



Government of Western Australia
Department of Health
Public Health and Clinical Services



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



Curtin University

Building the foundations for innovation

2014 SiREN SYMPOSIUM

7 April 2014 ~ 9.00am-4.30pm

Sundowner: 4.30-5.30pm

Technology Park Function Centre

2 Brodie Hall Drive, Bentley

Western Australia

www.siren.org.au/symposium

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VENUE



Technology Park Function Centre

2 Brodie-Hall Drive, Bentley WA 6845

About: <http://techparkwa.com.au/bentley-venue-info/>

Please view signage on TV screens for locations of rooms

Program Design:

Jonathan Hallett, WA Centre for Health Promotion Research, Curtin University

WELCOME

Dear Delegate

Welcome to the 2014 SiREN Symposium!

We are delighted that you are able to join us and we look forward to a full and stimulating day. The 2014 SiREN Symposium Committee has been working hard over the last 15 months to bring you an exciting and varied agenda. We will explore the concept of innovation and our own capacity for creative thinking to develop innovative solutions. It will be a timely reminder of the creative potential within us all as we continue to respond to rising rates of STIs in our young people, look for ways to use new technologies to engage our target groups, and investigate new and emerging trends in the sexual health and blood-borne virus (SHBBV) landscape that require our attention.

We will also explore the role of effective planning, research, evaluation and partnerships – these activities are critical to ‘building the foundations for innovation’. SiREN was established in May 2012 and offers skills building opportunities and support for the WA SHBBV sector to undertake planning, research and evaluation activities. SiREN seeks to bring researchers, practitioners and policy-makers together. As we reach the end of Year 2, the 2014 SiREN symposium is an opportunity for the WA SHBBV sector to celebrate our achievements and the partnerships we have developed.

The symposium provides a professional and collegiate opportunity for new and seasoned presenters to share knowledge and obtain feedback. Thank you to all the presenters for taking the time to participate today. We have over 105 delegates present with representation from the metropolitan area and all regional areas of WA. Several more delegates are joining us by videoconference. We are also delighted to welcome our colleagues from the national research centres in sexual health and blood-borne viruses.

Our sincere thanks go to everyone who has contributed to the symposium and who is here today, either in person or remotely. We hope you have an enjoyable day, make new connections, ignite existing connections, and learn something valuable to take back to your work places.

Warmest regards

The 2014 SiREN Symposium Committee



2014 SiREN SYMPOSIUM COMMITTEE



Gemma Crawford
WA Centre for Health Promotion Research, Curtin University



Katy Crawford
Kimberley Population Health Unit



Sue Dimitrijevic
FPWA Sexual Health Services



Maryanne Doherty
WA Centre for Health Promotion Research, Curtin University



Amber Giblett
Great Southern Population Health Unit



Sue Laing
Sexual Health and Blood-borne Virus Program, WA Health



Roanna Lobo
WA Centre for Health Promotion Research, Curtin University



Donna Mak
Communicable Disease Control Directorate, WA Health



Kahlia McCausland
WA Centre for Health Promotion Research, Curtin University



Myra Robinson
Youth Affairs Council of WA



Anne Sorenson
Metropolitan Migrant Resource Centre



Simon Yam
WA AIDS Council

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.
- We will spend much of the day in the main Theatre. Two of the concurrent sessions will be in Seminar Room 1 and Seminar Room 2. The Chair of each session will ensure the presenters stick to time to enable you to move between rooms and hear from presenters across all the symposium themes should you wish to.
- The symposium program contains space for taking notes and a pen is provided for each delegate also.
- Presentations will be available on the SiREN website 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.
- The 2014 SiREN Symposium Committee has decided not to provide a conference satchel in an effort to be more environmentally friendly. A folder is provided instead.
- If you have any questions, please ask at the registration desk (open until 11.00am) or you may ask any of the Symposium Committee members or symposium volunteers.
- Follow the conversations on Twitter



#SIREN2014 @SiREN_WA



PROGRAM AT A GLANCE

WHEN

KEYNOTE

CONCURRENT

SOCIAL

8.15 **Registration**

9.00-9.30 **Master of Ceremonies: Lisa Bastian**

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

Welcome to country: Shaun Nannup

Opening Address: Dr Tarun Weeramanthri

Chief Health Officer, Executive Director, Public Health and Clinical Services Division, WA Department of Health

9.30-10.00 **Keynote speaker: Professor Lyn Beazley AO**

Formerly Chief Scientist of Western Australia

10.00-10.40 **Guest Speaker: Sami Shah, Comedian**

10.40-11.00 **Morning tea**

11.00-11.30 **Keynote speaker: Associate Professor Rebecca Guy**

Sexual Health Program, The Kirby Institute, University of New South Wales

11.30-12.30 **Concurrent sessions:**

- Partnerships and community engagement
- Research and evaluation
- Innovation and innovative practice

