The strategy covers topics such as egalitarian education and socialization, the economic empowerment of women as well as the improvement of the balance between family, work, school, and social and political life. It also includes a gender-based approach to improve health and well-being, ending gender-based violence and reaching gender parity in decision-making.¹²

The MHW action plan¹³ and the Men's social and health portrait³ aggregate a series of gender-related health and social issues based on official Quebec public health statistics. In 2015, life expectancy at birth was 80.2 years for men and 84.1 years for women. Globally, this gap has been getting shorter over the past decades. However, men are not a homogenous group. There is a 6-year gap between the life expectancy of men living in the most privileged social and material conditions compared to the least privileged ones. Compared to women, men are more likely to smoke tobacco, to consume drugs, experience gambling problems, and also abuse alcohol. More than 80% of people infected by HIV are men. They are also more at risk of being overweight, suffering from diabetes, hypertension, chronic obstructive pulmonary disease, and occupational disease.³

In 2010–2012, mortality rates were higher in men than women for every age group, except 5- to 9-year-olds in which they are similar. The biggest gap is among 15- to 30-year-olds where the excessive mortality rate of men is 2.2 times higher than the women's rate. For all ages, the most important gap in mortality rate between men and women is related to external causes such as accidents and injuries.³

On mental health issues, men are generally less likely than women to report high levels of stress and psychological distress. Between 1999–2000 and 2009–2010, men's reports for high levels of stress went from 30 to 24%. A review of men's suicide

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in Quebec shows improvement in this regard.¹⁴ Men's suicide rose consistently in the 80's and 90's to reach an historic peak in 1999–2000, when the rate was more than four times the Quebec women's suicide rate and almost twice the rate for Canadian men in the same period. If the rise of suicide rates was more severe for Quebec's men than women between 1981 and 1999–2000, the same goes for the decrease since then. For men, this decrease is greater in Quebec compared to Canada and the United States. Quebec's National Institute for Public Health argues that the focus on men to prevent suicide has been beneficial over the recent years.¹⁵ The Institute insists on Indigenous communities needing additional support as well as the implementation of programs aiming to reduce economic inequalities and other risk factors associated with suicide.

An important concern about men's health is the perception of their needs, help-seeking, and the use of health and social services. In Quebec, men are 1.2 to 2 times less likely to seek help, use prescribed medication, and perceive the need for services.³ When looking at the barriers to help-seeking, a 2014 survey of Quebec's men shows that 84.6% of them prefer dealing alone with their problems, 67.8% prefer not to talk about them and keep them to themselves, and 38% report they do not know about the services available to them.¹⁶ In 2018, another survey reports only 29% of men in possible psychological distress met a psychosocial specialist.¹⁷ Thus, help-seeking remains limited even for men who suffer emotionally. The likelihood of seeking help is motivated by its potential impact on the men's family or the couple. If their life is in danger, this leaves little room for preventive action before help-seeking or in the early stages of psychological distress. These issues have been addressed for a few decades now, and it is relevant to explore how they have been problematized and institutionalized.

The evolution of the concern for MHW: community, research, and policies

In this section, we highlight the path of MHW from an individual matter to a social and political

one, as it is portrayed in the work of Lindsay et al.¹⁸ This covers its emergence in the community, in the social and health care system, policies, and academia. Thus, the first *Consciousness raising groups* (CRG) for men emerged during the 1970's. They were more or less organized groups led by individuals from the field of social sciences. They were inspired by the humanistic approach and group-based intervention, which were both gaining popularity at the time. CRG were created to break the emotional isolation that certain men were living in by giving them the opportunity to express and share their experiences. These were generally small groups with 8 men, but certain activities could bring together up to 500 people. The magazine that this movement gave birth to, *Hom-Info* (1980–1985), has had up to 500 subscribers. Interestingly, the establishment of those groups represented a shift in the reason why men were gathering: they were no longer meeting to defend a traditional concept of masculinity, but rather to fundamentally reconsider it. In fact, many members of the groups were coupled with feminist leaders and wanted to be active in a more gender equalitarian society. It was a small, but emerging movement, as it brought together professionals, intellectuals, researchers, and communicators (journalists, columnists, etc.) able to assume leadership in future actions.

