

2016 SiREN Symposium

Innovation in Practice

SYMPOSIUM PROGRAM

9-10 JUNE

20 | TECHNOLOGY PARK
16 | FUNCTION
CENTRE



#SIREN2016 @SiREN_WA

www.siren.org.au/2016-symposium



Government of Western Australia
Department of Health
Sexual Health and Blood-Borne Virus Program



SiREN
WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network



Curtin University

WELCOME TO THE 2016 SiREN SYMPOSIUM

Dear Delegate,

We are delighted that you are able to join us and we look forward to a full and stimulating two days. The 2016 SiREN Symposium Committee has been working hard to bring you an exciting and varied agenda.

With the theme of 'Innovation in Practice', this symposium will showcase innovative and effective approaches to addressing increasing rates of sexually transmitted infections and blood-borne viruses in priority WA populations. We will also explore the role of effective planning, research and evaluation, with a focus on collaboration.

The symposium provides a professional and collegiate opportunity for new and seasoned presenters to share knowledge and obtain feedback. We encourage you to take advantage of the sessions, sundowner, lunches and tea breaks, and use these opportunities for networking and interaction. Thank you to the keynote and guest speakers, and all of the presenters for taking the time to participate today. We would like to thank our session chairs and volunteers, as well as the Abstract Review Committee for assisting in shaping the program.

We would also like to thank the Sexual Health and Blood-borne Virus Program, Australia Forum on Sexuality, Education and Health, the Curtin University Sexuality & Relationship Education (SRE) Project and Sexual Health Quarters for their support.

We hope you have a fantastic experience, make new connections, ignite existing connections, and learn something valuable to take back to your workplaces.

Warmest regards,
The 2016 SiREN Symposium Committee

CONTENTS

Welcome

2016 SiREN Symposium Committee	2
Keynote and guest presenters	4
Program in detail	6
Abstracts: day one	10
Abstracts: day two	20

Get social

 @SiREN_WA

Join the conversation

Use the following hashtag to share your images and updates

#SiREN2016

Symposium sundowner and networking

See what happens when business and social collide. Here's your chance to let your hair down, build your network, exchange views and fill your fun quota.

Date: Thursday 9 June 2016

Time: 4.35-5.35pm

Where: Terrace, Technology Park Function Centre

Symposium venue

Technology Park Function Centre
2 Brodie Hall Drive
Bentley, Western Australia 6102

Please view signage on TV screens for locations of rooms.

2016 SiREN SYMPOSIUM COMMITTEE

Tina Chenery

Pilbara – Population Health Unit
WA Country Health

Siân Churcher

Sexual Health and Blood-borne Virus Program
WA Health

Matt Creamer

WA AIDS Council

Mel Denehy

Collaboration for Evidence, Research and Impact in Public Health
Curtin University

Sajni Gudka

School of Medicine and Pharmacology
Pharmacology, Pharmacy and Anaesthesiology Unit
The University of Western Australia

Jacqui Hendriks

Collaboration for Evidence, Research and Impact in Public Health
Curtin University

Carl Heslop

Curtin University

Roanna Lobo

Collaboration for Evidence, Research and Impact in Public Health
Curtin University

Karen Miller

Sexual Health Quarters

Erin McKay

South Metropolitan Population Health Unit

Jennifer Needham

Aboriginal Health Council of WA

Sally Rowell

HepatitisWA

ADDITIONAL INFORMATION

Some points to note to make your day more enjoyable.

- Take time to look through this program and become acquainted with the venue and location of breakout rooms.
- There will be opportunities for networking during the breaks and sundowner so we ask you to try and get to the sessions on time out of respect for the presenters and your fellow delegates.
- Presentations will be available on the SiREN website (www.siren.org.au) after the symposium if consent has been given.
- All refreshments, breaks and lunch will be served in the dining area and there is additional space in the courtyard if you need some fresh air.
- Free Wi-Fi is available throughout the conference venue.
- Taking photographs of presenters and/or presentations is permitted. Video or audio recording of any presentations is not permitted. If you do not wish to have your own photograph taken, please advise the registration desk before the start of the day. Please also advise the Chair of any concurrent sessions you attend since photographs may be taken during these sessions.
- If you have any questions, please ask at the registration desk or you may ask any of the Symposium Committee members or symposium volunteers.
- Follow the conversation on Twitter.



#SIREN2016 @SiREN_WA

KEYNOTE AND GUEST PRESENTERS

WELCOME TO COUNTRY

Dr Richard Walley OAM

Thursday, 9 June 2016

Dr Richard Walley OAM is a Nyoongar man of the South-West region, with family connections throughout the Wadjuck, Ballardong, Wardan, Yuet and Pinjareb regions within Nyoongar country. Richard has been awarded an Order of Australia Medal and two honorary doctorates for his contribution to the promotion of Nyoongar Culture and the Arts. In 2010, Richard received the 'Citizen of the Year' Award in the 'Indigenous leadership' category of the WA Awards. Richard continues to work in his family owned and operated business and as a statesman for the promotion of Nyoongar culture and education.

GUEST

Dr Paul Armstrong, WA Health

Thursday, 9 June 2016

Dr Paul Armstrong is trained in clinical infectious diseases, public health and epidemiology, and is the current Director of the Communicable Disease Control Directorate (CDCD), within the Public Health Division of the Department of Health, Western Australia (WA).

OPENING



Associate Professor Linda Selvey, Curtin University

Thursday, 9 June 2016

Associate Professor Linda Selvey is a public health physician who worked in senior leadership positions at Queensland Health for 13 years, and is currently an Associate Professor in the School of Public Health at Curtin University. She has been the chair of the Western Australian Committee on Blood-borne Viruses and Sexually Transmissible Infections (WACBVSS) since 2013. She first became involved in the sector when she was a Masters of Applied Epidemiology student in 1994/95. In that time she undertook a number of epidemiological studies relating to hepatitis C and she also formed the first hepatitis C support group in Queensland and was the founding co-chair of the Hepatitis C Council of Queensland. In the role of Director Communicable Diseases Unit at Queensland Health she was the national chair of the Intergovernmental Committee on HIV/AIDS, hepatitis C and related diseases, and later, when Executive Director, Population Health Queensland, she was the chair of the next iteration of that committee, the Blood-borne Virus and sexually transmitted infections subcommittee of the Australian Population Health Development Principal Committee of AHMAC. She was vice President of AFAO in 2010, and was a member of the research advisory committee of the Australian National Council on AIDS and Related Diseases from 1997 to 1999.

KEYNOTE



Associate Professor Martin Holt, Centre for Social Research in Health, UNSW Australia

Thursday, 9 June 2016

Dr Martin Holt is an Associate Professor at the Centre for Social Research in Health (formerly the National Centre in HIV Social Research) at UNSW Australia. His research is focused on HIV prevention with gay and bisexual men. He leads the Gay Community Periodic Surveys (Australia's main behavioural surveillance system for HIV) and the PrEPARE Project, a longitudinal study assessing attitudes to biomedical HIV prevention. He is an investigator on studies assessing the use and impact of rapid HIV testing, HIV self-testing, pre-exposure prophylaxis and treatment as prevention.

KEYNOTE

Professor Margaret Hellard,
Head of the Centre for Population Health, Burnet Institute | Head of Hepatitis Services, Infectious Diseases Unit, The Alfred Hospital

Thursday, 9 June 2016

Professor Margaret Hellard (MB BS, FRACP, FAFPHM, PhD) is one of Australia's leading infectious diseases epidemiologists with a significant national and international profile. She is the Head of the Centre for Population Health at the Burnet Institute and Head of Hepatitis Services in the Infectious Diseases Unit at The Alfred Hospital. Margaret is an infectious disease physician and public health physician and has a PhD in infectious diseases epidemiology. Margaret's work has led to major new insights into the transmission and management of blood-borne viruses and sexually transmitted infections and how social networks influence disease transmission and risk behaviours. She has improved health practice through better clinical care and more targeted and informed prevention programs. Most recently she has received funding to reduce hepatitis C transmission using a community-based social network approach. Margaret was also instrumental in the development of innovative surveillance systems in Australia. She has over 150 peer-reviewed papers in the past five years including in high-ranking journals such as *The Lancet*, *American Journal of Public Health*, *Hepatology* and *Clinical Infectious Diseases*. Margaret's work is highly cited with over 4,850 citations in the past five years. She has also presented at 25 (16 invited) and 40 international and national meetings respectively.

KEYNOTE

Scientia Professor Peter Aggleton,
Centre for Social Research in Health, UNSW Australia

Thursday, 9 June 2016

Peter Aggleton is Scientia Professor in Education and Health in the Centre for Social Research in Health at UNSW Australia. He is well known for his analytic work on health education and health promotion, the social aspects of HIV, sexuality and gender, and sexual and reproductive health and rights. He is the editor-in-chief of three international peer reviewed journals: *Culture, Health & Sexuality*, *Health Education Journal* and *Sex Education*, and an associate editor of three more journals *AIDS Education & Prevention*, *Global Public Health* and *Health Education Research*. Peter has worked closely with national, international and UN system agencies for over twenty-five years to strengthen international and national responses to HIV and sexual health. Within the Faculty of Arts and Social Sciences at UNSW more generally, he directs a major new strategic initiative on Practical Justice, which incorporates streams of work on sexuality and gender, end of life care, and climate justice among its many activities.

