

Aboriginal and Torres Strait Islander Men's Health Plan 2015 – 2020



Health
Northern Sydney
Local Health District

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NSLHD Aboriginal Health Service Aboriginal and
Torres Strait Islander Men’s Health Plan 2015-2020.
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www.intranet.nslhd.health.nsw.gov.au

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Foreword

It is with great pleasure that I present to you the Northern Sydney Local Health District's (NSLHD) Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020.

The NSLHD Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020 aligns with the NSLHD Clinical Services Plan 2015-2022 and is a reflection of significant health disparities between Aboriginal and Torres Strait Islander men in Northern Sydney and non-Aboriginal and Torres Strait Islander men. This plan has been developed in answer to community and organisational concerns about the gaps in health care provision within the NSLHD catchment for Aboriginal and Torres Strait Islander men. It is one of many important resources developed by the NSLHD Aboriginal Health Service to assist staff working with Aboriginal and Torres Strait Islander peoples to provide culturally respectful and responsive health care.

NSLHD is committed to providing culturally proper, accessible services that will improve the health status of Aboriginal and Torres Strait Islander men in our communities. We recognise that responding to community and organisational concerns is a priority in order to achieve better health care outcomes for Aboriginal and Torres Strait Islander men in Northern Sydney.

We wish to remind staff to be aware of and acknowledge that Aboriginal and Torres Strait Islander peoples are diverse in their cultural beliefs and each Aboriginal and Torres Strait Islander person should be treated as an individual when accessing health services.

If you would like to make a comment please contact the NSLHD Aboriginal Health Service on (02) 9462 9017.



Dr. Andrew Montague
Acting Chief Executive
Northern Sydney Local Health District

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHS	Aboriginal Health Service
AIHW	Australian Institute of Health and Welfare
CDMP	Chronic Disease Management Program
LHD	Local Health District
NAIDOC	National Aboriginal and Islanders Day Observance Committee
NAIHO	National Aboriginal and Islander Health Organisation
NATSIHC	National Strategic Framework for Aboriginal and Torres Strait Islander Health Council
NSLHD	Northern Sydney Local Health District
PHN	Primary Health Network
RNSH	Royal North Shore Hospital
SDoH	Social Determinants of Health
SEWB	Social and Emotional Wellbeing
UN	United Nations



Executive Summary

“Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community...”¹

The Aboriginal and Torres Strait Islander Men’s Health Plan 2015-2020 (the Plan) has been written by the NSLHD Aboriginal Health Service (AHS). The Plan also aligns with the NSLHD Clinical Services Plan 2015-2022 recommendation which is to, “Develop a plan to address the health needs of the Aboriginal community within NSLHD to the year 2021 building on the successes of the current plan and addressing identified gaps.”²

The purpose of the Plan is to identify and assess the health needs and gaps in services for Aboriginal and Torres Strait Islander men across NSLHD. Aboriginal and Torres Strait Islander men experience poorer health and social emotional wellbeing (SEWB), compared to non-Aboriginal and Torres Strait Islander men. Aboriginal and Torres Strait Islander men continue to suffer from preventable chronic diseases and other social, emotional and wellbeing issues at an extremely high rate compared to non-Aboriginal and Torres Strait Islander men. By addressing these issues we will create a positive impact on the health and SEWB for Aboriginal and Torres Strait Islander men in Northern Sydney.^{3 4}

This Plan will allow the NSLHD AHS to address the health and social and emotional wellbeing issues such as chronic diseases and conditions, alcohol and drug issues and mental health. The gap in health equity between Aboriginal and Torres Strait Islander men and non- Aboriginal and Torres Strait Islander men remains critical, an opinion shared by the United Nations (UN)⁵ and now recognised by the Australian Government as a human rights concern.

Ways in which we can achieve this:

- Increasing Aboriginal and Torres Strait Islander staff, not only in our Aboriginal Health Service but across the NSLHD sector.
- Designing health promotion and education campaigns for Aboriginal and Torres Strait Islander men.
- Having non-Aboriginal and Torres Strait Islander staff culturally educated so they have a better understanding of the health needs of Aboriginal and Torres Strait Islander men and how to provide services appropriately.
- Provide a support network for Aboriginal and Torres Strait Islander men not just in NSLHD but also for those that travel out of country for treatment.



¹ National Aboriginal and Islander Health Organisations [NAIHO]. Definition of Aboriginal Health. Restated in the Aboriginal Health Services Plan 2013-2016 - Northern Sydney Local Health District. <http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/Aboriginal%20Health%20Service%20Plan%202013-2016%20Final.pdf>

² NSLHD Clinical Services Plan 2015-2022, (March 2015), Northern Sydney Local Health District. Retrieved from http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/ClinicalServicesPlan2015_2022.pdf

³ Australian Institute of Health and Welfare 2011. The health and welfare of Australia’s Aboriginal and Torres Strait Islander People, An overview 2011. Cat. No. IHW 42. Canberra

⁴ National Strategic Framework for Aboriginal and Torres Strait Islander Health. Context, NATSIHC, Canberra.

⁵ National Human Rights Action Plan. Human Rights Law Centre 2011. Aboriginal and Torres Strait Islander Peoples. Retrieved from <http://www.humanrightSACTIONPLAN.org.au/nhrap/focus-area/aboriginal-and-torres-strait-islander-peoples>



Acknowledgment of Country

The NSLHD AHS would like to acknowledge the Cammeraygal people of the Guringai nations, the Wallemedegal peoples of the Dharug nations to the west the Darkinjung peoples of country to the north and the clans of the Eora nations whose country and borders surround us.

We acknowledge and pay our respects to the Ancestors and Elders, both men and woman of those nations, and to all Aboriginal people past, present and future.

We acknowledge that past, current and future Aboriginal people from those nations are the traditional and continuing custodians of the country upon which we work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to work and meet on this ancient and sacred country.

The Director of NSLHD Aboriginal Health Peter Shine would like to acknowledge the work of Paul Weir Aboriginal and Torres Strait Islander Health Education Officer and The Aboriginal Health Team for their work on the production of this document.

Artworks

The artworks on pages 27 and 30 of this report are by Bradlee Commins and have been reproduced with his permission.

The artwork on the front page of this report is by Elizabeth (Liz) Perks and has been reproduced with her permission.

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All other artwork throughout this report were painted by Peter Shine and reproduced with his permission. The painting of the Turtle (Waraba) has been adopted by the NSLHD Aboriginal Health Service as the logo. The turtle is representative of a long life, wisdom and resilience in the Aboriginal culture that Peter grew up with.

Expression of Thanks

The Director of the NSLHD Aboriginal Health Service, Peter Shine, would like to thank the following people for assistance in the preparation of this Men's Health Plan 2015-2020:

- NSLHD Executives, with particular appreciation of the support by Anthony Dombkins, Andrew Montague and Vicki Taylor.
- The NSLHD Services Planning Unit for advice and support, in particular David Miles, David Small and Megan Page.
- Alana Rousselot Aboriginal Health Administration Trainee for the layout and format of this document.
- Paul Weir Aboriginal and Torres Strait Islander Health Education Officer NSLHD for his research and compilation.



Introduction

Throughout this document we have used some national data which does not reflect data for the Local Health District. Throughout the process of compiling the Plan we found that certain data was not available. In this instance we believe that the national data can be used to compare health equity and equality between Aboriginal and Torres Strait Islander men and non-Aboriginal and Torres Strait Islander men in NSLHD.

Although Aboriginal and Torres Strait Islander men living in NSLHD may not be living in as much disadvantage as some communities in Sydney, Aboriginal and Torres Strait Islander men in NSLHD are still more disadvantaged compared to non-Aboriginal and Torres Strait Islander men.

Poor social and economic circumstances have a profound effect on the health and SEWB of Aboriginal and Torres Strait Islander peoples⁶. The social determinants of Aboriginal health are a major contributing factor to poorer health among Aboriginal and Torres Strait Islander men across NSLHD.

The social determinants that affect Aboriginal and Torres Strait Islander men's health are:

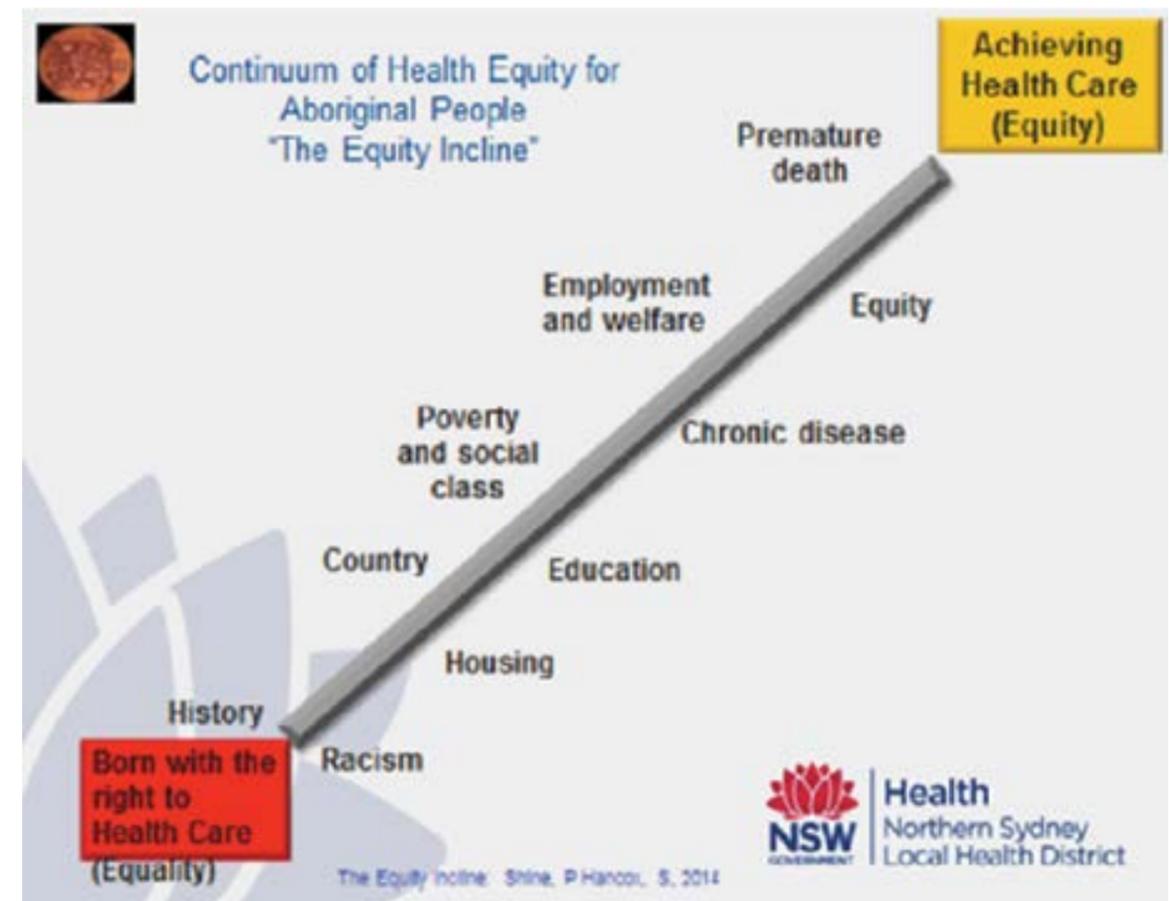
Table 1⁷

Social Determinants of Health
The social gradient
Stress
Early life
Social exclusion
Work
Unemployment
Social support
Addiction
Food
Transport

