This is a summit for male Aboriginal leaders only to come together to discuss solutions to improve the health and wellbeing of males living in remote communities.
This summit is facilitated by Ingkintja Male Health, a branch of the Central Australian Aboriginal Congress.

Congress began at a meeting held on 9 June 1973. Congress’ initial aims were to be a voice for the Aboriginal people of Central Australia on all matters that concerned them. Since 1973 Congress continues to promote a broad approach to improving Aboriginal health and Closing the Gap on Aboriginal life expectancy. Today, we are one of the most experienced organisations in the country in Aboriginal health, a national leader in comprehensive primary health care, and a strong political advocate for the health of our people.

Ingkintja Male Health
Ingkintja is a male-only place with an holistic approach to improving male health to allow them to live happier, longer, healthier lives. Males can be assured of a male staff member if they want to visit a doctor or nurse, talk to a counsellor, discuss cultural business, wash their clothes or just have a chat. **Brothers Supporting Brothers**

In conjunction with:

* **Wurli-Wurlinjang Health Service** is an independent Aboriginal Community Controlled Health Organisation (ACCHO). We deliver a wide range of effective, culturally appropriate health care services to over 4,500 Aboriginal residents of Katherine area communities. An additional 7,000 Aboriginal people who live in over 25 remote Katherine-region communities—representing more than 15 Indigenous language groups—are counted as occasional clients.

* **StrongBala Men’s Health Program** StrongBala means Strong Man. The StrongBala Program empowers Aboriginal men to step up and make meaningful contributions to their family, their community, and their culture through providing culturally appropriate support for Indigenous males—including the homeless—by providing a males-only facility which delivers a broad range of facility-based services, including clinical services, and health education and promotion activities.

Major Patron: **Department of Health and Ageing**
The Australian Government is committed to ‘closing the gap’ between Indigenous and non Indigenous Australians in health, education and employment.

The Department of Health and Ageing is contributing to this important objective by working in partnership with Aboriginal and Torres Strait Islander peoples and organisations to improve access to effective health care services.

The Australian Government recognises that closing the gap also means supporting the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential.
Time for action

The need. The Arrernte logo on the front page of this booklet is all about the need for all levels of government to empower Aboriginal males and communities and to work in partnership with our traditional and cultural decision making structures and processes. For over 20 years Aboriginal males from remote communities throughout Australia have attended all sorts of consultations, workshops, summits and meetings with all levels of governments making hundreds of recommendations and a wide range of positive solution to improve the health and wellbeing of our mob. But are they listening to our call for action? Aboriginal males in remote communities throughout Australia specifically in the 29 Remote Service Delivery (RSD) need to come together to discuss the short term and long term ownership of these solutions to improve their health and wellbeing and ensure that Aboriginal male issues are identified and actioned in RSD Local Implementation plans.

The answer. At this summit over three days approx. 100 Aboriginal males representing remote communities will discuss eight major issues (see page 7) and develop clear, achievable and actionable solutions and recommendations that will have positive and healthy outcomes for the future our individual males, families and communities.

A time for action. The recommendations from this summit will presented to Government on the understanding that an ongoing steering committee will be supported and funded for a minimum of two years to ensure and monitor that these recommendations are considered and actioned.

The result. By actioning our recommendation we will go a long way to restoring the Aboriginality, dignity, respect, role, responsibilities and self-determination of Aboriginal males in remote communities as a first step to achieving state of health and well-being. In the long term this will enable Aboriginal males to contribute to the total well-being of their respective Communities and to come to terms with their law, lore and culture.

Worla Nyintanti Atwerrentye Itja Logo

For us to achieve our vision we want all levels of government to empower our communities and to work in partnership with our traditional and cultural decision making structures and processes.

Our logo shows boys in black and girls in red at the base being cared for by the parents sitting in their home (represented by the circles).