In the early 1980's, the representatives from a number of these CRGs initiated a collective reassessment of masculinity through public events. They gathered a network of members who were interested in the question of MHW and organized debate evenings to develop a collective discussion about masculinity. They offered opportunities for men to meet in a secure environment where they could heal from a father–son relationship that was troubled in many cases. Meanwhile, many resources were implemented to help men with violent behaviors and raise awareness in the general population about this issue. It was also at that time the first groups promoting fatherhood emerged.

Since that time, the community movement gradually expanded both in the number of

organizations and the scope of topics addressed. We provide some examples that, to our best knowledge, are rarely internationally when compared to countries with a similar or larger population size (8.5 million people).

Fatherhood is a very popular topic as shown with the *Regroupement pour la valorisation de la paternité*,* a network of 250 organizations and individuals that support the integration of fatherhood realities in public policies and psychosocial services for families. One of the most original services developed in Quebec is the *Réseau Maisons Oxygène*,† a network of temporary housing for vulnerable fathers and their children. While this type of housing is widespread for women and mothers, it is still rare for fathers who have full or partial custody of their children. The first *Maison Oxygène* opened in 1989. In 2021, there are 21 houses and eight more in the opening process. As for violence prevention, the association *à cœur d'homme*‡ gathers 33 community organizations helping men with violent behaviors all over Quebec. Their main services are to provide individual and group support to end violent behaviors, in addition to campaigns for violence prevention at the population level. Outside of violence prevention and fatherhood promotion, emerging issues have required networking efforts to connect organizations like those working with men who have been sexually abused. Moreover, almost every region has a generalist practice community service for men. These community organizations offer psychosocial services to men living with various situational difficulties, such as a break-up, grief, and psychological distress. These organizations aim to broaden the gender-specific service toward gender equality education, fatherhood promotion, and support.

The evolution of community mobilization for men's health and the development of research are influenced by one another. At the beginning of the

2000's, a first network of five researchers involved in men's health was created. At the end of its funding, another grouping was created reaching up to 30 researchers during the expansion of the *Masculinities et Society* research team (2007–2016), along with research teams focusing on fatherhood. In 2018, the Ministry of Health and Social Services supported the creation of the *Pole of expertise and research on men's health and well-being* to meet the need for evidence-based policies and practice. The aim of the Pole is to strengthen research capacity by fostering collaboration between its members (41 researchers, 80 students) and many community organizations and regional centers for health and social services. These partnerships helped to bring men's health at the political level and support services helping men. Actions outside the province also contributed to bringing about this change.

The emergence of the men's health issues in the political realm was first noticed in a 2000 suicide prevention campaign that was specifically aimed at men. Later, in 2004, the committee on prevention and help for men, created by Quebec's Ministry of Health and Social Services, presented its report *Les hommes—s'ouvrir à leurs réalités et répondre à leurs besoins*.§¹⁹ This document, the first of its kind in the province, outlined the specific needs of men regarding their health and the lack of services adapted to their reality. This report had a major impact, due to its evidence-based content.

From that moment on, the government opened a position entirely dedicated to MHW, supported by a committee working with different directions of the Ministry of Health and Social Services and other ministries. Topics covered by MHW and Women's health and well-being (WHW) are designated as inter-ministerial topics often under the same management and handled by the same person, as are other transversal matters such as suicide prevention. However, it should be noted that in Quebec, we are at the third action plan for women's health, the first

*Translation: Association for fatherhood valuation.

†Translation: Oxygene houses network.

‡Translation: A man's heart.

§Translation: Men—Opening to their realities and responding to their needs.

having been created in 2002 while the MHW one dates from 2017. Each regional office had to designate a MHW respondent (manager). These initiatives have been essential to establish three priorities in 2009: (i) activities promoting health and prevention of male-specific problems; (ii) adaptation of services aimed toward men; (iii) and development of knowledge and improvement of MHW practices.¹³ Throughout the 2010's, more reports and documents reassessed the need for a governmental action plan on MHW. In particular, the report *Perceptions des hommes québécois de leurs besoins psychosociaux et de santé ainsi que de leur rapport aux services*¹¹ was instrumental in showing the necessity of adapting the services to the realities of men. Likewise, a vast research project on services for vulnerable fathers²⁰ is an important basis for political decisions on paternity.