Aboriginal and Torres Strait Islander men are a long way from achieving equity in health. Racism, history, country, housing, poverty and social class, education, employment and welfare, chronic disease, premature death and equity are barriers that Aboriginal and Torres Strait Islander men face every day. The development and implementation of this Plan will begin to address the problems as noted further in the Plan.

Table 2⁸

Continuum of Health Equity for Aboriginal People "The Equity Decline"



⁶ Carson, B., Dunbar, T., Chenhall, & Bailie, R. (2007). Social Determinants of Indigenous Health. Australia. Allen & Unwin
⁷ Wilkinson, R., & Marmot, M. (2003). The Solid Facts Second Edition. Denmark: World Health Organization.

⁸ The Equity Incline. Shine, P., Hancox, S. (2014)

Future Directions

Develop and implement NSLHD first Aboriginal and Torres Strait Islander men's health check day.
To reduce the number of Aboriginal and Torres Strait Islander men developing a chronic disease.
To help Aboriginal and Torres Strait Islander men understand and manage their chronic disease.
Provide health promotion and education in regards to Aboriginal and Torres Strait Islander men's health issues.
Look at Aboriginal and Torres Strait Islander men's health and implement targeted health promotion programs.
To work with and/or set up partnerships with local organisations who come into contact with Aboriginal and Torres Strait Islander men.
To educate non-Aboriginal and Torres Strait Islander peoples so they have a better understanding of the needs of Aboriginal and Torres Strait Islander men in NSLHD.
Direct funding to the correct areas where there are current gaps in service delivery.
Identify barriers that local Aboriginal and Torres Strait Islander men face, such as travel, location, money, racism and more.
Identify priority health issues of Aboriginal and Torres Strait Islander men in NSLHD.
Build and strengthen the quality of health services for Aboriginal and Torres Strait Islander men.
To connect our younger Aboriginal and Torres Strait Islander men with Elders.
Build on and strengthen partnerships with Aboriginal and Torres Strait Islander gay and bisexual men.
Areas for priority action
Culturally appropriate and safe and accessible, health care for Aboriginal and Torres Strait Islander men.
More discussion around cancer awareness, early detection and intervention.
Cultural appropriate health education and promotion for Aboriginal and Torres Strait Islander men (nutrition, diet, exercise, smoking, drinking and sexual health).
Social and Emotional Wellbeing and Mental Health.



Aboriginal and Torres Strait Islander Men's Health

Aboriginal and Torres Strait Islander men have the worst health outcomes of any group in Australia. Aboriginal and Torres Strait Islander men die earlier from chronic diseases, such as cardiovascular disease, injury, respiratory disease, cancer and endocrine disease. Aboriginal and Torres Strait Islander men have higher rates of alcohol misuse, mental health and SEWB. Aboriginal and Torres Strait Islander men also have higher rates of suicide than non-Aboriginal and Torres Strait Islander men.⁹

The lack of culturally appropriate Aboriginal and Torres Strait Islander men's health services in NSLHD was identified as a concern in consultation with Aboriginal and Torres Strait Islander men. Early detection of chronic disease for Aboriginal and Torres Strait Islander men is critical for their health and wellbeing. Addressing other social, emotional and cultural issues may prevent our men from developing further serious health complications including diabetes, cardiovascular disease, renal impairment, cancer, hypertension and SEWB issues.

Aboriginal and Torres Strait Islander men do not often talk about their health issues or seek medical advice and treatment, because it is considered a sign of weakness and shame and also they think sickness will go away. They don't deal with the stress of being sick. They may not be aware of the Closing the Gap scheme, or other medical interventions available to them. Aboriginal and Torres Strait Islander men's problems are not noticed until the problem or problems become too serious to ignore, critical stage.

Aboriginal and Torres Strait Islander men are using health services the least out of any group in Australia. There is a need to further introduce and improve the health literacy of Aboriginal and Torres Strait Islander men. This Plan is a guide to end that.

Aboriginal and Torres Strait Islander men live between 11 and 17 years less than non-Aboriginal and Torres Strait Islander men.¹⁰ For males aged 35-54 years, the ratio of Aboriginal and Torres Strait Islander to non-Aboriginal and Torres Strait Islander death rates is highest for diabetes (18.9), chronic lower respiratory disease (11.4), and diseases of the liver (7.2).

⁹ National Aboriginal and Torres Strait Islander Health Plan 2012-2023 Retrieved from. [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

¹⁰ Australian Institute of Health and Welfare 2011. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, an overview 2011. Cat. no. IHW 42. Canberra: AIHW.



The NSLHD Aboriginal Health Service's vision is for all Aboriginal and Torres Strait Islander men in Northern Sydney to have access to quality health services, culturally appropriate information and the culturally safe support they need to achieve and maintain the highest possible levels of health and social and emotional wellbeing.



Hypertension

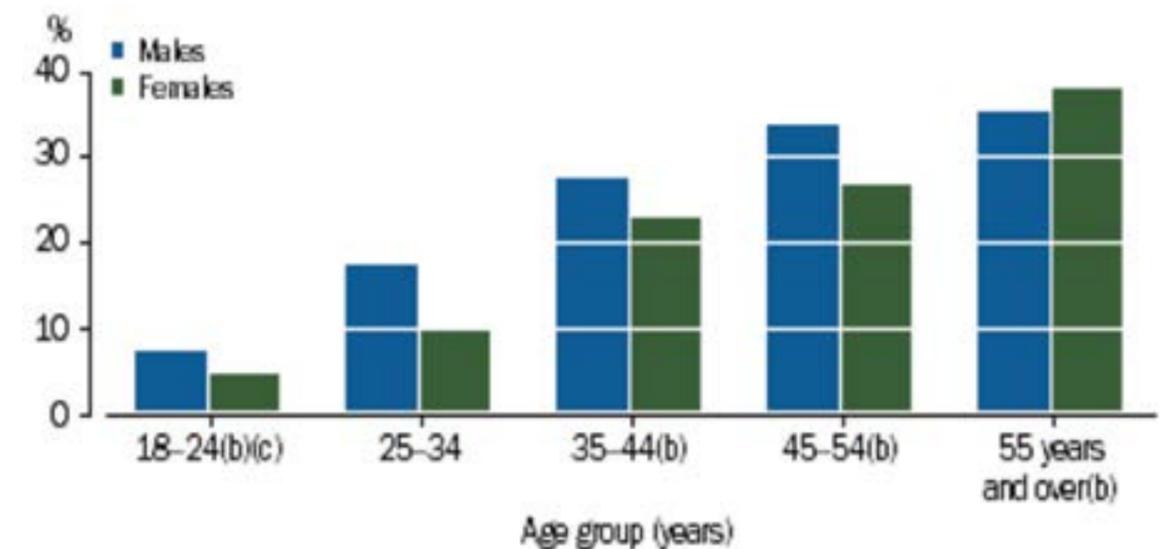
Hypertension/high blood pressure is an important risk factor for stroke, heart disease and other cardiovascular diseases. In 2012-2013 one in five Aboriginal and Torres Strait Islander peoples aged 18 years and over had measured high blood pressure. Aboriginal and Torres Strait Islander men were more likely than Aboriginal and Torres Strait Islander women to have recorded a high blood pressure reading.

We have used National data to show the high rates of hypertension among Aboriginal and Torres Strait Islander peoples which does not directly reflect NSLHD data.

During Aboriginal and Torres Strait Islander men's health check days the AHS can provide informative sessions about controlling high blood pressure and how to stop yourself from getting high blood pressure, as well as giving Aboriginal and Torres Strait Islander men the option to check their blood pressure during the health check day.