The communication paths go up and down and are represented by three lines. When needed, parents look to the leaders for guidance. The leaders are the aunties and uncles who have experience and knowledge about life. When they require guidance they go to the next step and ask the elders.

The elders look to the leaders to keep them informed.

There are four women elders (red) who are the four corners of the land – North, South, East and West. There are four male elders (black) who have responsibility to speak for either culture, leadership, harmony or happiness.

Each level has responsibility to be role models for those below.
Male Health Summit Details

Date: 16-18 July 2013
Venue: Ross River Resort Campground (100 km east of Alice Springs)
Arrival: Delegates should arrive onsite the afternoon of the 15 July to get settled in for a 9am start on the 16 July.

Accommodation
There are three accommodation options:
1. Delegates to bring their swags to camp around the campfire, and plenty of firewood will be supplied. There are some swags available for those who are not able to bring their own swag but would like to choose this option.
2. There are 48 bunk beds across 12 rooms for those who don’t fancy the prospect of sleeping around the campfire.
3. There are motel type rooms available 300-400 metres away at the resort at a cost of $120 / night or those who don’t feel inclined to rough it.

Transport
1. Summit buses are available from the airport, local motels and town camps. Please advise if you require this service. 
2. A fuel allowance is provided for delegates from within the Central Australian and Katherine regions at the Australian Tax Office rates
3. Flights and accommodation associated with flights is provided for two delegates from within each of the Remote Service Delivery communities as identified by the Commonwealth.

Catering
Catering is provided throughout the summit by a local Aboriginal business Kungkas Can Cook. They are able to provide for all dietry needs. Please notify us should you require a special diet whilst attending the summit.

Cost
There is no cost to delegates for attending this summit with funding provided by the Department of Health and Ageing.

What to bring
- Your swag. Please notify us prior to arrival if this is a problem.
- Your medication. There will be medical staff on site but there will not be the ability to provide individuals medication.
- Warm clothing as it can get cold in Central Australia at that time of the year.

Contact Details
Des Rogers mobile: 0458 777 142, email: des.rogers@caac.org.au or
Bruce Loomes mobile: 0439 594 724, email: bruce_loomes@bigpond.com
Aims of the Summit

The aims of the Indigenous Male Health Summit is, in conjunction with Wurli-Wurlinjiang Health Service, to bring together Indigenous males from each of the 29 Indigenous Remote Service Delivery Priority Communities in Australia, as identified in the Remote Service Delivery National Partnership Agreement, being:

South Australia
Mimili, Amata

Northern Territory
Ntaria, Yuendumu, Larjamanu, Wadeye, Yirrkala, Ngukurr, Numbulwar, Gapuwiyak, Galiwin’ku, Milingimpi, Wurrumiyanga, Gunbalanya, Maningrida, Umbakumba, Angurugu

Western Australia
Bardi Jawi, Beagle Bay, Fitzroy Crossing, Halls Creek

Queensland
Hope Vale, Mossman Gorge, Coen, Doomadgee, Mornington Island, Aurukun

New South Wales
Wilcannia, Walgett

and

other remote communities from Central Australia, to participate in a forum to discuss issues affecting male health in remote communities.

Expected outcomes from this summit are to:

1. Identify male health issues as identified in RSD Local Implementation Plans and actions that can be taken by delegates to address these issues back in their home communities;

2. Build education and awareness of male health issues for all participants, service providers and local Aboriginal community members;

3. Identify opportunities for leaders within the male health sector and local Aboriginal communities to build networks for a coordinated approach to tackling male health issues; and

4. Work in conjunction with Commonwealth agencies to strengthen engagement and participation from all stakeholders.
Steering Committee

Dr Ben Bartlett
Ben has worked in Aboriginal health for the past 28 years, primarily working for the Central Australian Aboriginal Congress in Alice Springs. Over the past few years he has worked as a consultant and conducted a number of projects including the Central Australian Health Planning Study, Top End Aboriginal Health Planning study, a number of evaluations of health services, and PHC service development projects including the WYN Health Services north-west of Alice Springs (PHCAP) and Sunrise Health Services east of Katherine (CCT). He is currently working as a clinician and consultant in Aboriginal health.