In short, concern for men's health started from community actions and gradually grew interest across the province. The road toward a first public policy on men's health was shaped by a specific sociopolitical context that we will describe in further detail.

The bases of current actions

The development of men's health policies is rooted in the 1995 Fourth World Conference on Women in Beijing, China, where 180 countries, including Canada, adopted a resolution stating that men needed to be included in measures and strategies aiming at equality and that the said measures and strategies needed to be analyzed based on the repercussions on either sex. According to this political agreement, the Government of Quebec reaffirmed in 2005 the relevance of gender-based analysis in the development of programs and policies concerning health and social services.¹³ This analysis model considers the following elements: (i) physiological and genetic predisposition, (ii) lifestyles and health-related behaviors, (iii) living

conditions, and (iv) organization and accessibility to health and social services.¹³ Policies and programs need to be analyzed based on those elements to foster equality between men, women, and people of diverse gender identities. Also, it is important to note that the Government of Quebec uses a population responsibility approach when developing health and social policies or programs.²¹ This approach encourages one to look at the health of a whole population group rather than only the ones using the services or programs. Using such an approach can lead to the development of outreach action for health problems that men are overrepresented in.

Since the subject of MHW can be a polarized one politically and socially, it is important to clarify where these actions stand regarding anti-feminist and anti-masculinist discourses. First and foremost, an important objective is to step out from those polarized debates rooted in ideological arguments, and instead focus on evidence-based research. Consequently, the current standing on MHW in Quebec seeks to inform men on the negative effects of social masculine gender norms on health and well-being and supports the position that men should be allies to women and people of diverse gender identities in their continuous quest for health, well-being, and equality. The critique of these negative aspects is paired with the salutogenic approach of men's health that focuses on promoting positive aspects of masculinity aligned with health, well-being, and equality.²²

Accordingly, Quebec's actions are also in line with the liberal pro-feminist perspective which supports that gender roles are culturally constructed and not inherent to the human nature.^{18,23} Masculinity is therefore seen as a complex set of representations, identities, and behaviors related to gender that men may choose to reflect and not only norms and stereotypes that are traditionally prescribed by society. Consequently, most men have been constrained to a gender role that deprived them from the affective and emotional dimension of human nature. In that sense, the MHW actions tackle the consequences of masculine socialization on men but also the

¹¹Translation: Quebec men's perception of their psychosocial and health needs, and their relation to services.

differences and inequalities between men, women, and people of diverse gender identities.

Through the lens of the gender-responsivity framework, a shift can be seen in the society's approach toward masculinity over the past 50 years. Talk groups and organized groups questioned the essentialist approach of men's health and consequently, the services and policies in place at that time. Masculinity as a social construction gained greater attention and opened to new perspectives regarding the specific needs of different groups of men. At the policy level, this aimed to pursue an inclusive and gender-responsive national health strategy.²⁴ Therefore, the development of organized groups, practice, and research in Quebec opened a path toward the first men's health policy in North America.

QUEBEC'S MHW ACTION PLAN

The social and historical context described above led the Ministry of Health and Social Services (MHSS) to release its 5-year MHW action plan in 2017.¹³ The action plan was written by the MHSS representative responsible for MHW in collaboration with their colleagues responsible for WHW, family issues (including paternity issues), mental health issues, suicide prevention, domestic violence, etc. The MHW action plan was also subjected to a private consultation done by the heads of the large groups of organizations specialized in MHW, *Réseau Maison Oxygène*, and fatherhood promotion organizations, alongside scholars from various fields of social sciences.

With such various actors involved, the specific needs of men as a population group are considered knowing that they are not a homogenous group. As such, the action plan considers those who are more at risk of living in vulnerable contexts that limit access to health and social services that can meet their needs. This approach is complementary to the Women's health action plan²⁵ that relies on a sex and gendered analysis to improve the social response to health needs of population groups, with respect

to the principles of population responsibility. The MHSS insists that intervention with men will have positive outcomes on their health, on their loved ones' health, and on communities. Before the action plan (2017), some regions already had men's health networks and the MHSS asked every regional health and social service center to build their own network to assure an efficient connection between community organizations, public service, and the MHSS. Regional health centers are responsible to name a respondent to pilot a regional action plan with community and public service stakeholders, assure its implementation, and report the progress back to the MHSS. A crucial component lays on the financial support of the MHSS to implement provincial and regional actions under the following orientations of the plan: promoting health, adapting services, and developing knowledge. They are presented separately but their mutual influence should be considered throughout.

