Aboriginal and Torres Strait Islander Male Health Module for Aboriginal Health Workers

Unit 13. What you can do as an Aboriginal Health Worker in male health
For the purposes of this guide, the term Aboriginal Health Worker (AHW) is used to describe Aboriginal and Torres Strait Islander allied health professionals that provide clinical and primary health care for individuals, families, and community groups. It is recognised that there are different registration requirements for the AHW workforce in different States and jurisdictions.

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Aboriginal and Torres Strait Islander people are more likely to attend health services if Aboriginal and Torres Strait Islander staff are available to assist them. As well as the AHW role in community controlled health services and some other primary care settings, many hospitals have Aboriginal Health Nurses or Aboriginal Hospital Liaison Officers. Their role is to provide support and assistance to Aboriginal and Torres Strait Islander patients and families in hospitals and other health care facilities. They can help patients to feel comfortable and safe during their hospital stay. They can also help patients and their families communicate with health care professionals, government agencies and other hospital staff.

Male AHWs are in a unique position to be able to respond to the health needs of Aboriginal and Torres Strait Islander males within the local community. The strategies for developing systematic male health programs in their communities include:

- consulting with local males about health program needs;
- developing male-specific health programs and services/clinics;
- implementing male-specific health promotion activities;
- advocating for male-specific health programs within the health service; and
- accessing subgroups of males that are less likely to access health services (for example homeless males).

Although this role is so important, there are not very many Aboriginal and Islander people, particularly male AHWs, working in the Australian health system. Although Aboriginal and Torres Strait Islander people make up 3% of the population, only 1.3% of people working in health-related services are Aboriginal and Torres Strait Islanders. According to the Australian Institute of Health and Welfare, of the registered Aboriginal and Torres Strait Islander health practitioners in 2013, only three in ten (28%) were male (Australian Institute of Health and Welfare (AIHW), 2013; Steering Committee for the Review of Government Service Provision (SCRGSP), 2014).

The graph below shows the number of “full time equivalent” health staff employed by Aboriginal and Torres Strait Islander primary health care services as at 30 June 2005 by Indigenous status (141 health care services responded to the survey).

It highlights that Aboriginal and Islander people working in the Australian health system are most likely to be AHWs or to work in areas with a specific role in Aboriginal and Torres Strait Islander health.

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Aboriginal and Torres Strait Islander staff have a valuable role in the health system as they provide support and assistance to Aboriginal and Torres Strait Islander patients.

DIFFICULTIES FOR ABORIGINAL HEALTH WORKERS WORKING IN MALE HEALTH

The role of the AHW is demanding. As well as good communication and negotiation skills, especially when relating to other health professionals, they need to support clients and family members when helping them deal with health problems. Sometimes, this can lead to workers feeling as though they are the “meat in the sandwich”, especially in family or inter-family disputes within their communities.

AHWs also carry a great load of community expectation. They may be expected to take on many roles at once. Often, they are seen as being “everything to everyone”. Bearing the load of community expectation can be very tiring when combined with the responsibilities of work and family. This constant pressure to perform may be further complicated by the community expectation of the AHW being available on-call 24 hours a day, regardless of their contracted hours of employment. This is particularly likely when the AHW lives within the community in which he or she works.

It is often unusual to have a male health worker dedicated solely to male health issues. Cross over with sexual health and generalist health services is usual practice in most health services. In such instances, male AHWs may have to fit their male health responsibilities into a broader role, which can add further pressure to an already busy role.

The role of the AHW can be very demanding and it is important to have some kind of support network. (See also Unit 14: Networks, referral and follow-up)
The role of the male Aboriginal health worker

AHWs are at the “front line” of providing primary health care to their communities. They are committed to improving the health of Aboriginal communities and see health, not only as the physical well-being of an individual, but as the social, emotional, cultural and spiritual well-being of a whole community. Therefore, AHWs are involved in the health of people and communities on a physical, social, emotional, and political level.

The many tasks that AHWs perform all have a common objective: “…to improve the state of health within the Aboriginal and Torres Strait Islander community, by assisting them to take a strong role in controlling and managing their own health and lifestyle” (Aboriginal Health Council of Western Australia (AHCWA), 2007) p2.

Key responsibilities of AHWs

- AHWs are often the first point of contact for patients at an Aboriginal Medical Service. AHWs often visit patients in their homes between medical appointments to monitor their health. The AHW’s notes on the patient’s progress become part of the patient’s medical record to inform their doctors.

- An important responsibility of AHWs is to liaise between other health professionals and Aboriginal and Torres Strait Islander patients to improve the quality of health services provided. They can also promote a better understanding of the cultural beliefs and medical practices of both parties (see Unit 2 Culturally appropriate approaches to health).

