Central Sydney Area Sexual Health Service
Aboriginal Medical Service Cooperative Limited

Aboriginal Sexual Health
Strategy 2004 - 2006
Acknowledgements

The original draft of this Strategy was written by Professor David Plummer in 1998. Since then, the Strategy has been substantially revised by Dr Catherine O’Connor with assistance from Miranda Shaw, George Long, Anna Haining and David Aanundsen.

Maurice Shipp and Dr John Daniels of the Aboriginal Medical Service Cooperative Limited were instrumental in finalising the document and gaining endorsement of the Strategy.

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Also many thanks should be extended to Cory Czok, Carmel Martin, and Neil Poetschka former CSAHS Sexual Health Service Staff who had input into early development.

A number of other people have been involved throughout the life of this document, our thanks to the following:

Dr Greg Stewart, Anne Weldon, David Lawrence, Dr Peter Kennedy, Peter Todaro, the staff of the CSAHS Sexual Health Service, members of the CSAHS Sexual Health Advisory Committee, members of the CSAHS Sexual Health Service Aboriginal Health Promotion Advisory Committee and members of the CSAHS Sexual Health Service Aboriginal Women’s Community Advisory Group.
Foreword

A key component of the strategy is the establishment of both a Men’s and a Women’s Sexual Health Clinic supported by Aboriginal Health Workers from both CSAHS and the AMS Redfern. Aboriginal Health Workers play a key role in the improvement of sexual health and well being of the their local communities. These clinics have been tailored to respond to the community’s need for diagnostic, treatment, counselling and education services which are provided in a confidential, culturally sensitive and appropriate manner.

The provision of these clinical services will be supported by information, education and health promotion programs which focus on increasing individual and community knowledge and choice, and professional training and skill development. The advisory structures that oversee the implementation of the strategy will also ensure that the services are responsive and accountable to the Aboriginal community.

This strategy is a tribute to the commitment, expertise and enthusiasm of the staff and managers of the CSAHS Sexual Health Service and the AMS Redfern, and to the local community who have given freely of their time and knowledge in developing this strategy. It is also a tribute to the aspirations of all involved in improving the health and well being of the local community.

Dr Diana Horvath AO
Chief Executive Officer
Central Sydney Area Health Service

Dr Naomi Mayers OAM
CHIEF EXECUTIVE OFFICER
Aboriginal Medical Service Coop Ltd
Central Sydney Area Sexual Health Service
and
Aboriginal Medical Service Cooperative Limited

Aboriginal Sexual Health Strategy

2004 – 2006

This Plan is endorsed by both the Chief Executive Officer
Of the Aboriginal Medical Service Coop Ltd Redfern (AMS) and
the Chief Executive Officer of Central Sydney Area Health Service
on behalf of the local Aboriginal Partnership.

Dr Diana Horvath AO
Chief Executive Officer
Central Sydney Area Health Service

Dr Naomi Mayers OAM
CHIEF EXECUTIVE OFFICER
Aboriginal Medical Service Coop Ltd

Date: ___________________________     Date: ___________________________
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Of the Aboriginal Medical Service Coop Ltd Redfern (AMS) and 4

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on behalf of the local Aboriginal Partnership. 4

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Recommendation

Table: Strategies for Implementing the Key Recommendations of the Aboriginal Sexual Health Strategy

Appendix 1: Sexual Health Advisory Committee (ToR)
Aboriginal Sexual Health Advisory Group (ToR)
The Indigenous population of NSW predominantly comprises Aboriginal people, although small numbers of Torres Strait Islanders also reside in NSW and use Aboriginal health services. This document primarily focuses on the health needs and interests of Aboriginal people.

EXECUTIVE SUMMARY

Sexual health attracts considerable stigma and is a highly sensitive area for many people, Aboriginal and non-Aboriginal alike. Therefore, for the Central Sydney Area Health Service (CSAHS) Sexual Health Service to deliver effective care, specific strategies (which will sometimes depart from the way that other areas of health and welfare services are delivered) are necessary in order to overcome stigma and to guarantee privacy.