Des Rogers
Des was born in Alice Springs and is a southern Arrernte man of Afghan and Aboriginal decent. Des worked for Bushfires NT for 15 years. On leaving the public service, he purchased and managed a large corner store and founded the wholesale fruit and vegetable business Red Centre Produce. Des has established and owned a number of diverse enterprises in Alice Springs: a transport company, Red Centre Freight; a consultancy firm, Indigenous Perspectives; and his latest venture was an Aboriginal security firm, pepperedBLACK® security. Des has trained, employed and mentored in excess of 250 Aboriginal people. He has also been an active member of the Central Australian community and has participated on many committees and boards.

John Liddle
John Liddle is an Arrernte man who has been involved in improving Indigenous health for 35 years. He was the director of Central Australian Aboriginal Congress in the formative years before stepping down to pursue other interests. He returned to Congress in 2005 to assess the needs for an Indigenous male health unit in Alice Springs. John went on to establish Ingkintja Male Health that provides services to Aboriginal males throughout Central Australia and was instrumental in facilitating the 2008 and 2010 Male Health Summits. He continues to lobby for better services for Indigenous males.

Dr Tom Calma
Dr Calma has been involved in Indigenous affairs at a local, community, state, territory, national and international level and worked in the public sector for 38 years. Dr Calma has been actively involved in the formation of the Close the Gap for Indigenous Health Equality Campaign and the National Congress of Australia’s First Peoples. He delivered the 2009 Mabo Oration; has continued to advocate for members of the Stolen Generations; and delivered the formal response in Parliament House on their behalf to the Prime Minister’s National Apology. Dr Calma has been a White Ribbon Day Ambassador since 2005. Dr Calma also served as Race Discrimination Commissioner from 12 July 2004 until 12 July 2009. Over the past six years he has addressed many conferences and community and religious groups about Indigenous, multicultural, discrimination and social inclusion issues.

Rob Moodie
Rob Moodie is Professor of Public Health at the Melbourne School of Population Health. Prior to this he was the inaugural Chair of Global health at the Nossal Institute. He first worked in refugee health care in the Sudan and later for Central Australian Aboriginal Congress. He was the inaugural Director of Country Support for UNAIDS in Geneva from 1995-98, and was CEO of VicHealth from 1998-2007. He chaired the National Preventative Health Taskforce from 2008-2011 and was a member of the Commission on AIDS in the Pacific. He chairs the technical advisory panel of the Gates Foundation's HIV prevention program in India. He has particular interests in non-communicable diseases and HIV/AIDS and teaches a number of courses here and in Mozambique on public health leadership and health promotion.

Dr Mick Adams
Dr Mick Adams is an Adjunct Professor with the Faculty of Health at the Queensland University of Technology (QUT) who has made a sustained and outstanding contribution to the advancement of Indigenous health. His 30 year career has been dedicated to closing the gap in life expectancy between Indigenous and non-Indigenous Australians through properly resourced and
appropriate health services as part of the overall community development needed to ensure Indigenous people are a part of Australia’s future. In the past ten years, Dr Adams has held a number of senior positions including Chairperson of the National Aboriginal Community Controlled Health Organisation (NACCHO) (2007-2009); Chief Executive Officer of the Queensland Aboriginal and Islander Health Forum (2001-2003); and General Manager of both the Brisbane Aboriginal and Islander Community Health Service (1997-1999) and Miwatj Health Aboriginal Corporation (1999-2000).

Dr Bruce Hocking
Dr Hocking is the Director of Medical Services at Wurli Wurlinjang Aboriginal Health Service. He has held that position for two years and has worked as a GP in that organisation since 2004. His background is in a suburban general practice for 25 years before leaving to work in the NT in 2003.