Orientation 1—Improving health promotion targeting men

When it comes to health, a double solitude can be observed between services and men: few health promotion initiatives target men specifically, and men feel less concerned by health promotion than women.²⁶ A gender-blind approach on this matter perpetuates the stereotype of health as a women's concern and their role as "gatekeepers" of every family member's health, including boys and men, contributing to an unequal mental load.¹² That said, promising responses can be found in interventions that strengthen men's health literacy, self-awareness, and responsibility.^{3,27} Considering the general tendency of many men to avoid seeking help or doing so only in times of crisis, promotion and early prevention practices are prioritized to reach out to men where they live.^{13,26} To achieve this, the MHSS focuses on the following goals:

- (1) Take into account evidence-based knowledge on men and fathers to develop promotion and prevention activities.

- (2) Sensitize intervention, promotion, and prevention teams for efficient strategies to better reach out to men, fathers, and adolescent boys.
- (3) Adapt tools used to collect data on men's issues, including fatherhood issues, as well as interventions targeting men.
- (4) Implement actions targeting hard-to-reach groups of men—young men, single separated men, and fathers in a context of vulnerability—notably in prevention and promotion activities.

Each region must translate these goals into actions that are relevant to the local context and the plan as well as provide examples. For example, some prenatal courses plan more time to engage in conversation with future fathers about their needs, aspirations, and expected challenges of fatherhood and family life. This is an opportunity to improve their knowledge of existing services when seeking help is necessary. The second example aims to support mental health promotion and suicide prevention specifically addressed to men. The *Centre de prévention du suicide de Québec* initiated the campaign “*Et moi comment ça va?*”^{**} which includes many outreach strategies. In factories and businesses, information brochures are provided after short conferences on the theme of work and toolkits. To reach men in their home or in public spaces, a social marketing campaign includes posters and radio ads inviting men to visit www.allume.org. This website is specifically aimed at middle-aged men who live or work mainly alone (truckers, farmers, self-employed workers, and small business owners), who tend to identify with traditionally masculine ideals and for whom access to a resource and support network is limited.²⁸ The content covers different mental states, individual and social strategies, and men's health resources (community groups, public clinics). Many metaphors around car maintenance

indicators echo the traditional male experience of depression, which often goes unnoticed.

Reaching men and encouraging help-seeking is essential in bridging the gap between men and the services offered to them. As for policies, best practices in terms of prevention, mobilization, and intervention must be promoted among public health teams, community groups, and practitioners. This is aligned with principles of the population responsibility approach, providing an appropriate social response to men's specific needs based on an assessment of the general population rather than only assessing those using the services. Promotion and prevention for mental health can contribute to early help-seeking behaviors from men and early outreach from practitioners, which in turn, lowers the degradation of men's health and the social burden of the issue.

Orientation 2—Adapting health and social services to improve access and response to men's needs

Promoting men's help-seeking is at the heart of orientation 1 and to effectively welcome men in health and social services, service management and delivery must be adapted to men.²⁹ This follows the development of psychosocial intervention with men initiated in the 1980's primarily from community groups. Managers from public and community sectors are encouraged to question and adapt their intervention to better fit men's needs. A mobilization guide is sent out and regional workshops are facilitated by MHW regional respondents, supported by research and practice experts.³⁰ This guide offers various management practices and concrete actions to be implemented in order to adapt services to men in the provision of health care and first-line services. As for the workshops, they usually last 3.5 h, gathering 20–25 managers from the public and community sectors. The goals of the workshops are to share regional data on MHW and management practices aligned with service adaptation as well as identify priorities and engage in a regional action plan.

^{**}Translation: Quebec's Centre for Suicide Prevention's campaign, “And me, how am I doing?”

The workshops for service managers encourage two sets of practices. Supporting men's empowerment can be achieved by focusing on their strengths, resources, and abilities in health promotion messages, and individual or group intervention. Starting with this approach sets an egalitarian relationship between the service provider and the user, thus reinforcing the possibility for men to engage in a positive change toward better health and social practices. The second important approach focuses on outreach and proximity intervention. Such interventions aim to reach men in the places they frequent on a daily basis (workplace, leisure activities, etc.), rather than waiting for them to seek help. This is even more appropriate when it comes to groups of men who live in vulnerable contexts to facilitate engagement and confidence in services.