KEYNOTE

Associate Professor James Ward,
Head of Infectious Diseases Research- Aboriginal Health at the South Australian Health and Medical Research Institute

Friday, 10 June 2016

Associate Professor James Ward is of Pitjantjatjara and Nurrunga descent from central and South Australia. He is Head of Infectious Diseases Research- Aboriginal Health at the South Australian Health and Medical Research Institute in Adelaide and is a leading researcher in Aboriginal sexual health and blood borne viruses (BBVs) and associated issues including illicit drug use. He is currently leading research through a Centre for Research Excellence in Aboriginal STIs and BBVs and a NHMRC Project Grant aimed at improving outcomes in Aboriginal and Torres Strait Islander communities around the issue of methamphetamines.

PROGRAM IN DETAIL

Thursday, 9 June 2016

8:15am	Foyer Registration	
9:00am	Theatre Master of ceremonies Lisa Bastian , Manager, Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Health Symposium opening Associate Professor Linda Selvey , Curtin University Welcome to country Dr Richard Walley OAM	
	Keynote address Associate Professor Martin Holt , Centre for Social Research in Health, UNSW Australia	
	Keynote address Professor Margaret Hellard , Burnet Institute and The Alfred Hospital	
10:50am	Dining room Morning tea	
11:20am	WA epidemiology update Byron Minas , Communicable Disease Control Directorate, WA Health	
11:40am	Theatre Stream 1 Chair: Dr Graham Brown	Seminar room Stream 2 Chair: Sally Rowell
11:40am	HIV and Mobility Report Card update Dr Roanna Lobo & Gemma Crawford	Kimberley BBV educational roadshow Matthew Armstrong
11:55am	South Australian Community of Practice for Action on HIV and Mobility Lea Narciso & Enaam Oudih	The 'ACE' Model; Aboriginal Community Engagement Paul Dessauer Fiona Docherty
12:05pm	HIV and culturally and linguistically diverse communities: strengthening the health promotion partnership Michael Frommer	
12:20pm	Developing a survey on HIV with people from culturally and linguistically diverse backgrounds in WA Corie Gray	
12:25pm	Migrant sexual health help-seeking and experiences of stigmatisation and discrimination in Perth, WA: exploring barriers and enablers Josephine Agu	Needle and syringe programs in WA prisons: enablers and barriers Samuel Gibbings
12:30pm	HIV in people born overseas, Australia, 2005-2014; a changing epidemiology Dr Praveena Gunaratnam	
12:35pm	Q&A discussion on HIV and mobility in Australia An opportunity for delegates to pose questions related to HIV and mobility issues to session presenters	Kimberley capers: planning for success Frank Farmer
		Discussion
1:00pm	Dining room Lunch	

Thursday, 9 June 2016 continued

1:45pm	Theatre Stream 1 Chair: Siân Churcher	Seminar room Stream 2 Chair: Roanna Lobo
1:45pm	Role of peer insights in harm reduction programs and policies for people who use drugs Dr Graham Brown	Yarning quiet ways Daniel Vujcich
2:10pm	A job worth doing is worth doing together... working together for sexual health Merridy Hoffman	Red dirt youth: a photovoice project Katy Crawford
2:20pm	Opportunistic health promotion in a needle and syringe program setting Nadia Cleber	Point of care STI diagnosis in remote communities: a sneak preview of results from the TTANGO trial Associate Professor Rebecca Guy
2:25pm	Connecting the dots: facilitating a joined-up approach to needle and syringe programs in WA Faye Thompson	
2:35pm	Testing, testing ABC Sarah Grant	
2:20pm	Innovation in practice 'beyond positive: a client centered journey' Ben Bradstreet & Mark Reid	TTANGO project facilitated discussion Kathryn Kerry
2:20pm	Supporting the sector to provide effective school-based sexuality and relationships education: an example of collaboration Maryrose Baker & Associate Professor Sharyn Burns	
3:10pm	Dining room Afternoon tea	
3:30pm	Keynote address Scientia Professor Peter Aggleton , Centre for Social Research in Health, UNSW Australia	
	Speaker Dr Paul Armstrong , Communicable Disease Control Directorate, WA Health	
	Wrap up and close Lisa Bastian , Manager, Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Health	
4:35pm	Terrace Sundowner and networking	

PROGRAM IN DETAIL

Friday, 10 June 2016

8:15am	Foyer Registration	
9:00am	Welcome and recap <i>Lisa Bastian</i> , Manager, Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Health	
	Keynote address <i>Associate Professor James Ward</i> , South Australian Health and Medical Research Institute	
	The epidemiology and public health response to an outbreak of infectious syphilis in northern Australia, 2011-2015 <i>Johanna Dups & Katy Crawford</i> on behalf of the Multijurisdictional Syphilis Outbreak Working Group (MJSO)	
10:15am	Dining room Morning tea	
10:45am	Rising rates of HIV, Hepatitis C and methamphetamine use in Aboriginal communities <i>Associate Professor James Ward</i> , South Australian Health and Medical Research Institute	
11:05am	Theatre Stream 1 Chair: Matt Creamer	Seminar room Stream 2 Chair: Carl Heslop
11:05am	Perth Gay Community Periodic Survey: long term trends and key findings from the 2016 survey <i>Associate Professor Martin Holt</i>	Trends in 2010-2016 online chlamydia testing data: using clinical and online information for program evaluation <i>Meagan Roberts</i>
		Right people, right place, right time: innovative dissemination of sexual health information <i>Janiece Pope</i>
11:40am	The M Clinic sub-system <i>Andrew Burry</i>	A recipe for success <i>Amanda Siebert</i>
		Skills, knowledge and understanding of sexual consent amongst young Aboriginal people and its impact on condom negotiation <i>Bobby Maher</i>
12:00pm	Characteristics of a core group of gay, bisexual and men who have sex with men with ≥ 4 infectious syphilis diagnoses in British Columbia, 2005-2014 HIV a risk factor for reinfections of infectious syphilis among gay, bisexual, and other men who have sex with men in British Columbia (BC), 2005-2014 <i>Professor Donna Mak</i>	Linking patients newly diagnosed with HIV into care: evaluation of the 'Time of Diagnosis Protocol' <i>Siân Churcher</i>
12:05pm	Sexual health outcomes and wellbeing of sex workers in Western Australia – the LASH 2.0 study <i>Associate Professor Linda Selvey</i>	
12:15pm	Learnings from the evaluation of a sex worker support project, 2010-2015 <i>Josie Rayson</i>	Factors associated with variation in sexual health care delivery at primary health care level in Australia <i>Dr Barbara Nattabi</i>
	Discussion	Discussion
12:40pm	Dining room Lunch	

Friday, 10 June 2016 continued

1:25pm	Theatre Stream 1 Chair: Professor Donna Mak	Seminar room Stream 2 Chair: Assistant Professor Sajni Gudka
1:25pm	Experienced and perceived barriers and facilitators to partner therapy for chlamydia Helen Wood	Growing & Developing Healthy Relationships: an impact evaluation Maryrose Baker
1:35pm	Migrant sexual health help-seeking behaviour in high income countries: a systematic review Donna Rade	
		YOUR Health – a collaborative holistic health program Carley Robbins
1:45pm	A representative study of adult knowledge of and comfort with discussing STIs Dr Christopher Fisher	
	Getting sexual health on the high vis: community consultation with FIFO workers Bethany Martin	Adolescent attitudes towards contraception and risky sexual behaviour: findings from an Australian study Dr Jacqueline Hendriks
		Developing a Framework for Community-Based Sexual Health Interventions for Youth in the Rural Setting Carl Heslop
	Discussion Closing remarks	Discussion Closing remarks
2:30pm	Dining room Afternoon tea	

ABSTRACTS: DAY ONE

HIV and Mobility Report Card update

Roanna Lobo¹, Gemma Crawford¹, Corie Gray¹

1. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

The HIV and Mobility in Australia: Road Map for Action discussion paper was released in December 2014 and outlined 71 strategies in five action areas to address issues related to preventing and managing HIV in migrant and mobile populations.

A range of initiatives have been implemented in the last 18 months to build momentum for action on HIV and mobility issues. This update provides a snapshot of activities underway in Australia to address the 71 strategies and highlights areas where further action is still needed.

South Australian Community of Practice for Action on HIV and Mobility

Lea Narciso¹, Enaam Oudih²

1. Sexually Transmissible Infection and Blood Borne Virus Section, Communicable Disease Control Branch, SA Health, Government of South Australia
2. Relationships Australia South Australia

The 2014 HIV and Mobility in Australia: A Road Map for Action provides an action plan to support the strategic intention of the Seventh National HIV Strategy 2014-2017 to address mobile populations affected by HIV. To implement the recommendations of the report, a national Community of Practice for Action on HIV and Mobility (CoPAHM) was established and, in September 2015, the first meeting of the South Australian Implementation of the Community of Practice for Action on HIV and Mobility (CoPAHM SA) was held. CoPAHM SA is chaired by Enaam Oudih, Relationships Australia SA. Membership includes a range of stakeholders with representatives from non-government organisations, government organisations and local universities.