Conventional sexually transmissible infections (STIs) have a significant impact on fertility, maternal and child health, and pregnancy. STIs also have important social effects, with potentially adverse consequences for relationships. Moreover, STIs considerably increase the chances of HIV transmission, and access to appropriate health promotion and medical care has been shown to greatly reduce the spread of this disease. This strategy addresses some of these issues for the CSAHS and the Aboriginal Medical Service (AMS).

The strategy aims to build alliances between the sexual health clinical and health promotion staff of CSAHS and Aboriginal community health and welfare workers so that comprehensive sexual health promotion programs and clinical services can be delivered.

The priority areas for the CSAHS Sexual Health Service to address in this strategy are:

- Provision of sexual health clinical services for Aboriginal people.
- Provision of sexual health promotion programs for Aboriginal people.
- Support of AMS around provision of sexual health clinical services and health promotion.
- Enhancing partnership with AMS around sexual health.

There are four important components to this strategy:

1. Establishment of an advisory structure to guide the ongoing development and implementation of Aboriginal sexual health programs and clinical services in CSAHS catchment area.
2. Implementation of information, education and health promotion programs in the CSAHS catchment area.
3. Delivery of professional training and skills development in CSAHS.
4. Clinical sexual health services that are appropriate and accessible to Aboriginal people.
This strategy has been partly informed by the National Indigenous Australians Sexual Health Strategy 1996-7 to 2003-04. Very little is known of the prevalence of STIs in the Aboriginal population living in the CSAHS. Evidence from local health care providers suggests that the burden of STIs may be different from those seen in rural Western Australia and the Northern Territory. In those areas there is good evidence to suggest a very high prevalence of syphilis, Chlamydia, gonorrhoea and Trichomonas.

Whatever the prevalence of STIs among Aboriginal people in the CSAHS, it is nevertheless important that diagnosis and treatment services should be effective and accessible. In most cases the drug treatment of STIs is uncomplicated but serious pathology can result from untreated disease. For example, untreated gonorrhoea and Chlamydia will impair fertility; gonorrhoea, Chlamydia and syphilis can complicate pregnancy and have serious consequences for the newborn child; STIs can increase the spread of HIV.

Sexual health services differ from other health and welfare services because of the level of stigma associated with sexual health problems. As a result, special arrangements to protect privacy and to facilitate patient access are usually instituted. Moreover, many sub-populations who are a priority for sexual health services are themselves marginalised thus increasing the importance of being sensitive to their needs as well as making special provisions.

Mainstream services often complain that these marginalised populations don't often access their services. While this complaint acknowledges the difficulties that some groups experience in accessing services, it inappropriately places the onus on the client and does not acknowledge that health services are failing in their responsibility to access them. Even strategies, which are generally effective at improving access, can be problematic in the sexual health context. For example, community-based health initiatives work well in most cases, but the need to guarantee privacy in a sexual health context can require the modification of conventional community-based approaches.

The nature of sexually transmissible infections also influences how strategies can be deployed in order to be effective. Most STIs have no symptoms for much of the time they are present. However, serious complications can still develop and infections can be passed on, despite the lack of symptoms. Therefore, unlike health services that are based on diagnosing and treating symptomatic illness, sexual health services rely on strategies that encourage sexual precautions to prevent infection and STI testing for those who have had risks - regardless of symptoms. With notable exceptions, STIs are largely acquired through private behaviours between consenting adults. It is only by securing the voluntary cooperation of people who are at risk of having STIs that diagnosis and treatment can be offered. These considerations are further compounded because people generally don't develop immunity to STIs, they can become re-infected, their sexual partners will need to be treated and having had a risk for one type of STI, they may also have other STIs.
This strategy proposes cost-effective ways of providing services and facilitating access to those services. The strategy relies on a number of components, which are designed to address the issues outlined above. These components include:

- A close working relationship between the CSAHS Sexual Health Service staff and the AMS staff.
- Clinical services ranging from a clinic based service with training and mentoring program for Aboriginal health workers to CSAHS developing and delivering outreach services in collaboration with AMS.
- Regular community-based sexual health clinics and specialist sexual health services for Aboriginal people.
- CSAHS and AMS to work together in developing policy around privacy for both services.
- Special arrangements to ensure the secure storage of records, anonymous testing and free treatment.
- Outreach services will be developed after consultation with the advisory structure and delivered in a culturally appropriate setting. Outreach will offer combined information, education and checkups on a regular or irregular basis.
- Health promotion activities to increase public awareness and to raise the profile of sexual health for the Aboriginal community.
- Professional training and development to ensure cultural sensitivity of CSAHS sexual health staff and enhanced sexual health skills for CSAHS Aboriginal health workers.
- Oversight of the strategy by an advisory group with members drawn from the community, members having Aboriginal health and welfare expertise, and members having sexual health expertise. The advisory group would report to the CSAHS Sexual Health Advisory Committee and to the Central Sydney Aboriginal Health Partnership.
- CSAHS Sexual Health Service and AMS to exchange professional and clinical support.
ABORIGINAL SEXUAL HEALTH STRATEGY

COMPONENT 1
ABORIGINAL SEXUAL HEALTH ADVISORY STRUCTURES

The Advisory structure has been developed with the main purpose of the provision of advice and support at all levels of planning, development and implementation.

Terms of reference have been developed so that members understand the various committees’ role, structure and function

1. CSAHS SEXUAL HEALTH ADVISORY COMMITTEE

The CSAHS Sexual Health Advisory Committee brings together all key partnerships for CSAHS Sexual Health Service and advises on strategic direction for sexual health in CSAHS.

The Committee is chaired by the Director of Clinical Services for CSAHS, with representation from the AMS and other key stakeholders. The Committee also has an agreed Terms of Reference that provides clarity on its role, structure and function (attached as Appendix 1).

2. CSAHS ABORIGINAL SEXUAL HEALTH ADVISORY GROUP

A key outcome of this strategy will be the formation of an advisory group to advocate for and advise on the ongoing development of sexual health services for Aboriginal people in the CSAHS.

Membership of the group will include representatives of AMS and interested community organisations, CSAHS Sexual Health Service health promotion and clinical staff, CSAHS Aboriginal Health Coordinator and Aboriginal health workers with a particular interest in sexual health. Membership of the group will be determined in partnership with the AMS. It is proposed that the advisory group initially meets monthly and then quarterly. The advisory group will report to the CSAHS Sexual Health Advisory Committee. Its role will be:

- To guide the provision of clinical services.
- To assist in the future planning and development of appropriate clinical services.
- To advise and support sexual health promotion programs.
- To advise and support the development of professional education programs.
- To assist and support funding proposals for appropriate clinical services.

The advisory group will not have a role in case management nor will it have access to confidential clinical records. Terms of reference attached as Appendix 2.
3. HEALTH PROMOTION ADVISORY COMMITTEE

Health promotion partners may include: AMS, ACON, REPIDU, SWOP, Juvenile Justice, Cellblock Youth Health Service, CSAHS Sexual Assault Services, FPA Health, IWACC, CSAHS Health Promotion Unit, CSAHS Early Childhood Team, Mudgin-gal Women’s Centre, The Settlement, Marrickville Council, Newtown Probation & Parole.

A combined advisory committee will be involved in determining project activities and will guide the delivery of these activities for both the Aboriginal Men’s and Women’s Sexual Health Promotion Projects. The committee will consist of representatives from relevant Aboriginal and other sexual health projects and services and funding administrators. Steering committee meetings will be convened bi-monthly. All efforts will be made to encourage Aboriginal membership of the steering committee.

This committee is specifically designed to provide input for the CSAHS Aboriginal Men’s and Women’s Sexual Health Promotion Projects.

4. ABORIGINAL SEXUAL HEALTH CLINIC WORKING GROUP

A short-term working group has been established to coordinate delivery of the clinical services. This working group meets fortnightly.

The Terms of Reference for the Working Group are to coordinate delivery of the Aboriginal men’s and women’s sexual health clinics in line with the CSAHS Aboriginal Sexual Health Strategy.

This will include, but not be limited to, coordination of: advertising, community consultation, clinic launch, service referrals, clinic resources, staff training, staff recruitment.

It is intended that the working group will no longer meet after the clinical services have been opened and that the advisory group will assume responsibility for ongoing monitoring and evaluation. Please note that many of the current working group members will participate on the advisory group.
COMPONENT 2
HEALTH PROMOTION

The partnership agreement between CSAHS and AMS will be central to sexual health promotion in this context and will be underpinned by The National Aboriginal Health Strategy.