Dr Rob McDonald
Rob is the Vice President Health and Hygiene for BHP Billiton, and a Director of BHP Billiton Sustainable Communities, a charity established to provide a public benefit by enabling people to improve their quality of life, contribute to the conservation of the environment and developing the community’s capacity to advocate for and manage effective change. He is a Fellow of the Australasian Faculty of Occupational and Environmental Medicine, with experience in establishing workplace health risk management frameworks, including HIV and malaria programmes, developing workplace wellbeing strategies, and community health investment.

Graham Dowling
Graham is an Aboriginal man from Katherine NT with a long and fruitful career working with Aboriginal people in Central Australia. Graham is the Regional Manager of the Aboriginal Medical Service Alliance NT (AMSANT) Central Australia/Barkly. Graham was elected to the CAAMA Board of directors in December 2004 and was re-elected as a Director in November 2008. Graham held the position as Chairperson of Imparja Television and was previously deputy Chair of CAAMA. Graham has worked in Aboriginal enterprises and Indigenous primary health care and is supporter of self-determination for Aboriginal people/organisations. Graham background is in sales and marketing.

Dr Mark Wenitong
Dr Mark Wenitong (Adjunct Associate Professor, James Cook University, School of Tropical Public Health) is from the Kabi Kabi tribal group of South Queensland. He is an Aboriginal Public Health Medical Officer at NACCHO, and the Senior Medical Advisor at Apunipima Cape York Health Council. He was the Senior Medical Officer at Wuchopperen Health Services in Cairns for the previous nine years. He has also worked as the medical advisor for OATSIH in Canberra. He is a past president and founding member of the Australian Indigenous Doctors Association and is a member of the National Health and Medical Research Committee - National Preventative Health Committee, the National Lead Clinicians Group, a ministerial appointee to NATSIHEC, the Independent e-health advisory committee, and chairs the Andrology Australia-Aboriginal and Torres Strait Islander Male Reference group, sits on several other committees. He is a council member of the Australian Institute of Aboriginal and Torres Strait Islander Studies. He sits on the National Health Performance Authority PHC committee. Dr Wenitong has been heavily involved in Aboriginal and Torres Strait Islander health workforce. He was a member of the NTER review expert advisory group in 2008. He has received the 2011 AMA Presidents Award for Excellence in Healthcare, and the Queensland Aboriginal and Torres Strait Islander Health Council Hall of Fame award (2010).

Acknowledgment
The summit acknowledges the support of NACCHO the National Aboriginal Community Controlled Health Organisation for providing the services of Colin Cowell as a national communications advisor to the steering committee. Colin has worked on a number of projects with Congress over 20 years including project managing the Aboriginal Male Health Summits in 2008 and 2010.
Issues to Discuss

1. **Aboriginal Male Health**
   
   *Physical wellness, chronic disease programs, sexual, reproductive health, social determinants, alcohol and other drugs*
   
   - What are the barriers you see
   - What support is needed to make changes
   - How can we make the changes sustainable
   - Inequity in society = inequity in health. Political action to close the gap.
   - Community development and empowerment
   - Political action
   - The tension between taking responsibility and powerlessness
   - Youth Health

2. **Aboriginal Culture**
   
   *Spiritual and cultural wellbeing; What does it mean to mobilize and is this something we should be doing to move forward; What does solidarity mean and how can we change to support each other to make changes*
   
   - Central Australian Ngunkaris
   - Elders – yarning circle or panel. ? how it was in traditional times
   - Can we integrate traditional wisdom with western medicine?
   - How does culture fit into that picture

   *What it means to be an Aboriginal Male in 2013?*
   
   - How is life different to your fathers
   - How do you want your life to be
   - What do you want for your children's / grandchildren's lives

3. **Employment opportunities**
   
   *Education, jobs, incomes, leadership skills*
   
   - What are the barriers to Education, jobs, incomes, leadership skills
   - Are more males getting jobs since the intervention / shires
   - What addition support is needed to make changes

4. **Aboriginal Male Health services Information sharing**
   
   *Dedicated Male health services at all clinics - one stop info shops, Networks conferences, social media and information; Build education and awareness of men's health for all participants; service providers; and local Aboriginal Community members*
Identify opportunities for leaders within the men’s health sector and local Aboriginal Communities to build networks for a coordinated approach to tackling men’s health issues and How can service providers better engage with community males?