CoPAHM SA conducted a mapping exercise to identify current activities, gaps and possible activities in South Australia against the five key action areas in the Road Map. Priorities for action in South Australia are being developed from this exercise and will complement the new SA HIV Implementation Plan and will link back to Annual Work Plans for state government funded programs.

CoPAHM SA builds on the 2012 strategic document developed by the South Australian Culturally and Linguistically Diverse Interagency Project Committee that focused on HIV prevention in CaLD communities. Some of the activities to be progressed by CoPAHM SA members in 2016-2017 include: developing culturally appropriate HIV testing clinics; updating and reorienting the safe travel campaign; and mapping services in South Australia for international students. An upcoming CoPAHM SA meeting will focus on research, surveillance and evaluation activities.

HIV and culturally and linguistically diverse communities: strengthening the health promotion partnership

Jill Sergeant¹, Michael Frommer¹

1. Australian Federation of AIDS Organisations (AFAO)

HIV health promotion for culturally and linguistically diverse (CaLD) communities requires a culturally sensitive, community-based approach to be successful. Many agencies have developed effective programs and resources with local communities, but are not always aware of successful activities that have been conducted outside their own jurisdiction.

In 2015, AFAO developed a resource for health promotion workers, HIV and CaLD Communities: Mapping health promotion programs and resources, which lists over 70 health promotion programs and resources that have been developed to engage with CaLD communities around HIV prevention, awareness and support.

In May 2016, AFAO hosted a national forum on HIV health promotion for CaLD communities, bringing together over 60 stakeholders from HIV and multicultural health organisations across Australia. The forum aimed to build capacity for organisations to develop future health promotion programs and resources through providing current information and identifying key principles for best practice.

This presentation will detail how the AFAO mapping can be used by health promotion workers, and report back on the national forum.

Australian health promotion programs and agencies are developing and implementing a wide range of projects and resources in partnership with peers and communities. Threats to the continuity, integrity and effectiveness of this work at both local and national levels include changes to program funding criteria, competitive, activity-based tendering, and financial pressure. It is crucial that funders recognise the expertise of the sector when developing funding criteria and that effective programs are assured of continued funding.

Developing a survey on HIV with people from culturally and linguistically diverse backgrounds in Western Australia

Corie Gray¹, Roanna Lobo^{1,2}, Gemma Crawford^{1,2}, Alison Reid²

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

In the past ten years, Australia has seen an increase in diagnosis of HIV among people from overseas, particularly among those born in sub-Saharan Africa (SSA) and South-East Asia (SEA). Two community-based surveys on HIV knowledge, attitudes and behaviour and use of health services have been conducted in New South Wales (NSW) among people from culturally and linguistically diverse backgrounds in previous years, but there is limited quantitative research in Western Australia (WA).

A survey on HIV knowledge, attitudes and behaviours and use of health services will be developed using the existing NSW surveys, with expertise provided by community members and agencies who work with HIV or people from SSA and SEA in WA. Data will be collected from community-based events, and other identified ways of access later in the year, and analysed by December 2016.

This project will provide a better understanding of how to access people born in SEA and SSA in WA as well as culturally and linguistically appropriate ways of obtaining data on sexual health from these populations. The survey itself will provide much needed data on HIV knowledge and use of health services that will be relevant for future practice and policy decisions.

Migrant sexual health help-seeking and experiences of stigmatisation and discrimination in Perth, Western Australia: exploring barriers and enablers

Josephine Agu¹, Roanna Lobo^{1,2}

Gemma Crawford^{1,2}, Bethwyn Chigwada³

1. School of Public Health, Curtin University
2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University
3. Metropolitan Migrant Resource Centre

Increasing HIV notifications amongst migrant and mobile populations to Australia is a significant public health issue. Generalisations about migrant health needs and delayed or deterred help seeking behaviours can result from disregarding the variation between and within cultures including factors such as drivers for migration and country of birth. The research aimed to explore barriers and enablers to accessing sexual health services and to understand experiences of stigma and discrimination within a purposive sample of African and Southeast Asian migrants to determine how these factors impact on migrant sexual health help-seeking behaviours.

A qualitative study was conducted from March to October 2015 and involved key informant interviews, pilot tests and focus group discussions. There were a total of 45 participants whose data were analysed using a modified grounded theory approach.

Common barriers and enablers to help seeking were sociocultural and religious influences, financial constraints and knowledge dissemination to reduce stigma. Additionally, common experiences of stigma and discrimination were in terms of employment preference for non-migrants and the social and self-isolation of people living with HIV.

A better understanding of migrant experiences will result in the provision of better sexual health services. Health promotion programs and sexual health services may also be more tailored to migrant needs thereby increasing acceptability. The outcomes are beneficial to policy makers as an evidence base to inform migrant sexual health-related policy implementation.

HIV in people born overseas, Australia, 2005-2014; a changing epidemiology

Praveena Gunaratnam¹, Skye McGregor¹

Roanna Lobo², Rebecca Guy¹

1. The Kirby Institute for Infection and Immunity, UNSW Australia
2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

People from culturally and linguistic diverse backgrounds are a priority population in state and national HIV strategies. We describe recent HIV epidemiological trends in people born overseas, to inform the development and delivery of targeted and culturally appropriate HIV programs.

We conducted a descriptive analyses of new HIV diagnoses among people born overseas compared to Australian-born people in 2005 to 2014. Proportions and diagnosis rates per 100,000 by country/region of birth are presented.

In 2014, the highest diagnosis rates in 2014 were amongst people born in Sub-Saharan Africa (15.8 per 100,000) and South-East Asia (11.4 per 100,000) compared to those born in Australia (4.0 per 100,000). Between 2005 and 2014, diagnosis rates for people born in Sub-Saharan Africa decreased by 23% while rates for those born in North-East Asia increased by 273% from 2.6 to 7.1 per 100,000. Among heterosexuals diagnosed with HIV, 39% were born in countries with a high national HIV prevalence (above 1%). Among men who have sex with men (MSM) diagnosed with HIV, the proportion born in North, South or South-East Asia more than doubled from 6% in 2005 to 15% in 2014. Of MSM born overseas, Asian born men made up 44% of new diagnoses in 2014, compared to 21% in 2005, while those born in North-West Europe declined from 28% to 19%. The proportion of MSM and heterosexuals diagnosed with late HIV infection (CD4 <350 cells/μl) was 1.2 to 1.5 times higher among those born in Sub-Saharan Africa or South-East Asia, compared with those born in Australia.

HIV policies and programs must adapt to the evolving epidemiology of the infection in people born overseas, both amongst MSM and heterosexuals.

Kimberley BBV Educational Roadshow

Matthew Armstrong¹, Amanda Sibosado², Liz Walker³

1. HepatitisWA
2. Kimberley Aboriginal Medical Service (KAMS)
3. WA AIDS Council

In December 2015, the Kimberley Aboriginal Medical Service (KAMS), the WA AIDS Council (WAAC), and HepatitisWA took part in a collaborative educational tour of the Kimberley region. This collaboration, funded by the Sexual Health and Blood-borne Virus Program (SHBBVP), provided HIV and hepatitis education and a HIV personal perspective to community groups and health care workers in Broome, Derby, Fitzroy Crossing, Halls Creek and Balgo, a remote Aboriginal community (210km east of Halls Creek).

This was an initiative of Amanda Sibosado from the KAMS, who recognised the value in recruiting expert education facilitators from various dedicated health organisations such as WAAC and HepatitisWA. Amanda recruited the services of Liz Walker, the HIV Positive Peer Educator from WAAC, and Matthew Armstrong, Workforce Development Officer at HepatitisWA. Amanda utilised her existing partnerships and working relationships to access numerous regional agencies, health services, and community groups to participate in the roadshow. This was a great opportunity for both WAAC and HepatitisWA who are limited in the services they can provide outside of the metropolitan area. After one week and 2000kms on the road, the Roadshow engaged with 25 diverse audiences ranging from health services, community groups, schools, councils, and local radio stations, and we can report that the initiative was a huge success. The evaluations are extremely positive, with 94% of participants indicating they thought the education was useful, 91% indicating they thought their knowledge had increased significantly and 83% indicating they felt more confident working with people living with blood-borne viruses.

This collaborative training initiative provided both metropolitan based organisations with an opportunity to reach communities that they would normally be unable to access, and for those communities to benefit from their expertise.

The 'ACE' model; Aboriginal Community Engagement

Paul Dessauer¹, Fiona Docherty¹

1. Western Australian Substance Users Association Inc. (WASUA)

In Western Australia (WA), new notification rates for hepatitis C and other blood-borne viruses (BBVs) are consistently several times higher among Aboriginal people than among non-Aboriginal people. Aboriginal people in WA are also recognised as being at increased risk of a range of other health and social problems.

