

Service Providers of HPV vaccination for Aboriginal and Torres Strait Islander Australian Females



Ms Telphia-Leanne Joseph
National Indigenous Immunisation Coordinator

Dr Robert Menzies
Manager, Indigenous/Migrant Health and Program Evaluation
Director (Surveillance)

Discussions for today

- Background
 - Indigenous Australia
 - HPV vaccine delivery
- Challenges and factors that have/could affected HPV vaccine service provision for Indigenous females

Definition of Aboriginal / Torres Strait Islander

- A person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

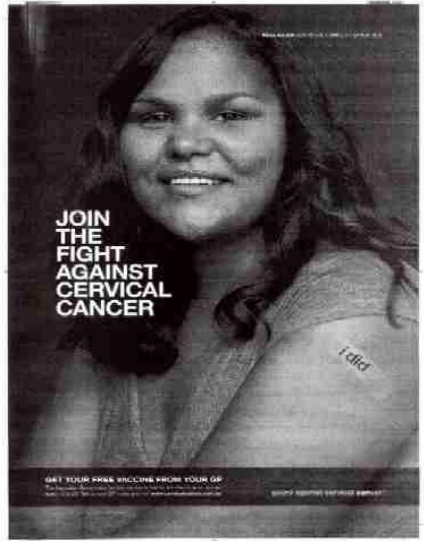
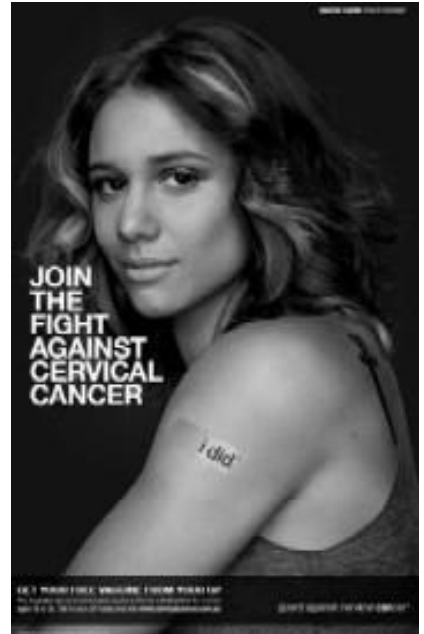
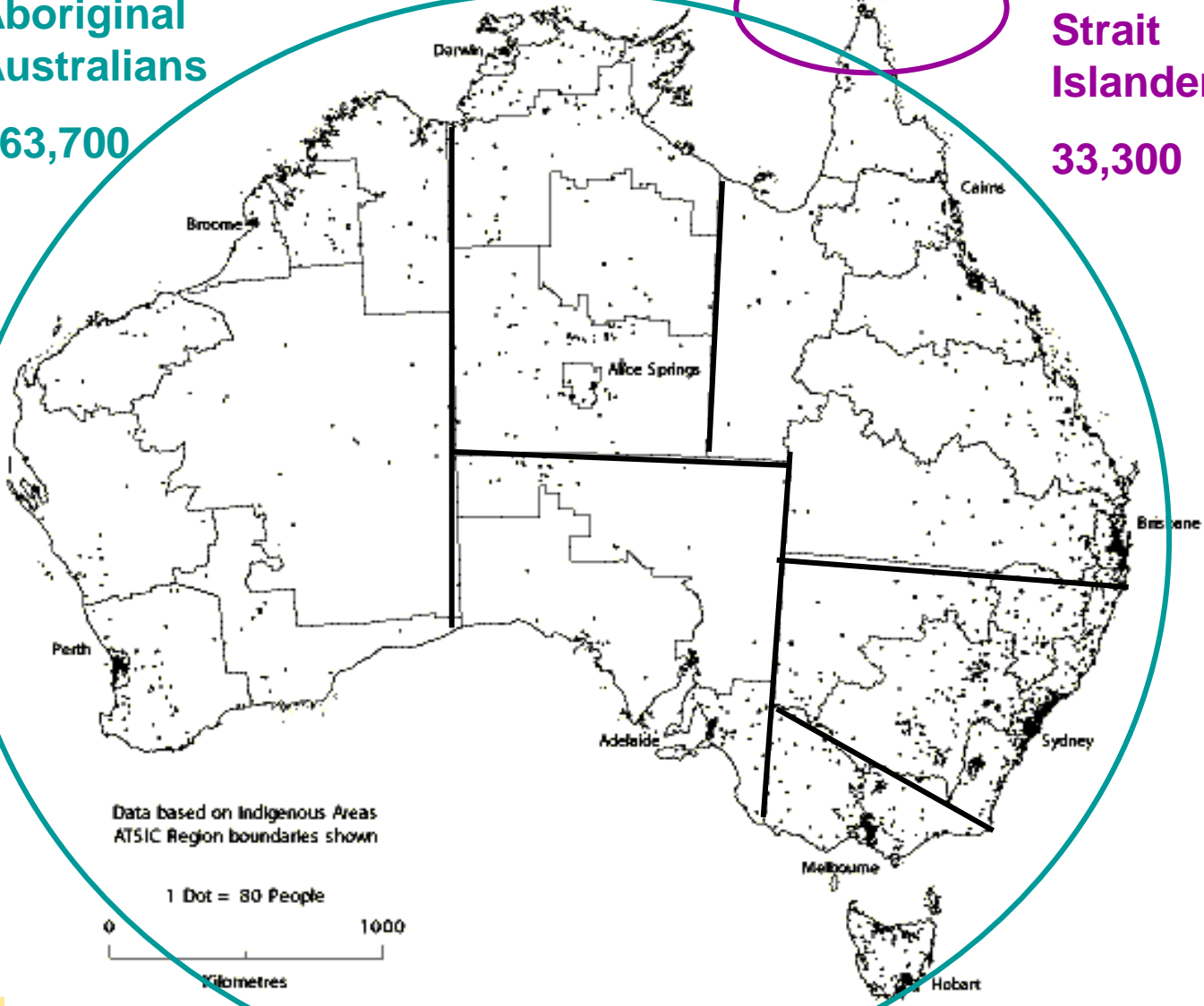


