

INCREASING HIV TESTING

A RESEARCH TRANSLATION APPROACH TO EMERGING ISSUES FOR HIV TESTING IN HEALTH PROMOTION AND POLICY

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BACKGROUND

A key component of effective HIV prevention and linkage to treatment is HIV testing. This poster describes a research into practice process for developing new health promotion and policy concepts to increase HIV testing rates and frequency across different populations. Research into practice processes translate research knowledge in ways that make it accessible and relevant to 'practice' for example, policy, health promotion and health systems.

APPROACH

An interactive workshop was held during the biannual meeting of the National Peak body of the HIV community response. The meeting delegates included people working in health promotion, policy and research. The first stage of the workshop was a presentation of epidemiological and behavioural data, and peer reviewed literature. The presentation was followed by small group work, with each group focusing on one of six different populations. The populations were heterosexual women, heterosexual men, Aboriginal and Torres Strait Islander Peoples, trans and gender diverse people, overseas-born Asian and South American gay and bisexual men, and international students. While participants were free to join any group, they were encouraged to join a group working on a population with which they identified and/or had professional expertise. The groups were asked to consider five questions drawing on the research presentation and their own expertise:

- what do we know about this population overall?
- what do we know about this population in terms of their relationship with health, health care and HIV?
- what are their risk behaviours?
- what matters to this population?
- what are two to three practical concepts that warrant either further investigation or should be seriously considered?

INNOVATION AND SIGNIFICANCE

By utilising a diversity of HIV sector expertise and research knowledge, the workshop was able to identify strategies to engage key populations who have not traditionally engaged with HIV testing messages.

A clear message from the workshop that peer-led and created programs and resources will be central to increasing the rate and frequency of HIV testing regardless of who is being targeted. The workshop achieved practical outcomes within a tight timeframe. However, the time allocated for this workshop did not offer the opportunity for strategies to be developed into policy, education and prevention concepts. While participants were enthusiastic about the process, they wanted to develop their initial ideas further.

Our workshop shows the value of bringing together different expertise from across the Australian HIV sector and research knowledge to work through contemporary issues in the Australian HIV response. Ideally, more time should be allocated, or a stepped process undertaken with a series of workshops to allow ideas to be developed into concepts to guide policy, and health promotion initiatives.

OUTCOMES

The small groups identified factors that could increase HIV testing among these different populations.

Heterosexual women: This group began by interrogating the category and expanded the population category to include all women, including trans women, and raised uncertainty about usefulness of the category 'heterosexual' women for targeting HIV testing. This group also questioned the assumption that different models of testing are needed for women, proposing that 'what works for other communities will also work for women'.

Heterosexual men: This group discussed what would need to change for men to invest in sexual health and HIV:

- alter the way heterosexual men engage with sexual healthcare
- change their perception of HIV risk
- general practitioners to be more proactive about testing
- policy support to broaden access to rapid HIV testing to all populations

Aboriginal and Torres Strait Islander Peoples: This group identified ways HIV testing could be increased:

- working from a family-centred approach
- integrated HIV and STI testing essential
- supporting local community champions
- including HIV testing as part of the Indigenous Health Check
- integrate health checks with local social events e.g. sporting events
- stop working with a deficit model

Trans and gender diverse people: This group grappled with the lack of data for this population to inform interventions for sexual health and HIV. The group also observed that trans and gender diverse people are severely under resourced and underrepresented in conversations about HIV.

Overseas-born Asian and South American gay and bisexual men: This group identified barriers to accessing HIV testing and healthcare for these men:

- English language proficiency
- lack of access to interpreters
- Medicare ineligible and unaware that HIV testing is available without Medicare for free
- non-gay identifying but have sex with men, or if gay may not have LGBT peers
- distrust of medical organisations
- time poor with focus on study and/or work
- limited access to services outside of metro areas
- cultural perceptions of health and healthcare
- religious beliefs

International students: This group identified options for HIV testing services to better serve international students:

- mobile HIV and sexual health services for educational institutions
- free, quick and peer-led services
- easily accessible and in-language information online
- peer navigated migration projects in educational institutions