Sexual health promotion can be defined as:

The holistic process of enabling individuals and communities to increase control over the determinants of sexual health, and thereby managing and improving it through their lifetime (Winn 1996).

Aboriginal and Torres Strait Islander people are identified as a priority target population for sexual health promotion programs by NSW Health in the NSW Sexual Health Promotion Guidelines 2002 (draft).

Consistent with the NSW Sexual Health Promotion Guidelines 2002, strategies for sexual health promotion will be developed within the framework provided by the World Health Organisation Ottawa Charter (1996). The five key elements of the Ottawa Charter being – strengthening community action, developing personal skills, creating supportive environments, reorientating health services and building healthy public policy.

The National Indigenous Australians’ Sexual Health Strategy emphasises the need for HIV prevention and health promotion initiatives directed at Aboriginal and Torres Strait Islander people to be delivered in the context of sexually transmissible infections. It is further understood that the delivery of sexual health information is often most appropriately delivered within a context of sexual and reproductive health with a particular emphasis on pregnancy and family. This of course will differ between sub-groups of the Aboriginal and Torres Strait Islander population.

The sexual health promotion activities of CSAHS Sexual Health Service will be guided by the principles for Aboriginal and Torres Strait Islander sexual health promotion as outlined in the National Indigenous Australians’ Sexual Health Strategy and the National Indigenous Australians’ Sexual Health Strategy Implementation Guidelines which include:

- The need for prevention strategies to take into account the diversity of cultural practices and circumstances of Aboriginal and Torres Strait Islander people.

- The development of capacity at a local level to allow concerns and interests to be accommodated in a way that acknowledges this cultural diversity.

Programs will be provided that meet the specific needs of Aboriginal and Torres Strait Islander men and women in accordance with appropriate cultural practices, for example – providing both female and male workers and educators.
The integration of sexual health information into relevant health and community programs will be explored, for example – programs delivered by drug and alcohol services, schools, employment services and correctional facilities.

**Health Promotion Activities**

The activities of the Aboriginal Men’s and Women’s Health Promotion Projects of CSAHS Sexual Health Service will be informed by relevant area, state and federal government priorities, through liaison with relevant Aboriginal workers and agencies and through ongoing community consultation.

The health promotion projects of CSAHS Sexual Health Service will aim to:

- Raise community awareness of the nature and importance of sexual health.
- Develop community support for STI prevention and sexual health promotion.
- Promote a commitment to both sexual and reproductive health checkups for community members

Objectives will include:

- The development of culturally sensitive sexual health information.
- The development of specific programs targeting priority sub-populations, including:
  - Gay men
  - Men and women living with HIV/AIDS
  - Young people
  - Women who have been sexually assaulted
  - Former prisoners and their partners
  - Injecting and other drug users
  - Sex workers and opportunistic sex workers
- Program delivery will include community education, skills building programs and resource development.

- The development of a culturally sensitive and appropriate media campaign including advertisements, information and editorial to raise awareness and promote access to clinical services.
- In collaboration with other agencies, the development of a comprehensive strategy to further enhance access by the Aboriginal community to preventive equipment, ie – injecting drug use equipment; condoms and lubricant.

**Health Promotion Advisory Committee**

This committee is discussed in Component 1. This committee is specifically designed to provide input for the CSAHS Aboriginal Men’s and Women’s Health Promotion Projects.
Aboriginal Women’s Community Consultation for Health Promotion Projects

The established community advisory group of the Aboriginal Women’s Health Promotion Project consists of Aboriginal and Torres Strait Islander women from the community and meets as required to provide specific input and feedback on the project strategies. The input and feedback of group members is acknowledged through payment of a set fee.

Aboriginal Men’s Community Consultation for Health Promotion Projects

Aboriginal men from the community will be encouraged to provide input in other ways, eg – distribution of a questionnaire; one-off focus groups.