If managers are sensitized to the rationale for adapting services to men, they are likely to support their team members on the first line to participate in the training *Intervention with men*. This training session is a central part in Quebec's MHW model. For nearly two decades it has been given in Quebec on a regular basis and occasionally in a few countries (France, Australia, Turkey, Cambodia, Burkina Faso, and Benin). After its positive assessment,³¹ the MHSS recommends systematic deployment of the training throughout public and community services.²⁹ Since 2017, about 100 professionals—men and women—have been trained to become trainers in their respective region. Co-facilitation is encouraged between community and public service practitioners. The generic version of the training is for psychosocial professionals (social workers, psychologists, psychoeducators, and sexologists) and new versions are under construction for general practitioners, nurses, secretaries, readaptation professionals, and patient attendants. Each session lasts 14 h over 2 days and gathers 12–15 professionals. Participants are invited to question their own views of men, masculinities, and MHW, and the services they provide. Reflexivity and know-how are intertwined as participants make connections on gender roles, relations, and norms across their personal

and professional lives. The first part of the training covers theoretical and empirical knowledge on masculine socialization and its impact on men's health and help-seeking process. The second part initiates participants to the 10-Point Intervention Model with Men,³² completed with a toolkit for practice in specific contexts—bereavement, break-up, depression, and aggressivity.

Regional action plans may include adapted actions directed to specific groups of men. For instance, Montreal reached out to taxi drivers during a crisis in their sector due to the important devaluation of their operating licences. In more rural regions, specific actions are targeted toward farming men with a province-wide network of outreach to rural workers.³³ Finally, the diversity of masculinities and issues are considered in relation to health and well-being. In the government's strategy for sexual violence prevention 2016–2021, the MHSS supports training on practice with men as sexual offenders and men as victims of sexual abuse during childhood.

Orientation 3—Improving knowledge through research

The development of empirical research contributes to greater acknowledgement of diversity of masculinities, brings relevant knowledge to front-line practice settings, and ultimately promotes gender equality. In each region, a Pole's member is designated in collaboration with the regional MHW respondent, facilitating synergy between research and practice with initiatives such as supporting practices with program evaluation, co-design methodologies, and research dissemination.

Knowledge translation and dissemination are important outcomes of the research and practice partnership. Recent initiatives consist of integrating men's health information on regional health and social services centers' websites. This is particularly relevant for traditional men who show great concern for autonomy and confidentiality when it comes to health and seeking help.^{3,17} Consequently, accessing information on the web enables them to improve

their literacy about health, resources, and services available to them in a private context, according to their own pace and preferences. In sum, reaching men where they are is a cornerstone of psychosocial intervention with men. Therefore, each strategy and, more widely, health promotion are essential in this regard.

The current MHW action plan is based on evidence provided by the studies done over the past decades. The MHSS and its partners have supported research on diverse realities of men: suicide and mental health, sexual and gender diversity, poverty, domestic violence, intrafamilial homicides, and fatherhood involvement, among other topics. Specific concerns are raised for the needs of indigenous and immigrant men. According to the principle of population responsibility, services must be planned and delivered in a way that acknowledges the specific needs of these men and reaches out beyond barriers to service use they may experience.

Aligned with this principle, the concept of cultural safety is now a requirement when working with immigrant or indigenous populations.^{34,35} It consists of the ability to analyze the unequal distribution of power, institutional discrimination derived from colonialism. This holistic and inclusive perspective enables us to understand inequalities inherent in health and social service delivery with immigrant or indigenous populations, to be reflexive about researchers' social position, and how to equalize the power relations. For immigrant men, a body of research co-constructed with community services investigates gender roles, norms, relations, and status changes these men experience.^{36,37} The synergy between research and practice enables the development of intervention tools to better address gender issues with immigrant men. When it comes to indigenous men, many topics have been and still are addressed in research such as violence—where men are either perpetrators or victims,^{38,39} as well as the needs and issues faced by indigenous men living in remote communities^{40,41} or in urban settings.⁴²

Supporting assessment research for MHW services is another way to highlight evidence for a better

understanding of masculine patterns of health and social practices, and to improve services. Regional health and social services centers are encouraged to produce a report of men's use of services and to question the adequacy between health portraits, the needs expressed by men, and their use of services. Evidence-based research provides solid support to identify and disseminate the best practices. Some issues are currently underreported and will be the focus of future research, such as the needs of men living with a physical or intellectual disability and autism spectrum disorder.