Table 3¹¹

High Blood Pressure (a) By Sex and Age, Aboriginal and Torres Strait Islander People - 2012-13



(a) Measured blood pressure is 140/90mmHg or higher

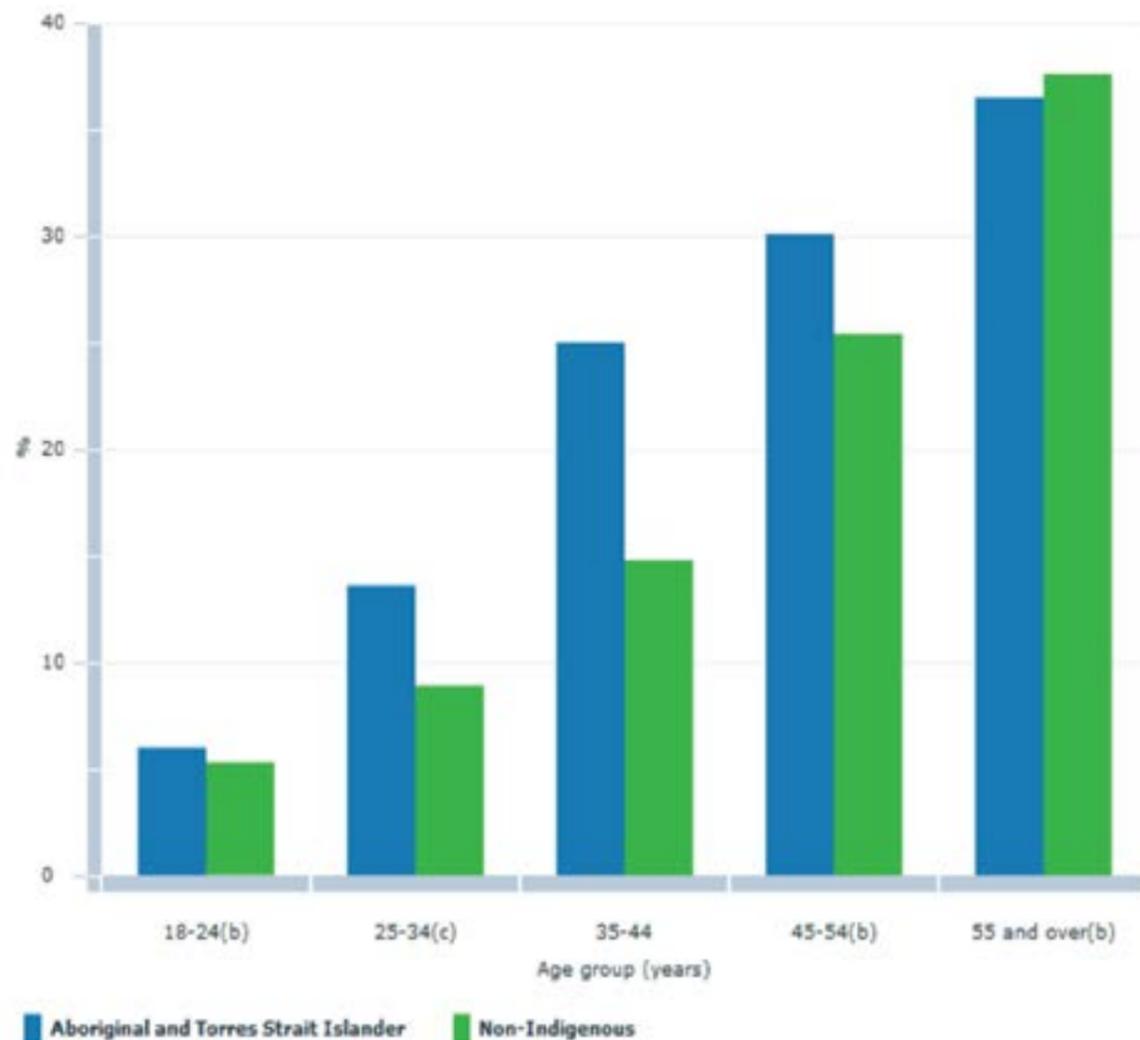
(b) Difference between male and female rate is not statistically significant

(c) Estimate for females has a RSE of 28.1 and should be used with caution

¹¹ Source: 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey and 2011-12 Australian Health Survey

Table 4¹²

Measure High Blood Pressure By Indigenous Status and Age



Cardiovascular Disease

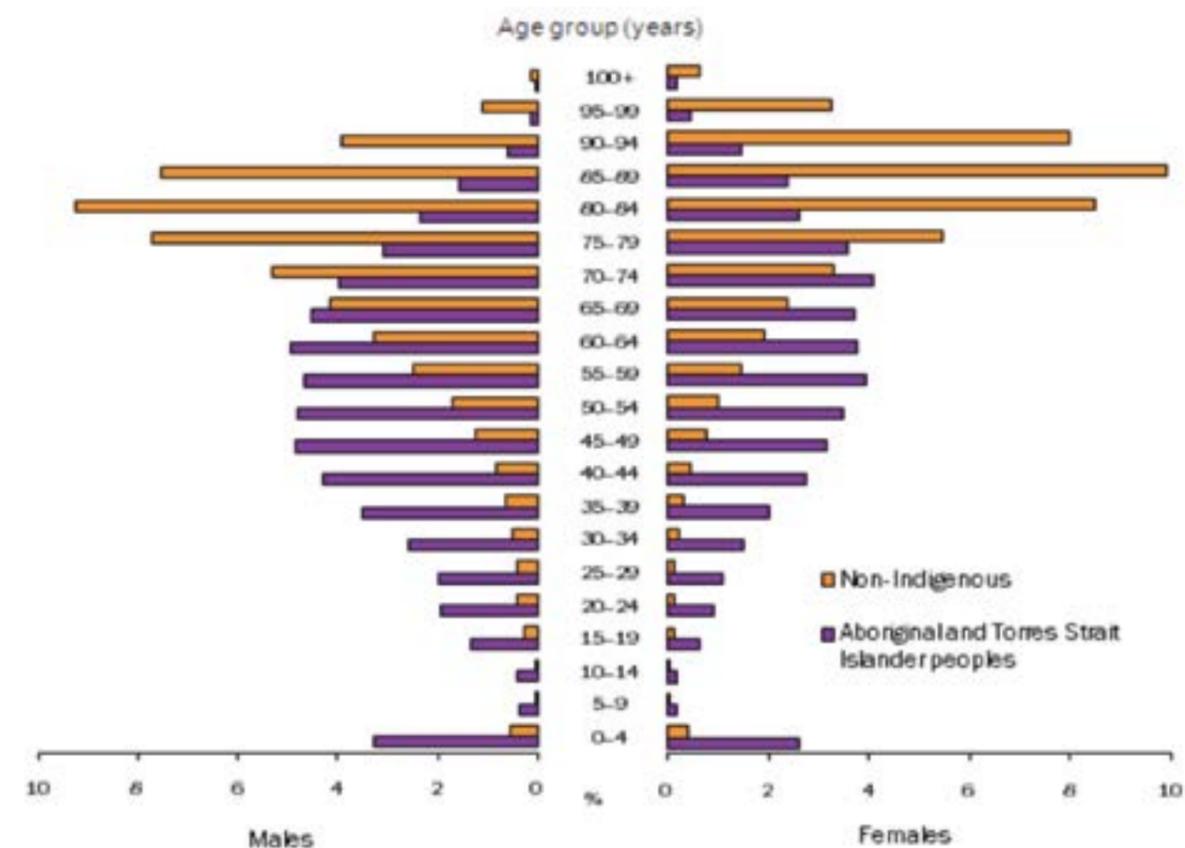
Aboriginal and Torres Strait Islander men experience and die from cardiovascular disease at much higher rates than non-Aboriginal and Torres Strait Islander men.

Aboriginal and Torres Strait Islander men, when compared to other Australians are:

- 1.3 times likely to have cardiovascular disease
- 3 times more likely to have a major coronary event, such as a heart attack
- More than twice as likely to die in hospital from coronary heart disease
- More likely to smoke, have high blood pressure, be obese, have diabetes and have end stage renal disease¹³

Table 5¹⁴

Percentage of Deaths, Aboriginal and Torres Strait Islander Peoples Compared to Non-Aboriginal and Torres Strait Islander Peoples, Age Group and Sex 2006-2008



¹² Source: 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey and 2011-12 Australian Health Survey

¹³ Heart Foundation, Aboriginal Health.

Retrieved from <http://www.heartfoundation.org.au/information-for-professionals/aboriginal-health/Pages/default.aspx>

¹⁴ Australian Bureau of Statistics, Measures of Australia's progress 2010. Retrieved from [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter-Aboriginal%20and%20Torres%20Strait%20Islander%20peoples%20\(4.1.7.2\)](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter-Aboriginal%20and%20Torres%20Strait%20Islander%20peoples%20(4.1.7.2))

We have used National data to compare Aboriginal and Torres Strait Islander deaths with non-Aboriginal and Torres Strait Islander peoples which does not directly reflect NSLHD data.

The mortality rate and cause of death for Aboriginal and Torres Strait Islander men is preventable and having a culturally appropriate men's space to address these issues is a high priority if we are to achieve equity in health for Aboriginal and Torres Strait Islander men.

Prostate/Bowel/ Lung & Testicular Cancer

The Cancer Council¹⁵ tells us that about two Aboriginal and Torres Strait Islander people are diagnosed with cancer every day. Aboriginal and Torres Strait Islander men have a higher rate of cancer and are 50 per cent more likely to die of cancer than non Aboriginal and Torres Strait Islander men.