This case study will describe the Western Australian Substance Users Association's (WASUA) Aboriginal Community Engagement ('ACE') model of service delivery. ACE delivers needle and syringe exchange services (NSEP) in outreach settings to more effectively engage with those Aboriginal people who are most at-risk of BBV exposure and who do not typically engage with mainstream health services. The project targets homeless and street-present people and can also deliver services to client's homes. Provision of NSEP in outreach settings facilitates targeted health promotion and harm reduction education that can reduce the incidence of BBV transmission and non-viral injection-related infections and injuries. Further, the project's client-centred approach frequently leads to ACE assisting people to access medical services, to enter drug treatment, or to address broader health and social problems that frequently accompany marginalisation and entrenched socio-economic disadvantage.

This case study will describe some of the challenges and barriers involved in delivering the ACE model; and will illustrate the effectiveness of the ACE client-centred outreach model, and of partnering with appropriate agencies, to increase access to education, harm reduction services and treatment for at-risk and "difficult to reach" populations. The case study will also highlight some of the systemic barriers to accessing health and treatment services that ACE clients frequently confront.

Needle syringe programs in Western Australian prisons: enablers and barriers

Samuel Gibbings¹, Roanna Lobo², Susan Carruthers³

1. WA AIDS Council
2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University
3. National Drug Research Institute, Curtin University

Despite the demonstrated benefits of needle syringe programs (NSPs) in international prisons, Australia has yet to implement NSPs into any of its prisons. The purpose of this study was to gain an understanding of the barriers and enablers of NSPs in Western Australian prisons and to provide recommendations.

Challenges of issue or topic of concerns: without the presence of clean injecting equipment in prisons, several health concerns are raised, particularly in the transmission of blood borne viruses among prisoners.

The study used qualitative in-depth interviews to collect data from key informants who worked in research, non-government and government organisations. These key informants had extensive knowledge of NSPs. The data were analysed using thematic analysis and categorised into themes and sub-themes from which conclusions were drawn.

The findings highlighted the tensions between health services and corrective services in the prevention of blood borne viruses in prisons. Several barriers to implementing needle and syringe programs in prisons emerged including resistance from prison staff, the prison union, and prison health services, and a lack of political commitment. In particular, the availability of NSPs in prisons was seen as condoning or supporting drug use in prisons. Fears related to the safety of other prisoners and prison staff were also expressed.

The political climate surrounding NSPs in prisons is sensitive and is unlikely to be implemented any time soon. More studies directly involving prison officers and the prison officer unions are required to validate the insights from this study.

As far as the researcher is aware, there have been no published studies on NSPs in Western Australian prisons to date.

Kimberley capers: planning for success

Frank Farmer¹

1. HepatitisWA

In November 2015 HepatitisWA decided to explore the possibility of implementing a hepatitis B project targeting Aboriginal people in a remote area. Not wanting to tackle anything too easy we chose to explore our options in the Kimberley. There is nothing quite like travel to broaden the mind, so we boarded a plane to Broome to consult. Bowled over by the positive reception we received, and with our minds sufficiently broadened, so began the planning of the Kimberley Hepatitis B Project.

The proposed Project will be based in Broome, and will outreach to Derby, Beagle Bay and Bidjardanga, and intends to target Aboriginal men aged between 15 and 30. The Project will operate in partnership with the Kimberley Aboriginal Medical Service (KAMS) and its members, and will provide community education and workforce development for community service providers.

The primary avenues for engagement will be: prisons, community services and sport, employing brief interventions, group work, art workshops, attendance at community and sporting events. The Project will work with a range of agencies including the Milliya Rumurra Drug and Rehabilitation Centre, Kimberley Centacare, the Mens Outreach Project, the Kimberley Alcohol and Drug Service, the Broome Regional Aboriginal Medical Service (BRAMS), the Broome & Derby Prisons and the Department of Sport and Recreation.

We shall reap as we sow. This project will only succeed with generous guidance and support from a range of Kimberley community service providers, who are willing to welcome an external agency into their territory, and HepatitisWA participating as a respectful partner.

Role of peer insights in harm reduction programs and policies for people who use drugs

Graham Brown¹, Daniel Reeders¹, Gari-Emma Perry²

Roanna Lobo³, Annie Madden⁴

1. Australian Research Centre in Sex, Health and Society, La Trobe University
2. Western Australian Substance Users Association Inc. (WASUA)
3. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University
4. Australian Injecting & Illicit Drug Users League (AIVL)

Peer-led responses for people who use drugs (PWUD) must navigate a rapidly changing and highly stigmatised context around drug use. Traditional public health policy and program design struggles with the complexity inherent in working with dynamic communities and environments that are in their nature constantly changing and adapting. The strategic value of the community insights peer-led programs can provide can be undervalued by policy, research and the programs themselves.

The What Works and Why (W3) Project worked with peer-led programs in HIV and hepatitis C, including the WA Substance Users Association, Harm Reduction Victoria, and the Australian Injecting and Illicit Drug Users League, to pilot the application of a complex systems approach to understand and evaluate peer-led programs at a state and national level.

The constant community engagement and refinement of peer skill, organisational learning practices, multi-level influence, and responding to structural impact of stigma within the sector, were some of the important dynamics within the system logic map developed with peer-led programs for PWUD. Drawing on the above and other peer-led programs, the W3 project developed a framework identifying the four key functions peer-led programs need to fulfil to be effective and sustainable in a continually changing community and policy environment. This framework was then trialled within peer-led programs for PWUD.

Our work showed us that flows of real-time knowledge were crucial to the ability of a peer-led program to understand and influence its community, and encourage policy makers to trust and draw on peer insights about emerging issues.

A job worth doing is worth doing together...working together for sexual health

Joyce Keith¹

1. North Metropolitan Public Health Unit-CDC

The North Metropolitan Sexual Health Working Group (NMSHWG) was initially commenced in November 2014 to facilitate a system-wide collaborative approach in the detection and management of sexually transmissible infections (STI) in the north metropolitan area.

The primary focus of this working group was to identify barriers to STI testing and improve STI testing rates in the 15 to 29 year age group and other priority groups, as determined in the Third National Sexually Transmissible Infections Strategy 2014-2017. The secondary focus will be to improve STI/HIV management in all age groups within the North Metropolitan Health Service (NMHS).

A working party of the NMSHWG was commissioned to explore options for improving testing rates in the 15-29 year age group.

This presentation will explore our approach to partnership working and the involvement of health and local authority representatives in connecting with youth and identifying priorities for action.

Opportunistic health promotion in a needle and syringe program setting

Nadia Cleber¹, Bianca Fish²

1. HepatitisWA

2. School of Public Health, Curtin University

Needle and syringe programs (NSP) are evidence based harm reduction strategies that reduce the transmission of blood borne viruses (BBV) and other drug related harm, amongst people who inject drugs (PWID's). NSP's provide an opportunity to engage with a marginalised population group, who are often reluctant to access mainstream health services due to ongoing stigma and discrimination. NSPs provide a platform for opportunistic brief education intervention and referral for other health and social issues for PWID. During 2015, a twelve month NSP health promotion calendar was developed and implemented in our NSP. The aim was to address relevant health issues including a focus on sexual health and BBV.

Strategies included brief education sessions, a message board, resource displays, and educational flyers in needle & syringe packets. Most topics were chosen according to needs assessments and research, aligning with national campaigns and awareness days when possible.

We recorded an overall increase in education sessions for most of the topics. We saw an increase in referral to our clinical service during months that focussed on sexual health and BBV testing. We found conflicting priorities amongst this target group, which made some health topics challenging to promote.

Simple messages are most effective. It is also important to be flexible and incorporate messages based on need.

Opportunistic health promotion in NSP can be effectively delivered through various strategies. Process evaluation is required to meet the ever-changing needs of this group.

Connecting the dots: facilitating a joined-up approach to needle and syringe programs in Western Australia

Faye Thompson¹, David Worthington¹, Jude Bevan¹

1. Sexual Health and Blood-borne Virus Program,
Communicable Disease Control Directorate, WA Health

The Sexual Health and Blood-borne Virus Program (SHBBVP) coordinates the statewide needle and syringe program (NSP), which aims to reduce transmission of blood-borne viruses in Western Australia (WA). NSP staff, particularly in regional areas, may have taken on this role in addition to an existing role. Challenges for staff include having limited contact with NSP staff at other sites, and limited training opportunities.

What did we do?

Approaches to improve communication and links with, and between, NSP staff throughout WA, and to enhance skills and improve support, include:

- In partnership with the Mental Health Commission, development of two NSP online training packages (generic and pharmacy), to enhance knowledge and skills. Evaluation demonstrates increased knowledge, confidence and competence of participants.
- Annual face-to-face NSP training for 30 participants from around WA.
- Updates on resources, training and events, data, and other relevant topics through the online 'NSP News'.
- Establishing regular videoconferences with Regional NSP Coordinators to improve communication and facilitate information sharing.

So what?