12.30-1.15 **Lunch**

1.15-1.45 **Concurrent sessions continued and panel discussions:**

- The use of social media for clinical follow up
- Sexual health promotion for school leavers - the changing context

1.50-4.20 **Creative workshop: Hugh Kearns, Thinkwell**

2.50-3.05 **Afternoon tea**

4.20-4.30 **Where to next for the WA SHBBV sector? 5 perspectives in 5 minutes**

Closing remarks

4.30-5.30 **Sundowner and networking**

BIOGRAPHIES

OPENING



Prof. Tarun Weeramanthri

WA Health

Professor Tarun Weeramanthri is Executive Director, Public Health and Clinical Services Division, WA Health. He has served as Chief Health Officer in two jurisdictions (Northern Territory 2004-2007 and Western Australia 2008-present). He graduated MBBS from the University of Western Australia, has a PhD in social medicine from the University of Sydney, and is a Fellow of Leadership WA. His interests are in the contribution that public health can make to Aboriginal health improvement, health disaster planning and response, use of new technologies in public health (spatial and social media), and the implementation of health policy. He is a current member of the National Health and Medical Research Council, and Chair of the Health Program Board of the Cooperative Research Centre in Spatial Information.

KEYNOTE



Prof. Lyn Beazley AO

former Chief Scientist of Western Australia

Professor Lyn Beazley was Chief Scientist of Western Australia from 2006 until December 2013. Lyn was awarded Officer of the Order of Australia in January 2009. She is a member of the new Technology and Industry Advisory Council to the Western Australian Government. In March 2011, she was inducted into the inaugural Western Australian Women's Hall of Fame.

KEYNOTE



Assoc. Prof. Rebecca Guy

The Kirby Institute

Rebecca Guy is an Associate Professor with the Sexual Health Program in the Kirby Institute for infection and immunity in society, Faculty of Medicine, University of New South Wales. She was awarded a NHMRC Postdoctoral Fellowship in 2008 with a focus on randomised STI prevention trials, particularly within the primary health care setting. Rebecca is an investigator on a cluster randomised trial of chlamydia testing in general practice, a cluster randomised trial of best practice STI service delivery in remote Aboriginal communities and an intervention to improve HIV/STI testing in gay men attending general practice clinics in Sydney. Rebecca also has a strong interest in rapid point-of-care tests for STIs in remote and developing country settings and is leading a number of evaluations in this field. Rebecca has been named the top ranked applicant in population health by the National Health and Medical Research Council and was awarded the NHMRC Excellence Award 2013.

GUEST



Sami Shah

Sami Shah is a Pakistani stand-up comedian, illustrator, graphic designer, columnist and writer. Sami's style of comedy is often described as sarcastic and acerbic. He covers topics ranging from the Pakistani obsession with fair-skin to cultural taboos and blood-borne viruses. Sami Shah is currently living in Western Australia (don't ask) where he is battling a crippling addiction to meat pies. Sami was voted best local act at the Perth International Comedy Festival 2013 for the show "Sami Shah – I migrant". Using humour is an innovative way to communicate messages about sexual health, to engage target groups who are usually not interested in health or who access health services infrequently and may miss out on health promotion communications, and to 'normalise' discussion about sexual health and blood-borne viruses that are often associated with stigma and discrimination. We hope this item will relax you and put you in an open frame of mind for the rest of the symposium. It will also give you something to talk about over morning tea should you need it! This is a fantastic opportunity to see Sami Shah live and think a little differently about health communication.

DETAILED PROGRAM

WHEN

WHERE

WHAT

WHO

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 Department of Health

Welcome to country: Shaun Nannup

Symposium Opening: Professor Tarun Weeramanthri

Chief Health Officer, Executive Director, Public Health and Clinical Services Division, Western Australian Department of Health

9.30am **Theatre**

Keynote Address: "Shedding light on innovation in WA"

Professor Lyn Beazley AO

Former Chief Scientist of Western Australia

10.00am **Theatre**

Guest Performance: Sami Shah, Comedian

10.40am **Dining Room and Terrace**

Morning tea

11.00am **Theatre**

Keynote Address: Associate Professor Rebecca Guy

Sexual Health Program, The Kirby Institute, University of New South Wales

Theatre

**Partnerships and
community engagement**

Chair: Myra Robinson

Seminar Room 1

**Research and
evaluation**

Chair: Matt Tilley

Seminar Room 2

**Innovation and
innovative practice**

Chair: Sue Dimitrijevic

11.30am **Poster: Sexual health
incentive program**

**Gemma Bennett &
Chantelle Stevenson**

**Poster: Development of
a monitoring, evaluation
and learning (MEL) and
quality improvement (QI)
framework for combination
HIV prevention**

