

Comprehensive Aboriginal primary health care

Aboriginal Healthy Futures Generational change



About NACCHO and Aboriginal Male health:

NACCHO is the national authority in comprehensive primary Aboriginal healthcare the National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health body representing 150 Aboriginal Community Controlled Health Services (ACCHS). This is achieved by working with our Affiliates, the State and Territory peak Aboriginal Community Controlled Health bodies, to address shared concerns on a nationally agreed agenda for Aboriginal and Torres Strait Islander health and social justice equality.

NACCHO and the Aboriginal community controlled comprehensive primary health care services, which are NACCHO members are enduring examples of community initiated and controlled responses to community issues.

NACCHO's Strategic Directions focus on three central areas that are consistent with its constitutional objectives.

- Strategic Direction 1: Shape the national reform of Aboriginal health.
- Strategic Direction 2: Promote and support high performance and best practice models of culturally appropriate and comprehensive primary health care.
- Strategic Direction 3: Promote research that will build evidence-informed best practice in Aboriginal health policy and service delivery.

The NACCHO HEALTHY FUTURES 10-point plan 2013-2030 provides our sector, stakeholders, partners and governments with a clear set of priorities and strategies that will result in improvements in Aboriginal health outcomes and is the foundation for this NACCHO Aboriginal Male Health 10 point Blueprint plan 2013-2030.

NOTE : Throughout this document the word Male is used instead of Men. At the inaugural Aboriginal and Torres Strait Islander Male Health Gathering-Alice Springs 1999, all delegates present agreed that the word Male would be used instead of the word Men. With the intention being to encompass the Male existence from it's beginnings in the womb until death.

Throughout this document the word Aboriginal is used instead of Aboriginal and Torres Strait Islander. This is in line with the National Aboriginal Community Controlled Health Organisation (NACCHO) being representative of Aboriginal People. This does not intend to exclude nor be disrespectful to our Brothers from the Torres Strait Islands.



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NACCHO
National Aboriginal Community
Controlled Health Organisation

NACCHO the national authority in comprehensive

A Blueprint for Aboriginal Male Health for generations

**NACCHO 10 Point plan
2013-2030**



Aboriginal health in Aboriginal hands

NACCHO the national authority in comprehensive Aboriginal primary health care



Foreword from Justin Mohamed Chair NACCHO

NACCHO has long recognised the importance of an Aboriginal male health policy and program to close the gap by 2030 on the alarming Aboriginal male mortality rates across Australia.

Aboriginal males have arguably the worst health outcomes of any population group in Australia.

To address the real social and emotional needs of males in our communities, NACCHO proposes a positive approach to Aboriginal male health and wellbeing.

NACCHO, its affiliates and members are committed to building upon past innovations and we require targeted actions and investments to implement a wide range of Aboriginal male health and wellbeing programs and strategies.

We call on State, Territory and Federal governments to commit to a specific, substantial and sustainable funding allocation for the NACCHO Aboriginal Male Health 10 point Blueprint 2013-2030.

This blueprint sets out how the Aboriginal Community Controlled Health Services sector will continue to improve our rates of access to health and wellbeing services by Aboriginal males through working closely within our communities, strengthening cultural safety and further building upon our current Aboriginal male health workforce and leadership.

We celebrate Aboriginal masculinities, and uphold our traditional values of respect for our laws, respect for elders, culture and traditions, responsibility as leaders and men, teachers of young males, holders of lore, providers, warriors and protectors of our families, women, old people, and children

The NACCHO 10-Point Blueprint is based on a robust body of work that includes the Close the Gap Statement of Intent and the Close the Gap targets, the National Framework for the Improvement of Aboriginal and Torres Strait Islander Male Health (2002), NACCHO's position paper on Aboriginal male health (2010) the 2013 National Aboriginal and Torres Strait Islander Health Plan (NATSIHP), and the NACCHO Healthy futures 10 point plan 2013-2030.

