

# ENGAGING ABORIGINAL AND TORRES STRAIT ISLANDER MEN IN PRIMARY CARE SETTINGS



Aboriginal and Torres Strait Islander men have higher death rates, and are more likely to die at much younger ages from circulatory disease than the general population, and often have poor access to effective health services.

## What are the barriers for Aboriginal and Torres Strait Islander men to access health services?

Some significant issues affect the way Aboriginal and Torres Strait Islander men engage with the health system and access health services. In particular, when seeking health care for multiple issues the pathway from one service to another can be difficult due to any or all of the following factors:

<b>Societal</b>	Illness-related stigma Gender differences in health
<b>Cultural</b>	Traditional gender-related roles, masculinity and gender roles Language and gender barriers Beliefs around causation
<b>Logistical</b>	Lack of transport Appointment times conflict with other family and community priorities (e.g. ceremonies)
<b>Health system</b>	Limited access to specialist service and/or treatment Complicated referral process Too few (male) health professionals (leading to patients seeing many different doctors) Medical terminology/jargon
<b>Financial</b>	Difficulties in meeting health service costs
<b>Individual</b>	Knowledge/perception of the nature of the illness Previous illness experience Low prioritisation of preventative healthcare Lack of understanding and embarrassment Self-esteem and confidence

## Strategies for health services to engage men from remote communities

Cultural diversity means that what may work in one setting may not work in another. The need for a male-specific place may not be as strong in urban settings as there may be greater integration and interaction with non-Indigenous people compared to a remote area. Seeking feedback from the community is important.

Where English is often the second language and men may not be familiar with a clinic environment it is important to:

- Identify, acknowledge and consult with "cultural bosses" and community male elders
- Gain local knowledge from men's groups through consultation and documentation of their needs and issues
- Plan services with input from local men: for men who are employed and cannot regularly attend the clinic during normal (daytime) operating hours, consider having an after-hours clinic or mobile/outreach service to visit men in their workplaces and/or at men's places
- Check patient register for the proportion of adult and young males attending
- Involve male IHPs/IHWs\* and traditional healers in outreach services in communities, such as 715 Health Checks with the footy team, providing confidentiality is not compromised.

Where remote clinics are available it is important to:

- Get male IHP/IHW to help organise outreach services in the community as needed, or in appropriate spaces such as men's areas
- Have male-orientated clinics to help men feel comfortable. If the environment feels 'foreign' then men may be less likely to engage with doctors or be upfront in providing information
- Where appropriate, plan and involve family members in the consultations so that the family understands the medical treatment and can provide support if needed
- Provide flexible delivery, such as telemedicine, home visits or after hours services
- Engage the local community by holding a clinic meet-and-greet or open day so that men can meet the current/new staff. If feasible, arrange a tour of the clinic and its functions, led by the IHP/IHW
- Develop men's health promotion resources (such as posters/brochures) that include artwork or imagery of local men; if specific to men's business, posters can be placed in public/council male restrooms
- Respect Aboriginal and Torres Strait Islander men and their cultural values. For example, it is important for men (and women) to be able to enter and leave a clinic without passing through a shared reception, particularly when they present for more sensitive health concerns.

## Strategies for health services to engage Aboriginal and Torres Strait Islander men

To ensure health services are engaging men appropriately by identifying and valuing culture, it is important to:

- Undertake an informal community consultation process to better understand the health care service needs of the local men, if not already documented by local men/service.
- Learn local protocols from local health workers on how to access/engage men or men's groups
- Set up a male-specific clinic in a dedicated men's space
- Where possible, have more male health staff (doctors, nurses and Indigenous Health Workers (IHWs)) and men's counselling programs to help support men, and go out into the community to encourage access to health services
- Encourage doctors to stay for the long haul to help men feel comfortable and develop trust

- Minimise waiting times where possible and encourage men to bring a male IHW, a family member or friend to an appointment to help translate
- Advise the patient in advance of additional costs when being referred onto other health services/clinics
- Integrate Follow-up Care Plans as part of ongoing care to ensure the patient has followed treatment and understands when they need to come back for results/re-testing
- Promote Aboriginal and Torres Strait Islander men and women who work in the health service to build empowerment and encourage community members to return to the health service.

Refer to the RACGP Guidelines ([www.racgp.org.au/yourracgp/faculties/aboriginal/](http://www.racgp.org.au/yourracgp/faculties/aboriginal/)) and AMA Indigenous Health Report Card ([www.ama.com.au/article/2010-11-ama-indigenous-health-report-card-summary-best-practice-primary-health-care](http://www.ama.com.au/article/2010-11-ama-indigenous-health-report-card-summary-best-practice-primary-health-care)) for more information.

