

# The National Framework for Improving the Health and Well-being of Aboriginal and Torres Strait Islander Males

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## INTRODUCTION

### The Draft Framework

Firstly, I would like to acknowledge the Traditional Owners of this land and acknowledge the passing of those Aboriginal and Torres Strait who were prominent in the struggle for Aboriginal and Torres Strait rights. Secondly, I would like to thank the organisers of the 7th National Rural Health Conference for giving me the opportunity to present a brief synopsis of the Framework for Improving the Health and Well-Being of Aboriginal and Torres Strait Islander Males (otherwise known as The Framework).

The Framework is the first national framework to address Aboriginal and Torres Strait Islander male health and well-being issues. It is the end result of years of decline in Indigenous male health and the subsequent “grassroots” movement of men who are trying to claim back their right to decent standards of health and well-being.

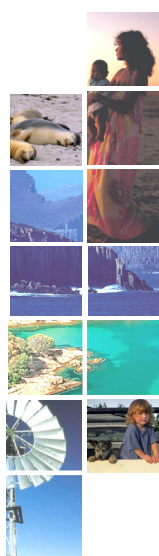
## BACKGROUND

Following a number of “mainstream” men’s health conferences in the mid to late nineties, the first National Aboriginal and Torres Strait Islander Male Health Convention was held at Ross River in October 1999. The Reference Group that emerged from this gathering was a collection of like-minded men who were charged by the conference to highlight, promote and address issues associated with Aboriginal and Torres Strait Islander male health and well-being.

Subsequently, the National Aboriginal and Torres Strait Islander Male Health Policy Forum was held in August 2000. From that gathering, a working party was formed to provide advice to OATSIH, who were given the task of co-ordinating the development of the Framework.

The Framework is the result of substantial negotiation across jurisdictions with representatives from many peak bodies on the Working Party.

The membership of the Working Party has evolved over time, with the current membership drawn from Urban and Rural communities. Membership comprise of representatives from both Aboriginal and Torres Strait Islander communities, QAIHF, NACCHO, SCATSIH, AIDA, ATSIC and Commonwealth and State/Territory Health Departments.



## THE GUIDING PRINCIPLES

Aboriginal and Torres Strait Islander male health is an extensive and diverse life journey that exists within many philosophies, histories and community contexts of our culture. The recognition of this diversity is considered essential for maintaining our position and well-being within our families and communities.

The guiding principles, which underpin the Framework, were noted and accepted by the National Aboriginal and Torres Strait Islander Health Council in September 2001.

Reconstructing male empowerment and self-determination is a gender-based approach that recognises the need for Aboriginal and Torres Strait Islander males to define, understand, prioritise and control the determinants that effect their health and well-being.

The holistic approach recognises the interconnectedness between individuals, family and community. It aims to be inclusive of diverse spirituality, political beliefs, economic status, sexualities and lifestyles, which are encountered within the Aboriginal and Torres Strait Islander communities.

The continuum of care is a principle which emphasises the need to better access to a full range of service options, from prevention and education to clinical care, treatment and follow up.

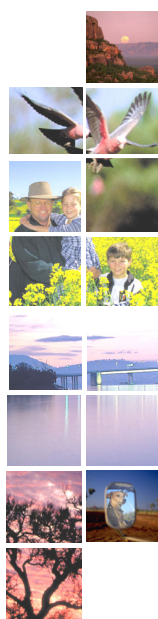
Shared intersectoral responsibilities advocates that there are shared and integrated responses across the health and related sectors. These include corrections, family and community services and education and employment agencies. The aim is to highlight the broader social and economic determinants that impact Aboriginal and Torres Strait Islander male health.

A partnership approach principle is designed to provide a leadership position for co-ordinating and integrating Aboriginal and Torres Strait Islander male health policy and strategies. Incorporation of Indigenous male health issues into existing partnerships and policies is seen as essential for the success of what the Framework stands for.

Strategy and policy development is about prioritising and incorporating Indigenous male issues in existing government and community-based strategies, policy, services and programs. It is about capacity building at the community level to enable the creation and delivery of gender appropriate services and programs, according to community needs and circumstances

Access and support is about the equitable access to gender specific and culturally appropriate mainstream and community controlled services and programs, regardless of the geographical, institutional or custodial setting. There is a recognition of the need for support structures to enable Aboriginal and Torres Strait Islander males to take up these opportunities.

The workforce has significant problems in relation to Aboriginal and Torres Strait Islander male recruitment, participation and retention. It is seen as imperative that these deficiencies are addressed as a priority within all health workforce initiatives and strategies



The Framework acknowledges the need for increasing and prioritising gender specific research and evaluation, of models of care which are consistent with the Aboriginal and Torres Strait Islander ethics committee's and the NHMRC's guidelines for conducting research with Aboriginal and Torres Strait Islander communities. Similarly the Framework recognises the need for ownership of information and the transfer and exchange of skills between communities related to best practice models for Aboriginal and Torres Strait Islander male health.

## ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Australia's Aboriginal and Torres Strait Islander population represents only 2.1% of the total Australian population. Significantly, the Indigenous population is considerably younger than the non-Indigenous population.

Current mortality and morbidity data suggests the health of Australia's Indigenous population is the worst of any sub-population in Australia. Similarly, it also suggests that the Indigenous population experiences a greater burden of disease, including diseases of the circulatory system, respiratory disease and injury and poisoning.

This leads to a much lower life expectancy among Aboriginal and Torres Strait Islander peoples, with Aboriginal and Torres Strait Islander males currently living 20 years less than the non-Aboriginal and Torres Strait Islander males.

Health access influences health status, although it is difficult to measure. Factors, which influence access, include physical, economic cultural and personal issues. With much lower rates of Indigenous health and allied health workers, especially in rural and remote areas, access can be further limited.

Some improvements have been achieved in isolated cases such as Gapuwiyak Men's Clinic, where significant and sustained increases in attendance have been reported since 1997. What we need is more investigation into why this is so and whether this is leading to better health outcomes.

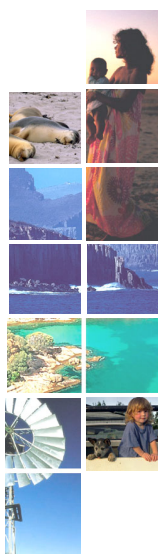
## THE POLICY AND PLANNING CONTEXT

### The environment

#### *Strategies and direction*

The Framework is based on a comprehensive health care approach to improving the health status of Aboriginal and Torres Strait Islander males. This approach is based on the need for interventions across the continuum of care, underpinned by a high quality workforce and appropriate research.

In the context of Aboriginal and Torres Strait Islander males having a higher burden of disease and a greater prevalence of risk factors, evidence-based strategies and policies have developed to assist health services target particular health issues.



The Framework points to the need to compliment and support these existing strategies and policies with broader population initiatives, which could include targeted health issues.

It is important to recognise that both national and local level strategies have a bearing on improving Aboriginal and Torres Strait Islander male health and well-being.

The Framework is about advocating the need to compliment and enhance current activity rather than isolate Indigenous male health from these related strategies.

Some Indigenous males and their communities have commenced gender specific programs and strategies within their existing resources and facilities. While advocating nationally focused strategies, these should not limit the use or development of localised initiatives.

## KEY AREAS OF FOCUS

Seven key areas of focus have been identified and which are informed by the Aboriginal and Torres Strait Islander Male Health Forum report (August 2000). They are:

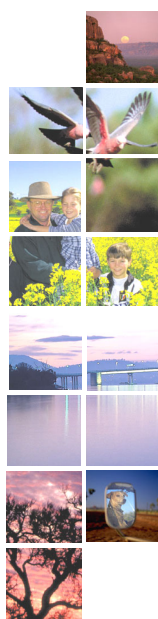
- partnerships and collaboration
- integrating Aboriginal and Torres Strait Islander male health in targeted health strategies and services
- improving access to appropriate health care
- workforce, education and training
- health promotion and prevention
- building the evidence base
- a healthier generation.

The Key Areas of Focus are not presented as the definitive list of priorities for Aboriginal and Torres Strait Islander male health and well-being. They reflect the concerns raised by men's forums and various levels of discussion, which provides a point of reference for stakeholder consideration and action.

## THE IMPACT OF THE FRAMEWORK

It is proposed that the framework be in place initially for a period of 3 years. It is important that during this time, information be exchanged in the following key areas:

- improvements in Aboriginal and Torres Strait Islander male health and well-being
- the acceptance, commitment and support of the Framework key stakeholders
- progress and achievements in the key areas of focus



- the ongoing effectiveness and sustainability of the Framework and the commitment and sustainability of partnerships.

It is recognised that improvements in Aboriginal and Torres Strait Islander male health and well-being may not be easily measured in the short term.

A long-term strategy is needed to identify trends particularly with regard to movements in service access/attendances, workforce participation and health differences between Aboriginal and Torres Strait Islander males and females and the mainstream population.

Therefore, discussion on the impact of the Framework needs to commence with an exchange of ideas and information rather than a formal monitoring or evaluative approach.

This does not imply that the outputs of the Framework should not be measured, but that this component of the Framework's impact may be more appropriately considered during the 3-year application of the Framework.

## WHERE TO FROM HERE?

The Working Party is seeking the endorsement of the Framework by SCATSIH.

Similarly, we have asked that the SCATSIH refer the Framework to AHMAC for its consideration and endorsement.

As a general position the Working Party would like to see:

- all Aboriginal health forums consider prioritising male health issues within existing and future planning processes
- all national strategies consider their impact on Aboriginal and Torres Strait Islander male health.

At this stage however, further consideration and discussion is required by all stakeholders as to how the Framework should be applied to the Aboriginal and Torres Strait Islander community and indeed the wider community. All stakeholders, the government and community sectors, have a role to play.

