



# Aboriginal Men's Health Implementation Plan



## **Cover illustration – Danny Eastwood**

A detail of the design titled *A Community – Togetherness and Health* which is the artists interpretation of government and community working together to improve Aboriginal Health.

The story is as follows:

- The hands depict Aboriginal people reaching out for health services.
- The larger and smaller figures in top centre depict government and Aboriginal community organisations working together.
- The goanna, stethoscope and medicines in the centre illustrate the old and new ways of health and healing.
- The dark and light figures which form a circle, and joining hands at the bottom, depicts all communities coming together in partnership.

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May 2003

# An Aboriginal man's poem

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*I am a black man, please accept me as I am I hurt,  
I ache, I fear, I cry alone.*

*I am not to express my inner thoughts my emotions  
I look around me, deep within I carry a burden and  
I do not know why is it because people will judge me  
if I let go why can't a man allow his feelings to flow.*

*Why am I different because I am hurting, I am aching  
deep within but I can't let my emotions give in?  
Please hold me and take my hand walk beside,  
look within me, I hurt, I am ashamed of who I am  
– a lost confused Aboriginal man.*

*Where do I sit in society today?*

*Close by you or far away black man, black brother;  
please help me to make a stand to become strong,  
proud Aboriginal man.*

***Mr Phillip Towney***



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# Executive summary

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Despite improvements in the health of the NSW population, Aboriginal people continue to suffer illness and mortality at twice the rate of the wider population. This burden of ill health begins early in life and continues throughout the life cycle. Although numerous reports and recommendations have been made in recent years, Aboriginal people – and Aboriginal men – continue to suffer a much greater burden of illness and disadvantage than other Australians.

One reason for the lack of success in attempts to improve the health and wellbeing of Aboriginal communities is that Aboriginal men have not been effectively engaged in the process of planning, designing and delivering health programs and services.

The *NSW Aboriginal and Torres Strait Islander Health Worker Training Review* revealed that females comprised 70 per cent of the total number of Aboriginal Health Workers across both the public health sector and Aboriginal community controlled services. Moreover, male workers employed in health service provision are on average younger than their female counterparts.

Previous efforts have not recognised that Aboriginal men and women experience health and illness differently. These differences in health status are not necessarily the result of biological influences, but are largely socially driven.

This understanding requires health services to develop solutions that recognise the differing needs of Aboriginal men and women. Furthermore, addressing the issues of Aboriginal men's health and wellbeing is beyond the scope of any one agency. What is needed is an inter-sectoral, collaborative approach to the planning and delivery of health services that engage Aboriginal men.

The *Aboriginal Men's Health Implementation Plan* ('the Plan') represents a new and concerted effort by the NSW Department of Health ('the Department') to examine the specific factors impacting on Aboriginal men's health and to outline strategies for improving health outcomes.

Based on the principles of the Department's *Moving Forward in Men's Health 1999*, this Plan for improving the health of Aboriginal men is the first of its kind in Australia. It has been developed in collaboration with the Aboriginal Health and Medical Research Council of NSW (AHMRC), NSW Department of Aboriginal Affairs, Corrections Health Service, the NSW Department of Health and NSW Aboriginal communities.

In developing the Plan, NSW Health undertook a number of activities, including:

- An audit of all NSW Health funded projects and programs with a focus on Aboriginal men's health.
- Consultation with Aboriginal men and Aboriginal communities throughout NSW, to gain an understanding of key issues affecting Aboriginal men generally.
- Active participation in national and State forums on Aboriginal men's health, to promote interest and gain community momentum.

This Plan has been developed to be consistent with the goals and objectives of the NSW men's health policy document *Moving Forward in Men's Health* and the *NSW Aboriginal Health Strategic Plan*. The objectives of the Plan are to:

Highlight the known determinants of health and demonstrate the link to Aboriginal men's health status.

1. Raise awareness of the unique needs of Aboriginal men.
2. Assist health practitioners to gain a better understanding of the barriers that Aboriginal men face in attempting to improve their health.
3. Suggest strategies to address Aboriginal men's health issues within NSW, using a framework that acknowledges the social determinants of health.
4. Give effect to the NSW Aboriginal Health Partnership objective of improving the health of Aboriginal communities in NSW.
5. Promote existing successful projects and programs that have an Aboriginal men's health focus.

The Plan supports the following Departmental policy initiatives:

- *NSW Aboriginal Health Policy*
- *NSW Aboriginal Health Partnership Agreement*
- *NSW Aboriginal Health Strategic Plan*
- *Strategic Directions for Health*
- *NSW Aboriginal Mental Health Policy*
- *NSW Aboriginal Family Health Strategy*
- *Moving Forward in Men's Health*
- *NSW Government's Statement of Commitment to Aboriginal People, Implementation of Government Response to Aboriginal Deaths in Custody*
- *Aboriginal Employment Strategy*
- *NSW Health Promotions Direction Paper*
- *NSW Health Information Guidelines.*

The following key focus areas of the Plan are consistent with those set out in the NSW policy document *Moving Forward in Men's Health*:

- Making health services more accessible and appropriate to Aboriginal men.
- Developing supporting environments.
- Improving collaboration and coordination of services.
- Pursuing high quality research and information.
- Developing and training the health workforce.

The Plan has also identified and analysed innovative developments in Aboriginal men's health programs across NSW and in other relevant programs within Australia. Based on the outcome of this analysis, the following steps are considered essential to improve Aboriginal men's health:

- Addressing men's health through separate strategies to women's health.
- Employing more Aboriginal men within the NSW health sector.
- Making health services relevant for men, their lives and interests.
- Making services specific to male health issues so that men are more likely to attend.
- Providing incentives for Aboriginal men to be involved.
- Developing services within the terms set down by local men.
- Recognising men's role in Aboriginal society, and how that role impacts on the health status of men.
- Addressing the high cost of medication.
- Increasing the numbers of medical practitioners with an understanding of and time to deal with Aboriginal men's needs.
- Developing an evidence base to improve services.

The plan will be implemented over the next three years. Regular progress reports will be provided to the NSW Aboriginal Health Partnership.

Performance indicators have been developed to ensure effective monitoring and reporting.



Despite improvements in the health of the NSW population, Aboriginal people continue to suffer illness and mortality at twice the rate of the wider population. This burden of ill health begins early in life and continues throughout the life cycle.

Although numerous reports and recommendations have been made in recent years, many of which are similar, Aboriginal people continue to suffer a much greater burden of illness and disadvantage than other Australians.

Both Aboriginal men and women die at younger ages than other Australians. In particular, Aboriginal men are dying much younger than other Australian men. Death rates for Aboriginal males are higher than those for non-Aboriginal males for every age group, especially in the 15-54 age range where Aboriginal male death rates are three to seven times higher.<sup>1</sup>

One reason for the lack of success in attempts to improve the health and wellbeing of Aboriginal communities is that Aboriginal men have not been effectively engaged in the process of planning, designing and delivering health programs and services. Aboriginal men and women experience health and illness differently, and these differences in health status are not necessarily the result of biological influences but are largely socially driven.

Another reason, often overlooked, is that of socioeconomic disadvantage. People with limited access to appropriate education, employment, housing and income are more likely to experience a higher burden of ill health. Historically, Aboriginal people's social disadvantage is well documented, but there has been little change in positive health outcomes.

Aboriginality determines understanding and experience of health, the way information is accessed about services and the way health services are approached and used. These differences will have a significant impact on health outcomes.

Approaches that recognise the differing needs of Aboriginal men and women need to be developed so that health services can be reconfigured to become more accessible and acceptable to both Aboriginal men and women. The Department and the AHMRC agree that an improvement in the health of Aboriginal men will, in turn, have a positive and beneficial effect on the health and wellbeing of Aboriginal children and families.

The Plan supports the following NSW Health Department policy initiatives:

- *NSW Aboriginal Health Policy*
- *NSW Aboriginal Health Partnership Agreement*
- *NSW Aboriginal Health Strategic Plan*
- *Strategic Directions for Health*
- *NSW Aboriginal Mental Health Policy*
- *NSW Aboriginal Family Health Strategy*
- *Moving Forward in Men's Health*
- *NSW Government's Statement of Commitment to Aboriginal People Implementation of Government Response to Aboriginal Deaths in Custody*
- *Aboriginal Employment Strategy*
- *NSW Health Promotions Direction Paper*
- *NSW Health Information Guidelines.*

## Structure of this document

This document has five main sections.