In sum, the MHW action plan is based on a vast body of research-based evidence intertwined with concerns expressed by community and public service providers. A ministry's action plan suggests that MHW issues are institutionalized in public health policy, providing a clear request to respond to men's needs. To assure an efficient implementation across the province, the assessment of the MHW action plan is nationally coordinated by the MHSS, in collaboration with the respondents in regional health and social service centers. The respondents are responsible to create, implement, and evaluate regional MHW actions plans with relevant local partners.

DISCUSSION

The previous sections aimed to present the evolution of the MHW actions and context that lead to Quebec's 2017 MHW action plan. The first element of discussion is situating these actions among other provinces and countries that brought the concern for MHW to the political level. Considering the lack of men's health policies in Canada,⁹ the various initiatives in Quebec may inspire provincial and federal governments' future directions. In recent years, the Government of Canada has invested in engaging men and boys on topics of gender equality through violence prevention and sexism disruption.⁴³ While these topics are essential targets and should absolutely be addressed, the scope should be extended to include men's mental health issues and fatherhood promotion.

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Comments on the National Men's Health Policy in Ireland and Australia note the crucial role of strengths-based approaches for linking governance and accountability, advocacy, research and evaluation, capacity-building, and partnerships.^{6,44} Consideration for men's strengths and positive aspects of masculinities can be observed in various outcomes in Quebec: health promotion and campaigns based on positive masculinities, the influence of solution-oriented and salutogenic approaches in training for healthcare professionals and research. Collaboration between policy-makers, practitioners, researchers, and men volunteering in nonprofit organizations is crucial to achieve global social change, rather than isolated improvements. According to our analytical framework, the gender-transformative approach guides these actions when they question negative aspects of traditional masculinity, and reveal their consequences on health, well-being, and equality.

Another point of discussion is inspired by the World Health Organization—European Region Men's Health Strategy that calls for explicit commitment and action toward “an increased engagement of civil society with men's health and with the important role of men in the gender equality agenda” (p. 1).⁴ Quebec's civil society is involved in the discourse on MHW through a series of community organization networks (nonprofit and non-governmental) that provide direct services, and promote health and well-being at the local, regional, and provincial level. Men's health actions started at the community level and reached the policy level in a few decades, suggesting a bottom-up approach. The implementation of the MHW action plan from the provincial level to the regional level brings a top-down approach that creates a synergy with the bottom-up approach.

A focus on social determinants is emphasized to acknowledge and respond to inequalities between subgroups of men. Seidler *et al.*⁴⁵ argue that the common vision is shaped by decades of sex differences research that let us to believe that all men form a homogenous group that is entirely

different from another homogenous group—all women—and therefore a one-size-fits-all approach is sufficient to all men. By addressing specific needs of men and women, the gender-specific approach may omit diversity within and across gender. This calls for attention to the living conditions of subgroups of men and to diverse interaction patterns with health services.^{29,45} This concern is also shared in other regions of the globe. The World Health Organization—European Region Men's Health Strategy aims for “a better understanding of how gender intersects with other social, economic, environmental, political and cultural determinants influencing exposure to risk factors and interactions with health systems” (p. 1).⁴ Here are some examples of how Quebec's MHW action plan embraces this perspective: First, training for healthcare professionals includes reflexive questions about their biases and assumptions that male (clients) are all the same, usually in a negative way. Then, the training questions if all men in their community/social circle are the same. This allows for the consideration of the diversity of masculinities. Second, there is a growing body of research portraying men as a heterogeneous group, living in various conditions and facing different challenges. Genest-Dufault and Dulac did a review of men's studies in Quebec (1980–2010) that portrayed the increase of research providing evidence on a wide range of men's health issues and realities: fathering in different contexts, suicide prevention, counseling, violence prevention, and intervention to name a few.⁴⁶ The body of research continues to grow since Genest-Dufault and Dulac's review. The growing interest for participatory research provides opportunities for many voices to be heard: indigenous men, immigrants, fathers, survivors of sexual abuse, men living in poverty, rural men, gay and bisexual men, and so on.⁴⁷

