Statewide Aboriginal Sexual Health and Blood-borne Virus Summit

In partnership with the Aboriginal Health Council of Western Australia.

A day to reflect on achievements, challenges and emerging issues in the sector and to set future strategic directions.

health.wa.gov.au
A day to bring the sector together
120 + participants
- 12 ACCHOs/AMSs
- WACHS
- North and South Metro Health Services
- Drug and Alcohol Office
- Department of Education
- Department for Child Protection and Family Support
- Department of Corrective Services
- SRHWA
- WA AIDS Council
- Hepatitis WA
- WA Substance Users’ Association
- Youth Affairs Council of WA
- David Wirrpanda Foundation
- 10 research organisations …
A day to reflect on achievements
Last Summit in 2004

<table>
<thead>
<tr>
<th>STIs</th>
<th>WA Aboriginal to non-Aboriginal rate ratio for notifications</th>
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<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td>Infectious syphilis</td>
<td>122</td>
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<tr>
<td>Chlamydia</td>
<td>13</td>
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<tr>
<td>Gonorrhoea</td>
<td>75</td>
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RR for Hep B halved from about 7 in 2005 to between 2 and 4 from 2007 onward
Proportion of children immunised for Hepatitis B
01 Jul 2013 - 30 Jun 2014, by Aboriginal status and age group

<table>
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<tr>
<th>Age Group</th>
<th>Non-Aboriginal</th>
<th>Aboriginal</th>
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<tbody>
<tr>
<td>12-&lt;15 Months</td>
<td>91.4%</td>
<td>84.0%</td>
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<tr>
<td>24-&lt;27 Months</td>
<td>93.4%</td>
<td>93.5%</td>
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Success stories panel session:

- Amanda Sibosado – KAMSC
- Katy Crawford – WACHS, Kimberley
- Veronica Walshe – AHCWA
- Annie Tangey – Ngaanyatjarra HS
- Sunni Freillo – KAMSC, Balgo
- Louise Grant – WASUA
- Marisa Gilles – WACHS, Midwest
Case study: Reducing transmission of HIV from mothers to infants in the Midwest, 1991-2014

- 98% Aboriginal HIV+ pregnant women-managed care
- 65% VL <400 (48% < 40)
- 97% received ART
- 19 HIV+ mothers
- 26 births
- 2 positive babies – 1 post-diagnosis
- 24 negative babies

Adapted from M. Gilles slide
A day to identify new or remaining challenges
Hepatitis C

- Aboriginal to non-Aboriginal rate ratio for hepatitis C notifications increased from 3-4 in 2004-2008 to 7.3 in 2013
- Lack of access to NSP and high rates of imprisonment are significant barriers
Injecting drug use

- **National Household Drug Survey 2013**: 10% of Aboriginal and TS Islander people reported being recent/ex-users of meth/amphetamine

- **Goanna Survey 2014**: Of the WA Aboriginal respondents who had injected drugs
  - 25% reported sharing a needle/syringe
  - 38% reported sharing other equipment
HIV

- Need to remain vigilant
- Discussion about experience in Canada
- First Nations, Métis and Inuit people represent <4% of population but >7% of Canadians with HIV and >12% of new infections
- IDU main mode of transmission
HIV

1. Low income and high unemployment with:
   - A greater frequency of risky sexual experiences
   - Diminished access to health information and prevention
   - Higher frequency of STIs generally
   - Absent or delayed diagnosis and treatment
   - Less concern about one’s health and the future

2. Mobility

3. ‘Survival sex’

4. Legacies of colonial exploitation & segregation

Adapted from L. Marshall slide
Sexual activity among children

- 95% of notifications <14 years of age in the endemic regions occur in Aboriginal children
- Need for more sex education, esp culturally appropriate
- Need to teach resilience, self worth, negotiation techniques
- Multi-disciplinary/agency solutions key
A day to set future directions
How can prevention and education activities be improved?

- More focus on pleasure, enjoyment, healthy relationships
- More peer educators
- Education in schools
- More focus on engaging communities to design culturally appropriate activities
How can testing rates be improved?

- Point of care testing
- More (mobile) outreach services
- Focus on de-stigmatisation
- Promote opportunistic testing, e.g. by alerts in clinic software for all 16-29 yos
How can treatment uptake be improved?

- Free medication, clinics, testing
- Point of care testing
- Allow nurses and AHWs to prescribe and dispense
- Improve contact tracing
- Access to and knowledge of new treatments
- Outreach / mobile services
How can access to workforce development be improved?

- Dedicated SHBBV AHWs
- Make SHBBV training a core unit
- Strategies to improve retention
- Increase nurse/AHW scope of practice
It is my hope that when we look back on this Summit in another 10 years, we will regard it as a turning point in our efforts to reduce the disparities between Aboriginal and non-Aboriginal Western Australians with respect to STIs and BBVs.

Peter Somerford, A/ED, Public Health and Clinical Services Division