- Positive evaluation of online training provides evidence to support development of further online packages, to increase access to training at a statewide level.
- Bringing WA-wide staff to Perth for training facilitates networking, builds staff confidence, and encourages sharing of learning among colleagues on return to the workplace.
- Regular newsletters provide a platform to get information out to a large volume of people electronically.
- Use of videoconferencing helps staff to build relationships, and share experiences and ideas, regardless of geographical distance.

teSTIng, teSTIng, ABC

Sarah Grant¹, Leanne Myers¹ and Angela Corry¹

1. Western Australian Substance Users Association Inc. (WASUA)

As part of National Youth Week WA 2016, the Western Australian Substance Users Association (WASUA) will hold a two day event for youth at risk involving health promotion, information, education and free hepatitis A, B, C and sexually transmitted infections (STI) testing. The testing will be conducted by WASUA's Health Clinic Nurse. WASUA will provide a healthy lunch and incorporate nutrition information about keeping your liver healthy, education and information on hepatitis C prevention and the new treatments. Representatives from HepatitisWA, WA AIDS Council, Red Cross (Save a Mate), and Quarry Health Service will run activities and games during the event promoting knowledge and awareness around prevention and transmission of STIs and hepatitis A, B and C. The event will be held on the 12th and 13th April 2016 at Mission Youth Beat, Palmerston Street Northbridge. WASUA will promote the event through youth agencies: Passages, Youth Beat, Drug and Alcohol Youth Service, Perth Inner City Youth Service and various crisis accommodation facilities targeted at people under 25. This event will raise awareness of WASUA's free youth friendly blood-borne virus and STI testing service for both youth agencies and young people, particularly those young people most at risk. Attendees will receive a free information/resource show-bag consolidating on knowledge/information disseminated throughout the event. This poster presentation will provide details of the event, including participation, youth feedback, engagement and satisfaction with the WASUA health clinic service provided and evaluation of the event.

Beyond Positive; a client-centred journey

Ben Bradstreet¹, Mark Reid¹

1. WA AIDS Council

Beyond Positive evolved out of a perceived need to offer HIV positive gay and other homosexually active men the opportunity to gather in a safe space and share stories, experiences and their own personal narratives around what living with HIV was like.

As an HIV positive gay man, this enabled me to work with my peers is supporting the continuation of their journey and the ability to listen, learn and question what they and their peers were dealing with on a daily basis. It has always been about giving each person who attends the opportunity to express freely their journey to date and to share the experiences that have gotten them to where they are today.

Dealing with issues such as disclosure, treatment as prevention, intimacy, relationships, PrEP and much more, the agenda is not set until the group meets allowing those who attend to have control over what is discussed and shared each week.

Perhaps the most defining feature of Beyond Positive is that it is client centred and client driven. The topics discussed are generated from the most up to date information and experiences of HIV, using both resources from the sector, and excerpts from media such as television episodes from a popular series.

It is both challenging and rewarding to set aside agendas and allow the group to share their knowledge and experiences, taking it in the direction that they need it to go, and using the group dynamic to learn, grow and make informed decisions about how best to cope with the challenges of living with HIV.

Supporting the sector to provide effective school-based sexuality and relationships education: an example of collaboration

Sharyn Burns^{1,2}, Maryrose Baker³, Jacqueline Hendriks^{1,2}

Lorel Mayberry¹, Roanna Lobo^{1,2}, Lina Pelliccione⁴

Maryanne Doherty²

1. School of Public Health, Curtin University
2. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University
3. Sexual Health & Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
4. School of Education, Curtin University

Since 2002, the Western Australian Department of Health, Sexual Health and Blood-borne Virus Program (SHBBVP) has invested in the delivery of face-to-face professional development for teachers and school nurses in the area of school-based sexuality and relationships education (SRE). The purpose of this program has been to support the best-practice delivery of SRE within the sector and to promote use of curriculum support materials such as Growing and Developing Healthy Relationships (www.gdhr.wa.gov.au). Recently the SHBBVP sought, by means of a tender process, to partner with a tertiary institution to continue the provision of this strategy throughout the period 2014-2016. Curtin University won this tender.

This collaboration has been mutually beneficial for both parties and has provided greater sustainability for an already successful program. A comprehensive range of training and support opportunities are now offered to participants, and the program has expanded to include specialised training for pre-service teachers. Additional partnerships continue to form with a variety of government and non-government agencies throughout the state and beyond. Furthermore, the scope of this project has expanded to include opportunities for research and advocacy.

Yarning quiet ways

Daniel Vujcich¹, Marilyn Lyford², Chontarle Bellottie²

Dawn Bessarab³, Sandra Thompson²

1. Sexual Health & Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
2. WA Centre for Rural Health, The University of Western Australia
3. Centre for Aboriginal Medical and Dentistry, The University of Western Australia

The Goanna survey of 352 Western Australian Aboriginal youth found that 65 per cent of sexually active respondents (n=301) were younger than 16 at sexual onset. Sexual health education is not compulsory in WA schools. Parents/carers are therefore an important source of information on sex and relationships.

Focus groups and interviews were held with Aboriginal parents/carers in four WA regions to understand whether/how they provided sexual education to youth, and barriers and facilitators to providing that education. Participants (n=81) were recruited through a purposive-and-snowballing approach. Discussions were recorded, transcribed, coded and analysed using an emergent thematic approach. WA Aboriginal Health Ethics Committee approved the study.

Recurring barriers to discussing sex and relationships with Aboriginal youth included: fear of appearing hypocritical; shame; not wanting to condone/encourage sex; generational attitudes; cultural gender barriers; historical legacy of removal and dispossession. Despite barriers, participants perceived that youth needed to know about: abuse and respect; sex in the media; consequences of early sexual onset; safe sex; the interplay between sex and alcohol; cultural relationship protocols.

Most participants had difficulty talking to youth about sex and relationships but recognised the importance of the subject. Participants said that they would benefit from access to culturally-appropriate resources to assist them in educating youth.

The findings will be presented, together with a discussion of how they have been used to inform the development of a resource for Aboriginal parents/carers. The resource provides information and strategies to support parents/carers to educate Aboriginal youth about sex and relationships.

Red Dirt Youth; a photovoice project

Katy Crawford¹

1. Kimberley Population Health Unit

The presentation will discuss the experience of using the Photovoice technique in engaging with young people and as a tool for advocacy. The presentation will share findings and lessons from the Red Dirt Youth Photovoice project in the Kimberley.

Photovoice is a participatory action research method considered as a useful tool in understanding the needs of a vulnerable population. It overcomes barriers such as low literacy levels and promotes self-esteem. Photovoice provides an opportunity to identify perceived strengths and opportunities for enhancing these qualities. The Red Dirt Youth Photovoice project used this research model to identify strengths and protective behaviours in young people in the Kimberley.

The Kimberley has some of the highest national rates of chlamydia and gonorrhoea. Increasing screening of asymptomatic at risk groups is viewed as one strategy for decreasing these rates. However at the risk group aged 15-25 are often hard to access and difficult to engage with. Appropriate health promotion to encourage young people to engage with service and to present for testing is required.

Findings from Photovoice and other formative evaluation methods are helping guide health promotion strategy planning in the Kimberley. The importance of family and the utilising these existing support networks is an example of these findings.

Point of care STI diagnosis in remote communities: A sneak preview of results from the TTANGO trial

Rebecca Guy¹

1. The Kirby Institute for Infection and Immunity, UNSW Australia

TTANGO (Test, Treat AND GO) measures the clinical effectiveness, cost-effectiveness, and acceptability of a molecular-based point-of-care test (GeneXpert) for chlamydia and gonorrhoea infections in remote Australian Aboriginal communities. TTANGO is a crossover randomised control trial, with 12 participating primary health care centres. This session will provide a sneak peak of the results from the TTANGO trial.

ABSTRACTS: DAY TWO

The epidemiology and public health response to an outbreak of infectious syphilis in northern Australia, 2011-2015

Johanna Dups^{1,2,3,4}, Katy Crawford^{1,5}

1. Multijurisdictional Syphilis Outbreak Working Group (MJSO)
2. Communicable Disease Control Directorate, WA Department of Health
3. PathWest Laboratory Medicine Western Australia
4. National Centre for Epidemiology and Population Health, Australian National University.
5. Kimberley Population Health Unit, WA Country Health Service

The Multijurisdictional Syphilis Outbreak working group (MJSO) of the Communicable Diseases Network Australia (CDNA) was formed in response to an ongoing outbreak of infectious syphilis among Aboriginal and Torres Strait Islander people in remote and rural areas of northern Australia. We use data collated from reports provided to the MJSO by each jurisdiction to describe the epidemiology of the outbreak, the public health response and the activities of the MJSO.