- Section 1** includes the introduction and outlines the Plan's background and objectives.
- Section 2** outlines current health status indicators and information on risk factors for Aboriginal men, examining these within the context of risk behaviours and the socioeconomic determinants of health.
- Section 3** outlines the elements of existing program models for Aboriginal men's health. These elements form the basis behind strategies contained in this Plan, and can be used by those who seek to set up programs or projects.
- Section 4** suggests strategies for improving the health of Aboriginal men within the contexts of both the *NSW Aboriginal Health Strategic Plan* and the NSW men's health policy, *Moving Forward in Men's Health*.
- Section 5** outlines key responsibilities and performance indicators, designed to ensure effective monitoring and reporting over a three-year period of the progress made in implementing this Plan.

## Background to the Aboriginal Men's Health Implementation Plan

As the differences between the health status of men and women have become increasingly apparent in recent years, interest in men's health has grown at state, territory and national levels. At the second National Men's Health Conference held in Perth in 1997, Aboriginal men gathered to discuss issues affecting and impacting on their health and wellbeing.

This was the first time Aboriginal men met at a national non-Aboriginal gathering to discuss issues relating to their health, disempowerment, history and loss of place within contemporary Australian culture. The gathering agreed that while many of the outcomes of ill health are similar for all men, addressing the causes and outcomes of Aboriginal men's health requires a more culturally appropriate approach.

In 1999 the first National Aboriginal Men's Health Conference found few studies that identified barriers to improve the health of Aboriginal men, or that suggest good practice in responding to their health needs.

This was further supported in 1999 by the release of the NSW Department of Health policy document *Moving Forward in Men's Health*, which identified Aboriginal men as a specific population continuing to suffer a substantially higher burden of ill health compared to that of other men in NSW. A key recommendation of *Moving Forward in Men's Health* was the development of a specific implementation plan for Aboriginal men's health.

This Plan has been developed in response to this recommendation, to identify some of the barriers affecting health service design and delivery and the successful elements of existing programs targeting Aboriginal men. The Plan provides practical strategies to improve the accessibility of health services to Aboriginal men, and seeks to enhance their participation in developing solutions to existing health problems.

The Plan's development has been guided by an Advisory Group with representation from the AHMRC, the NSW Department of Aboriginal Affairs, Corrections Health Service, the NSW Department of Health and NSW Aboriginal communities.

The NSW Department of Health has undertaken the following activities in the development of this plan:

- An audit of all NSW Department of Health funded projects and programs with a focus on Aboriginal men's health.
- A thorough review of the literature concerning Aboriginal men's health.
- Consultation meetings with Aboriginal men and communities throughout NSW, to gain an understanding of key issues affecting Aboriginal men generally.
- Active participation in national and State forums on Aboriginal men's health.

## Objectives

This Plan has been developed to be consistent with the goals and objectives of the NSW men's health policy, *Moving Forward in Men's Health*, and the NSW Aboriginal Health Strategic Plan. Specifically, the objectives of the Plan are to:

- Highlight the known determinants of health, and demonstrate the link with Aboriginal men's health.
- Raise awareness of the unique needs of Aboriginal men.
- Assist health practitioners to gain a better understanding of the barriers that Aboriginal men face in attempting to improve their health.
- Suggest strategies that address the current status of Aboriginal men's health within NSW, using a framework that acknowledges the social determinants of health.
- Give effect to the NSW Department of Health's objective of improving the health of Aboriginal communities in NSW.
- Promote existing successful projects and programs with an Aboriginal men's health focus.

## Guiding principles

Developing strategies to address Aboriginal men's health requires consideration of issues that contribute to the physical, social, emotional, psychological and cultural wellbeing of Aboriginal men.

The guiding principles of this Plan are:

- Prevention and early intervention.
- Focus on supporting families and enhancing the role and function of Aboriginal men within the family.
- Engaging Aboriginal men more effectively in looking after their health and the health of their communities.
- Acknowledging and enhancing the considerable resilience that exists within Aboriginal communities.
- Sharing information on existing activities, programs and services that have made a positive contribution to improving the health and wellbeing of Aboriginal men.

## Key focus areas

The Plan adopts the following key focus areas from *Moving Forward in Men's Health* and recommends their use in working with Aboriginal men:

- Making health services more accessible and appropriate to Aboriginal men.
- Developing supporting environments.
- Improving collaboration and coordination of services.
- Pursuing quality research and information.
- Developing and training the health workforce.





Adopting a holistic approach this Plan seeks to identify and address the health needs of Aboriginal men, modelled on the World Health Organisation<sup>2</sup> (WHO) definition of health and the National Aboriginal and Islander Health Organisation definition of Aboriginal health.

This approach acknowledges the effects of income, unemployment, education, housing, sanitation, transport, racism, imprisonment and violence as important factors impacting on the health needs of Aboriginal communities. Furthermore, this Plan acknowledges the different health requirements of Aboriginal men and women during different phases of their life cycle, and recognises that these need to be accommodated in the planning and delivery of health programs.

## Historical factors and the health of Aboriginal men

Past policies and practices over many generations have been instrumental in shaping Aboriginal men's lifestyle. Forced removal from traditional lands and forced removal of children from families has had a devastating impact on all Aboriginal peoples.

The role of Aboriginal men within their community and family structures has therefore changed dramatically as they were forced to adopt a lifestyle completely alien to their own.

The resultant unresolved frustration and grief often lead to substance misuse and despair. These are further perpetuated by the high rates of imprisonment of Aboriginal men, and contribute to the separation and breakdown of family structures.

If Aboriginal men are to improve their health and help bring about the wellbeing of their communities, they must once again be given the opportunity to become empowered to regain their dignity, determination and pre-colonial state of health.

## Overview of consultation findings

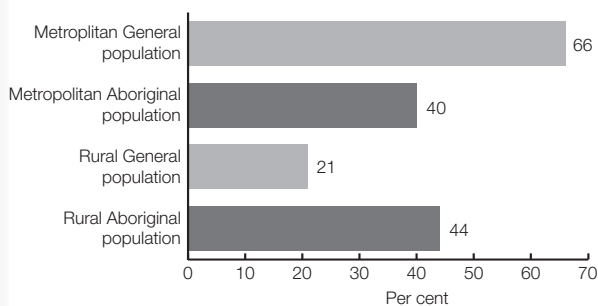
The impact of historical factors on the health and wellbeing of Aboriginal men is supported by information obtained through an extensive community consultation process that culminated in a two-day forum/workshop with Aboriginal men from across NSW. These consultations confirmed the following understandings:

- In comparison with the wider population, Aboriginal men are less likely to use primary health care services, resulting in increased presentations for secondary and tertiary health care.
- In NSW there has been a serious disruption of Aboriginal men's lives within their communities through limited education and employment opportunities and reduced authority and status due to loss of traditional ceremonial activity. This has resulted in a feeling of disempowerment among many men within their own communities.<sup>3</sup>
- Gender-related health issues for both men and women need to be taken into consideration as part of Aboriginal program development, implementation and evaluation in NSW.
- Future research and program planning need to be conducted in collaboration with Aboriginal men, to ensure that their health needs are clearly defined and are relevant to local needs and circumstances.
- There is growing awareness among Aboriginal men of the difficulties they face and an enhanced willingness to discuss and identify issues and take appropriate action to address them.

## Demographic and health status information

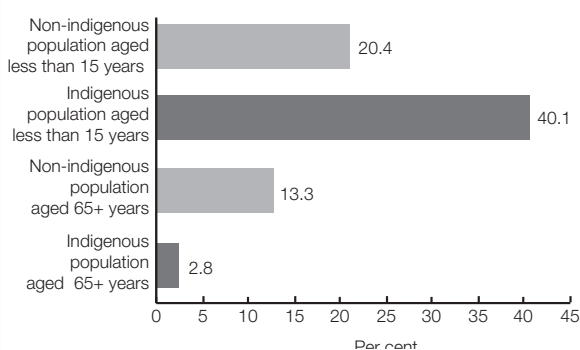
Data from the 2001 census<sup>36</sup> indicate that there are 119,865 Aboriginal and Torres Strait Islander people in NSW. Of these, 49% (59,571) are male and 51% (60,294) are female. Aboriginal people have a different geographical distribution compared with the total NSW population, with more Aboriginal people living in rural areas.

