

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
email: education@ashm.org.au

To whom it may concern,

Re: Australian STI Guideline for Primary Care

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. Our purpose is to support the growth of the Aboriginal and Torres Strait Islander medical workforce, and to advocate for better health outcomes for Aboriginal and Torres Strait Islander peoples. We also strive to create a health system that is culturally safe, high quality, reflective of need, and respectful of Aboriginal and Torres Strait Islander cultural values.

Regarding the Australian STI Guideline for primary care consultation, we have the following comments.

Culturally Safe and Appropriate Sexual Health Care

Cultural safety is vitally important for the effective delivery of health services for Aboriginal and Torres Strait Islander people, as well as in medical schools for our medical students and in other health settings where our doctors work. The Priority Reforms and Socio-Economic Outcomes underpinned by the National Closing the Gap Agreement 2020 are dependent on the provision of a culturally safe health system, which includes the interpersonal and internalised attributes of staff. Patient-centred, holistic healthcare must be central to the treatment of Aboriginal and Torres Strait Islander patients in order to ensure a culturally safe approach to clinical practice.

Aboriginal and Torres Strait Islander communities continue to be disproportionately impacted by blood borne viruses (BBV) and sexually transmitted infections (STI). Aboriginal and Torres Strait Islander peoples face complex health determinants, linked to social and cultural contexts. A lack of culturally safe and appropriate health care, decreased access to preventative services, over-representation in custodial settings, stigma and discrimination mean that Indigenous people experience higher burdens and risks of BBV and STI. To improve health outcomes for Aboriginal and Torres Strait Islander people, STI screening and sexual health care should be integrated into normal health care, rather than being treated as an optional addition.

Indigenous Australians are six times more likely to contract syphilis than the non-Indigenous population, which increases to 132 times higher in remote areas, further highlighting the need for culturally appropriate screening and care. Aboriginal and Torres Strait Islander people receive Medicare-funded Health Checks (MBS Item 715) with STI screening offered at the time of presentation, but the promotion of these services is not prioritised within communities. Aboriginal Community Controlled Health Services and Aboriginal Health Services need to be empowered to embed this line of check-up in their regular health checks, through updating the GP guidelines and culturally-specific training more generally, not just for Aboriginal Health Services. There is also a lack of appropriately gendered care, particularly in regional and remote areas. Setting up gendered structures that mirror men's and women's business, such as gender specific services, including separate waiting areas, would make services more culturally safe for Aboriginal and Torres Strait Islander people. Addressing this, as well as after-hours care will improve access and attendance at clinics.

Point-of-care testing

Another strategy to embed STI testing in regular check-ups for patients is utilising point-of-care rapid testing. Point of care testing can be undertaken during a normal consultation with a patient's medical provider and can create opportunities for community-based testing services. It is more culturally safe due to patients being able to self-test, and often only involves a saliva or skin prick blood test, which is less invasive than other forms of STI testing. Point of care testing allows for testing and treatment at the same time, and the turn-around for most tests is under 20 minutes. This minimises disruption to contact tracing exercises and allows opportunistic care of sexual health issues as integrated into standard medical care. This is highly recommended to increase the uptake of STI testing in Aboriginal and Torres Strait Islander populations.

The use of point of care testing reduces turn-around times and allows for more effective contact tracing, critical to preventing an outbreak of BBVs. A recent example was the syphilis outbreak across Queensland and the Top End; the turn-around in testing time meant contact tracing didn't occur for up to five days in some cases, by which time others had already been infected. The infection rate for this outbreak in Indigenous communities was estimated to be 300 times higher than the non-Indigenous population in remote areas. It took several years for access to these rapid tests to be more widespread, and funding continues to be an ongoing issue.

We note that the data collection process for STIs is flawed, especially in rural and remote communities. The collection and reporting of STI data need to be more consistent and streamlined; local services know the numbers of positive and negative test results, but these are often not reported to state or federal governments and do not include negative results. More consistent reporting can help illustrate the true nature of any potential outbreaks, and resourcing can be allocated more accurately.

Corrective Services and Incarceration

Aboriginal and Torres Strait Islander people disproportionately represent numbers of incarcerated people and are exposed to a higher level of BBVs in prison settings. There needs to be a more structured process at time of release from prison, including targeted pre- and post-release health screenings. If this does not happen, a person released from incarceration may unknowingly transmit BBVs and STIs back into their Community, furthering the spread of infection. An example of where this is being successfully addressed through additional health measures is through Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga), an ACT Aboriginal Community Controlled Organisation providing bulk-billed health care for Aboriginal and Torres Strait Islanders in the ACT. Winnunga provides culturally safe and holistic health services, including outreach for people in custody at the Alexander Maconochie Centre through the Winnunga Holistic Health Care Prison Model. This program could be replicated, rolled out and funded by the Australian Government in other culturally safe services across Australia, and is commended by AIDA as a best practice model for targeted pre and post-release health care in incarcerated Indigenous health services.

Conclusion

There are three additional considerations we propose you integrate into your STI guidelines for Aboriginal and Torres Strait Islander people, they are:

1. Utilising the availability of more effective and culturally safe testing and treatments for BBV and STI through Point-of-Care testing;
2. Increasing funding to community controlled pre- and post-release incarceration services; and
3. Replicating gendered, culturally safe environments when testing Aboriginal and Torres Strait Islander patients for STIs.

These three measures speak closely to the intent of Closing the Gap 2020's Priority reforms two and three, which emphasise building the Community Controlled Sector and transforming government organisations to embed and practice cultural safety.

We are grateful for the opportunity to provide feedback into this process and look forward to seeing you further embed cultural safety measures into the Australian health system.

Kind regards,



Monica Barolits McCabe

11 February 2022