

PROMOTING STI/BBV TESTING IN REMOTE ABORIGINAL COMMUNITIES: *YOUNG DEADLY FREE* RESOURCES FOR CLINICIANS



Curtin University

Lobo R^{1,2}, D'Costa B^{1,2}, Forbes L³, Ward J³

¹Sexual Health and Blood Borne Virus Applied Research and Evaluation Network, School of Public Health, Curtin University

²The Collaboration for Evidence, Research, and Impact in Public Health, School of Public Health, Curtin University

³South Australian Health and Medical Research Institute

BACKGROUND

Aboriginal and Torres Strait Islander people (hereafter referred to as Aboriginal people) report considerably higher notification rates of sexually transmissible infections (STIs) and blood borne viruses (BBVs) when compared with the non-Aboriginal population.¹ Aboriginal people aged 15-29 years and those residing in remote and very remote areas account for a large proportion of all STI and BBV notifications in this population. Clinicians (doctors, nurses, health workers) working with young Aboriginal people in remote communities have opportunities to promote testing for STIs and BBVs, but may face challenges, including lack of access to information on providing culturally sensitive sexual health and a lack of awareness of the unique epidemiology of STIs and BBVs in remote Aboriginal communities. Seeking to combat such challenges and equip clinicians to encourage young people in remote Aboriginal communities to test regularly for STIs and BBVs, the *Young Deadly Free* (YDF) project developed a suite of targeted resources to support remote practice clinicians.¹

METHODOLOGY

Findings from a 2017 scoping survey, which investigated the types of resources and information remote practice clinicians would find useful to support sexual health testing and management with young Aboriginal people informed the development of the YDF clinician resources.

The following resources were developed for clinicians:

- (1) a clinical practice and resource manual to support clinicians in offering STI and BBV testing to young Aboriginal people;
- (2) a series of videos and posters featuring clinicians sharing their experiences and insights into best practice in communicating with young Aboriginal people about STIs and BBVs, sex, and sexuality issues. Information was also provided on the epidemiology of STIs and BBVs in remote communities and strategies for encouraging STI and BBV testing in cross-cultural and gender-mixed environments, including normalising testing in sexual health checks.

All resources, along with a range of existing practice resources (e.g., online training opportunities; factsheets on sex, young people, and the law), were housed on the *Young Deadly Free* website <https://youngdeadlyfree.org.au/for-doctors-nurses-health-workers/>.

An online evaluation survey was undertaken to ascertain whether the *Young Deadly Free* resources for clinicians met the informational needs of, and professionally supported, remote practice clinicians. Due to the clinical practice and resource manual being released after the survey was finalised, it was not covered in the survey.

The survey consisted of 22 questions, 18 questions required a forced response. A combination of qualitative and quantitative questions were included in the survey. The quantitative questions included multiple choice questions, yes/no questions, and a Likert scale (e.g., where 1 denoted 'very poor' and 10 denoted 'excellent'). Clinicians (N=701) received a link to the survey via direct email.

RESULTS

Survey respondent demographics

Seventy eight (78) clinicians (11.1% response rate) completed the online survey. The majority of the survey respondents were female (81.0%) and almost one-third (32.9%) identified as Aboriginal and/or Torres Strait Islander. Nursing was the most common occupation among the survey respondents (49.4%), followed by sexual health worker (15.2%). More than half of the survey respondents (50.6%) worked in a remote Aboriginal community and more than one-quarter (31.6%) had done so for four years or more.

Survey findings

Respondents used a 10 point Likert scale to rate the clinician section of the *Young Deadly Free* website. Mean ratings ranged from 7.5 for the clinician section of the website to 8.1 for the cultural appropriateness and sensitivity of the information and resources (see Table 1 for more information).

Table 1: Survey respondents' ratings, out of 10, for the clinician section of the *Young Deadly Free* website

Survey Question	Rating of 7 or Higher n (%)	Mean Rating	Median Rating
How would you rate the clinician section of the <i>Young Deadly Free</i> website	58 (73.4)	7.5	8.0
How would you rate the amount of content provided	57 (72.2)	7.6	8.0
How would you rate the relevance and usefulness of the content	60 (75.9)	7.7	8.0
How would you rate the presentation of the information and resources	60 (75.9)	7.9	8.0
How would you rate the cultural appropriateness or sensitivity of the information and resources	64 (81.0)	8.1	8.0

Among the survey respondents:

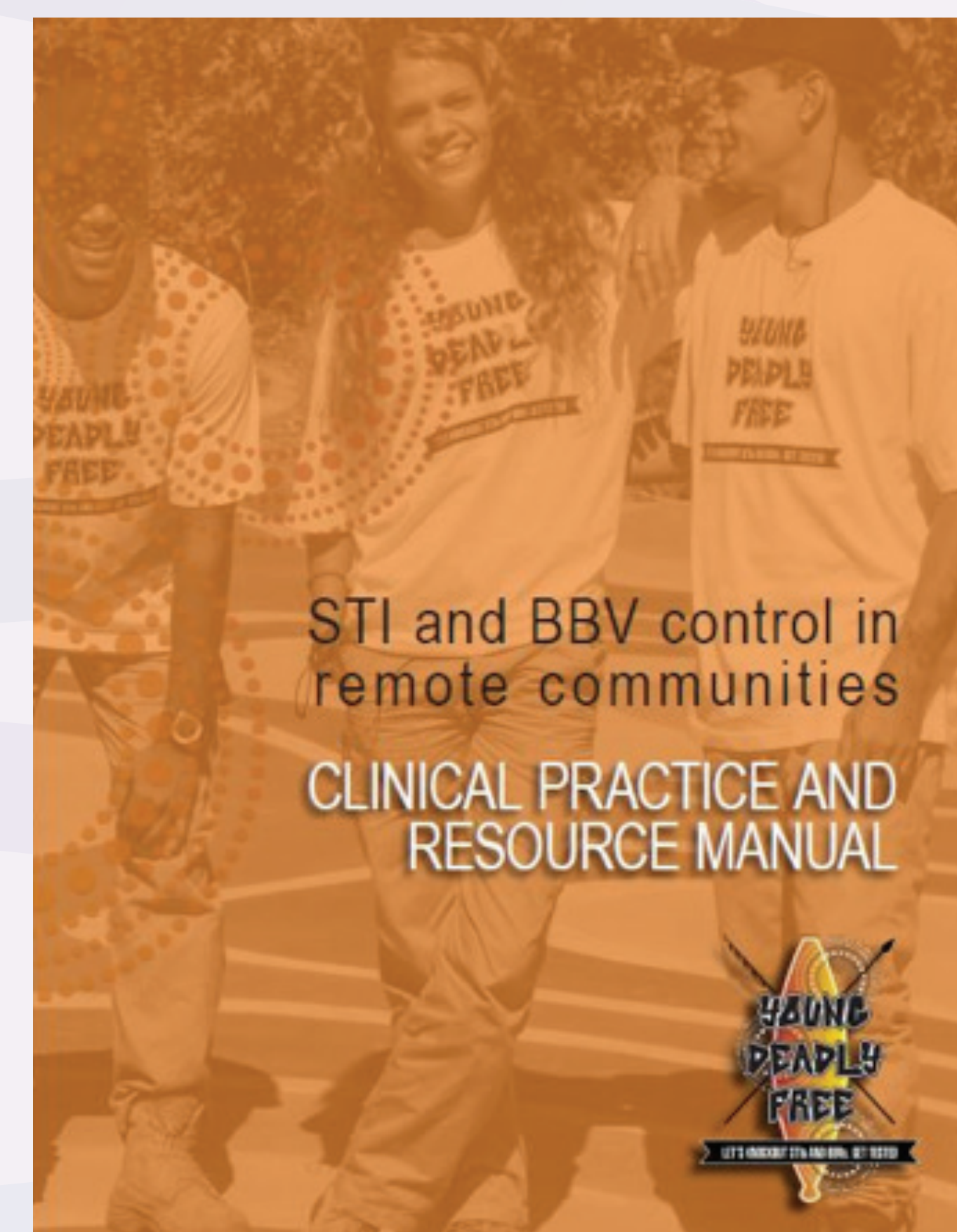
- 74.7% agreed that the clinician section of the YDF website addressed their information needs;
- between 81.0% - 82.3% agreed that the information and resources within the clinician section had an important role in the induction, training, and professional development of remote practice clinicians;
- 79.7% reported that the information and resources on the clinician webpages will enhance their future STI and BBV clinical practice when working remotely with young Aboriginal people;
- more than one-quarter, 26.6%, indicated they are more likely to offer STI and BBV testing to young people since accessing content on the clinician webpages of the YDF website.

CONCLUSION

Supporting remote practice clinicians with targeted resources can enhance their professional practice and potentially maximise opportunities for STI and BBV testing with young Aboriginal people, thus contributing to a reduction in STI and BBV notification rates in this population cohort.

REFERENCES

1. Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: annual surveillance report 2018. Sydney: Kirby Institute, UNSW; 2018.



Footnote

1. Funded by the Australian Government Department of Health.