



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

Unit 4. Barriers and enablers to Aboriginal and Torres Strait Islander access to health care

Content from:

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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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Australian males have a lower life expectancy and greater levels of serious illnesses than females. Aboriginality and low socio-economic status place Aboriginal and Torres Strait Islander males as the most disadvantaged population group in Australia in terms of physical well-being. However, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) Interim Service Activity Report (1998-99) found that Aboriginal and Torres Strait Islander males (40% of males) accessed Aboriginal-specific health services at significantly lower rates than Aboriginal and Torres Strait Islander females (60% of females). The fact that 54% of male deaths occur under the age of 55 years (compared to 76% of non-Indigenous male deaths occurring after the age of 65 years) (Australian Institute of Health and Welfare (AIHW), 2014), highlights the importance of preventive care across the lifespan.

See Box 1 for an overview of the challenges that Aboriginal and Torres Strait Islander men face when engaging with health care services.

Box 1. Issues that affect the way Aboriginal and Torres Strait Islander men engage with health services

Societal	<ul style="list-style-type: none"> Illness-related stigma Gender differences in health
Cultural	<ul style="list-style-type: none"> Traditional gender-related lores, masculinity and gender roles Language and gender barriers Beliefs around causation
Logistical	<ul style="list-style-type: none"> Lack of transport Appointment times conflict with other family and community priorities (e.g. ceremonies)
Health system	<ul style="list-style-type: none"> 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
Financial	<ul style="list-style-type: none"> Difficulties in meeting health service costs
Individual	<ul style="list-style-type: none"> Knowledge/perception of the nature of the illness Previous illness experience Low prioritisation of preventive health care Lack of understanding and embarrassment Self-esteem and confidence

GENDER DIFFERENCES IN HEALTH

Research studies and health statistics show that females are healthier than males, but why this is so is not clear. Some of the theories that attempt to explain gender differences in health status include the following:

- ❖ males are encouraged by our culture to be tough — complaining of feeling ill or visiting the doctor is a threat to their masculinity or a waste of time, unless they are sick or injured; and
- ❖ health is largely determined by social factors such as education status, employment and income.

Males in western societies, such as Australia, are less inclined than females to take an active role in maintaining their own health. They are also less likely to seek professional help for problems, particularly those of an emotional nature. Some of the social and cultural reasons for this include:

- ❖ the western definition of masculinity includes strength and silence — males may feel that it is a sign of weakness or “femininity” to seek help;
- ❖ males, particularly when younger, tend to act as if they are invincible — this can lead to destructive behaviours such as drug or alcohol binges, reckless driving or other risky behaviours;
- ❖ females are more likely to have regular contact with doctors because of periods, contraception and pregnancy issues — males don't have a similar “system” that requires them to regularly see a doctor, and are less likely to recognise or “act on” signs of risk; and
- ❖ most health professionals in Australia are females, which presents serious cultural issues for Aboriginal and Torres Strait Islander males in relation to gender appropriateness.

The under-utilisation of health services by Aboriginal and Torres Strait Islander males is a contributing factor to the poor state of Aboriginal and Torres Strait Islander male health in Australia. Systemic barriers to health service use include:

- ❖ *general issues* — distance to health services, transport, cost, racism, problems with Medicare cards, long waiting times, having to go to hospitals in the city for specialist services and dying away from “country” and other issues (affecting all Aboriginal and Torres Strait Islander people);
- ❖ *cultural issues* — lack of cultural understanding by health staff, lack of culturally specific Aboriginal and Torres Strait Islander medical services, language barriers, specific “skin” relationships to clinic staff and others; and
- ❖ *specific male issues* — gender-specific access, separate location, male Aboriginal and Torres Strait Islander health workforce, male-specific “places”, clinic or service, specialist male services including counselling/mental health/sexual problems.

For many Aboriginal and Torres Strait Islander males, mistrust, anxiety, and fear of the health system act as barriers to routinely accessing health services. There are a number of factors that may contribute to such fear and anxiety that need to be recognised by primary health care services to enable improved engagement of males with the health system.

Low prioritisation of preventive care

Accessing health services is often thought of as something that is only necessary if there is a need for surgery or medicine, dealing with sickness or in a health emergency. Males may be too busy with other work or family commitments to take preventive measures to look after their own health as a priority.

Illness-related stigma

The effects of illness-related stigma can mean that for some Aboriginal and Torres Strait Islander males, who may be lacking in self-confidence, their ability to access health services and treatment is restricted.