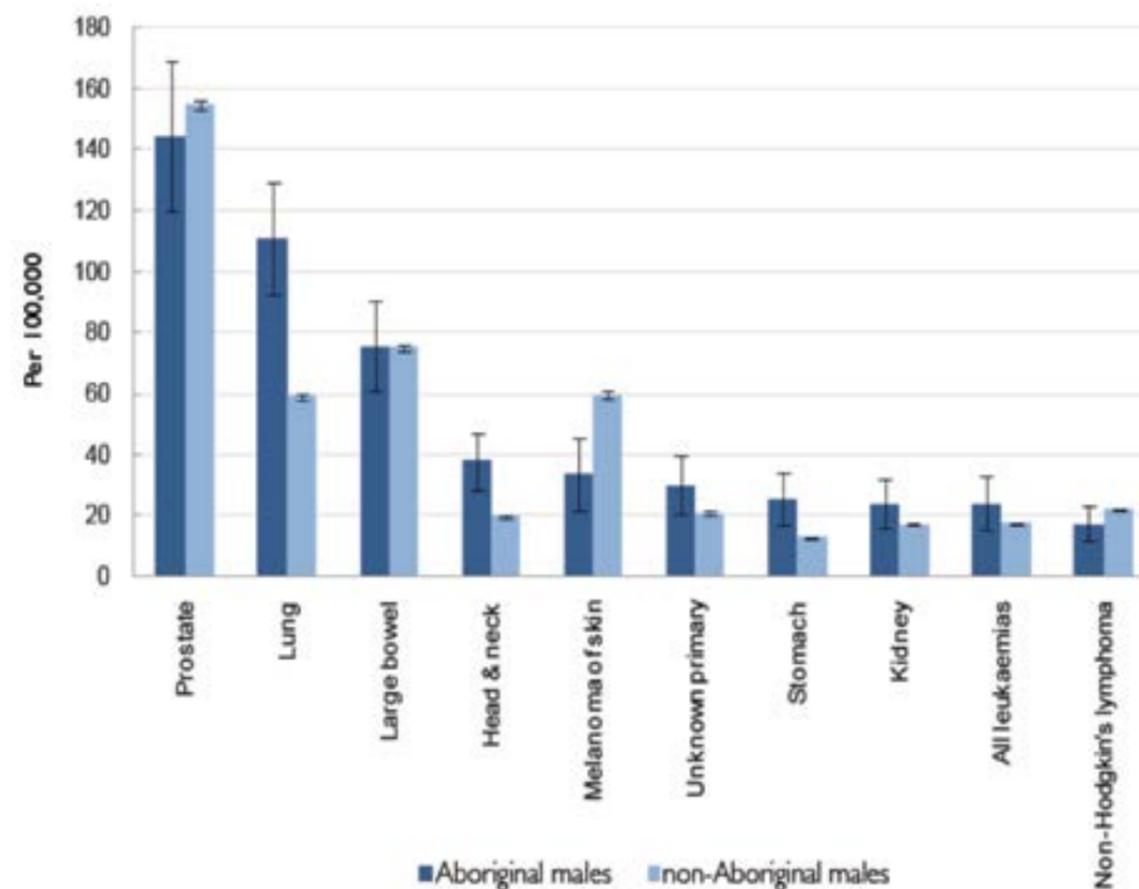
NSLHD AHS will attempt to close this gap by involving and engaging Aboriginal and Torres Strait Islander men at the Aboriginal and Torres Strait Islander men's health check days, where they can have access to information and health professionals in a culturally appropriate and safe environment. At the Aboriginal and Torres Strait Islander men's health check days we can promote and educate around early detection of cancer for those men and at the same time increase their understanding of cancers so they can have knowledge not only for themselves but for other family members and friends.

The diagnosis of prostate, bowel, lung and testicular cancer in Aboriginal and Torres Strait Islander men is all too common and Aboriginal and Torres Strait Islander men are 13% more likely not to have surgery within twelve months of being diagnosed with cancer.¹⁶ At the Aboriginal and Torres Strait Islander men's health check days it is possible to reach out to these men and offer support, advice and increase their knowledge and the importance of early detection of prostate, bowel and testicular cancer, eliminate the shame factor of seeing a health professional and reduce the percentage of Aboriginal and Torres Strait Islander men not undergoing surgery within twelve months of being diagnosed and rates of men dying with these cancers.

Prostate cancer is the most commonly diagnosed cancer in Aboriginal men (as in non-Aboriginal men), followed by lung cancer and large bowel cancer.

Table 6¹⁷

Multiple Imputation Estimates of Incidence of Common Cancer, Aboriginal and Non-Aboriginal Males, NSW, 1999-2007



¹⁵ Cancer Council NSW. November 2014, Aboriginal men are 50 per cent more likely to die of prostate cancer: Retrieved from <http://www.cancercouncil.com.au/media-release/aboriginal-men-are-50-per-cent-more-likely-to-die-of-prostate-cancer/>

¹⁶ Australian Government Cancer Australia. Retrieved from <http://canceraustralia.gov.au/affected-cancer/atsi>

¹⁷ Cancer in NSW Aboriginal peoples: incidence, mortality and survival Sydney: Cancer Institute NSW, 2012. Retrieved from http://www.cancerinstitute.org.au/media/207303/cancerinnswaboriginalpeopleincidence,mortalityandsurvival_27august2012.pdf

Trauma, Grief and Loss (SEWB)

Other factors that contribute to the poor health of Aboriginal and Torres Strait Islander men are the high levels of psychological distress and unresolved trauma from grief and loss associated with colonisation. The loss of culture and family due to The Stolen Generations has caused trans-generational and misdiagnosed psychological conditions that have had and continue to have a profound effect on Aboriginal and Torres Strait Islander men and communities.

Changing the perception that Aboriginal and Torres Strait Islander men are not strong if they admit to having health issues will allow the improvement of and the positive health outcomes for Aboriginal and Torres Strait Islander men in NSLHD.

Suicide

The highest age-specific rate of Aboriginal and Torres Strait Islander suicide was among males between 25 and 29 years of age (90.8 deaths per 100,000 population), four times the rate for non-Indigenous males.¹⁸

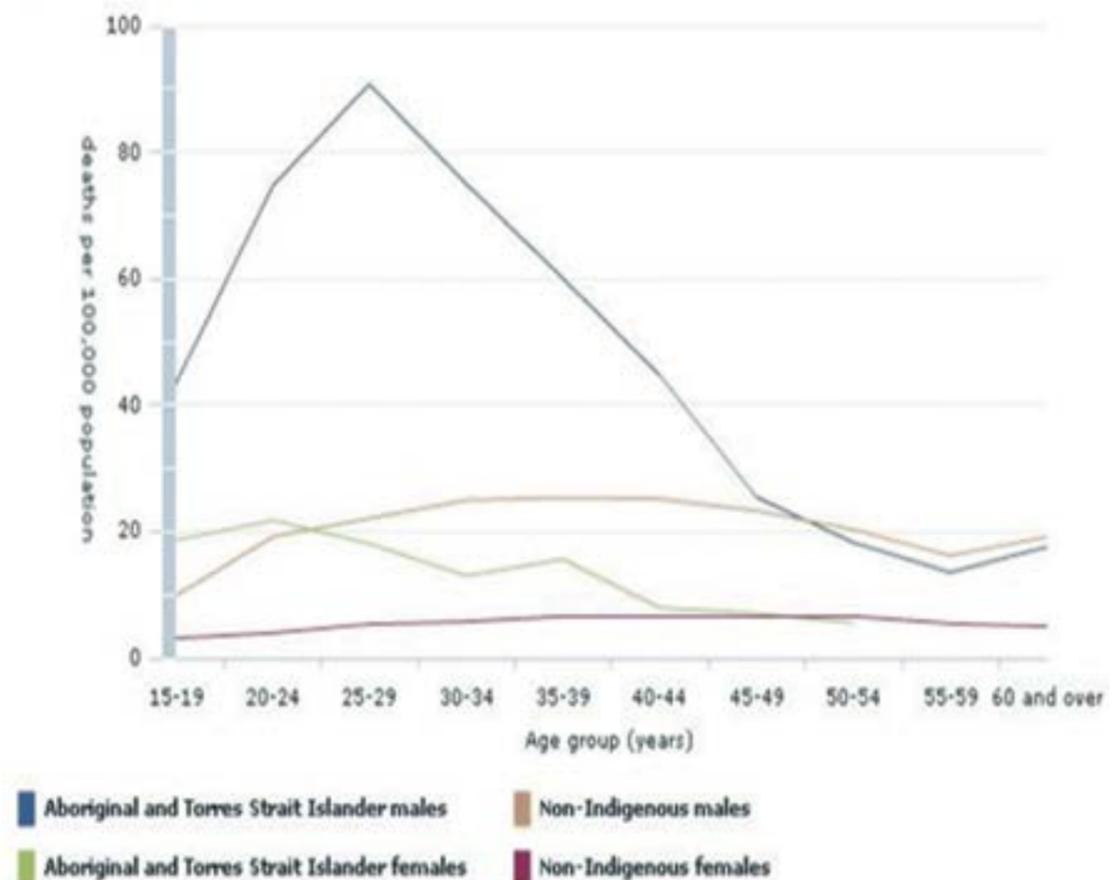
In 2013 The Mental Health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander peoples, Families and Communities paper said¹⁹ that:

“The National Mental Health Commission called for the training and employment of Aboriginal and Torres Strait Islander peoples in mental health services to increase. Suicide has an impact on not only family but community as a whole. If suicide rates among Aboriginal and Torres Strait Islander peoples are to decline we need to train and employ Aboriginal and Torres Strait Islander peoples in Mental Health Services”.

This is a key step in working towards addressing and reducing the rates of suicide among Aboriginal and Torres Strait Islander men and improving the health of the community as a whole.

Table 7

The Highest Age-Specific Rate of Aboriginal and Torres Strait Islander Suicide was among Males between 25 and 29 Years of Age (90.8 Deaths Per 100,000 Population), Four Times the Rate for Non-Indigenous Males



Providing Aboriginal and Torres Strait Islander men’s groups with trained Aboriginal and Torres Strait Islander staff will help to provide a culturally appropriate and culturally safe space for Aboriginal and Torres Strait Islander men to meet, relax and yarn about problems.

At Aboriginal and Torres Strait Islander men’s health check days there is a window of time to capture and address any health and SEWB issues with Aboriginal and Torres Strait Islander men and assist them in achieving not only a healthy life style but also a healthy mind. If Aboriginal and Torres Strait Islander men are healthy then our families and community are also healthy.

¹⁸ The Department of Health 2013. Aboriginal and Torres Strait Islander suicide: origins, trends and incidence. Retrieved from <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc-mental-natsisps-strat-1-mental-natsisps-strat-1-ab>

¹⁹ A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention Prepared by Chris Holland, with Pat Dudgeon and Helen Milroy for the National Mental Health Commission March 2013. Retrieved from <http://www.naccho.org.au/download/aboriginal-health/The%20Mental%20Health%20and%20Social%20and%20Emotional%20Wellbeing%20of%20Aboriginal%20and%20Torres%20Strait%20Islander%20Peoples,%20Families%20and%20Communities%20March%202013.pdf>

²⁰ Department of Health 2013 Aboriginal and Torres Strait Islander suicide, origins, trends and incidence. Retrieved from <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc-mental-natsisps-strat-1-mental-natsisps-strat-1-ab>

Several risk factors that are linked to suicide among Aboriginal and Torres Strait Islander men revolve around the social determinants of health, some of these include;²¹ loss of cultural identity, loss of spiritual connection to land, family disconnection, ongoing racism and institutional prejudice and unresolved historical and intergenerational trauma such as The Stolen Generations and assimilation policy.