### NSW rural and metropolitan population distribution



Furthermore, the age structure of Aboriginal people is different from that of the general population, with 40.1% of the Aboriginal population under 15 years of age compared with 20.4% of the total NSW population. The median age of the Aboriginal population is 20 years, compared with a median age of 34 years for the wider population<sup>37</sup>. Of the total Aboriginal population, 2.8% are over 65 years, compared with 13.3% of the total NSW population.<sup>35</sup>

### National age comparisons



This age distribution reflects a higher mortality rate and shorter life expectancy pattern for Aboriginal people in NSW:

- Deaths among Aboriginal people were more likely to occur at younger ages.
- Aboriginal deaths under 25 years of age made up 15% of all Aboriginal deaths, compared with 3% among the wider population.
- Aboriginal deaths between 25 and 44 years comprised 22% of all deaths, compared with 5% among the wider population.
- Deaths among people aged 65 years and over comprised only 31% of Aboriginal deaths, compared with 79% of deaths in the wider population.
- Overall, based on NSW 2001 death registration data, Aboriginal men's life expectancy at birth is around twenty years lower than that of the wider NSW male population.<sup>35</sup>

Furthermore, it is likely that rates for Aboriginal deaths and illness are greatly underestimated, because many hospitals and other agencies fail to identify their Aboriginal clients. As a result, the following statistics may not fully reflect the actual differential between the Aboriginal and wider populations. Compared with the wider population, Aboriginal people suffer higher rates of:

- Illness from diabetes – a rate two and a half times higher.
- Kidney disease – twice as common in people over 35 years of age.
- Asthma – 35-45% higher in people under 25 years old.
- Hospitalisation – almost twice the rate for cardiovascular disease, diabetes, respiratory disease, lung cancer, injury and poisoning.<sup>7</sup>

The poor health status of Aboriginal communities in NSW is well documented. Nevertheless:

- The health of Aboriginal people is estimated as being three times worse than that of the wider Australian population.
- Many Aboriginal people in NSW live in environments that provide inadequate access to housing and essential services such as clean water, sewerage and waste disposal.<sup>8</sup>

Anecdotal evidence suggests that Aboriginal people may not want to use mainstream health care services, especially hospitals which are regarded as places of death due to family members having died in hospitals.

The attitudes of staff may also be seen as a barrier to accessing primary or preventative health care services. As a result, Aboriginal people may wait until the onset of a secondary illness before seeking necessary health care. These factors and a number of socioeconomic factors contribute to reduced quality of life, unacceptably high rates of illness and premature death among Aboriginal communities.

## Socioeconomic disadvantage and health

‘Socio-somatic illness’ means those physical ailments, bodily disorders and psychological or mental conditions that impair the health of Aboriginal people and the wellbeing of Aboriginal communities, and which result either directly or indirectly from sociological disadvantage; economic deprivation; racism; assimilationist legislation, policies and practices; unemployment; lack of housing; dispossession, alienation from land, and forced separation from parents, children, families and communities; and other traumas, which impinge upon Aboriginal people and have done so since dispossession. The link between historical and socioeconomic factors and health status is acknowledged.

Those people in society whose economic resources are most limited, experience poorer health as measured by death rates and standardised measures of illness. Social factors such as racist policies, income, employment, poverty, education, housing and community connection all impact on the health status of individuals.<sup>9</sup>

Education is known to be a strong predictor of mortality. People with high levels of formal education report fewer illnesses and better health than those with low levels of education.

Aboriginal people generally have completed lower levels of education and possess fewer formal educational qualifications than the wider population.<sup>10</sup> This continues to contribute significantly to high unemployment rates and ill health among Aboriginal men.

Understanding the known associations between lower socio-economic status and poor health is highly relevant to understanding the health status of Aboriginal men and the strategies needed to address some of these issues.<sup>11</sup>

- The Aboriginal population in 1996 had an unemployment rate three times greater than that of the general population.
- Members of the Aboriginal population are twice as likely as members of the wider population to live in rented accommodation.
- Over 30% of Aboriginal families live on less than \$400 a week. Only 20% of the wider Australian population live on less than \$400 a week.
- The wider population is more than twice as likely to have obtained post secondary qualifications.
- The median income for Aboriginal people aged 25-44 years is almost 38% lower than the wider population.
- Aboriginal people are more likely to have two or more families living in the same dwelling (the cultural practice of living in extended families is often not reflected in housing provision).

The World Health Organisation<sup>12</sup> encapsulates specific strategic directions and actions for improving health status, suggesting that:

- Health policy (and activity) cannot be confined to the health system, but must run across the social and economic determinants of health.
- Stress harms health, and as such should be minimised.
- A good start in life lasts a lifetime: so young children and parents should be supported.
- Social exclusion and poverty create misery and cost lives.
- Stress in the workplace creates disease. This especially refers to the stress felt by those lower in the workplace hierarchy who feel a lack of workplace control.
- Job security increases health, wellbeing and satisfaction.
- Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.
- Individuals who turn to alcohol, drugs and tobacco are influenced by their wider social setting.
- Healthy food is a political issue.
- Healthy transport means reducing driving and encouraging more walking and/or cycling, backed up by better public transport.

It is clear that socioeconomic disadvantage has a direct impact on health status. An important side note is that poverty or socioeconomic disadvantage is not a part of Aboriginal culture. Overcrowding in housing may be due to lack of appropriate consultation on the type of housing required.<sup>13</sup> Health risk behaviours and practices therefore need to be identified to ensure that these broader social issues can be addressed.

## Health and risk behaviour

### Alcohol and substance misuse

Alcohol misuse is a major problem facing Aboriginal men, in terms of both individual health and community safety. Compared with Aboriginal females Aboriginal males generally start drinking at an earlier age and consume alcohol at more hazardous levels more frequently. These hazardous patterns among Aboriginal males peak within the 25-34 age range, while in the wider male population, such patterns were observed among 12-24 year olds.<sup>14</sup>

Australian Bureau of Statistics research<sup>15</sup> indicates that in 1996, 25% of Aboriginal males in rural areas said that they had never drunk alcohol. Data from the 1997 and 1998 NSW Health Surveys<sup>16</sup> indicate that 21.2% of Aboriginal men aged 16 years and over had hazardous or harmful alcohol intake compared with 18.6% of the wider male population. This information suggests that while there are a significant proportion of Aboriginal men that do not consume alcohol, those that do consume alcohol tend to do so at more hazardous levels compared to that of the wider population.

These data indicate that higher proportions of Aboriginal men are non-drinkers. The higher quantities of alcohol consumed by those who do drink means that Aboriginal drinkers face higher risks from alcohol than drinkers in the general population.

The *Australian Institute of Health and Welfare Report*<sup>17</sup> indicates that over half the adult Aboriginal and Torres Strait Islander community were smokers, compared with less than one-third of the wider adult population. Furthermore, the Report<sup>18</sup> found that within Aboriginal communities in NSW, 52% of males aged 13 years and over were smokers.

In NSW the *Report of the Chief Health Officer*<sup>19</sup> reported that 38% of NSW Aboriginal males over 16 are current smokers, compared with 26% of the wider population. Overall rates of smoking for Aboriginal males are higher than for the general population in every region of the country.

Illicit drug use by Aboriginal men and women is fairly consistent (56% of those who have tried illicit drugs were male, compared with 46% who were female). Marijuana, amphetamines and hallucinogens stand out as being the drugs predominantly tried and used by Aboriginal males. Despite a higher level of illicit use within Aboriginal communities than the general population, the issue of illicit drug use is of less concern than alcohol use.<sup>20</sup>

Major successes in drug and alcohol interventions within Aboriginal communities have come from within the communities themselves. Strategies have addressed the need both to control supply and reduce demand. Proclaimed places have provided sobering shelters within NSW, reducing the levels of alcohol- and drug-related violence and trauma in communities and thereby reducing contact with the criminal justice system.

### Exposure to violence

Aboriginal people are much more likely to be the victims of violence and crime as compared with people in the wider population. In a 1994<sup>21</sup> survey of Aboriginal people aged 13 years and over, 13% reported that they had been physically attacked or verbally threatened in the 12 months before the survey. Aboriginal people in capital cities were more likely to report having been physically attacked or verbally threatened than people in other urban or rural areas. Moreover that Aboriginal men were more likely than Aboriginal females to report being attacked or verbally threatened<sup>22</sup>.

It is clear that there are many underlying personal and social factors that contribute to violence and need to be considered.