Stigma and the negative attitudes of society towards people with illness can be a major barrier. Illness-related stigma can produce feelings of fear and exclusion, worthlessness and self-disregard (Brockington, et al., 1993), rather than respect and treatment as an individual. Communities promoting stigma will fail to provide the rights and opportunities that all humans are entitled to. Individuals with an illness are also affected by self-stigma, which is where the individual questions their own ability to function and participate in their chosen activities of daily living. This results in lowered self-esteem and consequently reduced interest in accessing work or independent living skills resources. Self-stigma is often a direct result of stigma produced by society (Corrigan, 2002).

Embarrassment

Many males find it difficult to discuss intimate emotions, sexual difficulties, mental health issues like stress, anxiety and depression, or physical problems that can affect the bowel or genital areas. Sharing personal information with a health professional can create feelings of embarrassment. Disclosing personal and sensitive information can be uncomfortable for many males (and females) and therefore it is not uncommon for people to try and avoid such situations.

Mental health

Mental health issues, such as depression and anxiety, are conditions that affect many males and for which there is often a reluctance to seek help. One in every eight Australian males suffers from depression at any given time, with teenagers and older males being particularly at risk. Many factors can trigger depression such as the death of a spouse, divorce, separation or unemployment; however, Aboriginal and Torres Strait Islander males are more likely to resort to destructive behaviour as a consequence of their depression. Males experiencing depression are twice as likely as females to misuse alcohol or drugs and the suicide rate for males aged between 15 and 24 years has tripled in the past three decades.

Jargon

The use of specialised terms, expressions, acronyms and abbreviations that only a select group of people understand can put people off. Jargon becomes a problem when people stop understanding the message the health professional is trying to get across.

Masculinity and gender role

Male experiences of illness and help-seeking behaviours can be negatively affected by cultural stereotypes and values that are often associated with "masculine" behaviours and gender role (Seymour-Smith, et al., 2002). From a young age, males are socialised into internalising (*keeping it inside*) their emotions and their physical discomfort. Masculine, risk-

taking behaviour and associated, restricted coping strategies (eg a “real” man would not show weakness or emotion) and a negative masculine perception puts males at higher risk and challenges provision of health care (Forrester, 1986). Alternatively positive masculine perceptions may help males increase healthy activities such as exercising and weight loss (Arnandale & Hunt, 1990). “Masculinity” and a “tough guy” image among Aboriginal and Torres Strait Islander males can inhibit improvement in health however further understanding by Aboriginal and Torres Strait Islander male researchers is needed to better understand the impact of masculinity on help-seeking behaviours.

Similarly, gender issues exist in relation to health service provision, with health services often provided in “feminised” premises, in terms of décor and display material. Often there are no male health professionals at the service. Many males feel unwelcome and uncomfortable in such environments when they do visit the clinic/doctor.

Previous illness experience

The death of a family member in hospital can be a frightening experience for relatives. This negative experience can contribute to a delay in accessing health services and medical treatment.

Furthermore, many Aboriginal people have to travel long distances to an unfamiliar city hospital environment for medical treatment. Family and friends are often not with the individual to advocate for them and provide support. Patients frequently don’t want to leave their community. Finding suitable accommodation nearby can also be difficult, as more convenient accommodation may have culturally inappropriate amenities (eg “unisex” shared bathrooms and toilets). For relatives, dealing with the shock of learning of a family member’s illness, the lack of privacy and respect for personal space within the hospital setting causes further suffering and the experience of shaming (Stamp, et al., 2006).

AHWs can play a valuable role in reducing the number of factors that prevent Aboriginal and Torres Strait Islander males from using health care services.

2 ENGAGING ABORIGINAL AND TORRES STRAIT ISLANDER MALES IN HEALTH CARE

New models of primary health care services are needed as the burden of chronic disease increases and Aboriginal and Torres Strait Islander populations continue to experience inequitable access to health services. Examples where greater co-ordination of care exists between community health services, general practices, allied health professionals and hospitals may provide opportunities for delivery of improved health care (Ware, 2013), particularly for males who experience significant barriers to health care access (Hayman, et al., 2009; Jackson & Marley, 2007).

Box 2: Questions for the AHW to consider when engaging Aboriginal and Torres Strait Islander men in health care.