To try and reduce the risk of suicide and improve the SEWB of Aboriginal and Torres Strait Islander men in NSLHD we need to provide a space where we can strengthen culture and cultural identity, join youth with Elders so we can bridge the divide between youth and Elders and return respect, empower community and engage young Aboriginal and Torres Strait Islander men in community activities to help in socialising, reconnection to culture and building self-esteem.²²

An Aboriginal and Torres Strait Islander men’s health check day will provide space for Aboriginal and Torres Strait Islander men to yarn and relax and talk about any problems they have in a safe and culturally appropriate environment. At the health check day, tests and screening procedures for the following can take place.

Testicular cancer
Skin cancers such as melanoma
Diabetes
Sexual health
Mental health and well being
Bowel and prostate cancer
Heart disease
High blood pressure
Drug and alcohol issues

Research²³ shows that there are a range of risk factors that contribute to excess Aboriginal and Torres Strait Islander men’s mortality, which includes smoking, excessive alcohol, high levels of obesity, poor nutrition and lower utilisation of health services.

Social and Emotional Wellbeing (SEWB)

One of the objectives from the strategic goals for the NSLHD Aboriginal Health Services Plan 2013-2016 states that, the social and emotional wellbeing of Aboriginal people will be taken into account in all interventions with Aboriginal people.

Cultural understanding can shape the provision of health services and can improve Aboriginal and Torres Strait Islander peoples health outcomes in relation to SEWB issues.

Using the term social and emotional wellbeing in preference to mental health, “SEWB refers to the ability of individuals or groups to grow and develop, to be able to live in harmony with others and with the environment and to affect change”.²⁴

The NSLHD Director of the Aboriginal Health Service has stated “Many communities, including Indigenous Australians, prefer the term ‘social and emotional wellbeing’ to ‘mental health’ because it is perceived as reflecting a more positive approach to health.” (Peter Shine 2010).

Understanding Aboriginal and Torres Strait Islander men and intergenerational trauma will help assist non-Aboriginal and Torres Strait Islander peoples begin to understand how intergenerational trauma impacts on Aboriginal and Torres Strait Islander men, their lives and SEWB. See Table 8.

²¹ Aboriginal culture - People - Aboriginal suicide rates, retrieved 2 December 2014. Retrieved from www.CreativeSpirits.info,
²² Aboriginal culture - People - Aboriginal suicide rates, retrieved 2 December 2014. Retrieved from www.CreativeSpirits.info,
²³ Australian Health Ministers’ Advisory Council, 2011, Aboriginal and Torres Strait Islander Health Performance Framework Report 2010, AHMAC, Canberra. Retrieved from [http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/\\$FILE/HPF%20Report%202010august2011.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/$FILE/HPF%20Report%202010august2011.pdf)

²⁴ Working with Aboriginal people in NSW – Mental Health Coordinating Council - Resource Booklet

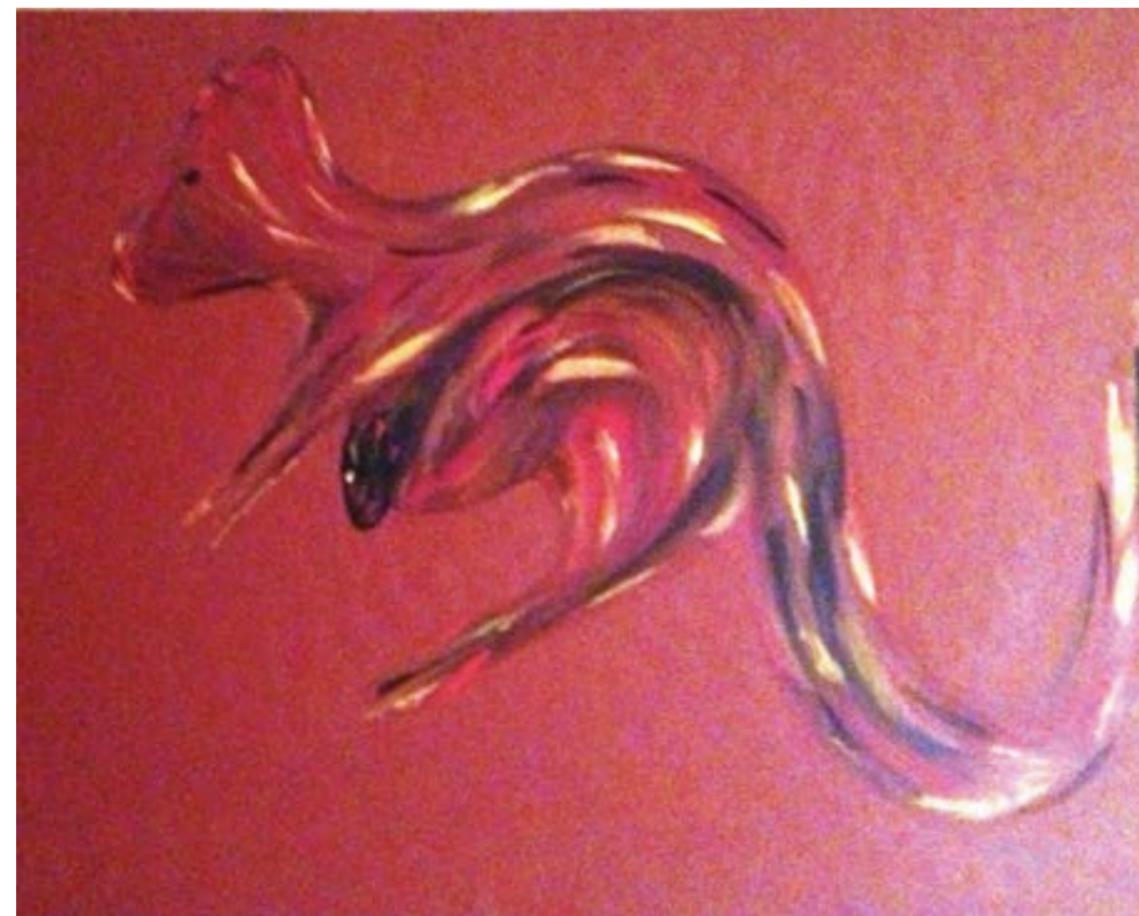
Table 8²⁵

Trans-Generational Issues and Our Past: Trauma Began 226 Years Ago with Colonisation or Invasion



Aboriginal and Torres Strait Islander peoples focus on social and emotional wellbeing with a strong connection to land and sea, community and family. They have survived for over 60,000 years and have proven to be resilient and survive even after facing much cruelty, social injustices, violence, and the forced removal of children and dispossession of land. The experiences mentioned above play an important role with Aboriginal and Torres Strait Islander men and their SEWB. The acknowledgment and action to address these issues will play an important role in improving Aboriginal and Torres Strait Islander men's health. Improving Aboriginal and Torres Strait Islander men's health will play an important role in keeping our women healthy and in the bigger picture our communities healthier.

“If I am sick my community is sick. If my community is sick then I am sick” (2010).²⁶



²⁵ Atkinson, J, Nelson, J, Atkinson, C. Trauma, Trans generational Transfer and Effects on Community Wellbeing. Available from <http://aboriginal.telethonkids.org.au/media/54889/chapter10.pdf>

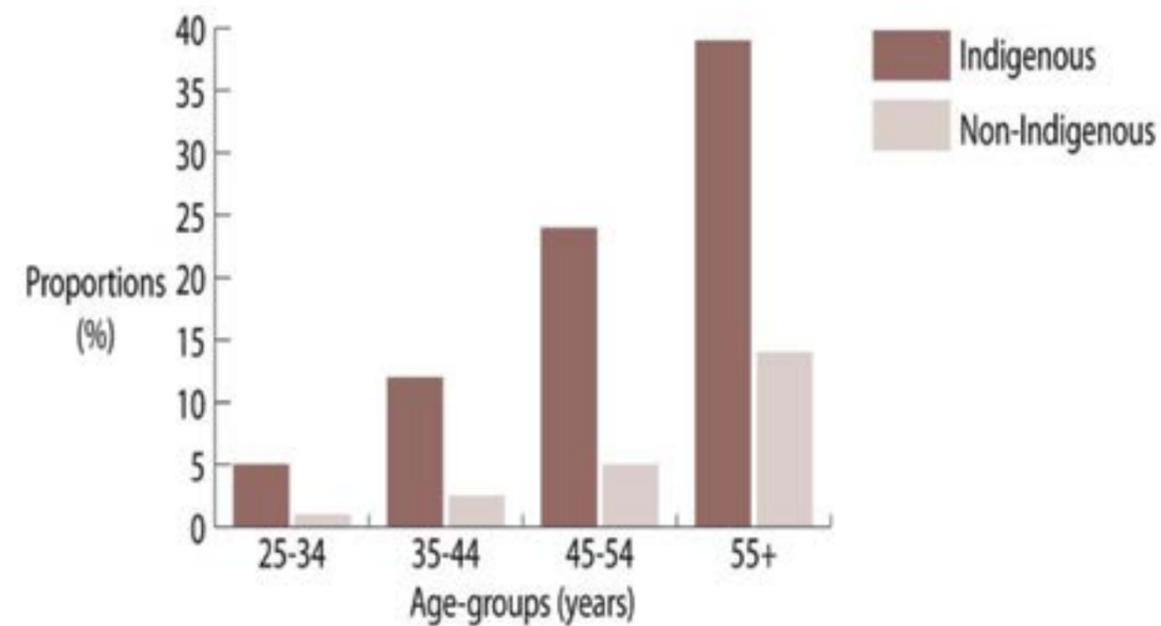
²⁶ Shine, P. (2010)

Diabetes

For Aboriginal and Torres Strait Islander men diabetes is a major health problem. Aboriginal and Torres Strait Islander men's levels of diabetes and /or high sugar levels is three times higher than non-Aboriginal and Torres Strait Islander men.²⁷ Diabetes affects one in twenty Aboriginal and Torres Strait Islander men.

