

Time to stop flogging a dead horse?

The intended audience has not arrived; there are no men

It is 11 am, an hour after the announced start time of the Aboriginal and Torres Strait Islander men's health day event. The barbecue is fired up, the grill plates are ready, and the oil being poured onto the hotplate signifies it is go-time.

Yet, the intended audience has not arrived; there are no men. There are gift bags full of promotional and practical wear such as hats, beanies and wristbands, and even fridge magnets, stickers, water bottles, pens and various brochures and health information. Still, the intended audience has not arrived; there are no men.

A bus goes out into the community, to all the hotspots where Aboriginal and Torres Strait Islander men congregate. It is doing the rounds to pick up men without transport; it is for those who may have forgotten or not received the message that the event was running. However, the bus returns empty: the intended audience has not arrived; there are no men.

This failed attempt to engage Aboriginal and Torres Strait Islander men of a community to attend a health event is an all too common occurrence. However, as is normally the case, two or three men do attend, but it is the same two or three from the last event 6 months ago, and it will be the same two or three men (fingers crossed their health holds up) that will attend the next event — which is then subject to funding, location, weather and the will of the next person to host the event. The only other attendees are the usual suspects: men from various organisations who received the email, men who are required to be there because of their role within their organisation, and men who were either the hosts or initiators of the event itself.

However, the intended audience did not arrive, and the event failed to attract the Aboriginal and Torres Strait Islander men who are disengaged from their health. For those who did attend, it was a great opportunity to catch up, liaise with providers, share some stories, yarns and ideas, have a feed, voice concerns regarding men's health and wellbeing, and, as always, leave wondering "why the hell did others not turn up"? The reports may say that several men did attend and that the liaising between organisations from across the health and social service sector was encouraging; however, the organiser tasked with writing this material knows deep down that the event did not deliver what was hoped or, more importantly, what was needed.

The organiser struggles to write about the limitations of the event because they know all too well how hard it was to fight for the few dollars they received to cover the costs to hold the occasion from their manager; as O'Dea has observed, "the challenge is to sustain these interventions over the long term in the frequently under-resourced primary health care clinics".¹ They



also know how critically important Aboriginal and Torres Strait Islander men's health is to their people, community and families; the organiser is doing all they can.

This event is not unique; in fact, it is not recounted from any one event but is instead based on my experience attending many events in one capacity or another. It is a summary, if you will, of the last decade's events whose sole purpose was to engage Aboriginal and Torres Strait Islander men. Indeed, these occasions are always run with the greatest of intentions by men within the community wanting to reach out and make a positive difference. However, the Aboriginal and Torres Strait Islander health space is under-funded and under-resourced, not to mention very complex.²

Engaging hard-to-reach audiences can be problematical, and it is easy to understand how these men's health events appear set up for failure; which leads one to ask, are we simply flogging a dead horse? To date, I have neither witnessed many organisations successfully generate the perceived numbers when such an event is conceived, nor encountered ones able to genuinely increase the number of Aboriginal and Torres Strait Islander men attending primary health care services in their community and maintain it over a period.

There may be many reasons for these shortcomings, including changes in the political environment (at both federal and state levels), a decrease in funding or a given primary health care service may have changed in either focus or staff. Whatever the reason, it has been to the detriment of Aboriginal and Torres Strait Islander men.

With the damage subsequently caused to the fundamental building blocks of Aboriginal and Torres Strait Islander culture (land, law, family and spirit included), and the health of its men thus spiralling out of control, we have now reached a critical point.³ We cannot sit idly by and be content with only minimal improvements in health and wellbeing, as Aboriginal and Torres Strait Islander men still experience the worst health condition

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of any population group in Australia.² The time has come to collaborate and share knowledge and experiences, and to put aside individual egos and be honest about the failed attempts to engage these men. We must learn from past experiences to involve Aboriginal and Torres Strait Islander men with primary health care services, as to continue and expect different results is foolish, expensive, wasteful and unproductive for both themselves and their communities.

On the surface and from a distance, it may appear that Aboriginal and Torres Strait Islander men are not interested in their health and reject the opportunities presented. This may be reflected in primary health care service reports, records and Medicare claims, but it cannot be further from the truth. Instead, Aboriginal and Torres Strait Islander men are interested in their health and want to engage with primary health care services, and herein lies the challenge.⁴ Health services must be willing to ask the Aboriginal and Torres Strait Islander men of their community how they want to utilise the service and how it, in turn, can better accommodate and respond to their hopes, wants and needs. Subsequently, health services must also be able to make the appropriate changes to improve access and, ultimately, men's health outcomes.

Although many primary health care services can be considered culturally appropriate and equipped with all the essential amenities, the health and wellbeing of Aboriginal and Torres Strait Islander men is unlikely to improve if they choose not to use these facilities.

Aboriginal and Torres Strait Islander men need to and want to define their own future, which is critical to turning this situation around.² A recent qualitative study presented the perspectives of Aboriginal and Torres Strait Islander men on their motives, barriers and enablers regarding their utilisation of primary health care services.⁴ Addressing some of the barriers identified would be a good starting point.

Ultimately, I believe Aboriginal and Torres Strait Islander men have the answers; however, it is unrealistic to expect them to improve their current situation alone. In partnership, a collaborated effort from all stakeholders is required to improve access to, and utilisation of, primary health care services. Without the necessary means to develop, implement, sustain and evaluate appropriate engagement strategies or programs, the unacceptable life expectancy gap between Aboriginal and Torres Strait Islander men and their non-Indigenous counterparts will remain, and closing the gap will persist as nothing more than a memorable slogan.

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