



Aboriginal Cultural Support Process in Action

PRESENTED BY

KYLIE TAYLOR (ABORIGINAL HEALTH WORKER),

TAMMY BUCKLAND (ABORIGINAL CULTURAL SUPPORT LEAD)

100



Overview of presentation

- ▶ Case study using scenario
- ▶ Explore the challenges that Aboriginal individuals and families may experience
- ▶ Working through Public Health and Aboriginal Health response to case and contact management
- ▶ Conclusions so far

Scenario

Kylie is a middle-aged Aboriginal woman who lives 70kms from a regional town in NSW. She works in health and travels a lot for her work. Kylie shares a small two bedroom house with seven other family members, and provides care, support and transport for her brother and Elderly cousin. Kylie has diabetes, and suffers from anxiety and under a lot of stress at work, but is otherwise well. Kylie had travelled away for work, and spent a lot of time with her co-worker, Kristy working together on the pandemic. Kristy became sick with flu like symptoms and ended up being in hospital and was diagnosed with COVID-19. As one of Kristy's close contacts, Kylie was contacted by the Public Health Unit and was told to self-isolate at home for 14 days since her last contact with Kristy. The Public Health Unit also advised that Kylie had to have her own bathroom, and should not share any space with her family, and to wear a mask the whole time. Kylie also accepted the offer of Aboriginal Cultural Support. Isolating in a small house with lots of people was going to be really hard for Kylie. The Cultural Support Team contacted her to see how she was coping and supports she needed to safely isolate. The stress and worry of her potentially having COVID-19 and passing it on to her family made her anxiety levels worse. The Cultural Support Team contacted her every day to see how she was going, and together Kylie and the Team decided it would be best that she stay at a motel nearby so she could safely isolate. The Public Health Unit organised the accommodation for Kylie, where she stayed until she was released from isolation. The Cultural Support Team provided ongoing care for Kylie.

*Details have been changed to ensure confidentiality

Cases & Contact tracing for COVID-19

CASE

Whose Got It?



Kristy

EXPOSURE

Where/How Kristy Got It?

The source of infection

< 14 days

CONTACTS

Who did Kristy expose
in the last 2 days?