The outbreak began in north Queensland (Qld) in 2011, extended to the Northern Territory (NT) in 2013, and then onto the Kimberley region of Western Australia (WA) in mid-2014. Between January 2011 and December 2015, a total of 790 cases of infectious syphilis were reported as part of the outbreak. Cases were similarly distributed between males and females (45% male; 55% female) and 75% were aged 15-29 years. Seven congenital syphilis cases (three in the NT and four in Qld) were reported associated with the outbreak. Of the Qld cases, 2 were stillborn and 1 died in the neonatal period; all 3 NT cases returned negative serology results at 15 months follow-up. Affected jurisdictions responded to the outbreak with public health actions according to national guidelines, and were supported by the activities of the MJSO. The MJSO held monthly meetings, instituted standardised reporting, undertook activities to ensure the engagement of Aboriginal communities in the outbreak response, and facilitated sharing of data and resources across jurisdictions.

The rapid and wide spread nature of the outbreak in remote and rural areas, and across multiple jurisdictions has created challenges in outbreak control. However, the partnerships developed between the affected jurisdictions and other stakeholders through MJSO participation have been valuable in strengthening the overall public health response.

Perth Gay Community Periodic Survey: long term trends and key findings from the 2016 survey

Martin Holt¹

1. Centre for Social Research in Health, UNSW Australia

The Perth Gay Community Periodic Survey has been conducted every two years since 1998. It is a cross-sectional survey of gay and bisexual men recruited from community events and gay venues. Online recruitment was incorporated in the 2016 round. The aim of the survey is to provide data on sexual, drug use and testing practices related to the transmission of HIV and other sexually transmissible infections. This presentation will review long-term trends in key practices related to HIV prevention, testing and treatment, and consider recent developments such as the uptake of mobile phone apps, engagement in community-based HIV testing and interest in pre-exposure prophylaxis.

The M Clinic sub-system

Andrew Burry¹, Justin Manuel¹

1. WA AIDS Council

M Clinic was established over five years ago as a specialist sexual health screening clinic for gay and other homosexually active men (GHAM). The Clinic occupies a standalone site in West Leederville providing a central and easily accessed location. To the authors' knowledge, no other sexual health clinic on Earth engages with a higher proportion of its city's GHAM.

Analysis of data covering five years operation have revealed a steady decline in positivity rates in four major sexually transmitted infections; one of which is HIV. The positivity rate is expressed as the number of positive results arising from each 1,000 tests conducted. Positivity rates in 2015 compared to 2011 have all declined by the following percentages:

- HIV 35%
- Chlamydia 19%
- Infectious Syphilis 10%
- Gonorrhoea 19%

The annual number of tests performed has increased by 100% since 2011 from 820 to a total of 2,471 in 2015.

The What Works and Why (W3) Project is a collaborative research and community sector project based at the Australian Research Centre in Sex, Health and Society, and is a learning and evaluation framework for Peer based responses to HIV and hepatitis C. Using the framework we are able to describe M Clinic as a discrete sub-system and suggest why M Clinic GHAM exhibit a different epidemiology than the Perth GHAM population as a whole.

This presentation describes the investigation into and evaluation of five years' client data and draws the links between epidemiology, client demography, testing pattern and frequency, and behaviour change within the context of HIV epidemiology in Western Australia.

Sexual health outcomes and wellbeing of sex workers in Western Australia – the LASH 2.0 study

Linda Selvey¹, Roanna Lobo¹

Jonathan Hallett¹, Josie Rayson²

1. School of Public Health, Curtin University

2. Magenta

Sex workers are identified as a priority population in the WA Sexually Transmitted Infections Strategy and HIV Strategy 2015-2018. The Law and Sexworker Health (LASH) 2.0 study aims to identify any health and safety needs of sex workers working in a range of settings and to assess any gaps in legislation and the provision of health services. The study has five components: 1) estimate of the size and type of sex worker services in Western Australia (WA), including brothels, private and escort services, and the number of male and transgender workers and street-based sex workers; 2) survey of sex workers (n=200) to collect demographic data, self-reported safe sex practices, health seeking behaviours, mental health status and self-reported drug, tobacco and alcohol use; 3) prevalence study of bacterial sexually transmissible infections and blood-borne viruses, including HIV, hepatitis B and hepatitis C; 4) assessment of occupational safety and health resources including in-reach and clinical services and access to police services available to sex workers and brothels; and 5) review and analysis of police charges and court outcomes from 2006-2010 in relation to compliance with the Prostitution Act 2000. Through implementation of a peer researcher model and informed by advice and support from Magenta, the study will seek to maximise participation of sex workers including a proportion of culturally and linguistically diverse sex workers and sex workers in regional areas.

Learnings from the evaluation of a sex worker support project, 2010-2015

Karen Miller¹, Josie Rayson^{1,2}, Max Taylor¹

1. Sexual Health Quarters (SHQ)
2. Magenta

SHQ's Magenta service provides outreach and in-house services to sex workers. Magenta offers support, clinical health services, education and information to Western Australians working in the sex industry. Magenta aims to promote the health and safety of sex workers through health promotion, community education and provide high quality services that respond to the diverse and changing needs of people associated with the sex industry.

In 2010 Magenta completed its first modest client satisfaction survey to begin to evaluate the service. Service evaluation in some form has subsequently been undertaken annually, using a variety of qualitative and quantitative methods, and achieving an increasingly broader reach.

Since the early inception of seeking feedback from clients, there has been considerable learning about how best to consult with sex workers in a way that is ethical, practical and robust. This presentation describes some of the challenges and considerations involved in this work, and the strategies used to overcome them.

Issues raised include assuring anonymity, building trust, conducting research with workers who have limited or no English language skills, the importance of flexibility, dealing with 'survey fatigue' amongst workers and tips to maximise response rates.

We will also map the evolution of Magenta during this period and discuss how the evaluation findings have been translated into practice to improve service delivery. This is a fascinating case study of undertaking research in a sensitive area, intra-organisational collaboration and innovation.

Trends in 2010-2016 online chlamydia testing data: using clinical and online information for program evaluation

Meagan Roberts¹, Kathryn Kerry¹, Lewis Marshall²

Jan-Marie Grantham², Donna Mak¹

1. Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health
2. South Terrace Clinic, Fremantle Hospital

The Sexual Health and Blood-borne Virus Program have coordinated and funded the online chlamydia testing project since 2010. The project aims to enhance access to clinical services for young people aged 16-29 years of age, by offering a downloadable pathology request form, which offers testing for chlamydia and gonorrhoea. The service is promoted at specific times such as leaver's week and music festivals. This service is accessible via the Get the Facts (GTF) and the couldihaveit websites. We aim to describe demographic and temporal trends in use of this service since its commencement.

Data on website interactions were obtained from Google Analytics; on behavioural risk factors and pathology form downloads from the website content management system; number and outcome of pathology tests from the South Terrace Clinic and on campaign activities from archival records.

Since the service commenced in March 2010 it has been promoted eight times in a campaign or via targeted advertising. 31,454 self-risk assessments were completed with 73.6% and 26.4% coming from the couldihaveit and GTF websites respectively; resulting in 1,825 pathology tests (average 304 / year), with positivity ranging from 12-17%. Since 2012, 83% and 17% of tests were from metropolitan and rural areas, respectively. Further results will be available by the time of the symposium.

This evaluation suggests that there are opportunities for improving service promotion. The identification of demographic and temporal trends in service use will assist with delivering effective future campaigns which promote the service to young people.

Right people, right place, right time: innovative dissemination of sexual health information

Janiece Pope¹

1. SHine SA

South Australian Sexual Health Awareness (SASHA) has evolved to assist time-poor clinicians, researchers and health/community workers to keep up-to-date in their areas of interest without being overloaded with information. Its development has been driven by user feedback, with the aim to meet the needs of these groups of users in a convenient way.

SASHA was created by an information professional, and is a portal with links to curated news and views about a breadth of sexual health and related topics. These articles are selected from a wide range of sources, from papers published in the academic literature to opinion pieces in daily newspapers. Users can subscribe to selected topics and have updates emailed directly to them most weekdays, or can browse and search the website at will, or generate an RSS feed for individual topics. User contributions are invited, ensuring content remains relevant.

SASHA has built on a series of similar services in other organisations by its creator that evolved from single emails distributing information to individuals into the current SASHA website.

As part of her work role, the author has established and developed SASHA with no additional budget. Some organisational IT restrictions have been no impediment in the provision of this service. Evaluation has shown SASHA to be relevant and useful to practitioners, and drives its ongoing success. SASHA is a potentially useful model for adaptation by similar organisations.

A recipe for success

Amanda Siebert¹, Sally Rowell¹

1. HepatitisWA

Hepatitis B is a potentially life-threatening liver infection caused by the hepatitis B virus. Most people living with chronic hepatitis B contracted the infection at birth or in early childhood. People born overseas in areas endemic for hepatitis B, including the Asia-Pacific region and Africa, together with Aboriginal and Torres Strait Islander people, are estimated to represent approximately two-thirds of those living with chronic hepatitis B in Australia.

Engaging with multicultural groups around hepatitis B can be difficult. Although we know all about hepatitis B we are not a specialist multicultural service. We understand the subject, but it may not be a priority for the target groups, who have many competing health and welfare priorities.

