

Recommendations for Contact Tracing in Aboriginal Communities

**Contributors: Rob Monaghan and Peter Patterson
State-wide Aboriginal Sexual Health Coordinators**

Based on their experiences as Aboriginal Sexual Health Workers, Rob Monaghan and Peter Patterson provide suggestions on how to conduct contact tracing among Aboriginal communities.

CONFIDENTIALITY

- Attempt to make face-to-face or phone contact with the client.
- Pre-arrange appointment locations with the client.
- Hand deliver contact tracing letter as a final measure. Do not mail the letter. Ensure the letter is delivered to the correct individual.

PARTNERSHIP

- Conduct contact tracing in partnership with a GP.
- Encourage all healthcare workers conducting contact tracing among Aboriginal communities to partner with a local Aboriginal Sexual Health Care Worker (ASHCW) to follow-up on clients.
- Never turn up to the clients residence with the GP to carry out a contact trace. This would cause anxiety and embarrassment to the client.
- Set up a process that ensures all partners of the index (source patient) have been contacted.
- Aboriginal people are nomadic in nature hence contact tracing is challenging. Create and work in partnership with a network of health care workers that are trusted by the community.

ACCURACY OF CONTACT DETAILS

- Ensure that names and addresses of those to be contacted are accurate.
- Check that nicknames and aliases have been recorded.

- Record age of the partner/s to be contacted. This is to ensure that in families where the men might have similar first and last names, contact is made with the correct individual.
- Be innovative – if conventional methods of contact tracing are proving unsuccessful, identify areas where the client frequents eg parks, sporting clubs, other relatives houses, hotels and taverns and attempt to make contact with the client. Be mindful of client confidentiality.

GAIN COMMUNITY TRUST AND RESPECT

- To gain the trust and respect of the community, it is important that the HCW is seen engaging with the community on a regular basis.
- ‘Professional loitering’ – ensure that the HCW is involved in other aspects of health and not only sexual health (holistic approach to health promotion).

GENDER BALANCE

- Whenever possible, ensure that the gender of the practitioner is the same as that of the client.

PATIENT SUPPORT

- Once a client has consulted with a GP, investigate whether the client would be interested in a follow-up discussion that further explains the contact tracing process.
- Ensure client understands the risks. For example, contact tracing may lead to domestic violence. Health care workers (HCWs) should be mindful of any signs of domestic issues.
- Conduct separate consultations with clients and their partners.

Acknowledgements

Rob and Peter would like to thank the NSW Aboriginal Sexual Health Workers Network for their contributions.