Table 9²⁸

Proportions (%) of People Reporting Diabetes/High Sugar Levels as a Long-term Health Condition, by Indigenous Status and Age Group, Australia, 2012-2013



Source: ABS 2013

Diabetes was a leading cause of death for Aboriginal and Torres Strait Islander peoples. Deaths caused by diabetes were 7.5 times more common for Aboriginal and Torres Strait Islander males than for non-Aboriginal and Torres Strait Islander males. For people aged 35-54 years, Aboriginal and Torres Strait Islander males died at a rate 21 times that of non-Aboriginal and Torres Strait Islander males.²⁹ It is important that we start to engage our men in a conversation around diabetes and it is at the Aboriginal and Torres Strait Islander men's health check days we can start this conversation and screen Aboriginal and Torres Strait Islander men for diabetes and provide health promotion materials and advice on nutrition and diabetes management and/or prevention.

Regular clinics for Aboriginal and Torres Strait Islander men will give the AHS the ability to facilitate several health promotion and education programs centred around smoking, sexual health, prostate cancer, bowel cancer, testicular cancer, drug and alcohol issues and SEWB. We can also target prevention and education programs to Aboriginal and Torres Strait Islander young men aged 12 to 18 and include them in a young Aboriginal and Torres Strait Islander men's program.



²⁷ Australian Indigenous HealthInfoNet (2014). Summary of Australian Indigenous health, 2013. Retrieved from <http://www.healthinfonet.ecu.edu.au/health-facts/summary>
²⁸ Australian Indigenous HealthInfoNet (2014). Summary of Australian Indigenous health, 2013. Retrieved from <http://www.healthinfonet.ecu.edu.au/health-facts/summary>

²⁹ Australian Bureau of Statistics. (2014). 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+features12012-13>

Men with Breast Cancer

In Australia³⁰, around 125 men are diagnosed with breast cancer every year. Most men survive breast cancer. In Australia, 85 per cent of men diagnosed are alive five years later. The majority of men recover and the breast cancer does not return.

Providing information to the community and raising awareness of breast cancer in Aboriginal and Torres Strait Islander men can start the discussion and could save a person's life.

Being diagnosed and living with breast cancer can take its toll, not only on your physical health but also on your emotional health³¹. It is important that the process of talking about breast cancer in men so it can be dealt with culturally. Other issues in turn may well arise from men being diagnosed with breast cancer such as depression and anxiety.

Gay & Bisexual Men

The inclusion and acceptance of gay and bisexual Aboriginal and Torres Strait Islander men (also known as brother boys) not only in the broader community but also within our own community is an important step to achieving overall health for gay and bisexual Aboriginal and Torres Strait Islander men. Being an Aboriginal or Torres Strait Islander gay or bisexual man can often have a negative impact on a person's life. Many Aboriginal and Torres Strait Islander gay and bisexual men are often excluded and pushed out from their families and communities which often leads to social isolation and exclusion, which in turn can lead to alcohol and drug abuse, mental illness, depression and suicide.

The involvement of missionaries in Aboriginal and Torres Strait Island communities has played a huge role in the exclusion of gay and bisexual men from their communities. Even in the city acceptance and refuge can be hard to find. The involvement and participation of gay and bisexual men and gay and bisexual services at community events is a stepping stone to a wider acceptance of Aboriginal and Torres Strait Islander brother boys. Although there is no objective data for these issues, there is ample anecdotal evidence to suggest that social exclusion and isolation is a major problem for many Aboriginal and Torres Strait Islander gay and bisexual men.

³⁰ Men Get Breast Cancer Too, Breast Cancer Network Australia. Retrieved from https://www.bcna.org.au/sites/default/files/men_get_breast_cancer_too_booklet.pdf
³¹ Men Get Breast Cancer Too, Breast Cancer Network Australia. Retrieved from https://www.bcna.org.au/sites/default/files/men_get_breast_cancer_too_booklet.pdf



Drug and Alcohol

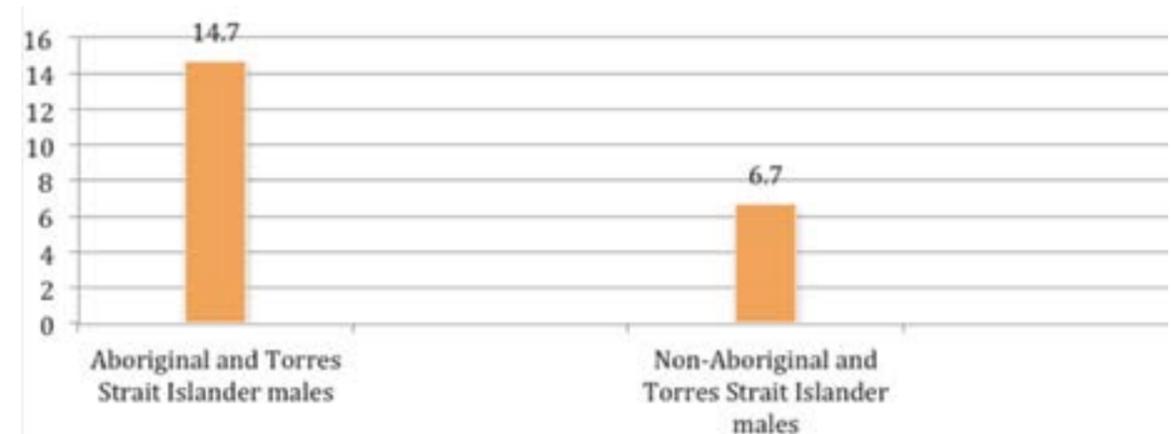
Prevention and education programs designed to give Aboriginal and Torres Strait Islander men the knowledge and power to make informed decisions when it comes to risky drug and alcohol use can lead to Aboriginal and Torres Strait Islander men improving their health and wellbeing.

Alcohol consumption among Aboriginal and Torres Strait Islander men is higher compared to non-Aboriginal and Torres Strait Islander men. Alcohol use among Aboriginal and Torres Strait Islander men can be attributed to many factors associated with the Social Determinants of Health and intergenerational trauma. We can address these issues at Aboriginal and Torres Strait Islander men's health check days and provide continuing support.

Too many deaths among Aboriginal and Torres Strait Islander men are occurring from the misuse of illicit drugs, if we address SEWB issues before they develop into serious trauma we will have an impact on Aboriginal and Torres Strait Islander men's lives.

Deaths from illicit drug use were twice as common among Indigenous males living in NSW in 2003-2007 than for their non-Indigenous counterparts.³²

Table 10³³
Male Illicit Drug Induced Deaths, Death Rates, Age Standardised by Indigenous Status, 2003-2007



³² Neil Thomson, Richard Midford, Olivier Debuyst, Andrea MacRae (2010) Review of Indigenous male health. Retrieved from http://www.healthinfonet.ecu.edu.au/male_review
³³ Australian Indigenous HealthInfoNet. Review of Indigenous Male Health, 2010. Retrieved from <http://www.healthinfonet.ecu.edu.au/population-groups/men/reviews/our-review>



Participation in targeted health promotion, education and screening for chronic disease and other illnesses is crucial for continuing health and social, emotional and cultural wellbeing. Developing an Aboriginal and Torres Strait Islander men's health program, similar to the successful NSLHD Aboriginal women's health check day will provide the opportunity to address similar health issues identified in Aboriginal and Torres Strait Islander men.

Aboriginal and Torres Strait Islander men need to be empowered. To enable this to happen there is a need to provide those men with a culturally safe place to come and a chance to re-connect them to country and culture.

It is vital to engage Aboriginal and Torres Strait Islander men in health promotion and education in a culturally appropriate and safe place an impact is made. Several Aboriginal and Torres Strait Islander men the AHS have spoken to whilst on a home visit for the Chronic Disease Management Program (CDMP) have stated they would feel more at ease and comfortable talking about health problems and yarning to other Aboriginal and Torres Strait Islander men in this setting. The creation of an Aboriginal and Torres Strait Islander men's health check day will provide the perfect space to ensure the men are comfortable within themselves and provide a platform to start discussions with each person around health and social and emotional well-being issues. This also affords the chance to identify any health problems the men may be facing.



What we know works in Aboriginal and Torres Strait Islander men's health.

A need exists to increase the number of male Aboriginal and Torres Strait Islander health staff employed in NSLHD as stated in the NSLHD Aboriginal Health Services Plan 2013-2016 and the NSW Aboriginal Health Plan 2013-2023 strategic goal number 4. Strengthening the Aboriginal Workforce.³⁴

The NSLHD Aboriginal Health Service plans to achieve the following:

- Increase the number of Aboriginal and Torres Strait Islander men accessing and using primary health care services
- Development and implementation of Aboriginal and Torres Strait Islander men's health check days
- Increase resources for Aboriginal and Torres Strait Islander men
- Development of partnerships between area health services and other government and non-government organisations
- Increased knowledge for NSLHD staff around Aboriginal and Torres Strait Islander peoples having poorer health outcomes than non-Aboriginal and Torres Strait Islander peoples due to Social Determinants of Health such as economic, social, nutritional and housing disadvantage
- Provide support and follow up for Aboriginal and Torres Strait Islander men in NSLHD with SEWB issues
- Promote and provide HIV/STI education and prevention
- Provide oral health programs to our men focusing on prevention and screening

The development and implementation of the Plan will focus on accessible and culturally appropriate men's health services, the development of environments which support Aboriginal and Torres Strait Islander men and build on new and existing partnerships to provide enhanced co-ordination of services.

We will develop and implement the Plan always keeping in mind what we know works, has worked or continues to work.

³⁴ NSLHD Aboriginal Health Services Plan 2013-16. Retrieved from www.nslhd.health.nsw.gov.au

Addressing men's health through separate gender strategies to women's health

Developing separate strategies for men's health and women's health can be highly effective. Aboriginal and Torres Strait Islander men will be more at ease, are more likely to consult a male doctor for a specific problem and are more likely to return for follow up.