Community Involvement and Participation

CSAHS will work with the AMS to ensure that Aboriginal community members are consulted in the development and delivery of sexual health promotion programs in a culturally appropriate manner. Strategies to encourage community involvement should include:

- focus testing for resource development
- needs assessment conducted with community members
- involvement of AMS on advisory committees
- community representatives on project advisory committee and community advisory group

Ethical Guidelines

All research proposals involving Aboriginal and Torres Strait Islander people must be approved by the Aboriginal Health & Medical Research Council (AHMRC) and the CSAHS Research Ethics Committee.
COMPONENT 3
PROFESSIONAL TRAINING AND DEVELOPMENT

This strategy recognises the importance of providing professional training, professional development and support for Aboriginal health professionals. According to the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, AHMAC, Canberra, 2002 "A competent health workforce is integral to ensuring that the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander peoples.” This strategy recognises the importance of the development of specific strategies to improve training, supply, recruitment and retention of appropriately skilled health professionals. There are many Aboriginal health professions involved in sexual health, including:

Aboriginal Nursing Staff

Aboriginal nursing staff working for CSAHS, AMS and other NGOs who have an interest in sexual health will be identified and offered a short-term secondment to the Sexual Health Service. In addition, an Aboriginal identified nursing position will be funded and advertised both internally and externally. This may be an enrolled or registered nurse who is not experienced in the area of sexual health.

A mentoring program will be developed including on-site supervised clinical placement at the Aboriginal specific sexual health clinic. An experienced nurse and/or doctor will act as mentor and supervisor. Further support will be provided by the Director of the Sexual Health Service. This component of professional training and development will be completed with the assistance and cooperation of the CSAHS HIV/AIDS Coordinator, CSAHS Aboriginal Health Coordinator and the CSAHS Aboriginal Employment Officer.

CSAHS Aboriginal Health Workers

The Sexual Health Service Health Promotion Team is committed to professional development and lifelong learning. This is reflected in the monthly inservice program of the SHS and is a key component of the performance management system of CSAHS. Professional development opportunities and priorities are identified annually and if relevant to current position, fully supported by management. Both AHEOs are currently engaged in tertiary studies and are supported by the organisation through study leave entitlements, support with scholarship applications, etc. AHEO job descriptions detail the requirement to participate in the performance management process.

Other Aboriginal workers employed by CSAHS and involved in other health areas will be provided with inservices regarding Aboriginal sexual health through the regular Aboriginal liaison meetings.

Aboriginal Primary Health Care Workers

Aboriginal Primary Health Care Workers are integral and play an essential role in the development and delivery of holistic health and wellbeing for Aboriginal
people, families, and communities. Workers have multiple roles in their day-to-day delivery of education, treatment, care and support. The AMS and CSAHS recognise the importance of training and education to enable workers to deliver culturally appropriate services to Aboriginal people, by Aboriginal people.

Access to sexual health training and education is integral to all Aboriginal Primary Health Care Workers to ensure the provision of holistic health care to communities. The AMS and CSAHS will work together under the strategy to develop training and education on sexual health and wellbeing including sexually transmissible infections and blood-borne viruses.

**Existing Professional Development and Support Networks**

A range of networks are currently in place to provide and foster professional development amongst Aboriginal sexual health workers in NSW. These include:

- NSW Aboriginal Sexual Health Workers’ Network
- Metropolitan Sydney Sexual Health Workers’ Meeting
- CSAHS Aboriginal Health Care Workers’ Network
- SESAHS Koori ‘Get Together’ Network
COMPONENT 4
ENHANCED CLINICAL SERVICES

Enhanced clinical services are an important aspect of this strategy and can be achieved through communication of all key stakeholders.

This strategy aims to review and refine specialist sexual health clinic procedures at the central 'mainstream' clinic to make the service more accessible to Aboriginal people.

Clinical services will be enhanced to increase the access of Aboriginal men and women to quality sexual health care in a supportive environment.

Livingstone Rd Sexual Health Centre in Marrickville is a full-time, mainstream sexual health clinical service. The service in Marrickville, along with the outreach clinics at Newtown and RPAH Women & Babies will provide services away from those provided within a community-based setting. Medical records for all these clinics will be stored securely at Marrickville.