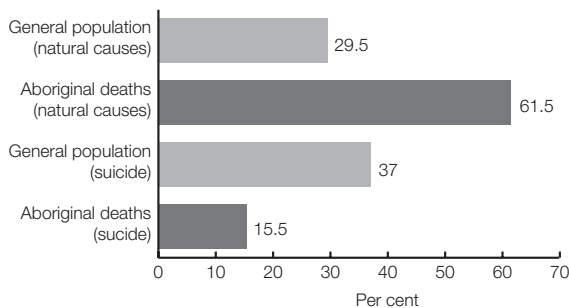
### Incarceration

Despite Aboriginal representation being less than 2% of the Australian population Aboriginal men are imprisoned at over 14 times the rate of the wider population. Among Aboriginal prisoners the 'most serious offence was more likely to be drug related' and compared with the total prison population a higher proportion of these offenders were young people.<sup>23</sup>

In 1997, one in six inmates who died in custody was an Aboriginal man. A NSW Corrections Health Service study into deaths in custody between 1992 and 1995 found that *natural* causes were more likely to have been the cause of Aboriginal deaths in custody than suicide.<sup>24</sup>

Among the wider prison population the percentage of deaths from suicide or from natural causes was not significantly different. This demonstrates that the overall health of Aboriginal men when they enter the corrective justice system is significantly poorer than the general population.

### Incarceration



Improving Aboriginal health was a central concern of the 1997 Royal Commission into Aboriginal Deaths in Custody. The following recommendations made by Royal Commission are of particular importance to this Plan:

- That the 1989 National Aboriginal Health Strategy (NAHS) be implemented.
- That strong relationships between correctional centres and Aboriginal community controlled primary health care organisations be developed.

It is clear that strategies to reduce Aboriginal deaths in custody must focus on:

- Ensuring safety for those who are within prisons.
- Reducing incarceration rates by addressing the disadvantage experienced by many of these men before they enter into the criminal justice system.
- Prevention and early intervention of strategies to address identified issues.

The NSW Corrections Health Service’s *Care in Context, Aboriginal Health Strategic Plan (CAHSP)* outlines strategies to improve Aboriginal health status within the prison system by establishing formal links with other Government and non-government agencies. The CAHSP acknowledges the need for community involvement in service provision to Aboriginal inmates and their families. It is clear that there needs to be an appropriate level of health service delivery to Aboriginal inmates, which should also focus on diverting Aboriginal men from the prison system.

## Mental health

Mental ill health is a key contributing factor to higher incarceration rates, violence and deaths in custody among Aboriginal men and may often be attributable to a low socioeconomic status or previous history.

The mental health problems of Aboriginal men are poorly researched and understood.

Many mental health problems are closely interwoven with substance abuse, violence, destructive behaviours and the loss of a sense of self worth. Substance misuse and destructive behaviours are often associated with grief and loss, demoralisation, trauma and mental distress.

There are few opportunities for personal achievement and recognition for Aboriginal men. High unemployment, discrimination, family disruption, breakdown and profound social disadvantage have contributed to their poor mental health. Aboriginal men have been the victims of rape, both in the community and within correctional institutions and this has caused great trauma and shame.

The combined effect of these multiple problems substantially increases the risk of conflict in relationships with families and with communities. As a result, Aboriginal men are unlikely to come forward to seek help for their destructive behaviours. However, Aboriginal men consulted as part of the development of this Plan reported that they are deeply concerned with the incidences of substance misuse, family violence and sexual abuse within their own communities.

The empowerment of Aboriginal men within their families and communities needs to be encouraged. Developing programs and strategies to address the issues that face Aboriginal men requires a holistic approach: the social, environmental, emotional and spiritual factors contributing to their wellbeing.

Programs and projects seeking to provide Aboriginal men with a greater sense of self-esteem and social relevance need to be fostered and nurtured. Young Aboriginal men need positive role models within the community, and programs and services need to be aware of the specific health needs of Aboriginal men.

## Problem gambling

'Problem gambling' can be defined as the situation where an individual's gambling activity gives rise to harm to either the individual and/or his or her family. This harm may extend into the community. It has been estimated that 2.1% of the Australian adult population can be considered 'problem gamblers'.<sup>26</sup> Evidence also suggests a multiplier effect: 5-10 people can be directly affected (in varying degrees) by the behaviour of one problem gambler.

Little data exists concerning Aboriginal patterns of gambling in NSW. A Queensland study cited in the *NSW Department of Health and the Department of Gaming and Racing Report* suggests that compared with non-Aboriginal respondents, Aboriginal players spend significantly more money on gaming machines and all forms of gambling.

This research suggests that gambling has a significant impact on Aboriginal communities especially given the higher rates of unemployment and lower levels of income experienced by Aboriginal people. Friendships are often severed as a result of gambling practices and un-repaid loans.

It is difficult to ascertain a gender breakdown of Aboriginal gambling patterns in NSW from existing data. However, anecdotal reports from the first NSW Department of Health Aboriginal Men's Health Forum held in June 2001 suggest that gambling is a significant problem for Aboriginal men and has direct consequences for their communities.

This is further supported by Aboriginal health workers, who suggest that given the range of complex problems confronting Aboriginal communities, drinking and gambling are often regarded merely as recreational pastimes. As a result the effects of problem gambling are underplayed or lost in the broader social issues. Strategies to enhance the health of Aboriginal men in NSW must recognise and address the interlinked nature of these issues.

The *NSW Department of Health and the Department of Gaming and Racing Report* contains strategies to enable Aboriginal workers to address the needs of Aboriginal men.

The report also notes fear of stigmatisation and the gender of service providers may inhibit Aboriginal men accessing appropriate services. These issues need to be taken into account in the planning and delivery of services.

## Parenting

Physical and cultural dispossession, the removal of children, assimilation policies and trans-generational trauma have had a profound effect on the erosion of traditional parenting practices within the Aboriginal population.<sup>27</sup> High rates of incarceration, early death or disability and confusion over the loss of the traditional role of Aboriginal men have made it difficult for a significant proportion of Aboriginal children to receive adequate fathering.

Until recently, parenting programs generally addressed the mothering role or offered insight into parenting for both mothers and fathers. Important as joint roles are, the independent role of Aboriginal fathers may not have been acknowledged, as outlined in previous sections of this Plan.

The development of specialised support programs for Aboriginal fathers could play an integral role in establishing better health outcomes for the next generation of Aboriginal children. In this the role and contribution of Aboriginal elders, fathers, uncles and grandfathers needs to be emphasised and shared to strengthen family ties by promoting Aboriginal men as positive role models within their communities.

Specific Aboriginal parenting programs that engage both fathers and children/adolescents should be encouraged in recognition of the cultural and circumstantial differences faced by Aboriginal families. These programs should not only be targeted toward families who are together as a traditional family unit. For example, Aboriginal men within prisons should also be targeted as a specific group. This may require the development of appropriate spaces where families could meet together within environments that promote interaction between fathers and their children.

## Sexual health

HIV/AIDS continues to pose a serious threat to Aboriginal people. In accordance with the *National Indigenous Australians' Sexual Health Strategy*, NSW Health recognises the need for Aboriginal HIV/AIDS health promotion initiatives to be located within a broader sexual health context. This approach recognises that within Aboriginal communities:

- HIV/AIDS cannot be addressed in isolation from other sexually transmissible infections, related blood-borne viruses, and sexuality.
- Sexual health is linked closely to the overall wellbeing of Aboriginal men and women, which in addition to the experiences of the physical body, recognises social, cultural, emotional and spiritual experiences.

Overall rates of HIV/AIDS diagnoses per capita have differed little between Aboriginal and non-Aboriginal people, and in the majority of cases of infection in both population groups exposure to HIV is through male homosexual contact. However, a higher proportion of heterosexually acquired HIV infection has been reported among Aboriginal people.

There also continue to be high rates of sexually transmissible infections within Aboriginal communities.<sup>28</sup> Compared with the non-Aboriginal population, rates of notification for all bacterial sexually transmissible infections (such as gonorrhoea and syphilis) are substantially higher among Aboriginal people. Whereas the combined rate for bacterial sexually transmissible infections is declining in the non-Aboriginal population, in the Aboriginal population it remains stable.<sup>29</sup> Research has indicated that the high rate of sexually transmissible infections in the Aboriginal population is a result of lack of access to effective diagnosis and treatment services, and is not principally an issue of promiscuity.<sup>30</sup>

The NSW Health *HIV/AIDS Health Promotion Plan 2001/03* established the following principles – as outlined in the *National Indigenous Australians' Sexual Health Strategy* – specifically in relation to Aboriginal sexual health promotion programs:<sup>31</sup>

- The provision of programs that meet the specific needs of both Aboriginal men and women in accordance with local cultural practices, such as by providing both female and male workers and educators.
- The need for community involvement, control and commitment at all stages of program design, delivery and evaluation.

