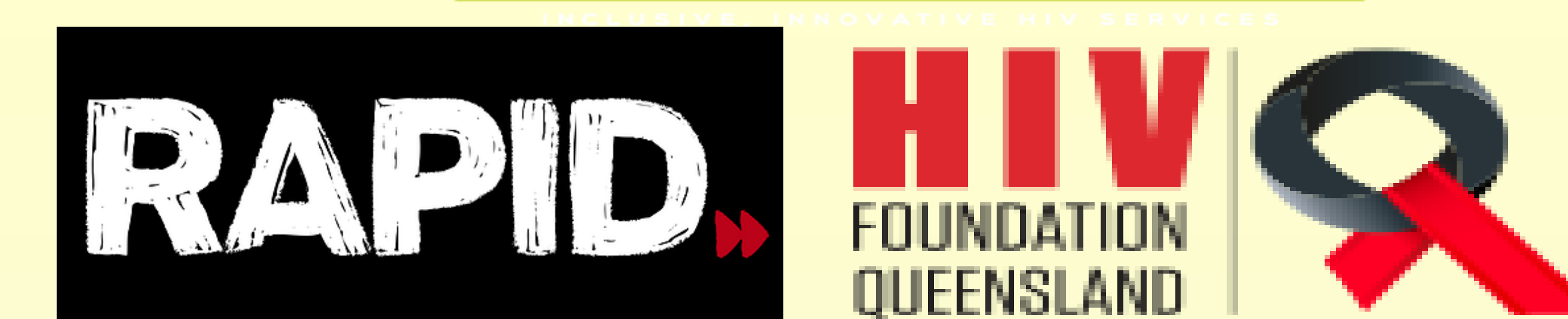


# UTILISATION OF NOVEL METHODOLOGIES TO ENGAGE 'HARD TO REACH' CLIENTS IN HEALTH PROMOTION AND SCREENING, IN RURAL AND REGIONAL AREAS

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## ABSTRACT

This following provides a detailed summary regarding the case of HIV screening and health promotion within a regional/rural community in Queensland, with higher self-reported rates of stigma and discrimination. Information is provided regarding the community engagement and communication strategies employed to promote this novel screening initiative; use of community-based online technologies to promote participant recruitment, and use of respondent-driven sampling to increase engagement with hard to reach and socially isolated members of the target group. Use of peer-health promotion officers, a discrete screening environment, bringing the mobile service to the key target groups and geographical regions; onward linking and integration with mainstream health services and models of care; and direct collaborative partnering with key community organisations will be further discussed and are pivotal to the feasibility and acceptability of these types of initiatives. Broader applications to other health areas will also be discussed.

## INTRODUCTION

### Previous Research

- Health discrepancies exist among people living in rural and regional areas, which is even more pronounced among members of the LGBTIQ community, including MSM (gay and other homosexually active men).
- LGBTIQ people experience higher rates of stigma and discrimination, which impacts upon service access, utilisation, and treatment outcomes (Eliason, 2000; Lemoire & Chen, 2005; Hershberger & D'Augelli, 2000; Kelly et al., 2015; Mullens et al., 2009; Staunton, 2007; Talley, 2013).
- Recent public health statistics indicate a 'spike' in new syphilis diagnoses in the Toowoomba region (Queensland Public Health Unit, 2016); which is linked to behaviors associated with HIV transmission.
- In order to attempt to overcome perceived and actual self-reported barriers to HIV testing among MSM in regional and rural Queensland at mainstream health services, a novel health promotion strategy will be trialed and evaluated. This methodology involves replicating a peer-based HIV rapid testing via mobile clinic van, which has demonstrated acceptance among MSM in urban areas.

## BACKGROUND

- QPP received an initial \$15,000 Gilead grant to conduct HIV testing from mobile clinic van in Toowoomba (in discrete 'beat' locations) due to;
  - Increased rates in Syphilis in Toowoomba in mid-late 2015
  - Reported barriers to testing in regional Queensland
- Meetings in November 2015 – with key academic, government and a number of other stakeholders.
- Partnership with USQ – Ethics submission in Feb 2016
- Scoping trips to Toowoomba for stakeholder meetings and testing locations – with multi-sectorial partners (target group, police and Queensland Health).



## HIV FOUNDATION QUEENSLAND GRANT – INTERVENTION (PROJECT)

- Time limited, resource intensive mobile clinic van
- Participants to be recruited through ads on gay-media and via Respondent Driven Sampling
- HIVFQ grant funding (\$78,000) received by USQ for health promotion and evaluation from HIV Foundation Queensland, in partnership with QPP.
- Innovation: mobile clinic intervention for MSM in regional QLD (staffed by trained peer-testers), Point of Care Testing (POCT) in community sites/beats; RDS, 'Dovetailing' with Oraquick as an alternative for future testing.