Dr Graham Brown

**Poster: Using theatre
to teach AND evaluate
sexual health with young
people from culturally
and linguistically diverse
backgrounds**

Anne Sorenson

11.35am	<p>Poster: Planning for youth friendly health services in Denmark</p> <p>Carl Heslop</p>	<p>The impacts of Western Australia sex industry legislation on the health and welfare of street-based sex workers in Perth</p> <p>Hanieh Tolouei</p>	<p>Cartoons to the rescue: Understanding hepatitis B from a serological perspective</p> <p>Ashleigh McEvoy</p>
	<p>What does a regional city do when it doesn't have a sexual health clinic?</p> <p>Amanda Whittle</p>	<p>Risk, rites and responsibilities: Digital discourse among Australian expats and travellers in South East Asia</p> <p>Gemma Crawford</p>	<p>Female condoms acceptability research: The journey to ethics and beyond</p> <p>Amanda Sibosado</p>
11.50am	<p>Early diagnosis of HIV in men who have sex with men (MSM) - impact of a peer-led STI testing service for MSM in Western Australia</p> <p>Byron Minas</p>	<p>Globalisation, mobility and HIV: Implications for HIV prevention and care in WA</p> <p>Trish Langdon</p>	<p>A new skin, SEO and social media: Innovative ways to promote health education websites</p> <p>Kathryn Kerry</p>
	<p>Measuring sustained behavioural change and reduced HIV risk resulting from peer-based sexual health screening and counselling amongst men who have sex with men in Western Australia</p> <p>Dr Kurt Sales</p>		
12.05pm	<p>What now! Using focus groups to inform youth friendly sexual health care delivery</p> <p>Katy Crawford</p>	<p>Engaging service users and providers with new priorities in HIV medicine</p> <p>Dr Christy Newman</p>	<p>From stage to web page – creating a sexual health and BBV online experience in cultural competency</p> <p>Anne Sorenson</p>
	<p>Messing with mobiles</p> <p>Felicia Bradley</p>		
12.20pm	<p>Aboriginal Health Workers offering opportunistic STI testing</p> <p>Veronica Walshe</p>	<p>TTANGO: Operational performance of a molecular based chlamydia and gonorrhoea point-of-care testing in remote Australian Aboriginal communities</p> <p>Annie Tangey</p>	

DETAILED PROGRAM CONTINUED

WHEN	WHERE	WHAT	WHO
12.30pm	Dining Room and Terrace		
	Lunch		
1.15-1.45pm	Theatre	Seminar Room 1	Seminar Room 2
	Partnerships and community engagement	Research and evaluation	Innovation and innovative practice
	Chair: Trish Langdon	Chair: Dr Simon Yam	Chair: Dr Lewis Marshall
1.15pm	Panel discussion: Sexual health promotion for school leavers – the changing context <i>Abstract: Keep it Safe Summer: A peer education approach to harm minimisation in school leavers</i> Nicolle Valentin <i>Panel members:</i> Denmark Health Hub Carl Heslop WACHPR Dr Jonine Jancey Indigenous Community Education and Awareness Tom Joyner WACHS – Great Southern Melissa Vernon	W3: What works and why: Evaluation and quality improvement for BBV and STI health promotion Dr Graham Brown <hr/> 1.30pm STRIVE: Increases in STI testing following the introduction of a sexual health quality improvement program Linda Garton	Panel discussion: Using SMS for clinical follow-up <i>Abstract: Text 2 Treat – using SMS to accelerate treatment</i> Di Rifici <i>Panel members:</i> M Clinic Dr Kurt Sales Formerly of Health Consumers Council Michele Kosky Reach Health Promotion Innovations James White
1.50-4.20pm	Theatre		
	Think Different – A creative thinking workshop by Hugh Kearns, Thinkwell		
2.50-3.05pm	Dining Room and Terrace		
	Refreshments		
4.20pm	Theatre		
	Closing remarks: Where to next for the WA SHBBV sector? 5 perspectives in 5 minutes. Chair: Professor Donna Mak		
4.30-5.30pm	Terrace		
	Sundowner and networking		

THINK DIFFERENT HUGH KEARNS, THINKWELL



Hugh Kearns is recognised internationally as a public speaker, educator and researcher. He regularly lectures at universities across the world including Oxford, Harvard and Stanford. His areas of expertise include positive psychology, learning and creativity. He draws on over twenty years of experience as a leading training and development professional within the corporate, financial, education and health sectors in Ireland, Scotland, New Zealand and Australia. He has worked with high performing individuals, teams and executives in a wide range of organisations in the public and private sectors.