These solutions have been developed in response to the deep-rooted social, political and economic conditions that effect Aboriginal males and the need to be addressed alongside the delivery of essential health care.

Our plan is based on evidence, targeted to need and capable of addressing the existing inequalities in Aboriginal male health services, with the aim of achieving equality of health status and life expectancy between Aboriginal males and non-Aboriginal males by 2030.

This blueprint celebrates our success so far and proposes the strategies that governments, NACCHO affiliates and member services must in partnership commit to and invest in to ensure major health gains are maintained into the future.

NACCHO, our affiliates and members remain focused on creating a healthy future for generational change and the NACCHO Aboriginal Male Health 10 point Blueprint 2013-2030 will enable comprehensive and long-term action to achieve real outcomes.



Aboriginal Male Healthy Futures Blueprint 2013-2030



To close the gap in life expectancy between Aboriginal males and non-Aboriginal within a generation we need achieve these 10 key goals

1. To call on government at all levels to invest a specific, substantial and sustainable funding allocation for the, NACCHO Aboriginal Male Health 10 point Blueprint 2013-2030 a comprehensive, long-term Aboriginal male Health plan of action that is based on evidence, targeted to need, and capable of addressing the existing inequities in Aboriginal male health.
2. To assist delivering community-controlled ,comprehensive primary male health care, services that are culturally appropriate accessible, affordable, good quality, innovative to bridge the gap in health standards and to respect and promote the rights of Aboriginal males, in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal male health and well-being.
3. To ensure Aboriginal males have equal access to health services that are equal in standard to those enjoyed by other Australians, and ensure primary health care services and health infrastructure for Aboriginal males are capable of bridging the gap in health standards by 2030.
4. To prioritise specific funding to address mental health, social and emotional well-being and suicide prevention for Aboriginal males.
5. To ensure that we address Social determinants relating to identity culture, language and land, as well as violence, alcohol, employment and education.
6. To improve access to and the responsiveness of mainstream health services and programs to Aboriginal and Torres Strait Islander people's health services are provided commensurate Accessibility within the Primary Health Care Centre may mean restructuring clinics to accommodate male specific areas, or off-site areas, and may include specific access (back door entrance) to improve attendance and cultural gender issues.
7. To provide an adequate workforce to meet Aboriginal male health needs by increasing the recruitment, retention, effectiveness and training of male health practitioners working within Aboriginal settings and by building the capacity of the Aboriginal and Torres Strait Islander health workforce.
8. To identified and prioritised (as appropriate) in all health strategies developed for Aboriginal Community Controlled Health Services (ACCHSs) including that all relevant programs being progressed in these services will be expected to ensure Aboriginal male health is considered in the planning phase or as the program progresses. Specialised Aboriginal male health programs and targeted interventions should be developed to address male health intervention points across the life cycle continuum.
9. To build on the evidence base of what works in Aboriginal health, supporting it with research and data on relevant local and international experience and to ensure that the quality of data quality in all jurisdictions meets AIHW standards.
10. To measure, monitor, and report on our joint efforts in accordance with benchmarks and targets – to ensure that we are progressively reaching our shared aims.

Guided by

Aboriginal Masculinity
Social and Cultural determinants



Respect for
Laws
Elders
Culture
Traditions



Responsibility
Leaders
Males
Teachers
Holders of Lore
Providers
Warriors
Protectors of our Family
Women
Old People

Aboriginal Community Controlled Health

Affiliates

NACCHO

Australian, State & Territory Governments

By investing in

1 Aboriginal Male Health

To deliver

2 Innovative gender based Comprehensive Primary health care for Aboriginal Males

Driven by

3 Health

4 Mental Health SEWB

5 Social Determinants

Underpinned by the need to improve

6 Access

7 Male Workforce

8 Integration

9 Research Data

10 Accountability, Reporting, Monitoring, and Evaluation

We will achieve

Aboriginal Male Healthy Futures for Generational Change