- Why can’t service providers engage with us
- What changes are needed to make it better
- How can we make those changes sustainable

5. **Jail: Incarceration**  
*Keeping our mob out of Jail ($100,000 a year)*

- Why is our mob extremely overrepresented
- Are there better alternatives
- Why do they end up there in the first place
- Justice Reinvestment addressing the shameful overrepresentation of Aboriginal young people in custody

6. **Remote Service delivery**  
*RSD staff to find solutions or a way forward to progress issues within the many LIPs across the country; How to make the Local Implementation Plans on identified Remote Service Delivery communities better for males in those communities?*

- What issues are identified in the LIP’s
- What issues need to be added to LIP’s to make them better
- What needs to be changed to get them working

7. **Social and Emotional**  
*Family relationships, being a father, suicide, mental health, violence*

- Substance abuse – escape through alcohol, drugs and petrol, a ‘solution’ for all ages
- Depression – the new epidemic
- Self-harm – a new epidemic
- Domestic violence – are we justified?

8. **Aboriginal male Health Workforce**  
*Aboriginal male health workforce training and development*

- How do we get our own men into the health system
- The need for SEWB support for our frontline male workers
Summit Format

This meeting will be a summit where Indigenous leaders come together to discuss identified agenda topics and provide possible recommendations for change rather than a conference where there is a set agenda with formal speakers.

This summit will follow the same format as used by Ingkintja Male Health at previous successful male health summits. Rather than being talked to by a speaker there will be eight agenda items discussed over the initial two days of the summit. Those initial two days are for Indigenous male delegates only.

Delegates will be split into eight groups of approximately 20 people. During those initial two days of the summit each group will get to discuss each of the agenda items. Agenda items will focus on group discussion, led by a team involving: a local Aboriginal male as a facilitator, teamed with a facilitator with a strong knowledge of the subject matter, backed by a scribe to take notes on issues raised.

Each group will stay in the same area throughout those two days, while the facilitator group moves on to the next group on completion of each group discussion. At the completion of each day the eight facilitators will report back to the full group of delegates, a summary of issues raised by groups throughout the day. Notes will be word processed each evening and recommendations drawn out.

Recommendations will be ratified by the full group of delegates on the morning of the third day. Both males and females from community organisations, government agencies and other stakeholders are invited to attend from 11.00 am on day three for lunch. Following a ‘meet and greet’ over lunch, a nominated group of delegates then briefs this group on outcomes from the summit. The media are invited to attend and interview nominated persons following the closing ceremony.
Inteyerrkwe Statement

We the Aboriginal males from Central Australia and our visitor brothers from around Australia gathered at Inteyerrkwe in July 2008 to develop strategies to ensure our future roles as grandfathers, fathers, uncles, nephews, brothers, grandsons, and sons in caring for our children in a safe family environment that will lead to a happier, longer life that reflects opportunities experienced by the wider community.

We acknowledge and say sorry for the hurt, pain and suffering caused by Aboriginal males to our wives, to our children, to our mothers, to our grandmothers, to our granddaughters, to our aunties, to our nieces and to our sisters.

We also acknowledge that we need the love and support of our Aboriginal women to help us move forward.
Remote Communities
Aboriginal Male Health Summit

16-18 July 2013
Ross River Resort Campground
(100 km east of Alice Springs)

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