Hugh lectures and researches at Flinders University in Adelaide. He is widely recognised for his ability to take the latest research in psychology and education and apply it to high-performing people and groups. He has published eight books which are in high demand both in Australia and internationally.

The creative workshop will encourage participants to challenge their minds to think outside the box. The session will cover the following and more:

- How innovations and new ideas happen – you have to be prepared to give up old ideas and be prepared for mistakes
- Mind mapping
- Creative brainstorming
- Lateral thinking
- Having fun while being creative.



PARTNERSHIPS AND COMMUNITY ENGAGEMENT

Morning session chair: Myra Robinson, Youth Affairs Council of WA

Sexual Health Incentive Program

Cathy Watson¹, Gemma Bennett¹, Chantelle Stevenson¹

1. WACHS – Great Southern Aboriginal Health Service

Great Southern Aboriginal Health Services (GSAHS) is part of Western Australian Country Health Service (WACHS) in the southern region of WA. We identified approximately 400 Aboriginal youth from our data base in the target age range (16-25 years of age) for risk of sexually transmitted infections (STIs) and wanted to promote the simple testing for Chlamydia and Gonorrhoea by either online testing or opportunistic screening. We had heard about other areas using incentives to encourage young people to get screened, so wanted to adapt a similar program.

We used online Chlamydia testing guidelines to develop a simple self-obtained history for assessment for STI screening or if they needed to see a doctor. We then provided the pathology form and asked them to give us a specimen, then gave them a \$10 voucher for the local supermarket chain. We would then send the specimen to the laboratory free of charge. We would inform them in the next few days of their results. If they required treatment for Chlamydia the registered nurse could facilitate treatment and conduct the contact tracing.

We increased the number of clients screened by GSAHS from less than 10 in June 2011 – June 2013 to 30 in 3 months (June, July, and August 2012). To date we have given away 58 vouchers, but our screening rate has greatly improved 200% and we have identified a slightly higher rate than originally identified with 4 positive cases of Chlamydia. We hope to continue and expand the program in a similar way each year.

Planning for youth friendly health services in Denmark

Carl Heslop¹

1. Youth services, Great Southern region

Denmark is a rural town located in the Great Southern region of Western Australia (WA), with an approximate population of 5,500 people. A Denmark Health provider forum held in 2013 highlighted that providers in Denmark viewed themselves as not “youth friendly”. Providers felt that youth engagement is low while the Department of Health and Ageing’s Second National Sexually Transmissible Infections Strategy 2010 – 2013 has highlighted the need for reorientation of health services to better manage youth needs. Forums and interviews were conducted in Denmark in Western Australian Sexual Health Week, courtesy of funding from the Western Australia Aids Council. Participants aged 16 – 22 were asked to complete a simple questionnaire and participate in forum discussions. The forums were semi-structured and informal in nature. All participants signed consent forms, with participants aged under 18 requiring parental consent.

The youth forums were an opportunity for young people to talk about the health services in Denmark. Key themes were collected and collated. Participants voiced concerns around confidentiality and anonymity. Many felt awkward and embarrassed approaching GPs for sexual health advice and preferred self-research or peer and family support. Some signalled cost as a significant barrier to contraception access. Many participants expressed their own concern about significant knowledge gaps regarding sexual health. The forums were small and do not represent all of the problems faced by youth in Denmark, but do offer a snap-shot of the issues. The provision of ongoing health information and education opportunities to young people in Denmark are important as is a range of youth appropriate clinical options.

What does a regional city do when it doesn't have a sexual health clinic?

Amanda Whittle¹

1. WACHS - South West Population Health Unit

Greater Bunbury has 70,000 residents, the South West 170,000 residents, and there are no free sexual health clinics. Historically, health care in the South West had been driven by a fee-for-service medical model reliant on private GP practices. With limited options available for SW people, and no capacity or support for a publicly-funded sexual health clinic, the South West Population Health Unit (SWPHU) had to get creative. This presentation will outline the inter-agency collaboration and models set up with between SWPHU, the South West Women's Health and Information Centre, the WA Substance Users Association and Headspace organisations in Bunbury. The result has seen many people having the barriers of anonymity, confidentiality, access and cost removed to enable them to receive free testing, treatment and education around sexual health and BBV issues. In particular the marginalised and 'at-risk', the young and sex workers have benefited from these collaborations.

