

NOVEL HIV TESTING DURING HEALTH PROMOTION OUTREACH: A QUALITATIVE ANALYSIS OF FIELD NOTES BY PEER-TESTERS

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ABSTRACT

Introduction: Novel health promotion strategies are needed to improve access to HIV testing among 'harder to reach' gay men who have sex with men (MSM) in Australia, to reduce onward transmission and late diagnoses. This project trialled point of care testing (POCT) via a mobile clinic van at community locations. These findings summarise the experiences of the peer testers regarding the acceptability and feasibility of the project, and future recommendations.

Methods: Over a period of five months (2 sessions/week), POCT was trialled in a regional Queensland town by Queensland Positive People (QPP) RAPID trained peer testers using a mobile clinic van. Per 'action research' frameworks, peer testers were asked to complete detailed field notes for each health promotion session, including characteristics of clients attending, client feedback, impressions regarding acceptability and feasibility of the project, and other salient events, concerns or recommendations. Ethics approval was obtained.

Results: Thematic analysis (utilising two independent reviews with fidelity checks with the primary peer tester) revealed three major themes (with subthemes): 1) Practical challenges - (a) The right 'look' and equipment; (b) Personal safety of testers; 2) Barriers to engagement - (a) Importance of understanding the specific community culture; (b) Trust/anonymity; (c) Negotiating relationship boundaries and 3) Recruitment method/project promotion - (a) What is working well; (b) Areas for improvement-current project; (c) Future recommendations-future projects.

Conclusions: Collection and analysis of field notes has provided greater context for understanding the acceptability and feasibility of this project, and supplement quantitative project data to more comprehensively inform the project evaluation and recommendations for future health promotion and research.

INTRODUCTION

Previous Research

- Health discrepancies exist amongst people living in rural and regional areas, which is even more pronounced among members of the LGBTIQ communities, including MSM.
- 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., 2009a; Mullens et al., 2017; 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 behaviours 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 (see Mullens et al., 2009b) was trialled and evaluated. This methodology involved recruiting a peer-based HIV rapid testing via mobile clinic van, which has demonstrated acceptance among MSM in urban areas.

HIV FOUNDATION QUEENSLAND GRANT –INTERVENTION (PROJECT)

Time limited, resource intensive mobile clinic van

- Gilead Foundation grant (\$15,000) in 2015 to trial peer rapid HIV/syphilis testing from a mobile clinic van in Toowoomba.
- Participants recruited through ads on gay-media and via Respondent Driven Sampling (RDS)
- Additional funding acquired from the HIV Foundation Qld (\$78,000) received by USQ for health promotion and evaluation, 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 Or a quick as an alternative for future testing.

OVERALL 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.

FINDINGS TO DATE - PHASE 1 (QUANTITATIVE)

The acceptability of the mobile van clinic intervention was high for those who chose to access the service. There was a large proportion of irregular and first time testers, and those who did choose to come for testing were part of the target population group. Although the intervention was aimed to be discreet and anonymous, the mobile van clinic model is quite novel and accessing a mobile van clinic in a community site may have been a barrier. Only the minority reported any perceived barriers to testing in Toowoomba so the mobile clinic van may not have been a preferred place to received HIV screening.

Respondent driven sampling (RDS) was not an effective method of sampling in this cohort of regional MSM. The majority of participants agreed that they would be happy to refer a friend via an incentive coupon, but when during the implementation of the sampling method, the coupon itself became a barrier. Although RDS has been successful in HIV research and in engaging 'hard-to-reach' populations (6-8), similar findings have been found in an urban population in New Zealand with incentivised RDS for STO testing (9). Although RDS was not successful, 14% of the participants were recruited via word of mouth.



THEMATIC ANALYSIS - PHASE 2 (CURRENT PHASE)

As per 'action research' frameworks, four peer testers were asked to complete detailed field notes for each health promotion session, including characteristics of clients attending, client feedback, impressions regarding acceptability and feasibility of the project, and other salient events, concerns or recommendations.

The data from the field notes were collated and analysed drawing on thematic analysis techniques informed by Braun and Clarke (2006). Each was read independently and coded for key features. These were then synthesised into dominant themes following discussions amongst the researchers. This ensured a rigorous approach to the interpretation of the findings and an accurate interpretation of the field note data.

Thematic analysis (utilising two independent reviews with fidelity checks with the primary peer tester) revealed three major themes (with subthemes):

- 1) Practical challenges - (a) The right 'look' and equipment; (b) Personal safety of testers.

"We found out when we got the truck that the generator wasn't working, which meant that we didn't have lights or aircon in the clinic. We made do with some battery operated camping lights..."

- 2) Barriers to engagement - (a) Importance of understanding the specific community culture; (b) Trust/anonymity; (c) Negotiating relationship boundaries.

"Some guys are interested in the testing, but have voiced concerns around anonymity and the tests accuracy. One guy said that he is interested in coming to see us, but will have to build up his courage to come see us over the next few weeks."

"Today we are also exploring the non-verbal cues that we can use to engage with guys but still not be too invasive. Waving seems to work some of the time, but it hard to tell if we are engaging with the right people. Prolonged eye contact with people turning back to look again seems to be working well. Guys aren't coming back to talk to us, but we are definitely engaging with them using this technique."

"Brodie and I decided that instead of focusing on 'non-verbal' cues, we just need to be visible and approachable. We need to discuss in the research what exactly it is that makes us visible and approachable, and funnily enough, a lot of it is non-verbal cues. I just think that if we do the eye contact with guys, we are just going to be told that we are cruising guys."

- 3) Recruitment method/project promotion - (a) What is working well; (b) Areas for improvement-current project; (c) Future recommendations-future projects.

"We have only had two chats tonight – one on Grindr and one on Squirt. Both have come in to test! the conversations on Grindr and Squirt is what is actually getting clients in to test."

"My encounter with the older gentleman in the bathroom made me think of the limitation we discussed in regards to online sampling recruiting: if we only advertise and recruit online, we are going to miss out on all the guys who don't use the internet/apps to meet other guys."

RECOMMENDATIONS FOR THE FUTURE

The project highlighted several strengths and achievements and noted several barriers to engagement and lessons learned from this initial project. The field notes therefore detailed several thoughts concerning future recommendations for similar public health promotion initiatives. One of the key recommendations reflected the importance and challenge of getting the message out to the community that testing facilities do exist that are confidential and accurate:

"I was reflecting upon the project last night: if our aim is to reduce barriers for regional MSM to test for HIV, even though we have reduced certain barriers, maybe it isn't enough to engage this target group to access our mobile clinic service for testing. This can increase the need for HIV self-testing as this might mitigate these final barriers – but in order to get people in regional areas to access the self-testing kits, you may need to be creative to get the message about the service out there."

Similarly recommendations were raised that increased the potential scope of testing to include other STIs, which was proposed as a possibility of engaging people more widely with the concept of self-testing. It was noted that other organisations had sexual health poster promotions in public places and partnering with other more established organisations may be a way to generate community acceptance and promote more testing.



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