Clinic procedures and organisation have been reviewed to improve access. Strategies that will be considered to improve access are:

Aboriginal Men’s and Women’s Clinics

- The Sexual Health Service will be providing a designated clinic for Aboriginal men.
- The Sexual Health Service will be providing a designated clinic for Aboriginal women
- Marrickville is an appropriate site as it has a significant Aboriginal population.
- No appointments will be required.
- Male and female health care workers will be available at the designated clinics.
- Aboriginal men’s and women’s health promotion workers will be available to provide culturally sensitive information and support.
- Service will be free and no Medicare charges will apply.
- Both male and female doctors and nurses will be provided. The availability of both male and female doctors, nurses and Aboriginal health workers is recognised as most important to the Aboriginal community, when dealing with men’s and women’s business.
- Services available will include women’s health checks including pap smears and men’s health checks.
- A TV will be installed in the waiting room to increase user friendliness.
- If possible clinic names that are discrete with a private or generic entrances should be used
- Advertising in the Aboriginal media will be framed within the context of men’s and women’s clinics.
- Advertising developed will take into account the cultural sensitivities regarding sexuality and STIs.
SPECIAL ARRANGEMENTS FOR DELIVERING EFFECTIVE SEXUAL HEALTH CLINICAL SERVICES

Men’s and Women’s Services

Educational programs and clinical services will be tailored to meet the separate requirements of men's and women's business. The programs will be supported by workers from CSAHS and AMS as required. As there are special requirements for the delivery of men's and women's business, these requirements will be reflected in the:

- Choice of staff.
- Locations.
- Timing of services (eg - same sex staff at separate venues on different days).
- Provision needs to be made to enable linkages between services.
- All CSAHS Sexual Health Service staff have attended cultural awareness training.
- Cultural awareness training will be an ongoing staff development activity.

Options for Consulting Community and Non-Community Workers

Clients will need to be given the option of consulting with health professionals of their choice. Some people will prefer to consult familiar community-based Aboriginal health workers. However, for privacy reasons, others will require anonymous services from health workers who aren't part of the local community and who may not be Aboriginal (eg - sexual health staff, friendly GPs, primary care physicians at AMS, Cellblock, Ysmar & KRC bus). As a general rule therefore, services auspiced by the Sexual Health Service should be provided in partnership with community-based organisations.

The CSAHS Sexual Health Service will provide sexual health clinical education across the sector, including:

- Mentoring programs for Aboriginal Nursing staff.
- Assistance with HIV workforce development grants.

Outreach Protocols

Modified testing protocols have been developed for use in situations where full clinical services are not feasible. This would permit simple testing strategies to be used in settings where genital examination is inappropriate.

Staff without specialist sexual health clinical qualifications (eg - community workers and counsellors) could offer testing in these circumstances. A suitable protocol might include a urine sample for gonorrhoea and Chlamydia PCR testing using self collected specimens (subject to informed consent). The limitations of these protocols should also be acknowledged - they are not appropriate for people with symptoms, infections such as Trichomonas cannot be tested for and the opportunity to perform a Pap smear is missed.
Clinical Sexual Health Services need to respond appropriately to provide services to Aboriginal people who are unable to attend AMS or the Sexual Health Service for care.

**Transport**

Provision must be made for the secure transport of staff, equipment, medications, specimens and clinical records to and from outreach clinics. Special arrangements will be necessary for transporting needy patients, such as people with advanced HIV infection. This should be taken into account when developing special arrangements with partner organisations. Consideration to the use of taxi vouchers will be given. Sometimes, transport by Aboriginal Sexual Health Workers of needy clients may be required.

**Special Medical Records Arrangements and Reporting Requirements**

Community consultations with Aboriginal people in other Area Health Services have identified the need for special arrangements for the storage of sexual health clinical records. Records will be stored securely and separately from mainstream/community health records. There was a strong preference indicated for records to be stored at a neutral site, away from the community. Records will be coded using a separate decoding system and access restricted to sexual health staff involved in the clinical care of clients. Clients will be given the option of providing a false name when registering. Despite being coded, records will be transported to and from outreach clinics in a locked case.

Appropriate protocols will need to be developed, including discussion of patient confidentiality, reporting requirements for Sexual Health Service, legal reporting requirements. Any planning needs to be mindful to not marginalise the Aboriginal community by inappropriate reporting of STIs in that community.