Early diagnosis on HIV in men who have sex with men (MSM) – impact of a peer-led STI testing service for MSM in Western Australia

Byron Minas¹, Sue Laing¹, Donna Mak¹, Kurt Sales²

1. Communicable Disease Control Directorate, Health Department WA
2. M Clinic, WA AIDS Council

From 2008 to 2012, total annual HIV notifications in WA increased by 55% (from 78 to 121) and HIV notifications among MSM by 77% (from 31 to 55). The proportion of HIV notifications in MSM that were newly acquired infections increased from 37% (n=11) in 2008 to 49% (n=25) in 2012; The increase was associated with the commencement of the M Clinic in July 2010, a peer-led STI testing service for gay, bisexual and other MSM in WA. In 2012, 75% (n=12) of all HIV diagnosed among MSM at the M clinic were newly acquired, compared to 37% (n=13) among MSM diagnosed at general practices and other clinics. These findings highlight the benefits of a peer-led and community based approach to STI testing and its impact on state-wide trends in the early diagnosis of HIV.

Measuring sustained behavioural change and reduced HIV risk resulting from peer-based sexual health screening and counselling amongst men who have sex with men in Western Australia

Kurt Sales¹, Andrew Burry¹, Lewis Marshall^{1,2}

1. M Clinic, WA AIDS Council
2. Fremantle Hospital

Sexually transmitted infections (STIs) with *Neisseria gonorrhoea* (G) and *Chlamydia trachomatis* (CT) are known to increase HIV risk among men who have sex with men (MSM). MClinic is an STI screening clinic for MSM, funded to promote sustained behavioural change and reduced incidence of STIs and HIV, through risk assessment and peer-based risk reduction counselling (peer education). This paper describes the incidence of STIs amongst MSM at MClinic and discusses the impact of peer-education in reducing HIV risk. Clients attended MClinic between January and December 2013. A self-collected risk assessment was completed prior to a counselling session with a peer educator. STI screening was provided for G, CT and HIV. Clients were divided into two cohorts; namely, new clients, who were regarded as naïve to MClinic services and returning clients who had previously attended the clinic. Each cohort was further subdivided into age groups as follows: <18; 18-29; 30-39; 40-49; 50-59; >60.

The analysis focussed on clients aged between 18 and 29 years to limit the impact of age as a factor. 654 new clients and 1927 returning clients attended for STI screening with an age range between 16 and 72 years. Those aged between 18 and 29 years comprised 48.1% of new clients and 43.0% of returning clients. Within this group, the incidence of infections of G, CT and HIV between new and returning clients was reduced by 65.9%, $P < 0.0001$; 57.5%, $P < 0.01$ and 40%, $P > 0.05$ respectively. Furthermore rectal G, a significant HIV risk factor was reduced by 59.2% in returning clients compared with new clients ($P < 0.05$). The reduced incidence of infection amongst returning clients compared with new clients at MClinic strongly suggests that peer education has a positive behavioural influence in preventing HIV infection through a reduced incidence of STI diagnosis amongst MSM.

What now! Using focus groups to inform youth friendly sexual health care delivery

Katy Crawford¹, Lloyd Pigram¹

1. Kimberley Population Health Unit

The Kimberley has the highest rates of Gonorrhoea and Chlamydia in Western Australia. The majority of notifications are seen in the 15-30 year old age group. As Chlamydia and Gonorrhoea are often asymptomatic, opportunistic screening is an effective way of detecting infection. The aim of this project was to gather information through focus groups with young people in Broome, in order to form recommendations to guide health service delivery and increase Sexually Transmitted Infection (STI) screening rates. Focus groups were conducted with existing groups of young people in Broome. Separate single sex focus groups were held in youth friendly environments. The groups were facilitated by health staff with support from the existing group leader. Recommendations were drawn through thematic analysis of the discussion written recordings.

The focus groups were able to provide a unique insight into the wants, needs and expectation of young people in Broome. Perceived barriers and further opportunities for health service expansion were identified. Focus groups can be a useful qualitative method to assess the needs and attitudes of young people. Using established groups and their identified leader helps overcome issues around group dynamics and group engagement. The Kimberley Sexual Health Network plans on the continued use of focus groups in planning and evaluation of programs. The model of using youth groups and their leaders is an effective way of engaging young people in environment with established rapport and relationships.

Messing with mobiles

Damien Roper¹, Felicia Bradley¹

1. HepatitisWA

HepatitisWA has run several art projects over a number of years as a means of engaging young people with health promotional messages in regards to viral hepatitis and being blood aware. Previous art projects have been limited in their success of reaching young people for a number of reasons; including the artwork produced not being suitable for general exhibition and the logistical and resource restraints (both human and material) in providing workshops. In 2013 our agency was looking for a new and exciting way of engaging with young people and it was during our research into emerging and accessible art forms that phone photography was identified. There was a perceived ease of access with advances in phone technology making the medium more legitimate from an artistic perspective. This concept was presented to youth workers who were supportive and encouraging of the suitability and potential. From these consultations the Phoneshot Project was developed.