Implications for future men's health promotion and policies are inspired by an international perspective and in some cases, in response to recurring critiques.^{5,6,48} First, health promotion appeals to multiple masculinities including targeting those historically marginalized, neglected, or oppressed. The

current Quebec MHW action plan and the activities derived from it consider the issues faced by various groups of men. Future actions are aligned on the intersectional perspective described earlier. In the same way, we note the increased interest for the health and well-being of indigenous men who live in remote communities or in urban areas^{38,42} and for transgender, gay, and bisexual men.^{49,50}

On a sociopolitical level, it is important to note that MHW actions in Quebec are purposefully positioned in a wider debate about existing, often antagonist perspectives on gender studies. There is a strong commitment to base the actions on evidence provided by health and social studies. This is done to step back from ideology-driven perspectives. One of these perspectives associates men's health research, practice, and policies as anti-feminist actions, claiming a dangerous penetration in academia and public institutions, but this perspective is criticized for the lack of evidence to support such a concern.⁵¹ The anti-feminist perspective is fueled by the Manosphere (online networks) where men reject gender equality and ask for a return to traditional models.⁵² This perspective has various branches with various levels of radicality and violent actions against women and the global population. In response to the threats related to the Manosphere, the Centre for Prevention of Radicalization Leading to Violence provides services to the population and professionals that include education, a help line, as well as direct interventions for individuals (formerly or currently in the process of radicalization). While those services seem promising, an evaluation of the services has not been done thus far. Therefore, increasing the development of evidence-based research and evaluation would provide a key to step outside polarized ideological debates and focus on intervention at every level so as to improve the health of men and their community.¹³

The gender-transformative approach and its criteria bring an insightful perspective on the way Quebec has implemented health promotion, research, and how it relates to gender equality. Acknowledging and responding to men's issues

through health promotion does not mean accommodating unequal or harmful practices of masculinity. When those practices are targeted, a focus on positive practices and responsibility is needed to counter harmful elements. This orientation has been applied in men's health promotion since the late 1990's. November 19th is International Men's Day and in Quebec, community groups decided to maintain a focus on men's health in November and on fatherhood in June for Father's Day. Many public campaigns and promotional activities are organized at the regional and provincial level to underline these holidays. The gender-transformative approach also resonates in research. Knowledge development includes and expands our understanding of diversity of different groups of men. For example, fatherhood promotion material is largely based on evidence (i.e., surveys, practice evaluations) and participatory research. It allows for understanding a wide range of realities, addresses the challenges faced by specific groups, and fosters progressive change toward co-parenting.⁵³ Finally, men's health research is supported by a clear commitment toward ending violence, gender oppression, and their negative outcomes on men and society. Men's health is not only a men's issue but a social one, intertwined with concerns and efforts to improve women's health and that of people of diverse gender identities.

CONCLUSION

In this article, we detail the evolution of Quebec's MHW model with historical and social contexts that led to the implementation of the action plan by the Government of Quebec. The focus on evidence certainly brought credibility and strength to the design of this action plan. It also relies on a long history of community mobilization leading to a political response to MHW issues. It is important to note the various channels connecting citizens, practitioners, researchers, policy-makers, and the influence they can have on each other. The challenge of developing university-level courses on MHW should be prioritized. MHW is usually addressed as

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subsections of larger topics: sex and gender, family, mental health, crisis intervention, counseling, and so on. In the province, only a handful of courses are specific to the sociology of men and social work with men at the undergraduate or graduate levels. A broader dissemination is therefore needed to prepare the next generation of practitioners, researchers, healthcare providers, and managers. Dissemination of MHW knowledge in academia is a collective responsibility.

Globally, there is a gap in knowledge and action regarding MHW issues. Men themselves must continue to question gender norms, roles, and relations, and engage in practices of masculinities that align with health, social justice, and gender equality. In the same way, health and social services and society at large are invited to question and improve their response to MHW issues. This is not at the expense of other gender issues, but rather in solidarity with them. Past, current, and future efforts in this direction are all much-needed steps to reduce collective and individual isolation and mend the gap for greater gender equality.

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