

## ***Ingkintja – Learning From Comprehensive Primary Health Care Experience', Rosewarne, Wilson, Liddle, Lake, Summers Central Australian Aboriginal Congress***

How does Ingkintja, the Central Australian Aboriginal Congress Male Health Program, reflect the social determinants of health affecting Aboriginal male health, as articulated by Aboriginal males, in the Alice Springs region?

### **Context**

Aboriginal males in central Australia have higher levels of social disadvantage than Aboriginal males in other regions, Aboriginal women in general and the broader non-Aboriginal community and they suffer from high levels of mental health conditions. Aboriginal males and practitioners recognise that disempowerment of Aboriginal males and their vilification as a cause of social dysfunction in their communities and as major contributing factors for their poor mental health status.

### **Methods**

This research employed a narrative case study approach, incorporating lay knowledge perspectives. Qualitative methods included a literature review, document analysis, key informant interviews and community and service user consultations. Quantitative data consisted of de-identified service use data from the patient recall system Communicare, service data from program records, program evaluation, funding reports and ABS population data. Capacity development occurred through a formal training strategy and informal transfer processes between researchers and program staff and mentoring.

### **Findings**

***History*** The program in its early years was poorly resourced, inappropriately located and suffered from the social stigma related to being funded as an STI Program which worked against desire to address poor male access rates to clinics and delivery of a broad holistic health program. Community consultation (2004) is a watershed change for the program.

***Causes, status and needs*** Aboriginal males identify the need for individuals to take responsibility for their own lives and actions, that they may need support and that there are a number of factors that contribute to triggering an individual to take action. Triggers include responsibility to, and support from, family, their own sense of self esteem and their understanding of their community (including cultural) obligations. From the individual taking responsibility there is an understanding that change can then occur at a family, and then community level, enabling some people to engage with those structural issues that contribute to a community's health. This represents a sophisticated understanding of the pathways to address the individual structural divide. Empowerment is understood as a process. Disempowerment, through structural action without community participation and empowerment, is acknowledged as leading to further alienation. Aboriginal males locate their health in an emotional wellbeing framework, recognising the impacts of colonisation, changing male roles in contemporary society, social alienation and exclusion from access to employment opportunities as key contributing factors.

***Theoretical frameworks principles and approaches*** Ingkintja recognises and works towards empowering Aboriginal males, boosting self-esteem and creating personal and community capacity to address and take action on social issues. The gender specific nature of the program and its cultural safety aspects are key elements in creating an environment for Aboriginal males to access health care and support. This includes Ingkintja being a male only space, the Aboriginal staff and importantly the active participation of two senior Aboriginal men in the program. The identified strengths of Ingkintja include: a high degree of cultural safety, the mix of preventative, health promotion, treatment and rehabilitation services, taking a broad holistic view of health, the drop-in centre approach, multi-discipline staffing, advocacy on social determinants of health and the flexibility and responsiveness in approach and service delivery. Ingkintja engages in advocacy both under the broader banner of Congress and in its own right, such as the Central Australian Aboriginal Male Health Summit (2008). When Ingkintja has taken direct action on issues coupled with advocacy and capacity building, such as with the Summit, its impact on policy is most recognised.

***Access*** Consequent on this approach there has been a significant increase in access rates by Aboriginal males. This has included a thirteen fold increase in the number of contacts per year for the clinical based services from 2002-03 to 2008-09. By far the greatest numbers of contacts occur with the hygiene facilities and attending the health promotion/education sessions, which stand at over 8,600 contacts in the 2008-09 year.

***Barriers*** There exists an interrelated set of issues that act as program barriers including; ongoing issues around access to services by Aboriginal males, limited and inflexible funding and government policies that vilify and undermine Aboriginal male dignity and roles within their communities. This includes a health policy discourse that blames Aboriginal males for their and their community's poor health and social problems and male health policy that focuses on sexual health.

### **Conclusion**

Congress Ingkintja provides a very successful health service program with high community support and utilisation rates by Aboriginal males in the central Australian region. Utilizing community development and CPHC principles, Ingkintja staff work sympathetically and effectively with Aboriginal males to empower them to take action to address the social determinants of health. The program balances its focus on developing individual capacity to deal with these issues, with broader advocacy work at the structural and policy level.