- The skills of AHWs in health education and health promotion enable them to assist communities to develop healthier lifestyles. They can encourage families to become aware of the health of the whole community, for example by attending community meetings where they can learn more about health issues.

- The AHW may be able to help identify where improvements can be made to the health service to appropriately accommodate the needs of local males and advocate for cultural flexibility in the health service.

- Involve the males in the community in planning relevant male health programs. Health promotion programs are more likely to be sustained if community members are actively involved in identifying needs, and planning, implementing and evaluating activities.

Acting as interpreters

AHWs can act as interpreters so that the doctor or other health professional is clear about the symptoms and the patient has a good understanding of the diagnosis, treatment and medical advice given to them.

A key aspect in communicating with patients is to be honest. In the oral-based Aboriginal culture, great importance is placed on what people say. Consequently telling a person the wrong information can be disastrous.

Supporting cultural respect

Building an awareness of Aboriginal Torres and Strait Islander culture and embedding this in service delivery has the potential to significantly improve health and well-being among Aboriginal and Torres Strait Islander people. It will also improve access to and appropriateness of Aboriginal primary health and social and emotional well-being services. It is essential that this occurs to promote wellness, prevent illness and trauma, and provide diagnosis, treatment
and rehabilitation (Steering Committee for the Review of Government Service Provision (SCRGSP), 2007).

Working in the Aboriginal and Torres Strait Islander health sector can be challenging for nurses and doctors who have been educated in a western approach to providing health services. The AHW can play a valuable role in assisting these professionals to act in a culturally respectful way. However, in some cases these professionals may not understand the AHW’s skills and abilities, and as a result may act inappropriately. This can cause problems for health screening and access to services within the community.

A vital element of a culturally competent service is providing individuals, families and communities with the correct information (delivered for easy understanding) that allows Aboriginal and Torres Strait Islander people ownership and responsibility for their own health and well-being decisions (Steering Committee for the Review of Government Service Provision (SCRGSP), 2007).

So they can assist both community members and non-Indigenous health workers, AHWs also need to have a good understanding of local Aboriginal cultural and lifestyle patterns, as each community is unique.

**MALE HEALTH PROMOTION**

Culturally sensitive and appropriate health promotion programs can empower and build the capacity of communities to achieve better health and social and emotional well-being for individuals, families and the whole community. Health promotion initiatives need to have community input at all levels of planning and be supported by the general health system so they can address health concerns and issues in an effective and sustainable way (NSW Department of Health, 2004).

It is increasingly recognised that Aboriginal and Torres Strait Islander people have enormous potential to influence their own health outcomes if they are actively involved in decision-making and are given quality information and appropriate self-management skills. Self-determination is central to Aboriginal and Torres Strait Islander health. It underpins cultural, community and individual well-being. Specifically, integrated health promotion programs are more likely to be sustained if patients, carers and community members are actively involved in identifying needs, planning, implementing and evaluating activities.

Health promotion activities are supported by educational materials, which may include posters, brochures or videos/DVDs. It is important that these are appropriate for their audience in the language that is used, the use of illustrations and the cultural approach taken. This may mean that materials will need to be developed locally or adapted from materials that have been developed in another community. Again, it is important that community members are involved in the development of the materials.

To be effective for Aboriginal and Torres Strait Islander people and communities, health promotion needs to reflect the values of traditional culture and spirituality.

Some examples of programs that have been successful in improving male health are discussed later in this unit.

**FACILITATING DATA COLLECTION**

The AHW can help to ensure data on Aboriginal and Torres Strait Islander patients is accurately collected and entered into the clinic’s health records and software. As well as
being important for patient care and follow up, data can be used to facilitate discussions for improvement of health services. For example, if records show that male Aboriginal and Torres Strait Islander patients are under-represented in the clinic, this information can be used to advocate for more male-specific health programs. At an individual level, if an AHW is interested in research, they may be able to help collect data for research studies that could also help their own career development.

Another example of data usage is collecting data on the uptake of the annual Aboriginal and Torres Strait Islander health check (MBS 715). The rates of uptake of this important health check vary widely across Australia, and various barriers to uptake of the health check have been identified (Jennings, et al., 2014). Data collection on the MBS 715 health check can provide information on whether new strategies are required within the health service to ensure that more Aboriginal and Torres Strait Islander patients receive this health check.

The AHW can support routine data collection being done by the health service by a) ensuring they receive training in the use of the clinic’s data management system, b) ensuring they are aware of new software features and updates and c) helping the health service to ensure that data management systems are appropriate for the cultural needs of Aboriginal and Torres Strait Islander patients.