Aboriginal Australians

463,700

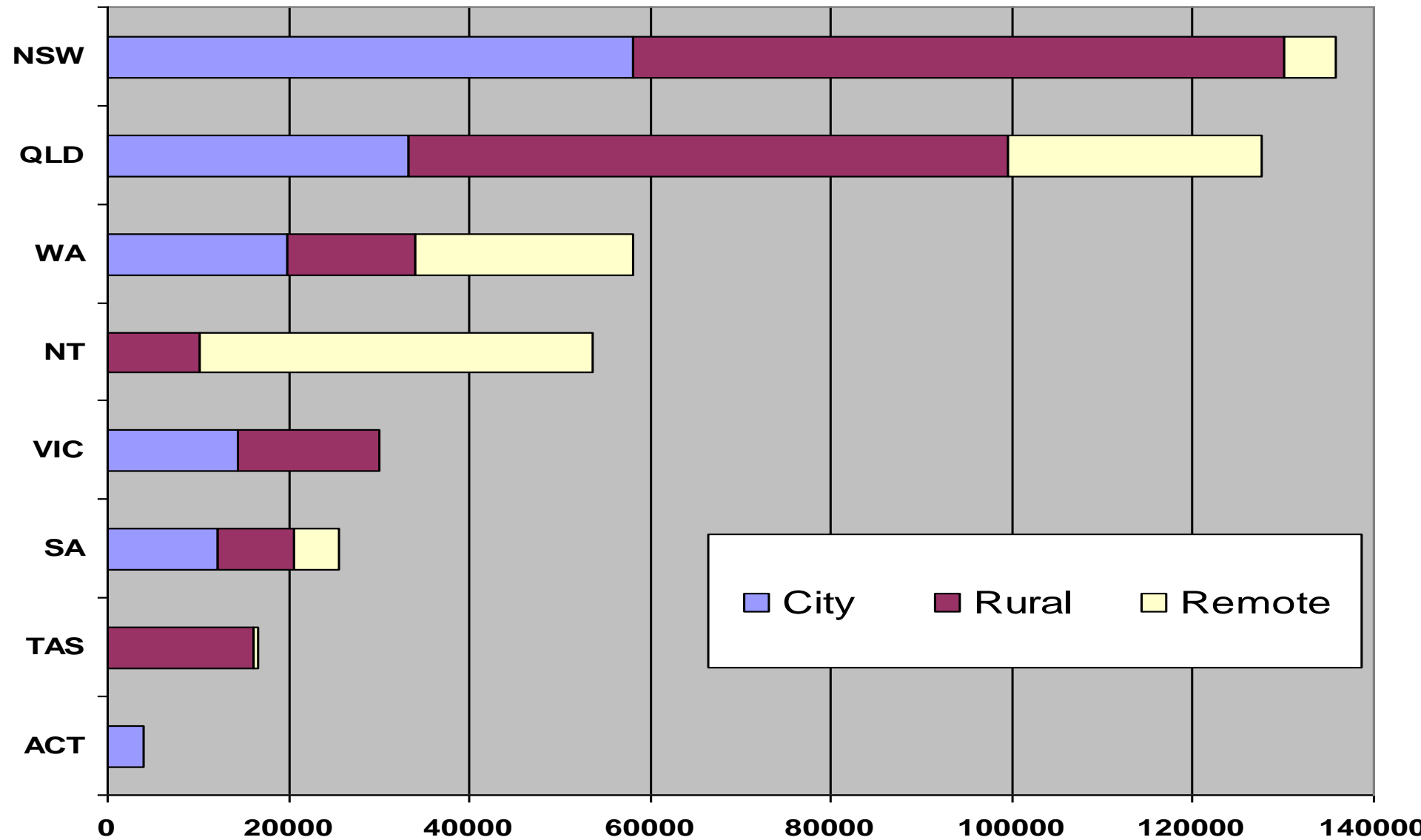
Torres Strait Islanders

33,300

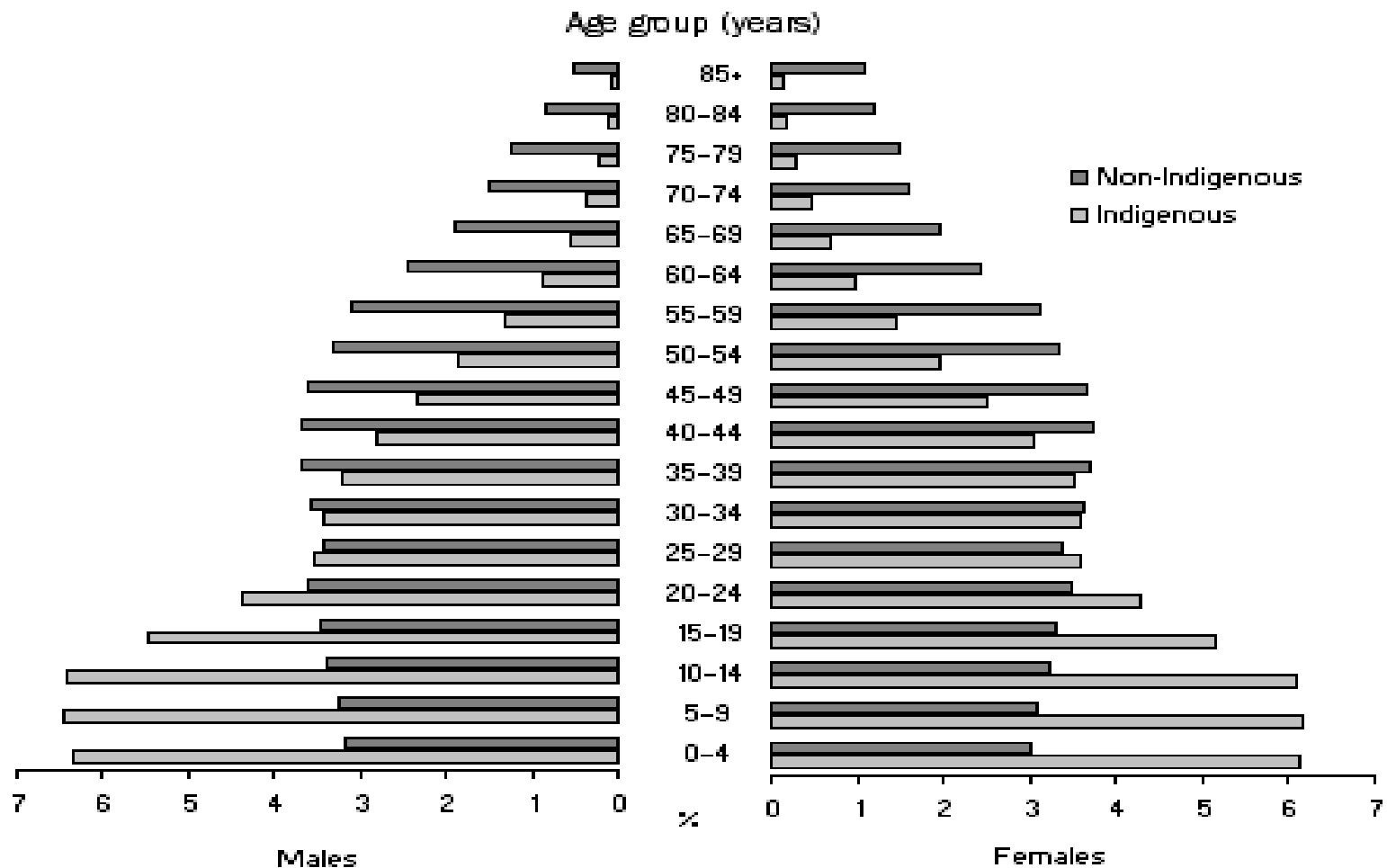


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**Indigenous Population Distribution by Jurisdiction,
Australia 2006 ABS**



Age sex comparison pyramid Indigenous vs non-Indigenous ABS 2006

HPV Vaccine for Australian Indigenous Females

- ICC affects Indigenous women at least 4 times greater than non-Indigenous Australian females
- Inconsistent, late or nil presentation for pap testing
 - Australia has a well established cervical screening program
 - Pap register
- Indigenous females are good candidates for HPV vaccination

HPV vaccine roll-out in Australia

Three – Tiered Program

12-13 year olds	School based program	Annually
13-18 year olds	School based catch-up program	Ending late 2009
16-18 year olds not at school 18-26 year olds	General practice and Community providers	Ending late 2009