WORKMATES



MONITORS
CONTACTS
CLOSELY
**14 DAYS
MIN.
IN
QUARANTINE**

**IF THEY START
TO GET
SICK GO
TO ED/DR
FOR TESTING**

If they test positive
That contact now
becomes a case

Everything
is repeated for
them & their
contacts
& households

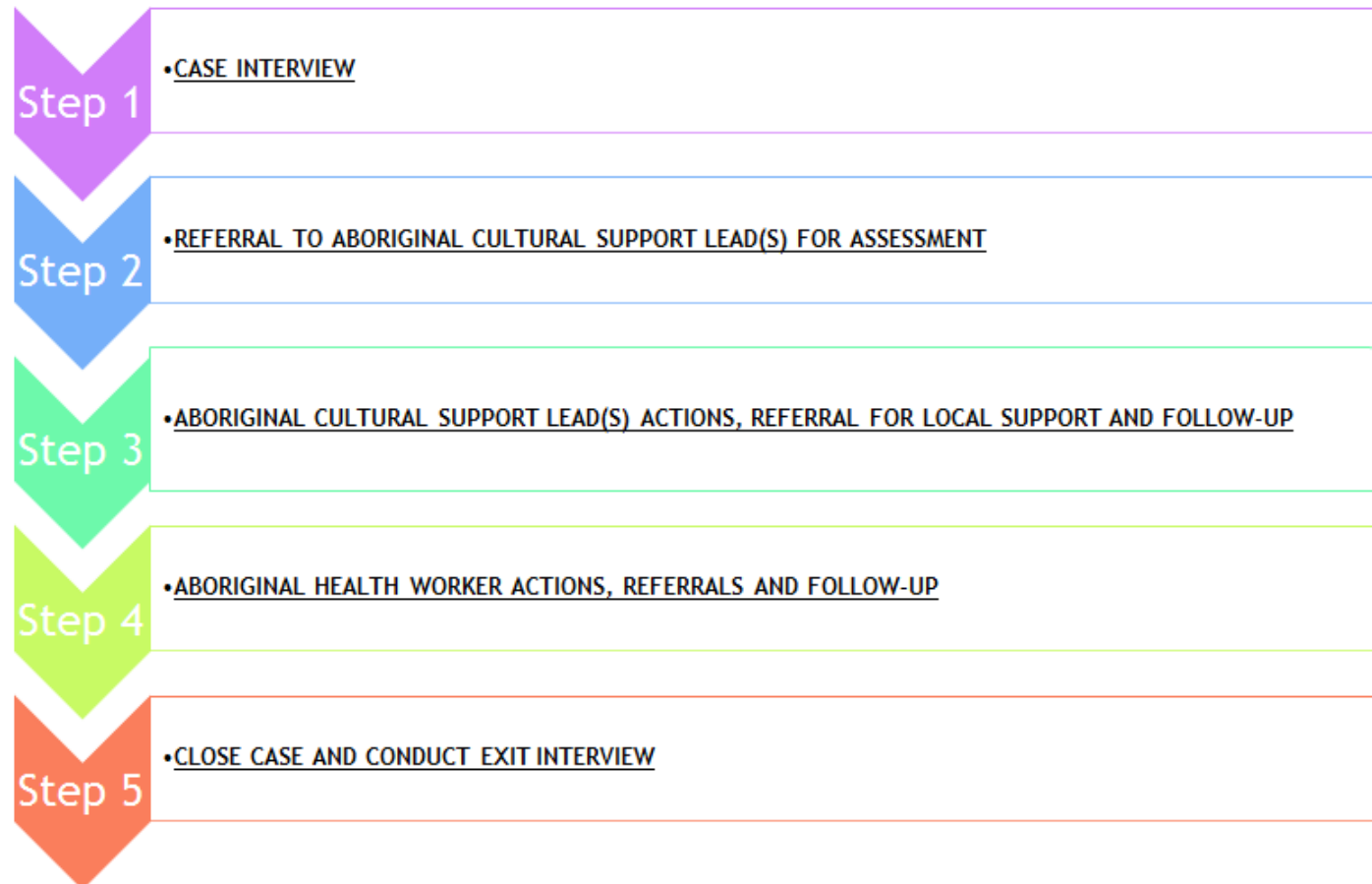
If they test negative-
stay a CONTACT

If no symptoms,
once quarantine
is finished, That's
it for them!

Public Health response

1. Identify cases
2. Isolate case to stop transmission
3. Trace contacts
4. Repeat
5. Social distancing & preventative public health measures

Aboriginal Cultural Support process



Cultural considerations



FAMILY



- 7 people living in 2 bedroom house
- 1 shared bathroom
- 3 generations living together
- Lives 70km from town
- Ability to maintain self-isolation
- Mental & physical health
- Husband with COPD
- Carer for brother & Elder Aunt
- Understanding of responsibilities
- Understanding of the information & requirements
- Impact on the rest of the family

Aboriginal Cultural Support response

- ▶ Referral to Cultural Lead (ICCAPP EN) from Public Health Operations team
- ▶ Cultural Lead conducts first initial phone call to case
- ▶ Connect with local AHP/AHW to provide ongoing holistic health and wellbeing care.
- ▶ Daily report from AHP to be provided back to Cultural Lead and documentation into NCIMS attended
- ▶ Cultural Lead provides daily support to AHP/AHW and also assesses each daily report to identify if further escalation to Public Health Operations team is required

[INSERT DATE]

Referral of Aboriginal Persons for Aboriginal Cultural Support

Dear Aboriginal Cultural Support Leads,

The following individual has tested positive for COVID-19. As an Indigenous person, this individual has accepted our offer of being linked with an Aboriginal Cultural Support Lead for ongoing support and welfare support.

Confirmed Case / Contact						
First Name	Surname	Age	Gender	Address	Contact No.	NCIMS
Alternate Contact / Next of Kin						
First Name			Surname	Relationship	Contact No.	

Thank you for following up with this individual and connecting them with the appropriate service for their area.

If you have any questions or concerns, please don't hesitate to contact the Public Health Unit [INSERT PHONE NUMBER] or email [INSERT EMAIL]

Kind Regards,

RHU Operations Team

[RHU COVID_19 Initial CONTACT by Aboriginal Cultural Support Lead(s) – offer of service and support]

Client Name: NCIMS Number:	Date:	PH Number: Address:	Staff Allocation:
Hello, my name is ^_NAME_^ and I am calling on behalf of the Public Health Unit - [INSERT LOCAL HEALTH DISTRICT].			
Am I speaking with ^_NAME_^?			
DO NOT READ OUT (for your convenience to mark applicable)			
<ul style="list-style-type: none">speaking to that personperson called to phoneperson not at homeCould I arrange a convenient time to call backperson unwell at the momentperson has passedfamily member/close friend recently diedother			
I am ^_NAME_^ an Aboriginal woman/man/person from ^_TOWN_^ ... (however you would introduce yourself to another Aboriginal person) working with the Public Health.			
Is now a good time to chat?			
Check to see if they have good mobile service or if there is a better phone number or a landline we can contact call on			
We are following up with people who are COVID-19 contact. We are checking in to see how you are doing. Out of respect, can you tell me what you identify as:			
1. Aboriginal			
2. Torres Strait Islander			
3. Both			
DO NOT READ OUT (for your convenience to mark applicable)			
4. Neither- thank them for their time and end call			
We were notified that you are a contact of a confirmed COVID-19 case.			
1. How have you been feeling today? [] well [] unwell			
PROMPT: If unwell ask them to explain how they are feeling			

COVID-19 Aboriginal Cultural Support Case/Contacts Notes Form

COVID-19 Aboriginal Cultural Support Case/Contact Notes	
NCIMS ID:	
Case/Contact Name:	
Phone no:	
Age:	
Town:	
Cultural Support Worker (AHCW)	
Background Information	
Case/Contact Notes	
Call frequency Best time:	I.e. daily, every second day, at agreed day and time etc.
Identified issues	
Support required	
Referrals made	
Clinical concerns for escalation	
Notes	
ACTIONS	

Conclusions so far...

- ▶ Aboriginal people leading the COVID-19 response for case and contact management
- ▶ Working relationship with Aboriginal Health Unit and Integrated Chronic Care for Aboriginal Peoples Program
- ▶ Important for other units to engage with Aboriginal staff, PHU staff, AHU staff, PHN staff and ACCHO staff
- ▶ Embedding the Aboriginal Cultural Support process as part of Public Health response can support the cultural management of Aboriginal cases and contacts
- ▶ Aboriginal people must have the space to lead this work.
- ▶ This model can be adapted to suit local needs