- ❖ How could I best promote health services to Aboriginal and Torres Strait Islander men? Are there any local artists that could help to develop resources such as brochures or posters?
- ❖ How can I help the clinic to ensure that health services are appropriately targeted to Aboriginal and Torres Strait Islander men?

- ❖ How can I help the clinic to ensure all health discussions are confidential? For example, helping the clinic to understand the need to ensure conversations take place in private and not in open spaces such as reception
- ❖ How can I engage the local community with the clinic so that men can meet the health staff and become familiar with the environment?
- ❖ How can I make the patient's visit a pleasant experience with positive interactions?
- ❖ How can I build trust in my relationship with an Aboriginal and Torres Strait Islander male patient?
- ❖ How can I help the male patient to better understand the medical information being delivered to him?
- ❖ How can I encourage Aboriginal and Torres Strait Islander men to have regular health checks?
- ❖ How can I encourage Aboriginal and Torres Strait Islander men to talk about sexual health issues?

GENDER-SPECIFIC CARE

It is important to provide males with appropriate health services that meet their cultural and gender-specific needs to encourage them to access health services more regularly.

Primary health care services providing separate male and female clinics, either in separate facilities or by holding clinics at different and dedicated times helps to overcome some of the barriers males face when accessing health services. It is important for Aboriginal and Torres Strait Islander males (and females) to be able to enter and leave a clinic without passing through a shared reception, particularly when they present for more sensitive health concerns. Similarly, having more male health staff (doctors and nurses), male health coordinators and male counselling programs where possible, helps to support males and encourage access to health services.

In remote traditional areas where "ceremonial business" continues and there are very strict protocols against traditional males being examined and assessed by female health professionals, access to appropriate and gender-specific Aboriginal and Torres Strait Islander male health services is imperative but can be more difficult to provide due to the generally limited availability of health resources in remote communities. Similarly, many urban Aboriginal and Torres Strait Islander males maintain their strong links with traditional communities, ways and culture making it difficult for them to access mainstream health services as they are perceived as inappropriate to their culture (Wenitong, 2002).

Extending clinic hours (outside normal business hours) and displaying male health material in the clinic are other simpler measures to help engage males with the health service.

Evidence suggests that more appropriate and gender-specific Aboriginal and Torres Strait Islander male health services often report significant and sustained increases in attendance by males when specific male clinics are introduced (Guyula, 1998).

PROMOTING HEALTH SCREENING AND FOLLOW-UP SERVICES

A range of health promotion activities can be undertaken to support changing help-seeking behaviours, encourage Aboriginal and Torres Strait Islander males to visit health professionals and provide health services that support male health needs. Encouraging regular health checks will help to ensure that Aboriginal and Torres Strait Islander males receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality.

- ❖ **Well Men's Check Program** aims to facilitate AHWs to conduct health checks on all males over 15 years of age in their community. The resources used include diagrams and flip charts to support varying degrees of literacy. Ideally these checks are to be carried out on a yearly basis to monitor changes in health status and initiate early intervention (Smith & Beever, 2001).
- ❖ **Pit Stop Program** uses a car analogy and concept of regular maintenance to maintain health. The programs can be run in a variety of settings and involve a series of "workstations" that involve a quick and simple health check. The environment is non-medical and comfortable and can be less threatening to males than visiting a health professional or health service. See the Pit Stop program website.¹
- ❖ **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).

MBS health assessments include: Aboriginal and Torres Strait Islander adult health assessment (15–54) — for adults aged between 15 and 54 years; and older persons (55+) health assessment — for Aboriginal and Torres Strait Islander people who are at least 55 years of age.

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 AHW**. 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.

Follow-up Allied Health Service for people of Aboriginal and Torres Strait Islander Descent (MBS Item 81300 for Aboriginal health workers) allow up to five services 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, is available in the "Aboriginal and Torres Strait Islander peoples MBS health assessment resource kit" on the Department of Health and Ageing website.²

Chronic Disease Management (CDM) - GP services³ 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

¹ See: <http://www.centralwestgippslandpcp.com/wp-content/uploads/2011/09/Mens-Health.pdf>

² See: http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit and <http://www.gppaustralia.org.au/content/aboriginal-and-torres-strait-islander-health-check-resources>

³ See: www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-factsheet-chronicdisease.htm

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.⁴

- ❖ **National Bowel Screening program:** Free bowel cancer screening test kits are provided to all Australians in the year they turn 50, 55, 60 or 65.⁵ Information on bowel cancer screening specifically targeted for Aboriginal and Torres Strait Islander people is available from the HealthInfoNet website.⁶
- ❖ **Health promotion in different settings:** Taking health promotion activities to where males are and feel more comfortable, rather than expecting them to come to the service, can help encourage males to think about their health. Health promotion activities (eg male health information sessions, display of male health information) can be provided in a range of settings, such as sporting clubs, pubs, local betting shops and other male venues.