This presentation will look at how and why this method was chosen, what was involved in the planning and consultation, what challenges our agency and the young people faced and how we managed to resurrect the fledging project. This project is an example of the importance in consulting with the right people and what happens when you don't!

Aboriginal Health Workers offering opportunistic STI testing

Veronica Walshe¹, Robyn Wansbrough²

1. Aboriginal Health Council WA
2. Education and Training Services, Family Planning Western Australia (FPWA)

In 2012, notifications of chlamydia in Aboriginal Western Australians were 5.3 times the non-Aboriginal rate and gonorrhoea notifications were 36.5 times the non-Aboriginal rate. These rates were highest in the Goldfields, Pilbara and Kimberley regions of WA. Aboriginal Health Workers (AHWs) are the first point of care for patients who present to an Aboriginal Community Controlled Health Service (ACCHS). With increased knowledge and skills in sexual health, AHWs could make a difference in reducing these rates. In 2012-2013, AHWs working in five ACCHS within endemic areas participated in semi-structured interviews conducted by the author. The author asked questions about whether they were offering opportunistic testing to patients aged between 15-40 years and if not, reasons why?

All 24 AHWs interviewed were not routinely offering testing, most felt they lacked the confidence to offer their patients testing and did not feel they had enough training in sexual health. Currently the sexual health electives of the Certificate IV in Aboriginal Primary Health Care are not being delivered in WA. The interview results indicated there was a need to investigate greater training options and in response, AHCWA and FPWA have partnered to plan, deliver and evaluate sexual health training for AHWs. So far 24 AHWs from Perth and the Goldfields have participated in the training, assessment on the impact of training on practice will initially occur through consultation with the AHWs. Increasing sexual health knowledge and skills for AHWs could result in an increase in testing rates. The training will also develop the fundamental knowledge, attitude and skills required to provide sexual health information, assess risk and provide appropriate support and referral for patients with a sexual health concern.

PARTNERSHIPS AND COMMUNITY ENGAGEMENT

Afternoon session chair: Trish Langdon, WA Centre for Health Promotion Research, Curtin University

Panel discussion: Sexual health promotion for school leavers – the changing context

Purpose: To discuss what we know about school leavers' behaviours and risk-taking in relation to sexual health, what is changing, our current health promotion strategies and how we might need to change our strategies in the future.

Keep it Safe Summer: A peer education approach to harm minimisation in school leavers

Ruth Wernham¹, Nicolle Valentin¹

1. WA AIDS Council

The Keep It Safe Summer (KISS) Program is designed to peer educate young people about the harms associated with unsafe sexual behaviour and alcohol and other drug (AOD) use before and during the official Leavers celebrations. In 2013 the program consisted of pre-Leavers talks at schools in the metropolitan and great southern areas, as well as volunteer teams at the two official Leavers sites in WA, Dunsborough and Rottnest Island. Quizzes and activities were conducted with the Leavers during the day, which formed part of the informal evaluation of the program. However, contact evaluations and volunteer debriefings created the formal evaluation of the program. Pre-Leavers talks were undertaken at 19 schools in WA. A total of 5911 recorded contacts with Leavers were made across the two sites in four days, with repeated contacts occurring. A total of 5,200 safer sex packs (condoms and lubrication) were distributed to Leavers across the four days. Participation in the quizzes, games and activities was high. The KISS Program informs Leavers about safer sex and AOD use so they are able to make educated decisions about their actions while celebrating the end of their high school education. The peer-based approach is appropriate for engaging and educating young people. The peer-education approach has been highly successful in the engagement of Leavers. The combination of pre-Leavers talks and volunteers at the regional sites is vital to the safe celebration at the official Leavers events.

Other panel members:

Carl Heslop, Youth services project officer, Great Southern region

Dr Jonine Jancey, Director, WA Centre for Health Promotion Research, Curtin University

Tom Joyner, Indigenous Community Education and Awareness

Melissa Vernon, Executive Director – Primary Health and Engagement, WA Country Health Service

RESEARCH AND EVALUATION

Morning session chair: Matt Tilley, WA Centre for Health Promotion Research

Development of a monitoring, evaluation and learning (MEL) and quality improvement (QI) framework for combination HIV prevention

Graham Brown¹, Kylie Johnston¹, Marina Carman², Jeanne Ellard³

1. Australian Research Centre in Sex, Health and Society, La Trobe University
2. Centre for Social Research in Health, UNSW
3. WA Centre for Health Promotion Research, Curtin University

It is essential that the behavioural, social, structural and biomedical elements of combination HIV prevention are maximised by working in synergy. However, the depth of the evidence base for many community health promotion investments is limited and in many cases we have an understanding of what works but limited evidence about why and how it works, or in what context. Much of the evaluation focuses on projects in isolation from each other.