It is helpful for AHWs to know about the clinic’s data collection and management systems, to ensure that the data collected is accurate so that it can be used to improve health delivery to Aboriginal and Torres Strait Islander patients.
Aboriginal and Torres Strait Islander people have higher rates of illness and, on average, die much earlier than other Australians. Many health risks affect the health and social and emotional well-being of Aboriginal and Torres Strait Islander males. Each man has the story of his life that tells who he is as an Aboriginal or Torres Strait Islander person, and that guides him through life. Each story adds to the history of Aboriginal and Islander males and their experience of life within Australian society - both the good and the bad.

The AHW’s role is to listen to such stories and consider how:

- the issues raised can be addressed using an holistic approach to the man’s health; and
- this knowledge can be translated and passed on to other health professionals.

Male AHWs are in a position where they can help other Aboriginal males to understand the importance of maintaining healthy lifestyles and undertaking regular health screening checks (Robertson, 2007). If health problems are identified early they are less likely to develop into chronic and/or life-shortening illnesses.

Promoting Aboriginal and Torres Strait Islander male health is a challenge not only for AHWs and community controlled health services but also for the wider health and welfare systems.

**Physical Health**

*Regular health checks*

Regular health checks are a good way to reduce or prevent serious illness through early detection and treatment. The “well men’s health check” is an assessment of an individual person’s health (physical, psychological and social) so that any further investigations, interventions or referrals that are needed can be done, and so that a simple strategy for the good health of the man can be written down.

Health assessments and other primary care services are available under the Medicare Benefits Schedule (MBS) Primary Care items. Changes to these items have been implemented so it is worth looking at the website for current information.²

Some relevant MBS items are briefly described below:

**Medicare Benefits Scheme (MBS) Health Assessments** for Aboriginal and Torres Strait Islander Australians (MBS Item 715) may be claimed by medical practitioners, including GPs, and are an annual service (minimum 9 months between assessments). The MBS Health Assessment for Aboriginal and Torres Strait Islander Australians covers all age groups.³

- **Follow-Up Health Services** (MBS Item 10987) – allow Aboriginal and Torres Strait Islander people who have received any MBS health assessment to get Medicare rebates for follow up services provided by a practice nurse or registered Aboriginal health worker. A maximum of 10 services per patient is available in a calendar year and these services must be done under the supervision of a GP.

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Follow-up Allied Health Service for people of Aboriginal and Torres Strait Islander Descent (MBS Item 81300 for Aboriginal health workers) – up to 5 services are available per year following referral from a GP after a health assessment.

More information about the MBS Health Assessments, including eligibility and restrictions to these MBS items, and templates are available on the Department of Health website⁴ as well as on the GP Partners Australia website.⁵

Chronic Disease Management (CDM) - GP services enable GPs to plan and coordinate the health care of patients with chronic medical conditions, including multidisciplinary, team-based care from a GP and at least two other health or care providers. There are six MBS items that provide rebates for GPs to manage patients with chronic or terminal conditions. For example, MBS item 721 provides a rebate for GPs to prepare a management plan for people with chronic or terminal conditions, with the minimum claim period of once every twelve months.

Chronic diseases include cardiovascular disease and erectile dysfunction. Given the associations between cardiovascular disease and diabetes with erectile dysfunction, this is an opportunity to include an assessment of erectile dysfunction as part of the GP management plan for Aboriginal and Torres Strait Islander males.

More information on the MBS items covered in the Chronic Disease Management - GP services can be found on the Department of Health website.⁶

Does your service do adult health assessments using adult health check templates?

Does your adult health check template include male-specific health assessments (eg erectile dysfunction) as part of chronic disease assessment?

Does your service have a specific GP management plan for males and females? For example, a male adult health assessment might include sexual functioning and relationship issues.

See:
www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit (go to “Proformas”) for templates that can be used for Aboriginal and Torres Strait Islander Health Assessments.

Note: A ‘men’s health check’ can be done by including male-specific assessments into GP management plans and adult health assessments, which will be eligible for Medicare rebates.

See also: Unit 4 Barriers to Aboriginal and Torres Strait Islander access to health care

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⁵ www.gppaustralia.org.au/content/aboriginal-and-torres-strait-islander-health-check-resources
**Providing health information**

Clear and accessible health information increases individual and community awareness and assists Aboriginal and Torres Strait Islander people to make informed decisions about their health care. Increasing awareness doesn’t have to be a complicated thing. Just telling someone that something will work under some circumstances and not others can improve a person’s overall health.