Collaboration and consultation are the key ingredients in developing the recipe for our “Healthy Liver” Workshops. Working with ISHAR Women’s Health and William Langford Centre has enabled us to cook up a storm. The workshops can be challenging and sometimes a little chaotic, due to kids running around, interpreters interpreting and of course the sensitive subject matter, but they work!

What makes them work? Being prepared to throw traditional recipes out the window; having a menu that stimulates the senses, keeping egos out of the kitchen and having fun with food.

Without the advice and direction received through collaboration and partnership, we would not gain the insights or access to the people we need to engage. Having a great workshop is one thing but unless you can reach the target group(s) and engage them, you may be left with egg on your face.

Skills, knowledge and understanding of sexual consent amongst young Aboriginal people and its impact on condom negotiation

Bobby Maher¹

1. Sexual Health Quarters (SHQ)

In Western Australia there are high rates of sexually transmitted infections (STIs), particularly chlamydia and gonorrhoea notifications amongst 14 to 35 year old Aboriginal and Torres Strait Islander people. Testing and treating strategies assist in addressing the high rates of STIs, however this biomedical model also requires sexual health education and health promotion to support its approach. Building the knowledge and behaviours regarding ethical sex and consent should be a component of this approach, that support negotiation, and that sexual activity for young people should be posed from a positive perspective in sexual health education.

As an Aboriginal Sexual Health Educator, delivering sexual health education to young Aboriginal people under a respectful relationships framework, I am curious to gain insight on young Aboriginal people's knowledge, attitudes and behaviours relating to sexual consent and if this impacts on their ability to negotiate condom use.

Assembling authentic and honest voices of young Aboriginal people, gaining insight into their experiences and perspectives, where and how they receive their knowledge on sexual consent and how they negotiate sexual consent and condom use, require interactive and engaging methodology. To overcome engagement barriers, such as limited formal education and shame factors, I will use a yarning tool, which has been used for research with similar challenges to gather qualitative data.

This research will provide an opportunity to build the evidence base regarding Aboriginal sexual health for young people; inform future research; strengthen health promotion and education of Aboriginal sexual health for young people; and inform health sector programs and policies on behaviour change motivators – barriers and enablers – to protecting against STIs.

Linking patients newly diagnosed with HIV into care: evaluation of the 'Time of Diagnosis Protocol'

Sian Churcher¹, Donna Mak¹, Sue Laing¹

1. Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

The 'Time of Diagnosis Protocol' (TODx) aims to provide information to general practitioners (GPs) before delivering a HIV diagnosis to a patient. TODx was formally established in 2009 in Western Australia after a survey of GPs identified the need for information on HIV and the opportunity to discuss patient care options before delivering the patient diagnosis. This evaluation assessed whether TODx was functioning as intended.

A random sample of 50 GPs, stratified by region, for GP-notified HIV cases between January 1, 2013 and January 1, 2015 was generated. These GPs were posted a letter then telephoned to invite their feedback on TODx via a semi-structured interview. Clinicians, nurses, and an epidemiologist involved in delivering TODx were interviewed about their role.

Despite multiple letters of invitation and follow-up telephone calls over four months, only four GPs were interviewed. All clinicians, nurses, and an epidemiologist involved in TODx were interviewed. GPs expressed satisfaction with the support or information they received in relation to diagnosing a patient. Clinicians and nurses reported that short telephone conversations with GPs were the primary format for information communication, with printed information seldom used; they expressed concern regarding wide variation in GPs' knowledge of HIV.

GPs reported that TODx helped them to make timely referrals for newly diagnosed patients into HIV specialist care. However, low GP participation limits the generalisability of this finding. Feedback from TODx staff indicates that information for GPs could be more accessible and efficiently provided online, by including a link on the laboratory report.

Factors associated with variation in sexual health care delivery at primary health care level in Australia

Barbara Nattabi¹, Veronica Matthews²

Jodie Bailie², Ross Bailie²

1. Western Australian Centre for Rural Health, The University of Western Australia
2. Menzies School of Health Research, Brisbane

Sexually transmitted infections (STI) continue to be a major cause for concern in Australia particularly among adolescents, young adults and Aboriginal and Torres Strait Islander Australians. However despite a range of innovative preventive and treatment strategies and national and state guidelines, there are still gaps in best practice in sexual health care service delivery in the Australia, with wide variation in care provided at primary health care level. For instance recent research shows that 61.5% of sexually active adults aged between 15-34 years received tests for gonorrhoea (range 25.8% in South Australia/Western Australia-73.3% in the Northern Territory) in the period 2012-2014. The purpose of this study was to assess variation in delivery of sexual health care services at primary health care level for adults aged 15-54 years and included the analysis of sexual health related clinical audit data from 137 health services from five Australian states and territories (New South Wales, Northern Territory, South Australia, Western Australia and Queensland) participating in one of the largest systematic continuous quality improvement projects in Australia, the Audit and Best Practice for Chronic Disease (ABCD) Projects, from 2005-2014. The paper will discuss the ABCD Projects, the variation in service delivery at jurisdictional level and the client and health services level factors associated with higher levels of care. This research will enable development of approaches to reduce variation and enhance equity in quality of sexual health care and ultimately contribute to the reduction in the high burden of STIs in the Indigenous population.

Experienced and perceived barriers and facilitators to partner therapy for chlamydia

Helen Wood¹

1. The University of Western Australia

Australians have no alternative to traditional partner management of chlamydia, despite research suggesting Expedited Partner Therapy (EPT) would be welcomed. This study aimed to determine barriers and facilitators to traditional partner management and EPT for chlamydia.

A survey was developed using patient-focused barriers and facilitators found in the literature. It was piloted and refined with stakeholder involvement and made available online to all University of Western Australia students between the 8-24th of September 2015.

Of the 180 participants, the median age was 22 (range 17-54) years. 59% (n=107) were female. 32% (n=57) had prior experience with traditional partner management. Of them, 21% (n=12) said a barrier was requiring time off from work/studies for the doctor's appointment. 60% (n=34) said it was easy to make that appointment. Of the 68% (n=123) with no experience, 37% (n=45) thought they would feel awkward asking a doctor for a chlamydia test and had concerns about someone finding out about the test. Yet, 57% (n=70) thought they would feel comfortable requesting a chlamydia test from a doctor. The most common barrier to EPT was taking antibiotics without a chlamydia diagnosis (35%, n=63), while the most common facilitator was ease of access to a pharmacy for treatment (60%, n=109).

Both methods of partner management had barriers and facilitators. Several of the identified barriers for traditional partner management were facilitators for EPT, and vice versa.

EPT could introduce treatment choice for partners of chlamydia-positive patients who face barriers to current methods.

Migrant sexual health help-seeking behaviour in high income countries: a systematic review

Donna Angelina Rade¹, Gemma Crawford^{1,2}, Roanna Lobo^{1,2}

1. School of Public Health, Curtin University

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

The number of migrants has increased globally. This phenomenon has contributed to increasing health problems amongst migrants in high-income countries, including vulnerability for Human Immunodeficiency Virus (HIV) acquisition and other sexual health issues. Adaptation processes in destination countries can present difficulties for migrants to seek help from and gain access to health services. This study examined migrants' sexual health help-seeking behaviour in high-income countries. The systematic review was conducted using the Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines and registered with PROSPERO. Several databases were searched from 2000 to October 2015. Of 2601 studies, 14 studies met the inclusion criteria. These studies consisted of 11 qualitative and 3 quantitative studies conducted in Australia, Spain, Netherlands, the United Kingdom, Belgium, Scotland, the Republic of Ireland, and Sweden. Migrants experienced difficulties accessing the health services, specifically Sexual and Reproductive health (SRH) in high-income countries. Challenges faced by migrants were poor health literacy, social stigma, health service affordability, discrimination, and perceived poor relationship between health provider and consumer. This systematic review has highlighted factors that enabled and inhibited migrant access and utilisation of SRH services.

The findings of this study could be used to improve the health services for migrants living in high-income countries.

A representative study of adult knowledge of and comfort with discussing STIs

Christopher Fisher¹, Coleman, J.D., Crockett, E., Irwin, J.A.,

Jawed-Wessel, S., Kneip Pelster, A.D., Pour, A.

1. Collaboration for Evidence, Research and Impact in Public Health, School of Public Health, Curtin University

Sexually transmitted infection (STI) literacy research primarily focuses on knowledge of 1) youth and adolescents through education and 2) programs and interventions aimed at specific populations burdened by disease. No known research looks at the STI knowledge of a general adult population and their comfort discussing STIs.

A participatory approach guided the development of a 57-item sexual knowledge scale measuring sexual health and human development, including several items on STIs, as well as comfort discussing STIs with a number of interpersonal members of one's inner circle (e.g., partner, child, friend). A representative address-based sample of residents in a Midwest US state informed recruitment.

Participants (N=629) showed moderate overall sexual knowledge (mean=35.3, SD=8.5, range 0-52). The knowledge scale demonstrated good reliability ($\alpha=.874$). Results of MANOVAs indicated that women, college educated participants, those receiving formal sexual education, those with a parent who discussed sex, and those raising a child reported greater comfort in discussing all 13 sexual topics. Detailed analyses of STI items will be presented.