**Testing and Coding of Specimens and Results**

A number of special procedures are necessary to protect confidentiality when clinical specimens are collected. Specimen collection will be conducted on-site rather than referring a client to a pathology collection centre. All tests will be collected and results returned under code. To maximise access and to protect privacy, there will be no billing and no requirement to present a Medicare card.

A system will be instituted to ensure the prompt and accurate handling of test results. Results will be efficiently returned, accurately linked with records, reviewed by a qualified health worker and actioned appropriately. Special arrangements will be necessary to comply with NSW Pap Register requirements. Women clients will be given the option of supplying their full name and address to the register or to ‘opt out’ of the register system.
Treatment

All STIs will be treated free of charge. Wherever possible, priority will be given to single dose treatments, which can be administered on-site. To protect privacy, drugs will be supplied by the service and dispensed at the clinic. The prescription will either be coded or retained in the medical record or both.

No Billing, No Medicare

In the interests of public health and to remove any financial barriers to accessing services, medical, nursing and social work services will be provided free of charge. To avoid the need to supply identifying details, Medicare cards will not be required.

Contact Tracing of Sexual Partners

Clients with proven STIs should be offered options regarding contacting sexual partners. The service will provide information and support to allow clients to notify their own partners or alternatively, the sexual health service can contact partners on behalf of the client. Contact tracing will be performed in a confidential and sensitive manner.

Research

Research would always be a collaborative process between AMS and CSAHS Sexual Health Service. CSAHS Ethics Committee approval will be sought and AH&MRC guidelines will be followed. Research issues would be addressed in a memorandum of understanding between the CEO of both organisations. The AMS will be informed of all research and will be involved where appropriate and relevant.

Appropriate Training and Support of Aboriginal Workers

Aboriginal sexual health workers involved in clinical sexual health services will receive appropriate training and support before and during their involvement. Client consent will be sought when intending to have a trainee present during a consultation. When conducting consultations, trainees will do so under supervision.
## Strategies for Implementing the Key Recommendations of the Aboriginal Sexual Health Strategy

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Outcomes</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Establish CSAHS Aboriginal Health Promotion Advisory Committee (Sexual Health).</td>
<td>Confirm chair, TOR, membership, structure for committee. Hold first meeting.</td>
<td>Committee established.</td>
<td>Manager HP (SHS)</td>
<td>May 2004</td>
</tr>
<tr>
<td>3. Continue with Aboriginal Sexual Health Clinic Working Group meetings.</td>
<td>Continue to convene meetings and set agendas.</td>
<td>Meetings held fortnightly until clinic opens.</td>
<td>Dir (SHS) Counsellor (SHS)</td>
<td>Ongoing to end June 2004</td>
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<tbody>
<tr>
<td>5.</td>
<td>All research projects approved by AH&amp;MRC.</td>
<td>Research proposals submitted to AH&amp;MRC</td>
<td>Approval granted. Project conducted.</td>
<td>Dir (SHS) Manager HP (SHS) AHEOs (SHS)</td>
</tr>
<tr>
<td>6.</td>
<td>Recruitment to Aboriginal identified nursing position.</td>
<td>Funding secured. Position advertised and recruited to.</td>
<td>Aboriginal nurse employed by SHS for period of one year.</td>
<td>Dir &amp; NUM SHS), Aboriginal Health Coordinator Aboriginal Employment Officer</td>
</tr>
<tr>
<td>7.</td>
<td>Nurse mentoring project implemented.</td>
<td>Nurse and/or doctor provides supervision. Further support provided by Dir (SHS).</td>
<td>Nurse upskilled in conducting sexual health clinical services</td>
<td>Dir (SHS) NUM (SHS) Aboriginal Employment Officer</td>
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<tr>
<td>9. Sexual health education program provided to interested Aboriginal workers in CSAHS, AMS and NGOs.</td>
<td>Program developed and advertised. Program delivered and evaluated. Clinical placements offered to nursing participants.</td>
<td>Range of workers ‘upskilled’ in area of sexual health.</td>
<td>Dir (SHS) Aboriginal Health Coordinator Aboriginal Employment Coordinator AHEOs (SHS)</td>
<td></td>
</tr>
<tr>
<td>10. Aboriginal cultural awareness training provided to SHS staff in preparation for opening of clinics.</td>
<td>2 x sessions delivered and evaluated. Remains on inservice timetable as an annual event.</td>
<td>SHS staff have greater awareness of considerations when working with Aboriginal clients.</td>
<td>AHEOs (SHS) Manager HP (SHS)</td>
<td>April 2004</td>
</tr>
<tr>
<td>11. Establish close working relationship with the Aboriginal Medical Service (Redfern).</td>
<td>Strategy developed in partnership. AMS participation in working group and advisory group. Continued collaboration at AHEO level.</td>
<td>Working relationship is a positive and productive one.</td>
<td>Dir (SHS) Manager, Public and Community Health (AMS) AHEOs (SHS) Sexual Health Workers (AMS) Manager HP (SHS) Aboriginal Health Coordinator</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### Strategies for Implementing the Key Recommendations of the Aboriginal Sexual Health Strategy