- The need for prevention strategies to take into account the diversity of cultural practices and circumstances of Aboriginal people.
- The development of capacity at a local level to allow concerns and interests to be accommodated in a way that acknowledges this cultural diversity.
- The integration, within a primary care framework, of education, population health and clinical approaches to sexual health.
- The integration of sexual health information into other health and community programs and settings – such as alcohol and drug services, schools, employment programs, correctional facilities and men's and women's health programs.

The Plan recognises that Aboriginal people are also members of other identified priority population groups and that all health promotion initiatives designed to respond to the epidemic should take account of their particular needs.

Aboriginal gay men, homosexually active men and 'sistergirls'/transgenders are high priority populations for health promotion initiatives and have specific needs in relation to sexual health. The high prevalence of HIV and sexually transmissible infections among Aboriginal women is also of concern.

Sexual health promotion programs for Aboriginal people operate within a holistic framework of men's and women's health and take into account the following:

- The impacts of poor housing, social and economic infrastructure within Aboriginal communities and their implications for health promotion programs.
- High rates of incarceration of Aboriginal men and women, and the health and social impacts on individuals and their communities.

As with all populations, sexual health programs for Aboriginal communities need to address injecting drug use issues including HIV and hepatitis C infection.

NSW has a large, well developed and effective Network of Aboriginal HIV/Sexual Health Workers, with 50% of them working in the context of men's sexual health. The NSW Department of Health coordinates and supports the activities of the Network and provides training for its members. The Network's annual meeting contributes to the identification of emerging issues and strategic priorities for professional development and enables members to share their experiences.

## Diet, nutrition and body weight

Good nutrition is essential to good health. Being overweight increases the risk of cardiovascular disease and stroke. Obesity is also a major risk factor for diabetes and some forms of cancer. Although the data are incomplete, Aboriginal men have unacceptably high levels of fat intake in their diet. Available information suggests that 60% of Aboriginal men and 57% of Aboriginal women are overweight, and that 41% of Aboriginal men have moderate to high fat intake levels. This compares with 38% of all males and 26% of all females. Compared with non-Aboriginal men, Aboriginal men are more likely to have one or more risk factors to which their poorer health status can be directly attributed.<sup>32</sup>

## Summary

Based on past and present experiences, Aboriginal men are less likely than the wider population to either access services or place trust in Government and non-government service providers. Aboriginal men's issues are interlinked and it is clear that addressing issues of Aboriginal health and wellbeing is beyond the scope of any one agency. What is needed is an inter-sectoral collaborative approach to the planning and delivery of services.

It is also clear that Aboriginal men should be involved in the design and delivery of health care in order to ensure that culturally sensitive services are delivered in a way that is accessible and acceptable.

This Plan has identified guiding principles consistent with self-determination in Aboriginal Health. The following section provides an analysis of innovations in Aboriginal men's health programs across NSW, and from around Australia where relevant.



The following analysis is drawn from Aboriginal men's health programs from around Australia. It shows that there is great value in actively assessing the needs of Aboriginal men and in providing a service or program that meets those needs. This section provides a guide for key stakeholders to address the needs of Aboriginal men by working together within a culturally sensitive framework.

## Addressing men's health through separate strategies from women's health

The Northern Territory's Gapuwiyak and Darwin's men's health clinics demonstrate that separate strategies for men's health and women's health can be highly effective.<sup>33</sup> This might involve having particular aspects of a program taking men's needs into account, or establishing a men's clinic so that men feel comfortable in accessing health services.

In Darwin, the men's clinic was not located at the main centre but in a house a couple of blocks away. Aboriginal men are more at ease with this concept of separate clinics and were more likely to consult a male doctor for a specific problem and return for follow-up.

An example of how this principle may be applied is in health promotion. Well funded health promotion greatly reduces smoking rates. Aboriginal men and women should insist on anti-smoking programs designed especially for them. The same is true for unsafe alcohol use, which is linked to sudden death from heart disease as well as from accidents. Many people, particularly young Aboriginal men, may have no idea about what is a safe amount to drink each day.

Such strategies assist in overcoming the often noted problem of 'engaging' Aboriginal men with health services, in a way that reduces the rate of acute, last-minute presentation.

## Employing more men within the NSW health sector

A way of improving Aboriginal men's access to health services is to increase the number of men employed in the health sector. For example, the role of male health workers is an important factor in drawing Aboriginal men to primary health care facilities to address health issues of a sensitive and personal health nature, such as testicular and prostate cancer. As noted earlier, there are fewer Aboriginal male health workers than Aboriginal female health workers. The development of strategies to increase the number of male health workers within primary health care settings will be an important long-term approach to improving male health.

Both the Aboriginal Men's Health Group in Wentworth Area Health Service the Aboriginal Men and Youth Culture Camps in Central Coast Area Health Service provide environments within which Aboriginal men can feel at ease because events are organised by and for men. These are environments where men can feel comfortable because there are other men around.

Many health services are places where the majority of health workers are women, and men may feel more comfortable accessing services where they know they can talk to another man about men's health issues.

## **Making health services relevant for Aboriginal men, their lives and interests**

The Rumbalara Sports Program in Victoria and the Well Men's Check-Ups in the Northern Territory are two very good examples of this approach.

One key success in recent years has been the achievements of Aboriginal men in sport. These achievements have been a source of great pride, and many Aboriginal men have demonstrated community leadership through their role in sporting success. It has been suggested that promoting the involvement of Aboriginal children and youth in sport is likely to be beneficial for the Aboriginal community as a whole.

Sports and fitness programs are an important part of general community development, especially for young people. As part of a community health approach, they are generally likely to contribute to the emotional and overall wellbeing of Aboriginal men.

Physical fitness activities may form a focus for active life skills as opposed to negative coping through substance misuse and destructive behaviours. These activities could be developed by communities to link to family health initiatives in Aboriginal Medical Services and to other Aboriginal controlled programs.

The Well Men's Check-Up clinics utilise sport and location to make their health promotion message relevant to men. Health promotion messages can be targeted to the players in a way that emphasises the players' chances of winning by getting fitter, stronger, healthier and smarter. For example, messages about how smoking reduces the lungs' ability to absorb oxygen; the positive benefits of eating a high carbohydrate meal before playing to increase energy levels; and the detrimental effects of drinking alcohol the night before playing

Another example of making health services relevant for Aboriginal men is to link health projects or programs with practical activities. For instance, if Aboriginal men are involved in local Community Development Employment Projects (CDEP) (such as environmental work, building work or other hands-on activities), then these activities can be utilised for health programs. A golf tournament or a TAFE skills class that allows men to learn skills while coming together in a safe environment that puts them at ease, is an excellent starting point to address the health needs of Aboriginal men.

## **Making services specific to male health issues so men are more likely to attend**

The most obvious examples of specific male health issues are those relating to sexual health. STI and HIV programs designed specifically for Aboriginal men are an important strategy for education and information. Other key aspects of health can be promoted in similar ways so that Aboriginal men feel that they are relevant for them.

## **Providing incentives for Aboriginal men to be involved**

Successful programs often provide some kind of incentive encouraging men to be involved. This might be access to the local golf course, as is the case of the Mid Western Area Health Service's Aboriginal Men's Health Day. The opportunity to play golf was not something that the men would normally have, so providing this opportunity was a good incentive. Another example is the MENDS Program in Northern Rivers Area, where the Aboriginal health worker arranged access for the men to the local Police Citizens Youth Club (PCYC) gym three times a week.

Provision of a meal allowance for a more informal atmosphere is an added incentive for those who may be a reluctant to be part of the activity. The Well Men's Check-Up program in the Northern Territory found that providing a meal was a means of rewarding men who attend the check-up clinic.

## **Developing services within the terms set down by local men**

All projects and programs should aim to be relevant to the needs of local men. There is little point in developing a great program if local men don't see it as relevant to them or their lives.