Service providers for Indigenous Communities – Aboriginal Medical Services (AMS)

- Over 200 community controlled organisations
 - Urban, rural and remote
- Not all provide a clinical service
- Government funded
- Wholistic philosophy
 - Healthy mind, spirit, body, land, community

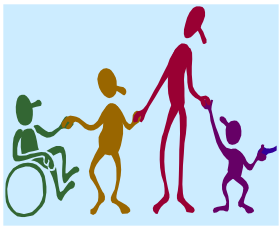
Aboriginal Medical Services – Factors affecting HPV vaccination for 15-26 year olds

Challenges

- Acute service provision
- Those out of school system
- H1N1

Facilitators

- They believed in HPV vaccination
- They often know their community
- Patient Information Recall Systems (PIRS)



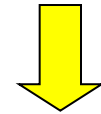
Patient presents



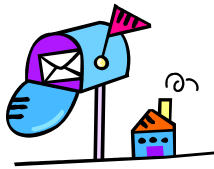
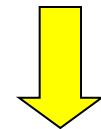
Entered on PIRS, produce recall flags



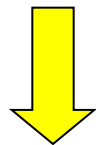
Triage assessment



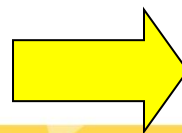
Screening, management of chronic diseases, etc.