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Outcomes</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. SHS to provide professional and clinical support to AMS sexual health programs.</td>
<td>Sexual health training program delivered (see 9.) Support provided to AMS clinical staff by SHS specialists.</td>
<td>AMS have access to professional and clinical support as required.</td>
<td>Dir (SHS) Staff Specialists (SHS)</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Appendix 1:

Terms of Reference for CSAHS Sexual Health Advisory Committee

The Sexual Health Advisory Committee will consider issues relating to the provision of sexual health services to residents of Central Sydney Area Health Service and others who choose to use CSAHS health services, with particular reference to:

1. Monitoring implementation of the key recommendations of the CSAHS Strategic Plan for Sexual Health Services 1999-2002;
2. Identifying the sexual health needs of priority populations in CSAHS which may include but are not restricted to groups such as men who have sex with men, people living with HIV, some Aboriginal and Torres Strait Islander people, injecting drug users, sex workers, young people, people from non-English speaking backgrounds, lesbians, people with mental illness, people with disabilities;
3. Identifying sexual health service delivery mechanisms which are appropriate to and sensitive to the particular needs of priority populations in CSAHS;
4. Considering resource issues relating to the implementation of key recommendations from the Strategic Plan and other initiatives and making recommendations to the CSAHS Area Executive and Clinical Council on the allocation of resources (including investment or disinvestment and reallocation);
5. Ensuring that the planning, management and monitoring of sexual health services in CSAHS is informed by adequate consultation with health providers, government agencies, non-government organisations and members of the community with an interest in sexual health issues;
6. Ensuring the coordination of sexual health service provision between providers which may include but are not restricted to Area sexual health services, specialist services, general practitioners, other government agencies and non-government organisations;
7. Advising on health outcome indicators and performance measures relating to sexual health;
8. Ensuring the implementation of best practice in sexual health service delivery based on current evidence;
9. Advocating for the provision of appropriate sexual health services for priority populations.
Appendix 2:

Draft Terms of Reference for CSAHS Aboriginal Sexual Health Advisory Group (to be finalised at inaugural meeting)

1. The CSAHS Aboriginal Sexual Health Advisory Group will consider issues relating to the provision of sexual health services to Aboriginal residents of Central Sydney Local Government Area and others who choose to use CSAHS health services, with particular reference to:

2. Monitoring implementation of the key recommendations of the CSAHS Aboriginal Sexual Health Strategy 2004-2006;

3. Identifying the sexual health needs of Aboriginal people;

4. Developing and supporting sexual health service delivery mechanisms that are appropriate to and sensitive to the particular needs of Aboriginal people in CSAHS;

5. Considering resource issues relating to the implementation of key recommendations from the Strategy and other initiatives and making recommendations to the CSAHS Aboriginal Health Partnership, CSAHS Area Executive and Clinical Council on the allocation of resources (including investment or disinvestment and reallocation);

6. Ensuring that the planning, management and monitoring of sexual health services for Aboriginal people in CSAHS is informed by adequate consultation with AMS and other agencies such as health providers, government agencies, non-government organisations and members of the Aboriginal community with an interest in sexual health issues;

7. Ensuring the coordination of sexual health service provision between AMS and CSAHS Sexual Health Service;

8. Advising on health outcome indicators and performance measures relating to Aboriginal sexual health;

9. Ensuring the implementation of best practice in sexual health service delivery based on current evidence for Aboriginal people.