The team found sexual literacy, both factual knowledge and comfort discussing sexual health issues, varied across several demographic and socio-historic variables (e.g., sex education history). The findings provide evidence for increased support of general population adult STI education and prevention programs as part of a multi-layered structural approach to breaking the cycle of STIs. Further discussions around implications of the study will be facilitated.

Getting sexual health on the high vis: community consultation with FIFO workers

Bethany Martin¹

1. WA AIDS Council

Although Fly in Fly out (FIFO) worker's sexual health and relationships has been a hot media topic, there has been limited content specifically targeting them and the health issue. Sex in Other Campsites provides an opportunity to strengthen FIFO workers knowledge of sexual health and respectful relationships. With advances in technology and its availability, there is now the ability to reach out to regional, rural and remote areas, providing a more accessible and cost effective tool to capture hard to reach populations.

In order to develop tailored resources appropriate for FIFO workers and to make safe sex packs and Sexually Transmissible Infection testing more available within the targeted regions, accommodation services and local venues they reside in after work, the target group was consulted. Survey's and interviews provided much needed insight into FIFO workers sexual health and relationship behaviours. Focus groups also allowed valuable information to be shared in order to produce appealing and appropriate resources for the target group.

Results from the survey and interviews have brought attention to what areas of sexual health and respectful relationships need targeting. Whilst the focus groups allowed us to gain the necessary information to develop resources in the appropriate form, tone, colour and imaging.

Sex in Other Campsites has put sexual health and respectful relationships on the agenda for the targeted mining communities; accommodation services and local venues.

Content that specifically targets FIFO workers about sexual health and respectful relationships ensures that suitable strategies are able to be implemented and sustained.

Growing & Developing Healthy Relationships: an impact evaluation

Maryrose Baker¹, Meagan Roberts¹, Penelope Curtis¹

1. Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate, WA Department of Health

Growing & Developing Healthy Relationships (GDHR) is a long-standing project of the Sexual Health and Blood-borne Virus Program (SHBBVP). The GDHR website provides online curriculum support, assisting Western Australian schools, teachers and school nurses to provide positive and comprehensive relationships and sexual health education. The GDHR resource has been available since 2002 and online since 2010, with a site and content update in 2015. John Scougall Consulting services commenced an impact evaluation of GDHR in January 2016. The aim of the impact evaluation is to assess the effectiveness of GDHR and to identify practical ways to strengthen the resource.

The GDHR impact evaluation has adopted a mixed method approach, which allows triangulation of data from multiple sources. The methods include:

- desktop content and document analysis
- benchmarking
- program description and logic workshop
- qualitative interviews
- online survey
- case studies

Data from each source will be collected and reported on separately and progressively throughout the process. Data will be analysed by John Scougall Consulting services using an evidence-based approach. The impact evaluation will be completed in June 2016. Preliminary results will be reported at the SiREN Symposium.

The evaluation of GDHR will better establish the veracity of the resource and identify ways to improve and refine it. This evaluation will contribute to a strong evidence base to support on-going program improvement in the area of sexuality and relationships education for schools and in turn, improve the health and wellbeing of young people.

YOUR Health: a collaborative holistic health program

Carley Robbins¹, Brenna Blainey²

Sarah Grant³, Jess Cleasby⁴

1. WA AIDS Council
2. HepatitisWA
3. Western Australian Substance Users Association Inc. (WASUA)
4. Quarry Health Centre

Youth service providers expressed interest in a comprehensive holistic health program for young people attending services. YOUR Health (Young People Owning Understanding & taking Responsibility) was established between multiple agencies with the ability to deliver on health topics over consecutive weeks to youth services. There is one contact to book the program for service providers then a speaker from each agency will present on a health topic each week. YOUR Health was established between Hepatitis WA, WA Substance Users Association (WASUA), Quarry Health and WA AIDS Council and now includes headspace.

One agency coordinates the relationship between YOUR Health agencies, as well as external relationships with service providers for young people. Collaboration on session planning and framework documents between agencies are progressing.

Initially four agencies worked together to deliver five sessions, debrief meetings were held with the agencies and youth services which identified the need for a youth mental health organisation to be involved, YOUR Health now includes a partnership with Headspace.

Between agencies it was strongly agreed that YOUR Health has created a sustainable partnership between agencies, with continual collaboration on the framework documents and session delivery YOUR Health will continue to deliver holistic collaborative health to young people.

YOUR Health has built and strengthened partnerships between agencies, also provided the opportunity to work with new people and their agencies, which has facilitated information sharing, also the opportunity to hear what other work is being done and enabled us to support agencies and their programs.

Adolescent attitudes towards contraception and risky sexual behaviour: findings from an Australian study

Jacqueline Hendriks^{1,2,3}, Sue Fyfe¹, Dorota Doherty DA⁴

Irene Styles⁵, Angela Jacques⁶, Sharyn Burns^{1,2}

Martha Hickey^{7,8}, Susan Rachel Skinner^{3,9}

1. School of Public Health, Curtin University
2. Collaboration for Evidence, Research and Impact in Public Health, Curtin University
3. School of Paediatrics and Child Health, The University of Western Australia
4. School of Women's and Infants' Health, The University of Western Australia
5. Pearson Psychometric Laboratory, The Graduate School of Education, The University of Western Australia
6. School of Population Health, The University of Western Australia
7. Department of Obstetrics and Gynaecology, University of Melbourne
8. Royal Women's Hospital, Melbourne, Australia
9. Discipline of Paediatrics and Child Health, University of Sydney at the Children's Hospital Westmead

We investigated the attitudes of adolescents in Perth, Western Australia regarding contraception; examining relationships between support for contraception and various risky sexual behaviours (RSBs). Survey data were collected from adolescents via secondary schools, antenatal clinics and termination clinics capturing a range of sexual and reproductive experiences.

445 males (112 sexually active) and 964 females (453 sexually active; 76 reported a live birth, 187 terminated a pregnancy) reported attitudes towards contraception. Amongst all participants, support for contraception was most common amongst females (versus males, $p < 0.001$), males aged ≥ 16 years (versus younger males, $p = 0.009$), females < 16 years (versus older females, $p = 0.028$), sexually active males (versus sexually inactive males, $p = 0.042$), sexually inactive females (versus sexually active females, $p < 0.001$) and females who had recently become sexually active (versus females sexually active ≥ 1 year, $p = 0.040$). Previous pregnancy history was not associated with contraceptive attitude.

Amongst sexually active participants, support for contraception was highest amongst previous users; either at last sexual encounter ($p=0.049$) or in the past ($p<0.001$) in comparison to non-users. Participants who had ≥ 3 oral or vaginal partners in the previous year ($p=0.006$) and those who had experienced an unwanted sexual encounter ($p=0.001$) were less supportive of contraception. Age of sexual debut and sexual activity whilst drunk/high was not associated with contraceptive attitude.

Contraceptive attitudes appear to be shaped by sexual history but not pregnancy history. Individuals with less support for contraception were more likely to engage in behaviours putting them at greater risk of a sexually transmissible infection or unplanned pregnancy.

Developing a framework for community-based sexual health interventions for youth in the rural setting

Carl Heslop¹, Sharyn Burns¹

Roanna Lobo¹, Ruth McConigley¹

1. School of Public Health, Curtin University

Who needs to be involved in rural sexual health provision? Who is already on board? Who should be? Where on earth can young people get condoms in a small country town? There can be as much difficulty in determining the answers to these questions as there can be in just defining the term “rural”.

There is always a perception that there is much to be done around sexual health in rural areas – but with the hindrance of many barriers. Rural towns are interconnected, lack anonymity and often lack key sexual health services. There are often fantastic programs running rural areas that are driven by individuals, or happen in isolation. Within the literature there lacks a clear framework of who needs to be involved and what could be done.

“Developing a framework for community-based sexual health interventions for youth in the rural setting” is a PhD Participatory Action Research (PAR) project. The project aims to develop and validate a framework that is effective for planning, implementing and evaluating multi-level community-based sexual health interventions for young people aged 16-24 years in the rural Australian setting. This presentation gives a brief overview of the project while presenting preliminary findings from the project’s initial PAR cycle. The first PAR cycle has focussed on understanding the setting and context while beginning to develop a draft framework with key stakeholders and young people in the rural area.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you

Thank you for joining us at the 2016 SiREN Symposium. We hope you will have an enjoyable and stimulating two days listening to the conference speakers, participating in the workshops, meeting old colleagues and making new connections.

If you are not already a member of the SiREN Network and wish to join to hear about future SiREN activities please email siren@curtin.edu.au with **SUBSCRIBE** in the subject line.

ABOUT SiREN

The WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) is a partnership between researchers, service providers and policymakers. SiREN facilitates evidence-informed policy and practice in Western Australia (WA) by:

- Providing project-focussed planning and evaluation support
- Developing research and evaluation skills
- Identifying and promoting opportunities for cross-jurisdictional collaboration
- Developing and disseminating evidence and publications.

www.siren.org.au



SiREN
WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network