AHWs can involve males in regular health checks through a range of programs and through health promotion in a range of settings.

EXPLAINING MEDICAL TERMS

The use of unfamiliar and specialised terms, expressions, acronyms and abbreviations (jargon) in health can be difficult for many people to understand. In a medical setting, this can be more difficult when they are trying to understand the type of tests or medical procedures that may be needed. Providing clear and accurate explanation of common medical terms and procedures can help reduce a patient's fears and anxieties about his health care.

Some examples of words that may need explanation can be found in the Glossary at the end of this report.

Having an understanding of medical terms helps the AHW to give Aboriginal and Torres Strait Islander males a clear explanation of their conditions and treatments.

⁴ See: www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement

⁵ See: <http://www.bowelscreenaustralia.org/>

⁶ Flipchart available from: <http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?lid=23985>

GLOSSARY OF TERMS

Blood tests	A sample of blood is taken from a vein to check the chemicals and cells in the blood for various disease
Biopsy	An operation to remove a small piece of tissue or cells from part of the body for testing and examination under a microscope
Catheter	A thin flexible tube used to take fluids in or out of the body
Chemotherapy	Treatment with medicines that circulate in the blood stream to kill cancer cells through different parts of the body
Colonoscopy	Examination of the bowel using a fibreoptic endoscope
CT scan (computerised tomography)	A specialised x-ray examination that is used to give 3D images of organs in the body to help define problems within them
Culture	To grow cells, tissues or organisms, often in a sterile dish, for scientific purposes
Cytopathology	Checking the normal and abnormal features of cells using a microscope
Diathermy	The use of heat to destroy tissue or cells. Sometimes used in a vasectomy operation to cut or block the vas deferens
Doppler Assessment	A test to check blood flow in parts of the body
Digital Rectal Examination (DRE)	A physical examination where the doctor places a gloved finger into the man's rectum (back passage) to check the size, shape and feel of the prostate
Embolisation	A treatment that clogs small blood vessels and blocks the flow of blood
Endoscope	A piece of equipment used to see inside the body. It usually is made up of a thin tube with a light and camera at one end. This tube is inserted into the patient and sends pictures from inside the body to a monitor or television screen for the doctor to examine more closely
Fine needle aspiration	Using a thin needle to take a small sample of tissue from the body for microscopic examination
Gleason Score	A grading which indicates the rate of growth of the prostate cancer
Gynaecomastia	Breast development in the male
Histology	The study of cells and tissues at the microscopic level
Intravenous	Placing a substance (eg drug) directly into the vein
Karyotype	A blood test to check for the number and appearance (size and shape) of chromosomes in cells
Lesion	A change in body tissue caused by disease or injury
Macroscopic	Big enough to see with the eye
Microscopic	Extremely small and not visible by the naked eye.
Needle biopsy	The removal of a piece of living tissue for microscopic examination by inserting a hollow needle through the skin and into the tissue
Oral medicine	Tablet or capsule taken by swallowing
Physical examination	An examination may include physical checks by a doctor of such things as the testicles, abdomen and rectum
Placebo	A dummy medicine or treatment
Prognosis	An indication as to the future outcome of a disease

Risk factor	An aspect of lifestyle or behaviour, a health condition, an environmental exposure or an inborn or inherited characteristic, known to be linked with health-related conditions considered important to prevent
Symptom	A sign that a person has a disease or health problem. Some signs may be fever, nausea, vomiting
Systemic therapy	Treatment that uses substances that travel through the blood stream, reaching and affecting cells all over the body
Toxicity	The degree to which something is poisonous
Ultrasonography	Imaging deep structures of the body
Ultrasound	Medical process, which takes images or pictures using special sound waves, that are used to examine organs inside the body without the need to make cuts or incisions
Vascular	Conditions involving blood vessels
Venous	Relating to a vein (blood vessel in the body)
X-ray	A painless medical test that uses electromagnetic radiation to take pictures inside your body. This helps the doctor to diagnose and treat disease. There are different types of X-rays that take images of different body parts, such as teeth or bone.

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