Employing more men within the NSW health sector

There are fewer Aboriginal and Torres Strait Islander male health workers compared to Aboriginal and Torres Strait Islander female health workers. Aboriginal and Torres Strait Islander male health workers may draw Aboriginal and Torres Strait Islander men to primary health care facilities, because men feel more comfortable accessing services where they know they can talk to another man about men's business. Increasing the number of Aboriginal and Torres Strait Islander male health workers within primary health care settings is therefore desirable.

Providing incentives for Aboriginal and Torres Strait Islander men to be involved

Successful programs often provide some kind of incentive to Aboriginal and Torres Strait Islander men to encourage them to become involved. This might be access to the local golf course, or to the local gym, or it could be providing a meal to encourage a more informal atmosphere and sense of fellowship.

Developing services within the terms set down by local men

A program or service will have greater success if it aims to be relevant to the needs of local Aboriginal and Torres Strait Islander men.

Recognising men's role in Aboriginal and Torres Strait Islander society and how that role influences their health

The role of men in Aboriginal and Torres Strait Islander society has changed tremendously in only a few generations. Aboriginal and Torres Strait Islander men have experienced a loss of their traditional role in both society and family. This results in despair, shame and a sense of inadequacy. Some men feel that they cannot contribute to their communities any more. This can be influenced by programs and services that highlight a positive role for Aboriginal and Torres Strait Islander men in their communities and families.

³⁵ The Aboriginal Men's Health Implementation Plan, Vladimir Williams and Michael Kakakios Primary Health and Community Care BranchNSW Department of Health, Retrieved from http://www.publish.csiro.au/?act=view_file&file_id=NB01106.pdf

Addressing the high costs of medication

Compared to non-Aboriginal and Torres Strait Islander men, Aboriginal and Torres Strait Islander men suffer a higher burden of ill health and have a significantly lower income, so the cost of medication is an important issue. Aboriginal and Torres Strait Islander men need to be informed about any benefits they are eligible for, which can reduce the cost of medication.

Aboriginal and Torres Strait Islander men's health check day

Proposed health check days will allow the provision of targeted screening and education for Aboriginal and Torres Strait Islander men, categorising on age specific disease and transitioning from Aboriginal and Torres Strait Islander child chronic disease into chronic disease.

The health check days will cover all age groups from infant to adult and look at targeting sessions with focus on several issues such as testicular cancer and how to perform a self-examination and identify any changes in the look or feel of their testicles. Increasing Aboriginal and Torres Strait Islander men's knowledge about the risk of heart disease and high blood pressure with age, focusing on the importance of having blood pressure and fasting blood tested regularly. Targeted sessions focussing on prostate, bowel and lung cancers, which promote early detection, nutrition and diet as well as diabetes education and prevention sessions.

Social and emotional wellbeing is a priority area that merits discussion. Providing sessions that allow for men to openly discuss any SEWB issues will be of benefit, we can have the platform to discuss many issues affecting Aboriginal and Torres Strait Islander men such as Stolen Generations, psychological distress and drug and alcohol issues.

Sexual health can be a shameful topic for Aboriginal and Torres Strait Islander men to talk about by themselves but offering a safe space to discuss sexual health together and taking away the shame factor can improve the sexual health of Aboriginal and Torres Strait Islander men.



NSLHD Aboriginal and Torres Strait Islander men will be able to connect with their community in a culturally appropriate and safe environment as well as giving the men the chance to connect with Elders through their participation in facilitating various workshops through Aboriginal and Torres Strait Islander men's health check days. For Aboriginal and Torres Strait Islander men's health check days to be a success there is a need to ensure there is consultation with the Aboriginal and Torres Strait Islander community at all stages including development, implementation and delivery.

Objectives and Strategies

Objectives	Strategies
Culturally appropriate and safe and accessible, health care for Aboriginal and Torres Strait Islander men	<p>The NSLHD Aboriginal Health Service will develop and implement an Aboriginal and Torres Strait Islander men's health check day, set up partnerships with several key department's - Cancer council, Clinic 16, Mental Health, Drug and alcohol, Diabetes, Primary Health Networks (PHNs), Headspace, National Centre of Indigenous Excellence, AMS Redfern and Primary and Community Health to assist us in screening procedures for:</p> <ul style="list-style-type: none"> - Testicular cancer - Skin cancer - Sexual health - Mental health and well being - Diabetes - Bowel and prostate cancer - Heart disease - Hypertension - Drug and alcohol issues <p>Develop culturally appropriate health education programs specifically for Aboriginal and Torres Strait Islander men's health issues.</p>
Social and Emotional Wellbeing	<p>The development of a culturally appropriate Mental Health assessment tool.</p> <p>Provide support for Aboriginal and Torres Strait Islander men with SEWB issues especially during stressful periods such as relationship issues, loss of loved ones and unemployment.</p>

Objectives	Strategies
Community engagement	<p>Interaction with community at a grass roots level to build on and set up new partnerships.</p> <p>Implement new and existing programs at community events and interact with community (NAIDOC, men's health checks, Yabun).</p> <p>Interaction between younger Aboriginal and Torres Strait Islander men and Elders.</p>
Education	<p>The NSLHD AHS to work with local primary and secondary schools to develop an Aboriginal and Torres Strait Islander young men's health program.</p> <p>The NSLHD AHS to provide targeted patient education on health issues and chronic disease to assist Aboriginal and Torres Strait Islander men understand and manage their chronic disease and other health issues.</p>
Smoking prevention and intervention	The NSLHD AHS to work in partnership with the National Centre of Indigenous Excellence and the Cancer Council to provide tobacco cessation programs and materials to our Aboriginal and Torres Strait Islander men.
More discussion around cancer awareness, early detection and intervention	We aim to reduce the incidence of cancers in Aboriginal and Torres Strait Islander men in NSLHD by improving information available to our men and by encouraging men to have regular check-ups, self-examinations and living healthier lives.
Culturally appropriate health education and promotion for Aboriginal and Torres Strait Islander men, (nutrition, diet, exercise, smoking, drinking and sexual health)	Working with existing and developing new culturally appropriate health education and promotion materials.



Conclusion

Multiple gaps have been identified in this Plan that will cause on-going harm to Aboriginal and Torres Strait Islander men in Northern Sydney if action is not forthcoming, culturally proper and clinically sound.

This report shows that the Aboriginal and Torres Strait Islander population in Northern Sydney is getting younger not older as is the case with non-Aboriginal and Torres Strait Islander Australians. Approximately 60% of Aboriginal and Torres Strait Islander men in Northern Sydney are under 65 years of age. Our efforts to Close the Gap will be enhanced if the gaps identified in this Plan are filled. There is a need to place the service delivery to Aboriginal and Torres Strait Islander men at the forefront of our current best practice models and our methodologies.

There is an urgent need to start addressing Aboriginal and Torres Strait Islander men's needs culturally appropriately and holistically if the gap in health equity between Aboriginal and Torres Strait Islander men and non-Aboriginal and Torres Strait Islander men is to be closed.

This Plan will serve as a framework to guide efforts that will provide an holistic approach to servicing the health needs of Aboriginal and Torres Strait Islander men in Northern Sydney.

In the Closing The Gap Report 2015 the Prime Minister clearly states:

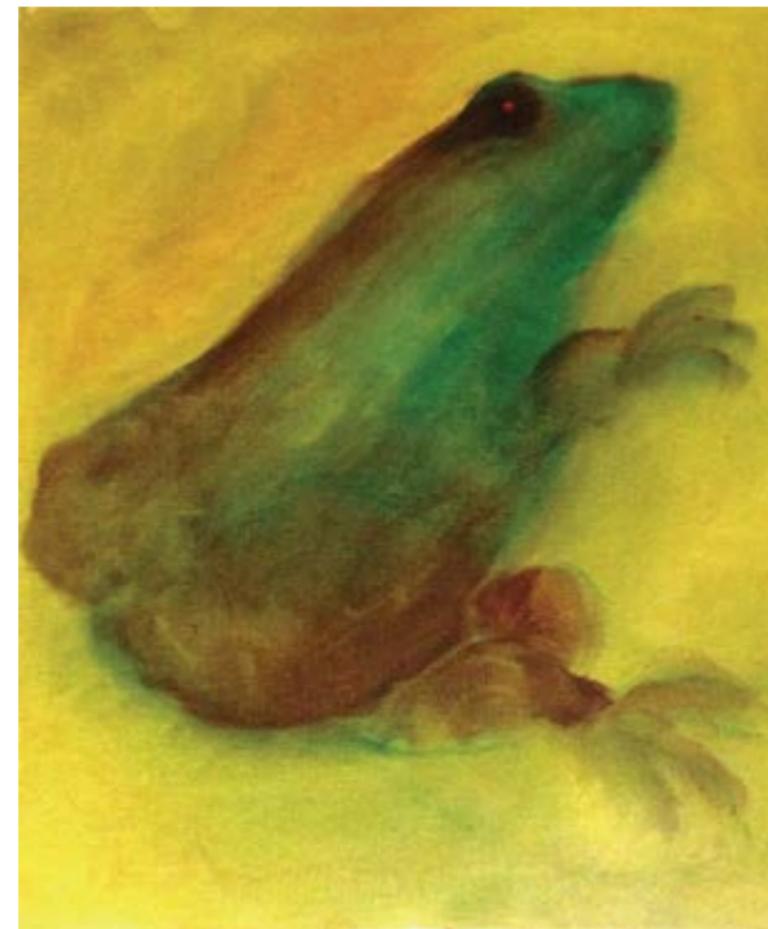
“The Government is determined to close the gap between Indigenous and non Indigenous Australians. The disadvantage suffered by Indigenous Australians is unacceptable. We must continue to work together and build on previous efforts to close the gap. Education, employment and safer communities are key drivers in improving outcomes for Aboriginal and Torres Strait Islander peoples; and no improvement is complete or sustainable without better health and wellbeing.”

Federal funding of more than half a million dollars has been reduced, to many Aboriginal and Torres Strait Islander community controlled organisations. These organisations have or will be forced to close which will lead to gaps in service delivery and no improvement in health and wellbeing for Aboriginal and Torres Strait Islander men.