**Immunisation**

The AHW is in a good position to promote the National Indigenous pneumococcal and influenza (flu) immunisation program (NIPII), which provides free vaccines for Aboriginal and Torres Strait Islander adults as follows:

- the flu vaccine is free for all Aboriginal and Torres Strait Islanders aged 15 years and older
- the pneumococcal vaccine is free for Aboriginal and Torres Strait Islanders aged 50 years and over, and for those aged 15 years and over who are at a high risk of invasive pneumococcal disease.

**See also:** Unit 8 *Older male health issues (55+ years)* for more detailed information on immunisation.

**Promoting safe sex practices**

The AHW can also have a role in promoting safe sex practices (condom use). Some programs that have been successful in Aboriginal communities are described below under “Community action”.

**See also:** Unit 9 *Male-specific health issues* for more detailed information on sexual and reproductive health

AHWs have an important role in developing local strategies to promote access to, and achievement of, “well men’s health checks”, immunisation and the management of sexually transmitted infections.

**EMOTIONAL AND SOCIAL WELL-BEING**

Aboriginal and Torres Strait Islander males are affected by a broad range of social, economic, educational and legal stresses that influence their well-being. These can result in high levels of emotional and social health problems. For example, of the 37 Aboriginal and Torres Strait Islander substance-use-specific services reporting in the Drug and Alcohol Services Report in 2005–2006, most (97%) indicated that their clients had experienced social and/or emotional health issues during the reporting period.

The graph below shows the different types of social and emotional well-being health issues experienced by the people attending the services. Depression/ hopelessness/ despair, family/relationship problems; family and community violence issues and anxiety, grief and loss were all common issues among clients.
AHWs can support emotional and social well-being among males in their communities. Possible strategies include:

- helping them to tell their stories and relaying these to other health professionals; and
- referring them to appropriate mental health or substance-use services.

See also: Unit 3 Social, emotional and spiritual well-being
**PROMOTING MEDICINE USE**

Many Aboriginal and Torres Strait Islander people have multiple and complex health problems. They don’t always get adequate and appropriate support to understand either the illnesses or the medicines involved in their treatment. Often these patients do not have the literacy skills to read written information, and/or they don’t understand because of the complicated language used by the health professional. If patients experience shame in not understanding, they will not ask the professional to explain more clearly. Anecdotal evidence suggests that unsafe or inappropriate use of medicines is common, which can have damaging physical, social and economic results.

AHWs have a vital role to play in making sure that patients have a clear understanding of what the illness is, how it got into the patient and how it is treated. This should include specific information about any medicine, its possible side effects, and how it should be taken. All information should be communicated in a way that the patient can clearly understand.

See also: Unit 11 Use of medicines

**MAINTAINING PATIENT CONFIDENTIALITY**

Maintaining patient confidentiality is the responsibility of all staff, including the AHW. There are some areas where there are specific risks of confidentiality being broken and some practical steps you can take to protect your patients’ confidentiality.

**Telephone discussions**

Any telephone discussion that releases details about patients or their treatment could potentially risk a patient’s confidentiality. This is particularly so if discussions take place when another patient is nearby, such as:

- telephone calls at the front desk to arrange hospital admissions or appointments to another medical service or specialist; and
- telephone calls taken by the doctor during a consultation with another patient (especially if the call is taken on a hands free telephone).

Tips to reduce your risk include the following.

- Make sure all calls in which patient details are released are conducted in an area away from any reception or waiting area. Or arrange the physical layout of the reception area to give some sound barriers to discussions.
- Limit the need to mention patient names, medical test names or treatment details at the front desk.
- Limit the potential for voices to carry — talk down to the desk and lower the volume of voice.
- Have a facility for doctors to take calls in another room.
- Take care when you release information about a patient.
- Health professionals and support staff should not release information to a third person unless the patient has expressly agreed to all or part of that information being passed on.
Disclosure of information

There are some exceptions to this rule. You are free to provide relevant information to another treating health professional. In some cases, such as suspected child abuse and notifiable diseases, disclosure is required by law. There is also the difficult area of disclosing information “in the public interest”. Such cases are full of danger for the health professional, and it is best not to do it without appropriate legal advice. There are circumstances where the health of others is put at risk or a court order requires disclosure. In some cases, the confidentiality of a child under the age of 16 must be maintained regardless of their parent’s demands to know or any likely family conflict.

Tips to reduce your risk include the following.

- When patients provide their contact details, this is sufficient consent for staff to contact them on these phone numbers and addresses. However, the details of the conversation between staff and the patient should be based on the doctor’s directions to staff.