Recall and mail outs



Targeted outreach



Vaccination

Integrated Primary Health Care
Management

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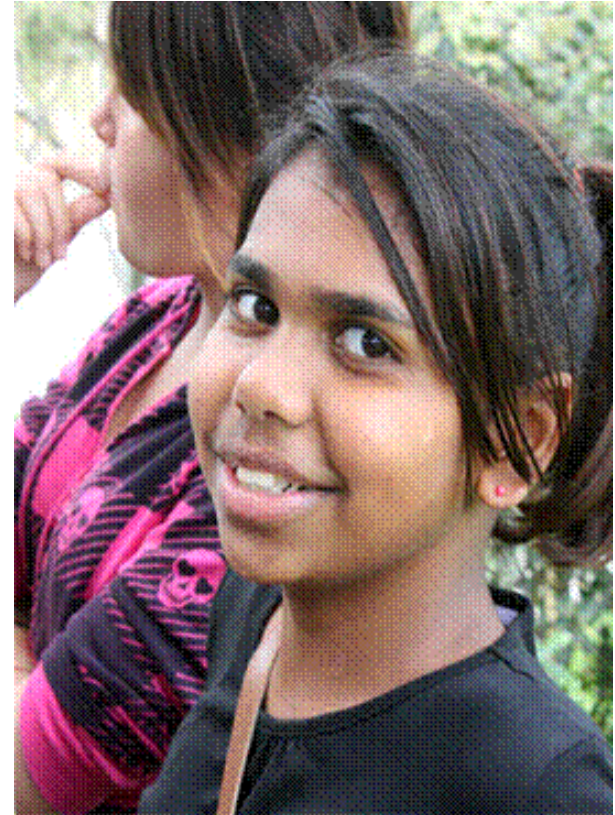
Service providers for Indigenous Communities – Public Health

- State and Territory Governments - funded federally
 - Immunisation clinics, school based programs
- Aboriginal Health Services WA, NT & QLD
 - Very remote
 - Not community controlled

Factors affecting HPV vaccination in school based program

Challenges

- Attendance
 - Low rates of attendance in high school ages 15-17 yrs
 - 73% at 15 yrs
 - 36% by 17 yrs
- Consistency of attendance
 - Disproportionately high
 - Suspension and exclusion from school



school based program - continued

- Consent forms
 - Inconsistent return rate
- Collaboration can change this

Ear health program in Campbelltown

- Public health staff, Aboriginal health worker, Aboriginal liaison education staff
 - Shared resources
 - Knew their community
 - Door knocked
- 94% consent

Service providers for Indigenous Communities – General Practice

- General Practice Networks each S&T
- Individual practices or medical centres
 - Acute care
 - Health plans
- Medicare at their discretion

General Practice - Factors affecting HPV vaccination for 15-26 year olds

Challenges

- Identification of Indigenous status
 - For the HPV Register
 - Follow up of school based program
 - Know barriers
 - Cultural comfort
 - Physical access

General Practice - Factors affecting HPV vaccination for 15-26 year olds

Facilitates

- Knowing community
- Good use of Medical Software
- Identification! Identification! Identification!

Conclusion

- HPV vaccine delivery
 - Its not straight forward
 - Many worked hard
 - H1N1
- Awaiting coverage results

ACKNOWLEDGMENTS

- Dr Julia Brotherton
- Dr Robert Menzies



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