Drawing on reviews of evidence building approaches across community based HIV prevention, new developments in evaluation and systems thinking, and community sector capacity building, a draft framework to improve quality, evaluation and evidence building was developed. The draft framework underwent an iterative presentation and refinement process through consultation meetings and workshops with national, state and territory community based HIV organisations. This included trial application of the framework to a range of projects and programs, followed by further refinement and development of program and policy level indicators, as well as inter-project quality indicators.

The presentation will explain the development and evolution of the framework which aims to support community based programs to not only monitor how programs can be more effective in a combination prevention context, but also to play a stronger role in building a shared evidence of what works and why. The framework emphasises the dynamic relationship between evidence, theory and quality practice within a system of health promotion prevention and support responses, rather than in isolation.

The impacts of Western Australian sex industry legislation on the health and welfare of street-based sex workers in Perth

Hanieh Tolouei¹, Maryanne Doherty¹

1. Sexology, Curtin University

Sex work has been considered a dangerous occupation because sex workers are exposed to Sexually Transmitted Infections (STIs)/Human Immunodeficiency Virus (HIV), violence, exploitation, discrimination and criminalisation more than the general population. However, it has been reported that it is not commercial sex work that maximises the risk of these harms, but the context of the sex work and the laws and policy are the factors. Thus, sex work legislation can significantly reduce or increase the harms that sex workers are exposed to including access to different health services, psychological distress and work related mortality.

The Western Australia (WA) Prostitution Act 2000 governs the sex industry in Perth. Soliciting clients within view or hearing of a public place for the purpose of prostitution is illegal; however, no research was located that reported the impacts of this legislation on the lives of the street-based sex workers. Therefore, this study investigated the impacts of the existing Western Australia Prostitution Act 2000 on the health and welfare of street-based sex workers in Perth from the perspectives of sexual health educators. It was guided by a phenomenological approach and semi-structured interviews were conducted. The findings of this research aim to provide recommendations to policy makers for improving street workers' health and welfare in Western Australia.

Risk, rites and responsibilities: Digital disclosure among Australian expats and travellers in South East Asia

Gemma Crawford¹, Rochelle Tobin¹, Bruce Maycock², Roanna Lobo¹, Graham Brown^{1,3}, Kahlia McCausland¹

1. WA Centre for Health Promotion Research, Curtin University
2. School of Public Health, Curtin University
3. Australian Research Centre in Sex Health and Society, La Trobe University

How current sexual health and blood borne virus education, treatment and prevention services can be delivered in a more culturally competent way is the aim of a dynamic new on line training the Metropolitan Migrant Resource Centre has been creating. Culturally and Linguistically Diverse (CaLD) communities have been identified as a key group in Third National Hepatitis C Strategy 2010-2013, the National Hepatitis B Strategy 2010-2013, the Second National STI Strategy 2010-2013 and the Sixth National HIV Strategy 2010-2013. As WA grows increasingly multicultural, the state's Implementation Plans and Models of Care that correspond to the above strategic policy documents have similarly identified CaLD groups as an essential focus for public health activities. The ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own is often referred to as Cultural Competency : A set of congruent behaviours, attitudes and policies that come together as a system, that allows that system, agency or those professionals to work effectively in cross-cultural situations. Due for release in July 2013, this highly visual and interactive online experience has been created by implementing the Sharing Stories model of sexual health education. Sharing Stories has been empowering CaLD communities in sexual health and blood borne virus awareness through the arts since 2009 and in 2013 won a WA Health Award for Excellence in Community Engagement with Consumers and Carers.

Join the Sharing Stories Project Coordinator and experience the interactive learning that will be imbedded in this innovative online project.

Globalisation, mobility and HIV: Implications for HIV prevention and care in WA

Trish Langdon¹, Roanna Lobo¹, Gemma Crawford¹

1. WA Centre for Health Promotion Research, Curtin University

Since 2005, WA has experienced an increasingly diverse HIV epidemic with the majority of new diagnoses among heterosexual men and women who have acquired HIV overseas, either in their place of birth or in another high prevalence country. There has also been a more recent increase in the number of gay men, both Australian born and overseas born acquiring HIV overseas in high prevalence countries. People from sub Saharan Africa and South East Asia feature most prominently in WA epidemiology. This phenomenon is also reported in other developed countries such as the United Kingdom, European countries, Canada and the United States.