The Dhuuluu Yalla Aboriginal Men's Group (South Western Sydney Area Health Service) is a good example of a clinic that provides a range of services and assistance to Aboriginal men in accordance with their needs. Services provided include a health clinic, arts and crafts, and referral to other services. This more holistic approach is suited to the needs of local Aboriginal men.

The Gapuwiyak Men's Health Program in the Northern Territory demonstrates that men will access services if those services are developed in accordance with their own needs and terms. The men were embarrassed about seeing a female health worker about sexual health issues in a less than confidential environment. The local men worked together to establish a separate clinic in a location where they felt comfortable attending, resulting in a 600% increase in attendance.

## **Recognising men's role in Aboriginal society and how that role impacts on their health status**

It is important to recognise that the role of men in Aboriginal society has changed tremendously in only a few generations. Aboriginal men have experienced a loss of their role in both society and family. This results in despair, shame and a sense of inadequacy. This is why some men feel that they can no longer contribute to their communities.

Projects and programs that acknowledge a positive role for Aboriginal men in their communities and families are essential. The Southern Area Health Service Aboriginal Men's Football Program has been an effective means of addressing health issues in a positive, social environment conducive to building men's self esteem.

The Northern Rivers/Department of Community Services MENDS Program also seeks to reinforce positive concepts for the role of the men in their families and communities.

## **Addressing the high costs of medication**

As this Plan has clearly shown, Aboriginal men suffer a higher burden of ill health compared with the wider population. Prohibitive medication costs are an important issue that arose out of consultations in the development of this Plan. To reduce the costs of medication, Aboriginal people need to be informed about their eligibility for any benefits.

## **Increasing the numbers of medical practitioners with an understanding of and time to deal with Aboriginal men's needs**

Local medical practitioners should be encouraged to work closely with local Aboriginal health workers and to develop partnerships with them. It is essential to increase the number of professional people in the local area with whom Aboriginal men feel comfortable, and who understand the needs of the men. This can be done in partnership with existing local programs. The Miller Street Aboriginal Men's Health Clinic, which provides General Practitioners on site, is a good example.

## **Working in partnership**

Working in partnership with the Aboriginal community controlled health sector is a major platform of the NSW Government's policy commitment to the Aboriginal people of NSW. Partnerships are about working collaboratively in an environment based on respect, trust and equality.<sup>34</sup>

Aboriginal health workers across NSW need to be supported to provide the kinds of programs and services that benefit Aboriginal communities, including Aboriginal men.

Working with local Aboriginal communities was a key feature of the men's health conference in Mid Western Area Health Service and an integral component of local reconciliation efforts. The successful involvement of local men in this process and in the linked activities of health education, a golf tournament and developing social support networks illustrates how this might work.

Another good example of working together in partnership was the 1999 first NSW Health Department Aboriginal Men's Health Forum. For two days, Aboriginal men from government and non-government health services worked together as a group to provide input and advice on strategy development for this Plan. A key theme from the forum was the positive discussion of issues raised and their agreement on the importance of working together in partnership to address the problems that face Aboriginal men within their own communities.

## Enhancing health promotion capacity

The NSW Aboriginal Health Partnership has endorsed a *Directions Paper* developed to guide the Aboriginal Health Promotion Program in NSW. The paper describes some of the pertinent issues and current opportunities for the development of more effective and sustainable approaches to progress.

One approach offering a sustainable platform for health promotion to address the issues mentioned above, is to build the capacity of Aboriginal communities and relevant health and other organisations to promote Aboriginal men's health. Key issues that would need to be considered as part of the capacity building process include:<sup>35</sup>

- Make sure that the issue is important for the community, and not just for you.
- Ensure that the community participates to prioritise their issues.
- Ensure that the community is involved in every stage of the project, including planning, development; implementation; evaluation; monitoring and maintenance.
- Ensure that all the key stakeholders will be involved.
- Keep everyone involved, informed about the project and the process.
- Remember to meet the community's needs, and not just your own.
- Consider how you will evaluate and maintain the project.
- Evaluate whether you would or could do anything different next time.
- Determine if your activities could change policy.

## Developing an evidence base to improve services

Research is an important part of our overall understanding of men's health issues, and needs to inform the development of an evidence base for improving health service provision. There are many gaps in evidence to be filled. Issues in need of further research may include:

- How to integrate men's health programs into existing Aboriginal primary health care services.
- How to increase participation by Aboriginal men in the research process.
- Better targeted research aiming to improve Aboriginal men's health.
- How best to improve access to health services for Aboriginal males in urban, rural and remote areas.
- Identifying strategies and programs for optimising health outcomes for Aboriginal men.

The work of existing projects and programs needs to be better documented. These projects and programs should be encouraged to publish their work so that others may learn from their experiences. The following Implementation Plan incorporates the five key focus areas and guiding principles within a framework consistent with current NSW Department of Health policy directions.



This Plan introduces measures to identify the extent of ill health among Aboriginal men in NSW; at the same time it outlines a positive and growing momentum among Aboriginal men to improve their health and wellbeing by taking control of their lives. The strategies contained within each of the following five key focus areas have been developed to reflect these issues. They are the result of collaboration between mainstream and Aboriginal community controlled health sectors within the NSW Aboriginal Health Partnership, government and non-government agencies and Aboriginal people across NSW.

## Key focus area: Making health services more accessible and appropriate

Aboriginal men are less likely than other members of the NSW population to utilise primary health care services and are more likely to present at hospital casualty departments for treatment of often

preventable and treatable illnesses. Clearly, Aboriginal men tend to delay seeking health assistance. It is therefore important for health services to ensure that Aboriginal men are made more aware of available primary health services.

To avoid separation from socio-economic and cultural programs, it is essential that Aboriginal men's health initiatives are located within a holistic context. Whilst some strategies have been shown to be useful – such as special sessions for men only; increasing the number of Aboriginal male service providers; and specific sporting activities – it is evident that a consolidated approach is required that is not separated from the community, but exists as a vital component.

From experience this can be best auspiced through the NSW Aboriginal health partnership. Opportunities for health promotion and appropriate counselling exist within this context, men from within the community provided with the responsibility to suggest suitable incentives for men's participation.

### Key focus area: Making health services more accessible and appropriate

Strategy	Action	Responsibility	Outcomes
Make health services both appropriate and acceptable to Aboriginal men.	<p>Deliver all health services provided to Aboriginal men in accordance with the NSW Aboriginal Health Partnership.</p> <p>Mainstream and Aboriginal community controlled health sectors actively promote, educate and recruit Aboriginal men for Aboriginal men's specific health programs.</p> <p>Encourage men to routinely attend Aboriginal Community Controlled Health Services for workshops, clinics and seminars on men's health.</p>	<p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p> <p>Aboriginal Employment Coordinators.</p> <p>Aboriginal Health and Medical Research Council.</p> <p>NSW Aboriginal Health Branch.</p>	<p>Area Health Services and Aboriginal Medical Services work collaboratively to provide accessible health services to Aboriginal men.</p> <p>The number and types of programs established are included in an appropriate reporting mechanism.</p> <p>Increased gender balance is reported annually.</p> <p>Men-only clinics and workshops are to be increased through Aboriginal Community Controlled Health Services by December 2003.</p>
To improve access to health services by Aboriginal men by improving transport.	Area Health Services and Aboriginal Community Controlled Health Services promote IPTAAS scheme to Aboriginal men.	<p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) data are collected to show utilisation by Aboriginal men.