- When providing test results to a patient by telephone, ensure you have a system for checking the identity of the person. Some practices ask the caller to give their date of birth and the last time they saw the doctor. This will give the individual and the community confidence in your ability to maintain confidentiality especially when the information is of a sensitive nature.

- Releasing information to a patient’s partner or another family member places the AHW in conflict. It is also a possible breach of confidentiality. To limit such a problem, inform all partners and enquiring family members that the policy is to first get the consent of the patient before providing information to any other person.

- If a health professional needs to contact a patient because of significant concerns for the patient’s health, then the doctor may judge it appropriate to give information about the patient to a partner or family member, to ensure the patient receives the necessary treatment, provided this is in the best interests of the patient. First seek the patient’s consent to release the information. If you cannot obtain this consent, the consequences for the patient will have to considered before the decision to inform the family member is made (is it a life or death decision?, how important is their health situation? etc.)

- When treating a patient, do not comment on the medical condition, advice or treatment you may have given to their partner, another family member or a friend. You must first obtain the patient’s consent to release the information (unless it fits within the exceptions to the rules of confidentiality).

Keep patient information out of view

- Ensure all patient files and any other records with patient information are not within access of patients, either at the reception desk or in consultation rooms.

- Ensure patient files, pathology results, or any other details related to patients are not visible either at the front desk or on the doctor’s desk. A cover sheet on top of the information or pigeonhole can keep the record private.

- Close the appointment book between requests. Many practices find this particularly difficult and it may be more practical to design the front desk so the counter shields the appointment book.
- Design the work area to protect computer screens from the view of non-staff.
- When faxing information, ensure the cover sheet includes a confidentiality note, and pre-program frequently used fax numbers.
- When faxing sensitive information and you are not sure whether the receiver’s fax machine is secure, first ring the receiver to tell them that you are now sending the fax.
- When receiving a fax which has sensitive material, ensure someone is available to receive information as it is comes from your fax machine.

Unless there is a need to share information with other treating health professionals or a requirement to report for safety reasons, AHWs should make every effort to maintain patient confidentiality.
EXAMPLES OF SUCCESSFUL COMMUNITY INITIATIVES IN MALE HEALTH

Condoman

Condoman was an initiative created by the Department of Community Services and Health, in collaboration with Aboriginal Health Workers of Australia (Queensland). It ran from 1993 until 1997. The main objective was to educate Aboriginal and Torres Strait Islander gay males about “safe sex” practices, to prevent HIV/AIDS spreading through Aboriginal and Torres Strait Islander communities. This collaborative partnership between Government, health services and Aboriginal and Torres Strait Islander community members showed that promotion of sensitive health issues can be done in a way that maximises the impact of the message while not offending gender and cultural beliefs. A key part of the promotion was enough funding, so that the material could be distributed nationally and the program could be sustained.

Gapuwiyak Men’s Clinic (Guyula, 1998)

Gapuwiyak has a demountable “donga” about 25 m from the main clinic. It was the vision of the Senior Male Health Worker—Terrence Guyula—who felt frustrated by numerous current problems in Men’s Health and difficulty accessing male patients. The centre was set up with assistance from Miwatj and ongoing costs are mainly covered by Northern Territory Health Services and the Gapuwiyak Community Council. The centre has a main office and waiting area, a bathroom/toilet and a more private consulting room. The vast majority of males presenting to the Health Service are seen at this clinic although, if it is closed, they can attend the main clinic if they wish.

After opening, the number of adult males attending health services in Gapuwiyak increased by 600% and these attendance figures have been sustained, refuting claims that Yolngu males are not interested in their health. This has been a significant achievement as it is preferred by the men and has reduced the workload of the main clinic.

This is an example of a systematic and population-health based program that supports change across the community, rather than delivering programs that are specifically targeted for a one-on-one approach.

Bataluk Trail

Ramahyuck District Aboriginal Corporation (from Sale in Gippsland, Victoria), had funding from Vic Health to undertake a Youth Leadership Program, using the Bataluk Cultural Trail. The project, which started in February 2004, is the first of its kind and aims to bring “at risk” youths from Aboriginal and Torres Strait Islander and non-Indigenous backgrounds throughout Gippsland, to study the Gunai / Kurnai culture of the region. Elders, traditional educators, artists and community organisations from the region participated in the initiative. The objective is to increase school retention, reduce substance inhalant addition, build self-esteem and resilience, and encourage healthy life choices.
REFERENCES


BACKGROUND READING AND RESOURCES


The HealthInfoNet website has a wealth of information for AHWs. Available at: http://www.healthinfonet.ecu.edu.au/health-systems/health-workers