Improved life expectancy for Indigenous and non-Indigenous people in the Northern Territory, 1999–2018: overall and by underlying cause of death

To the Editor: Zhao and colleagues¹ recently published an article highlighting the improved life expectancy for Aboriginal and Torres Strait Islander men in the Northern Territory over the past 20 years.¹ This is both important and welcomed. It reflects consistent and concerted work of countless individuals and organisations that are contributing to the improved health and wellbeing of Aboriginal and Torres Strait Islander men in the NT, despite limited resources to do so. It makes sense that we are beginning, albeit slowly, to see these inroads.

One example of contributing to the positive outcomes for Aboriginal and Torres Strait Islander men's health in the NT is the evolution of the Darwin Men's Inter-Agency Network (DMIAN). DMIAN is a network of men from across government and the non-government organisation sector to collaboratively advocate for Aboriginal and Torres Strait Islander men in Darwin.² DMIAN has enabled men's health researchers to better understand and act on the wants and needs of the Aboriginal and Torres Strait Islander men in the community from the perspective that matters most: their own.

As Zhao and colleagues¹ point out, there is still a long way to go with improving

the life expectancy of Aboriginal and Torres Strait Islander men, which sits 15.4 years behind non-Indigenous men. In addition, as the life expectancy of Aboriginal and Torres Strait Islander men increases, so too does that of non-Indigenous men. So if we are to close the gap, we cannot afford to lose momentum on targeted action, particularly that relating to Aboriginal and Torres Strait Islander male health and wellbeing. 3.4

There is still a need for this to be a recognised priority in the NT and nationally, and for primary health care and social services in the NT to be resourced appropriately. In particular, the Aboriginal Community Controlled Health Services and Aboriginal medical services have a key role to play and should be funded to develop, implement and evaluate health and social and emotional wellbeing programs for male clients, as this is severely lacking and is ultimately hampering progress in Aboriginal and Torres Strait Islander male health and wellbeing outcomes.4

While the National Men's Health Strategy identifies Aboriginal and Torres Strait Islander men as a priority population, we also need substantially more investment in research and evaluation to find new innovate solutions. We hope the important work being done by individuals in health, justice, education and other social services sectors continues to be enabled to support Aboriginal and Torres Strait Islander men for the benefit of their communities and future generations.

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