*Key focus area: Making health services more accessible and appropriate (continued)*

Strategy	Action	Responsibility	Outcomes
Engage Aboriginal men in the development of Aboriginal men's primary health care programs.	<p>Recognise Aboriginal men when seeking community involvement in project or program development.</p> <p>Recognise involvement by Aboriginal men in developing innovative programs that target Aboriginal men.</p>	<p>NSW Health.</p> <p>Aboriginal Health and Medical Research Council.</p> <p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	Aboriginal men are involved in the development of Aboriginal primary health programs. Where practicable, relevant information is provided in an appropriate reporting mechanism.
<p>Use Aboriginal Community Controlled Health Services to promote the range of primary health related support services to Aboriginal men.</p> <p>Use Hospitals and AHS to promote access to secondary and tertiary health care for Aboriginal men.</p>	<p>Enhance the capacity of Aboriginal Community Controlled Health Services to provide a wider range of primary health services to Aboriginal men.</p> <p>Enhance the capacity of Area Health Services to promote access to hospitals and specialist health care in a culturally sensitive manner.</p>	<p>Area Health Services.</p> <p>Aboriginal Health and Medical Research Council.</p> <p>Divisions of General Practice.</p>	<p>The provision of primary health related support services within Aboriginal Community Controlled Health Services is enhanced.</p> <p>Access to Hospital services and specialist health care through mainstream services is enhanced.</p> <p>Appropriate AHS health staff are involved in the working parties provided for within Local/Area Aboriginal Health Partnerships.</p>
Ensure effective service delivery to Aboriginal men on mental health and drug and alcohol related issues.	Provide appropriate counselling in social and emotional wellbeing and substance misuse for Aboriginal men.	<p>Area Health Services.</p> <p>Aboriginal Health and Medical Research Council.</p>	The Local/Area Health Partnerships are utilised to address the need for appropriate counselling for social and emotional wellbeing and drug and alcohol related issues.
Develop Aboriginal parenting programs for Aboriginal families, including parents within prisons.	Incorporate parenting programs into Aboriginal men's health projects.	<p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	<p>Programs that promote positive links between Aboriginal men and their children are implemented within Aboriginal communities and prisons.</p> <p>The important role of Aboriginal men in parenthood is acknowledged.</p>

## Key focus area: Developing supporting environments

Initiatives that contribute to the development of health supporting environments include:

- The establishment of more Aboriginal men's support groups.
- Further utilisation of ACCHS to provide appropriate men's programs, projects workshops and clinics.
- Parenting programs for Aboriginal fathers.
- Acknowledgment of Aboriginal men who are involved in positive local community initiatives.

### Key focus area: Developing supporting environments

Strategy	Action	Responsibility	Outcomes
Enhance partnerships with general practitioners (GPs) in the provision of health services to Aboriginal men.	<p>Increase interaction between GPs and Aboriginal Health Workers through the Divisions of General Practitioners.</p> <p>Establish working parties within Local/Area Aboriginal Health Partnerships to improve GPs' knowledge and understanding of Aboriginal men's health issues.</p>	<p>Area Health Services.</p> <p>Divisions of General Practice.</p> <p>Aboriginal Community Controlled Health Services.</p>	Divisions of GPs are involved in working within existing local/ Area Aboriginal Health Partnerships.
Area Health Services work in partnership with Aboriginal Medical Services to provide Aboriginal men's health services.	<p>Identify and/or establish Primary Health Care programs for Aboriginal men through the NSW Aboriginal Health Partnership.</p> <p>Identify common priorities and outcomes for Aboriginal men.</p> <p>Develop a more coordinated approach to service provision, which includes a sharing of resources.</p>	Local Aboriginal Health Plans include specific strategies and actions in relation to the health needs of Aboriginal men.	<p>Aboriginal men's health projects and programs collaboratively developed reflect the information contained in Local Aboriginal Health Plans.</p> <p>Aboriginal men's health programs that recognise men's health needs are provided.</p>
Include specific strategies targeting Aboriginal men's health in Local Aboriginal Health Plans.	Include pertinent men's health information obtained from consultations with Aboriginal men and ACCHS men's health workers included in Local Aboriginal Health Plans.	Area Health Services. Aboriginal Community Controlled Health Services.	
Utilise NSW Department of Health's Capacity Building Framework to improve Aboriginal men's health.	Adopt Capacity Building Framework to enable more effective health promotion approaches in Aboriginal men's health.	<p>NSW Aboriginal Health Partnership.</p> <p>Aboriginal Community. Controlled Health Services.</p> <p>Area Health Services.</p>	Aboriginal men's health programs are complemented by the Capacity Building Framework developed by the NSW Aboriginal Health Partnership.
Engage the NSW Aboriginal Health Partnership in improving Aboriginal men's health.	<p>Seek support/endorsement from the NSW Aboriginal Health Partnership for the <i>Aboriginal Men's Health Implementation Plan</i> (the Plan).</p> <p>Provide Aboriginal Health Partnership with an annual report on the progress of the Plan.</p>	<p>NSW Health.</p> <p>NSW Aboriginal Health and Medical Research Council.</p>	<p>NSW Aboriginal Health Partnership reviews the Implementation Plan in 2004.</p> <p>Evaluation findings are included in future health programs and health service delivery.</p>

*Key focus area: Developing supporting environments (continued)*

<b>Strategy</b>	<b>Action</b>	<b>Responsibility</b>	<b>Outcomes</b>
Develop a memorandum of understanding with Men's Health Information and Resource Centre.	Include Aboriginal men's representation on the Centre's steering committee.	Men's Health Information and Resource Centre.	The Men's Health Information and Resource Centre Steering Committee includes an Aboriginal men's representative by February 2003.
Develop programs that promote health and wellbeing among young Aboriginal men.	Promote health programs through Local/Area Aboriginal Health Partnerships.	Local/Area Aboriginal Health Partnerships.	Programs are established and reported against the NSW Aboriginal Health Partnership Report.
Make internal Health Department employment industrial matters consistent with the provisions of the NSW Aboriginal Employment Strategy.	Make the network a sub-group of an existing Area Partnership.	NSW Health. Area Health Services. Aboriginal Medical Services. Aboriginal Health and Medical Research Council.	NSW State and Area Partnership meetings are held.
Develop strategies that support rural and remote health staff in integrating an Aboriginal men's health focus into their work.	Where appropriate, seek the advice of Aboriginal health workers' on best practice models of service delivery.	Aboriginal Medical Services. Area Health Services.	More Aboriginal men utilising preventative health care services are identified.

## Key focus area: Improving collaboration and coordination of services

There is a strong correlation across the world between levels of education and health status. Even though links may not always be recognised, components of work undertaken by Government and non-government organisations contribute to the health and wellbeing of Aboriginal men. For example, the Department of Education and Training is raising the literacy level of Aboriginal communities with indirectly related yet positive health outcomes.

At an Area level, the Department of Education and Training is working with the Aboriginal Educational Consultative Group (AECG) and local schools to

improve Aboriginal retention rates. This will have a positive effect on long-term health status. The work carried out by the Roads and Traffic Authority to reduce road related deaths and injury among young men is also making an important contribution to the health of the Aboriginal community.

More specifically the Department of Community Services (DOCS) Koori MENDS Program based within the Northern Rivers Area is linking NSW Health Department, the Commonwealth Department of Employment, Education and Training and Youth Affairs (DEETYA), and Probation and Parole together to focus on the effects of drug and alcohol misuse on families and relationships. The first formal evaluation showed benefits to the health and wellbeing of the Aboriginal men who have participated in this project.

### Key focus area: Improving collaboration and coordination of services

Strategy	Action	Responsibility	Outcomes
Support the establishment of more Aboriginal Men's Health Groups.	<p>Establish men's health groups through Local Area Partnerships.</p> <p>Have Local Area Partnerships report positive programs within successful men's health groups throughout the State.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>Local/Area Aboriginal Health Partnerships.</p>	Aboriginal men's partnerships are established in accordance with Local/Area Aboriginal Health Plans.
Promote good news on Aboriginal men's health.	<p>Promote Aboriginal men's health during Men's Health Week and other promotional activities.</p> <p>Utilise targeted media opportunities to promote Aboriginal men's health.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>Local/Area Aboriginal Health Partnerships.</p>	Information on positive projects and programs collected on Aboriginal men's health supports implementation of the Aboriginal Men's Health Implementation Plan.
Coordinate services to respond to the needs of families separated by incarceration.	Support the implementation of strategies relevant to Aboriginal men within the Corrections Health Strategic Plan.	<p>NSW Department of Health.</p> <p>Corrections Health Service.</p> <p>Aboriginal Health and Medical Research Council.</p>	Programs are identified and designed for Aboriginal families separated by incarceration.
Implement strategies to improve health outcomes for Aboriginal men within NSW prisons.	Support the implementation of the Corrections Health Service's Aboriginal Health Strategic Plan where relevant to Aboriginal men.	<p>NSW Health.</p> <p>Corrections Health Service.</p> <p>Aboriginal Health and Medical Research Council.</p>	There is an identified improvement of Aboriginal men's health and wellbeing in NSW prisons.
Provide GPs with education and training on Aboriginal men's health.	Develop targeted courses and programs, that provide professional training to GPs and support the allocation of Continuing Medical Education (CME) points. Work with GP professional representative bodies to promote Aboriginal men's health.	<p>NSW Aboriginal Health Partnership.</p> <p>Local/Area Aboriginal Health Partnerships.</p>	<p>Develop a training module on Aboriginal men's health for GPs by 2004.</p> <p>Strategies are developed and included in the reporting mechanism.</p> <p>Aboriginal men's health issues are incorporated as a core component of medical, nursing and allied health school curriculums.</p>

## Key focus area: Research and information

Information on the health of Aboriginal communities is increasing steadily, although the quality of data available needs to be improved. The difficulties with existing data quality reflect the non-disclosure of Aboriginality by patients. There are many reasons for non-disclosure, including health services providers not raising the question of Aboriginality and a reticence on the part of many Aboriginal people to disclose their Aboriginality out of fear of discrimination.