## PROJECT AIMS

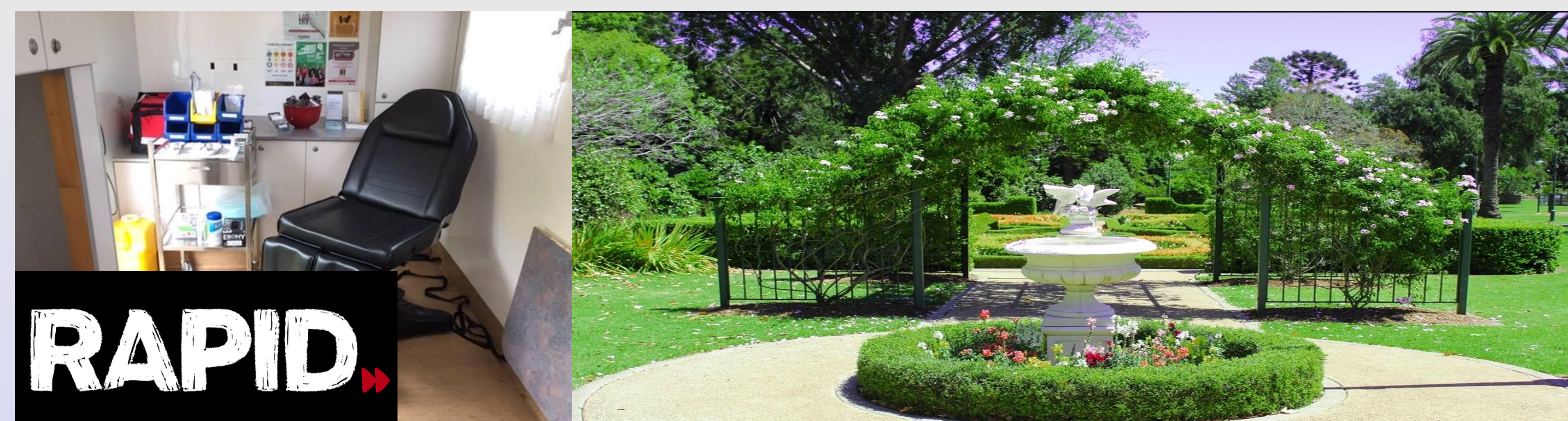
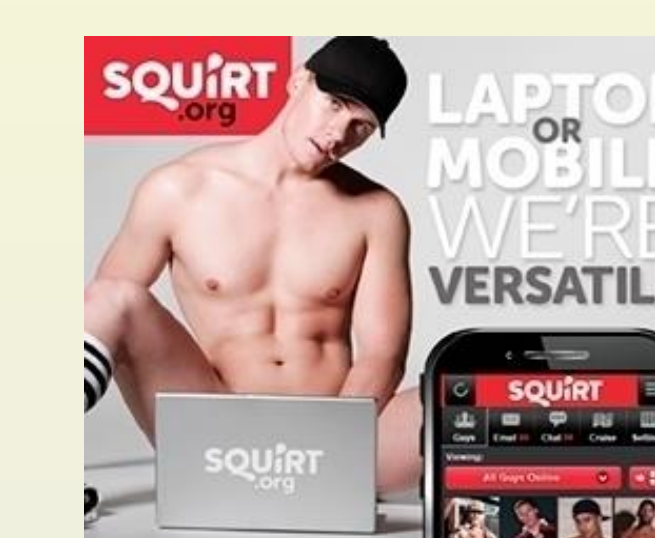
- Determine if a time-limited mobile clinic van is a feasible and acceptable method for regional MSM to engage with HIV testing in resource limited settings.
- Determine if utilising respondent-driven sampling to engage with regional MSM to recruit seeds and potential clients to access the mobile clinic van is an acceptable recruitment method.
- Determine if utilising 'online' networks to engage with regional MSM to recruit seeds and potential clients to access the mobile clinic van is an acceptable recruitment method.
- Determine regional MSM's attitudes towards and future use of accessing a postal home HIV test kit.

## PERFORMANCE INDICATIONS – HIVFQ GRANT

- Number of MSM engaging with mobile testing van for HIV and Syphilis testing who report last test 12+ months.
- Number of MSM satisfied with testing at a time limited mobile clinic van in a community setting
- Number of MSM recruited through seeds/respondent-driven sampling.
- Number of MSM who report barriers to accessing HIV testing in the Toowoomba region.
- Number of MSM expressing interest in HIV home testing
- Number of HIV home tests ordered from participants after peer engagement from mobile clinic van

## PROJECT MANAGEMENT UPDATE

- Ethics approved late May (USQ)
  - Amendments submitted/approved
- Partnerships formed with QulHN (Qld Injectors Health Network) to use medical van
- Queensland Health to supply HIV POCT as RAPID as an outreach site
- Testing sites chosen; recruitment via Respondent Driven Sampling (with coupons) and Advertisements (e.g., Squirr, Grindr, Craigslist, Locanto)
- RDS:
  - Investigating and recruiting 'seeds' (in process)
  - Coupons developed
  - Website developed
- Duration: 2 days per week for 11 weeks
  - Start date: Wednesday, September 15<sup>th</sup> 2016 (in process)
  - Finish date: Thursday, December 1<sup>st</sup> 2016



## FINDINGS TO DATE

- Limited number of tests conducted to date; confirms challenges engaging with regional MSM group –which may confirm stigma, discrimination and social isolation
- However, there is interest in testing via online media discussions; resulting in meaningful health promotion, information regarding HIV Prevention (PrEP), information regarding testing in Brisbane, and completion of follow up testing at the mobile van. MSM who tested were receptive to completing evaluation, however reluctant regarding RDS.
- Field notes by peer testers reflect the following themes: the target audience can be difficult to reach in making people aware of the service and encouraging them to follow through with visiting/testing, clients appear to be quite uneducated in regards to HIV, night shift is more effective, and; awareness of service is steadily growing online. (Further qualitative analysis to be completed)

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