The Prime Minister also states in the Closing The Gap Report:

“Despite good intention and considerable investment by successive governments, the disparity in outcomes remains. Although there has been some improvement in education and health outcomes for Indigenous Australians, in many areas progress has been far too slow. It is profoundly disappointing that most Closing The Gap targets are not on track to be met.”

For Aboriginal and Torres Strait Islander men to achieve equality and equity in health and SEWB, continued support and investment in health, SEWB and many other issues is needed. If we are to achieve equality and equity in health we need to address gaps in health and service delivery outlined in this Plan for NSLHD. We will need the assistance of not only government and non-government organisations but also community, all working together for the same outcome.



³⁶ Closing the Gap Prime Minister's Report. (2015). Licensed from the Commonwealth of Australia under a Creative Commons Attribution 3.0 Australia Licence Retrieved from http://www.dpmmc.gov.au/sites/default/files/publications/Closing_the_Gap_2015_Report.pdf

³⁷ Closing the Gap Prime Minister's Report, (2015). Licensed from the Commonwealth of Australia under a Creative Commons Attribution 3.0 Australia Licence. Retrieved from http://www.dpmmc.gov.au/sites/default/files/publications/Closing_the_Gap_2015_Report.pdf

References

1. Aboriginal culture - People - Aboriginal suicide rates, retrieved 2 December 2014. Retrieved from www.CreativeSpirits.info,
2. A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention Prepared by Chris Holland, with Pat Dudgeon and Helen Milroy for the National Mental Health Commission March 2013. Retrieved from <http://www.naccho.org.au/download/aboriginal-health/The%20Mental%20Health%20and%20Social%20and%20Emotional%20Wellbeing%20of%20Aboriginal%20and%20Torres%20Strait%20Islander%20Peoples,%20Families%20and%20Communities%20March%202013.pdf>
3. Atkinson. J, Nelson. J, Atkinson. C. Trauma, Trans generational Transfer and Effects on Community Wellbeing. Retrieved from <http://aboriginal.telethonkids.org.au/media/54889/chapter10.pdf>
4. Australian Bureau of Statistics, Measures of Australia's progress 2010. Retrieved from [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter~Aboriginal%20and%20Torres%20Strait%20Islander%20peoples%20\(4.1.7.2\)](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter~Aboriginal%20and%20Torres%20Strait%20Islander%20peoples%20(4.1.7.2))
5. Australian Bureau of Statistics. (2014). 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia. 2012-13. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+features12012-13>
6. Australian Government Cancer Australia. Retrieved from <http://canceraustralia.gov.au/affected-cancer/atsi>
7. Australian Health Ministers' Advisory Council, 2011, Aboriginal and Torres Strait Islander Health Performance Framework Report 2010, AHMAC, Canberra. Retrieved from [http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/\\$FILE/HPF%20Report%202010august2011.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/$FILE/HPF%20Report%202010august2011.pdf)
8. Australian Indigenous HealthInfoNet. Review of Indigenous Male Health, 2010. Retrieved from <http://www.healthinfonet.ecu.edu.au/population-groups/men/reviews/our-review>
9. Australian Indigenous HealthInfoNet (2014). Summary of Australian Indigenous health, 2013. Retrieved from <http://www.healthinfonet.ecu.edu.au/health-facts/summary>
10. Australian Institute of Health and Welfare 2011. The health and welfare of Australia's Aboriginal and Torres Strait Islander People, An overview 2011. Cat. No. IHW 42. Canberra
11. Cancer Council NSW. November 2014, Aboriginal men are 50 per cent more likely to die of prostate cancer: Retrieved from <http://www.cancercouncil.com.au/media-release/aboriginal-men-are-50-per-cent-more-likely-to-die-of-prostate-cancer/>
12. Carson, B., Dunbar, T., Chenhall, & Bailie, R. (2007). Social Determinants of Indigenous Health. Australia. Allen & Unwin
13. Closing the Gap Prime Minister's Report, (2015). Licensed from the Commonwealth of Australia under a Creative Commons Attribution 3.0 Australia Licence. Retrieved from http://www.dpmc.gov.au/sites/default/files/publications/Closing_the_Gap_2015_Report.pdf
14. Heart Foundation, Aboriginal Health. Retrieved from <http://www.heartfoundation.org.au/information-for-professionals/aboriginal-health/Pages/default.aspx>
15. Men Get Breast Cancer Too, Breast Cancer Network Australia. Retrieved from https://www.bcna.org.au/sites/default/files/men_get_breast_cancer_too_booklet.pdf
16. National Aboriginal and Islander Health Organisations [NAIHO] definition of Aboriginal Health, restated in the NSLHD Aboriginal Health Services Plan 2013-16. Retrieved from www.nslhd.health.nsw.gov.au
17. National Aboriginal and Torres Strait Islander Health Plan 2012-2023. Retrieved from. [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)
18. National Human Rights Action Plan. Human Rights Law Centre 2011. Aboriginal and Torres Strait Islander Peoples. Retrieved from <http://www.humanrightsonline.org.au/nhrap/focus-area/aboriginal-and-torres-strait-islander-peoples>
19. National Strategic Framework for Aboriginal and Torres Strait Islander Health. Context, NATSIHC, Canberra.
20. Neil Thomson, Richard Midford, Olivier Debuyst, Andrea MacRae (2010) Review of Indigenous male health. Retrieved from http://www.healthinfonet.ecu.edu.au/male_review



21. NSLHD Aboriginal Health Services Plan 2013-16. Retrieved from www.nslhd.health.nsw.gov.au
22. The Aboriginal Men's Health Implementation Plan, Vladimir Williams and Michael Kakakios Primary Health and Community Care Branch NSW Department of Health. Retrieved from [http://www.publish.csiro.au/?act=view_file_id=NB01106.pdf](http://www.publish.csiro.au/?act=view_file&file_id=NB01106.pdf)
- 22 The Department of Health 2013. Aboriginal and Torres Strait Islander suicide: origins, trends and incidence. Retrieved from <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc-mental-natsisps-strat-1-mental-natsisps-strat-1-ab>
- 23 Wilkinson, R., & Marmot, M. (2003). The Solid Facts Second Edition. Denmark: World Health Organization.
- 24 Working with Aboriginal people in NSW - Mental Health Coordinating Council - Resource Booklet.

Appendices

Aboriginal Health Impact Statement Checklist

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of the Aboriginal Health Impact Statement.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy? Yes No
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development? Yes No

Please provide a brief description

Aboriginal Health Workers from across Northern Sydney Local Health District (NSLHD) and non-government organisations and key stakeholders were involved in the research and development of the Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders? Yes No N/A
4. Have these processes been effective? Yes No

Explain

Consultations with limited Aboriginal organisations in Northern Sydney have occurred and have been productive.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies? Yes No N/A

Explain

The Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020 aligns with the NSLHD Strategic Plan 2012-2016, NSLHD Clinical Service Plan 2012-2016 and the Aboriginal Health Services Plan 2013-2016.

Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services? Yes No

Comments

Employing effective strategies that address environmental, economic and social inequalities which are pivotal to achieving health equity for Aboriginal and Torres Strait Islander men's health, housing, education, employment, transport, access to and equity of service, the alignment of programs goals across sector of government and the development of collaborative cross-sectoral programs at a local level in collaboration with local Aboriginal and Torres Strait Islander community members and agencies.

7. Have these effects been adequately addressed in the policy, program or strategy? Yes No

Explain

The Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020 is important for those providing service to Aboriginal and Torres Strait Islander men and communities to maintain professional standards including actions that are respectful, courteous and that comply with cultural norms.

8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy? Yes No N/A

Explain

The complexity of needs for Aboriginal and Torres Strait Islander men and communities presents a significant challenge to health services. Aboriginal and Torres Strait Islander men continue to experience levels of chronic disease and distress that are to high. Aboriginal and Torres Strait Islander men have poor physical health and Social and Emotional Wellbeing compared with non-Aboriginal and Torres Strait Islander men. The Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020 will address gaps in health and service delivery.

Implementation and evaluation of the policy, program or strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects? Yes No N/A
 To be advised

Describe

The Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020 will be evaluated for its impact and outcomes and aligns with the Aboriginal Health Services Plan 2013-2016

10. Will the initiative build the capacity of Aboriginal people/organisations through participation? Yes No N/A

In what way will capacity be built?

Designing and implementing health promotion and education programs that meet the identified needs of Aboriginal and Torres Strait Islander men in NSLHD, which will include collaborative planning, development, implementation and evaluation of health promotion policies and projects using a variety of strategies which include, health education, mass media, community engagement, advocacy, health policy and structural and environmental strategies.

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders? Yes No N/A

Briefly describe the intended implementation process

Utilising the above initiative it will be possible to enable Aboriginal ownership of all targeted Aboriginal and Torres Strait Islander men's health promotion projects over time.

12. Does an evaluation plan exist for this policy, program or strategy? Yes No N/A

13. Has it been developed in conjunction with Aboriginal stakeholders? Yes No N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

The evaluation of any/all Aboriginal Health and health promotion projects will determine the success of the projects, provide evidence for continued projects and influence funding bodies for future investment in Aboriginal and Torres Strait Islander men's health projects. The Aboriginal Health Service will design impact, outcome and meta-analysis evaluation strategies to evaluate new and/or existing projects and programs.



Aboriginal Health Impact Statement Declaration

An Aboriginal Health Impact Statement Declaration (and a completed Checklist where necessary) will accompany new policies and proposals for major health strategies and programs submitted for Executive or Ministerial approval. This will ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health policies.

THE ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of the policy/initiative:

Please complete the Declaration below and the Checklist **if required**.

Please tick relevant boxes:

The health* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.

Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.

Completed Checklist attached.

OR

The health* needs and interests of Aboriginal people have been considered, in the development of this initiative.

The Aboriginal Health Impact Statement Checklist does not require completion because there is no direct or indirect impact on Aboriginal people. (Please provide explanation.)

Head of Unit Name and Title:

Unit Name:

Area Health Service/NSW Health Branch:

Signature: **Date:** / /

Contact phone no: **Email address:**

*For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.