In NSW considerable progress has been made to improve Aboriginal identification in the hospital admittance and funeral homes processes.

The category of Aboriginality on the standard Death Certificate Form will also provide greater access to important health data.

More recently, criticism has emerged during community consultations by Aboriginal men concerning research being carried out on their communities. A common complaint was that information obtained was not returned back in a form that was useful to their needs. This criticism raises a number of ethical and practical problems which can be resolved by adherence to the *NSW Aboriginal Health Information Guidelines* and the use of the AH&MRC Ethics Committee by ACCHS. Improved Aboriginal health data will enable more rigorous evaluations of the successes of existing Aboriginal men's health projects and programs.

### Key focus area: Research and information

Strategy	Action	Responsibility	Outcomes
Improve data collection and reporting on Aboriginal men's health.	<p>Make research programs targeting Aboriginal men's health consistent with <i>NSW Aboriginal Health Information Guidelines</i>.</p> <p>Identify areas of activity that currently do not collect data on Aboriginality. Develop a process for addressing these gaps. Identify effective methods for presenting data on Aboriginal health and wellbeing in the NSW Health Department's <i>Report of the Chief Health Officer</i>.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>NSW Health.</p> <p>Area Health Services.</p> <p>Aboriginal Health and Medical Research Council.</p> <p>Aboriginal Health and Medical Research Ethics Committee.</p>	<p>Accurate baseline data is collected on Aboriginal men's health status in NSW.</p> <p>A report is prepared for the NSW Department of Health and the NSW Aboriginal Health Partnership by December 2003.</p> <p>The <i>Report of the Chief Health Officer</i> includes specific information on Aboriginal men's health.</p>
Establish a database on Aboriginal men's health programs within NSW.	Develop a database that reflects current projects/ programs within NSW.	NSW Aboriginal Health Partnership.	An ongoing database of projects and programs undertaken by Area Health Services and Aboriginal Medical Services relevant to men's health is developed by April 2003.
Conduct research to identify effective Aboriginal men's parenting programs.	<p>Identify programs that effectively engage younger and older Aboriginal men.</p> <p>Promote projects in Local/ Area Aboriginal Health Partnerships among Aboriginal men.</p>	<p>Aboriginal Health and Medical Research Council.</p> <p>NSW Aboriginal Health Partnership.</p>	Baseline data that increases the understanding of effective parenting programs within Aboriginal communities is collected.
Improve the understanding of what constitutes effective service provision in Aboriginal men's health.	Identify what constitutes good practice in the delivery of health services to Aboriginal men.	Collaborative Centre for Excellence in Aboriginal Health Promotion.	Best practice guidelines for Aboriginal men's health are developed and distributed by March 2004.

## Key focus area: Workforce development and training

Many reports have highlighted the disadvantage in employment faced by Aboriginal people. Reports including the Royal Commission Into Aboriginal Deaths in Custody, National Aboriginal Health Strategy, Bringing Them Home – National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, have made consistent recommendations concerning this issue.

NSW Department of Health and the Aboriginal Health and Medical Research Council believe that an improvement in the employment opportunities of Aboriginal people will have a significant impact on improving health outcomes within communities.

NSW Department of Health’s Aboriginal Employment Strategy (AES) has set a 2% benchmark for the employment of Aboriginal people within the Department and Area Health Services across the whole range of vocations and positions. This provision is not restricted to Aboriginal health identified positions. However, effective implementation of the AES is obstructed by:

- Structural barriers
- Information barriers
- Educational development barriers.

Where applicable, affirmative action needs to be taken to increase the number of men working in men’s health, to expand opportunities linking male employees to formal education and training education programs and to enhance their vocational career paths.

### Key focus area: Workforce development and training

Strategy	Action	Responsibility	Outcomes
Improve training for Aboriginal people employed in Aboriginal men’s health issues.	<p>Include information on Aboriginal men’s health issues within in-service training of Aboriginal staff.</p> <p>Enhance the career paths and opportunities for further professional development of Aboriginal staff.</p> <p>Have Area Health Services develop suitable strategies to improve training opportunities for Aboriginal staff.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	<p>Training programs are conducted for Aboriginal staff within ACCHS and Area Health Services on Aboriginal men’s health needs.</p> <p>Mentoring programs are established within Area Health Services.</p>
Promote educational and employment opportunities for Aboriginal men to further their employment.	<p>Implement the National and State Aboriginal Employment Strategies and, where appropriate, recognise the importance of gender issues.</p> <p>Develop training opportunities for Aboriginal men within Aboriginal Medical Services. Comply with EEO employment guidelines.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	<p>There is an Increase in the development and employment of Aboriginal men outside of designated/ identified positions in NSW Health Department and Area Health Services.</p> <p>More Aboriginal men are employed within Aboriginal Medical Services.</p>
Encourage the involvement of Aboriginal men in the policy and decision making process.	<p>Continue to support Aboriginal men’s representation on Area Health Service Advisory boards, local Health Councils Advisory Groups and interviewing employment panels.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	<p>The representation of Aboriginal men in key health advisory groups and boards increases.</p>
Create additional Aboriginal Men’s Health positions.	<p>Recruit two project officer positions to be located within the NSW Department of Health and the Aboriginal Health and Medical Research Council.</p>	<p>NSW Aboriginal Health Partnership.</p> <p>Area Health Services.</p> <p>Aboriginal Community Controlled Health Services.</p>	<p>Project officer positions are recruited.</p>

*Key focus area: Workforce development and training (continued)*

Strategy	Action	Responsibility	Outcomes
To guide the implementation of this Plan, develop an Aboriginal Men's Health Advisory Group.	Establish an Aboriginal Men's Health Advisory Group within the existing provisions and structure of the NSW Aboriginal Health Partnership.	NSW Aboriginal Health Partnership. Area Health Services. Aboriginal Medical Services. Aboriginal Community Controlled Health Services.	Progress on the implementation of this Plan routine reporting to the NSW Aboriginal Health partnership.



NSW Health is committed to improving the health of Aboriginal men through a focus on prevention and early intervention projects and programs. This Strategic Plan provides a realistic and achievable way forward by seeking to further develop existing projects and programs in men's health and to further support and resource this process at the local and State levels.

The Plan will be implemented over the next three years. The NSW Aboriginal Health Partnership will be responsible for coordinating its implementation. Implementation of the Plan rests with the Local/Area Health Partnership.

Regular reports concerning progress achieved in the implementation of the Plan are to be provided to the NSW Aboriginal Health Partnership.

Resources will be set aside for a formal, independent evaluation of this initiative, to be carried out by the NSW Aboriginal Health Partnership at the end of year three.

## Performance indicators

The performance indicators are based on the Implementation Plan, which has been developed within the framework of the NSW Aboriginal Strategic Health Plan and the key focus areas contained within the NSW policy document *Moving Forward in Men's Health*. These performance indicators are designed to ensure effective monitoring and reporting by Area Health Services and Aboriginal Community Controlled Health Services over a three-year period, and are intended to:

- Increase the number of Aboriginal men employed in all positions and vocations within the NSW Department of Health.
- Develop an infrastructure aimed at improving the access and acceptability of health services for Aboriginal men. This includes:
  - Providing Aboriginal men's health sessions in all Areas with a substantial population of Aboriginal men.
  - Making Aboriginal men's health a routine standing agenda item on Local/Area Aboriginal Health Partnerships.
  - Increasing the number of Aboriginal men's support groups.
  - Increasing the provision of health outreach services for men.
  - Developing Local/Area Aboriginal Health Partnerships to address the sharing of resources in promoting health services to Aboriginal men.
  - Increasing the use of the IPTAAS scheme by Aboriginal men.





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