\* IHP - Indigenous Health Practitioner; IHW - Indigenous Health Worker

## Strategies for GPs and other healthcare professionals to engage Aboriginal and Torres Strait Islander men

Most health professionals intuitively communicate well with patients but when speaking with men from different cultural backgrounds, additional strategies may be helpful. For many men, attending a health service can be a negative experience, for example when blood/urine collection is needed. Trying to make the visit a pleasant experience with positive interaction will help ensure that men return and feel sufficiently comfortable to open up about health concerns, particularly those more sensitive and personal issues. Men will often talk to their family and friends when they have had a positive health experience: word-of-mouth is one of the best ways to encourage Aboriginal and Torres Strait Islander men to attend health services.

- Work on developing trust in the relationship: lifestyle behaviour change may only come after a long, trusting relationship has developed between the patient and doctor
- Involve a male IHW that may help to identify issues before the appointment
- Check when the man had his last annual health assessment and take the opportunity while he is at the clinic to repeat it if it has been longer than 12-months
- Reinforce confidentiality and ensure all health discussions are private and not in open spaces such as reception areas
- Provide simple, clear and accurate explanations of common medical terms and procedures to help reduce a patient's fears and anxieties about his health care: this may include locally developed material using imagery that men can relate to.

## Supporting cultural respect with regard to men's health

Adopting a holistic approach to Aboriginal and Torres Strait Islander health is important. This includes not just the physical well-being of an individual but also the social, emotional and cultural well-being of the whole community.

Working in the Aboriginal and Torres Strait Islander health sector can be challenging for doctors/healthcare professionals who have been educated in a Western approach to health service provision.

It is important that non-Indigenous health professionals delivering services to Aboriginal and Torres Strait Islander people undergo cultural competency training.

This provides the basic tools to avoid cultural pitfalls while providing valuable insight into Aboriginal and Torres Strait Islander perceptions. Cultural respect is shown and real progress can be made.

To support cultural competency training, health Professionals can also:

- Practice in a service that allows longer consultation times (e.g. half hour consultations) to build relationships and provide useful knowledge
- Stay in the community for the long-haul to develop a cumulative knowledge of people and backgrounds
- Take opportunities when in remote settings to visit the community and learn some of the local language
- Seek advice and learn from the experience of other health professionals and local IHWs

Issues of cultural respect are particularly important for older Aboriginal men so a considered approach to some subjects (such as sexual health) is needed.

## Strategies to talk about sexual health issues with Aboriginal and Torres Strait Islander men

Aboriginal and Torres Strait Islander men can find it hard to open up and discuss personal and sensitive health issues, particularly if they see someone other than their usual doctor. If a man is seen regularly and feels comfortable with the doctor he is more likely to initiate discussion.

For sexual health matters, it is particularly important for health professionals to be aware of cultural protocols around service providers engaging with Aboriginal and Torres Strait Islander men:

- Provide a safe, private, and comfortable environment that supports open and free dialogue
- Confidentiality is a major concern of Aboriginal and Torres Strait Islander men, particularly when family and community members are working for the health service they may present to. Hence, seek approval from the client facilitated by other allied health service providers including traditional healers and IHPs/IHWs
- Men may not open up in the first consultation—it may take time to build trust—but balance is also needed to take advantage of opportunistic discussions
- For the older man, more care should be taken in approaching sensitive issues. However, often when the conversation has started, men are interested in their sexual health
- Ask about erectile function for men with cardiovascular risk factors. Use simple analogy and resources (such as brochures, flip-charts, DVDs, visual aids) to help explain the links between erectile dysfunction and chronic disease
- Incorporate questioning into annual health checks such as: "Have you got any sexual difficulties?" or "About half of men with diabetes will have difficulty getting an erection—is that a problem for you?"
- Sometimes men have erectile problems when taking prescribed medication for other health issues: it is important to explain to men why this may happen and think about other treatment options if erectile problems are a concern
- Raise the awareness about lifestyles that may impact on erectile dysfunction like smoking and heavy drinking
- Think about making the consulting room more inclusive for talking about sensitive issues, for example a model or pictures of the male pelvis might help initiate discussion
- Consider the sensitivity of physical examinations, such as DRE, for men with a past history of being sexually abused.

For the purposes of this guide, IHPs/IHWs provide clinical and primary health care for individuals, families, and community groups.

This guide is based on the *Andrology Australia Male Health Education DVD*, which can be ordered from the *Andrology Australia* website ([andrologyaustralia.org/male-health-education-dvd/](http://andrologyaustralia.org/male-health-education-dvd/)).

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