Traditional public health measures related to transnational infectious disease epidemics have involved 'contain and control methods' put in place at the border. Current international health governance structures are suited to emergency outbreak responses (usually food or airborne) and not conditions with a long incubation period with no obvious symptoms. However successful HIV health promotion strategies combine structural, community based and individual approaches. These are difficult to achieve when structural approaches require international agreement about sensitive issues related to the human rights of marginalised people, illicit drug use and sex work and access to health care. International governance bodies charged with overseeing the HIV epidemic have encouraged a localised, community and country based approach. However this approach, whilst being very successful in many countries, focusses on internal dynamics and does not sufficiently address the vulnerability to HIV as a result of human mobility due to labour movement and education, family reunion, conflict, porous borders and inexpensive and accessible air travel. These issues have been fuelled by globalisation particularly international commerce and trade and the internet.

This presentation will provide information gathered from a literature search and consultation with key Australian and WA stakeholders in order to inform responses to prevention and care initiatives, further research and evaluation requirements and priorities for advocacy and lobbying in WA.

Engaging service users and providers with new priorities in HIV medicine

Christy Newman¹, John de Wit¹, Limin Mao¹, Michael Kidd²

1. Centre for Social Research in Health, University of New South Wales
2. Faculty of Medicine, Nursing and Health Sciences, Flinders University

Current debates regarding the use of antiretroviral therapy (ART) to promote both individual- and population-level health benefits underscores the importance of better engaging those people living with HIV (PLHIV) who are reluctant to take ART as well as service providers with little experience or understanding of the changing science of HIV prevention and care. This presentation will review results from two national studies – the ART Uptake Study and the HIV General Practice Workforce Project – to consider what we know about engaging service users and providers with these new priorities in HIV medicine. Reasons to delay starting (or restarting) ART will be discussed drawing on interviews conducted around Australia with 25 PLHIV not currently taking ART, along with broader narrative ‘positions’ on HIV treatment.

Views on how to better engage new service providers with increased efforts in HIV testing and linkage to care and treatment will be discussed drawing on interviews conducted around Australia with 24 ‘key informants’ and 47 ‘clinicians’ representing the ‘engaged’ professional and general practice workforce. Policy goals to increase the number of PLHIV on treatment must take account of the depth and intensity of views that can be held by service users regarding ART, as well as the diversity of views held by service providers. Since the vast majority of providers working in the Australian community have minimal experience of HIV medicine, important opportunities are emerging for more focused research on how to most effectively engage ‘mainstream’ providers.

TTANGO: Operational performance of a molecular based chlamydia and gonorrhoea point-of-care testing in remote Australian Aboriginal communities

Annie Tangey¹, Belinda Hengel², Steven Badman³, Louise Causer³, Lisa Natoli⁴, James Ward⁵, Sepehr Tabrizi⁶, David Whiley⁷, Basil Donovan³, Christopher Fairley⁸, David Wilson³, David Regan³, Handan Wand³, Mark Shephard⁹, David Anderson⁴, John Kaldor³, Rebecca Guy³

1. Ngaanyatjarra Health Service
2. Apunipima Cape York Health Council
3. The Kirby Institute, University of New South Wales
4. The Burnet Institute
5. Baker IDI Central Australia
6. Royal Women's Hospital
7. University of Queensland
8. University of Melbourne
9. Flinders University

TTANGO (Test, Treat ANd GO) will measure the clinical effectiveness, cost-effectiveness, and acceptability of a molecular-based point-of-care (POC) test (GeneXpert) for chlamydia (CT) and gonorrhoea (NG) infections in remote Australian Aboriginal communities. TTANGO is a crossover randomised control trial, with 12 participating primary health care centres. Routine reference laboratory tests for CT and NG will continue throughout the trial. Since June 2013, five sites have been randomised to using the GeneXpert CT/NG test. We describe the sensitivity and specificity of the GeneXpert CT/NG test compared to routine laboratory NAAT tests. Of the 444 POC tests performed, the sensitivity and specificity of the GeneXpert test for CT infection was 100% (95%CI:92.3-100.0) and 99.2% (95%CI:97.8-99.8), respectively and for NG infection the sensitivity and specificity was 100% (95%CI:88.4-100.0) and 100% (95%CI:99.1-100.0), respectively. There were three discordant CT results which were positive on GeneXpert and negative on the laboratory NAAT test. There were 25 errors (5.6% of all tests) predominately due to operator error in sample preparation; repeat testing of all samples gave valid results. Further errors have been minimised with training on the use of the transfer pipette.

The sensitivity and specificity of the GeneXpert CT/NG test is both excellent and consistent with laboratory and field evaluations. The uptake of CT and NG testing generally has been higher than expected, possibly related to use of this new technology and increased awareness about STI screening during trial implementation. Testing rates will be monitored to confirm if this unexpected benefit is sustained.

RESEARCH AND EVALUATION

Afternoon session chair: Dr Simon Yam, WA AIDS Council

W3: What works and why: Evaluation and quality improvement for BBV and STI health promotion

Graham Brown¹, Kylie Johnston¹

1. Australian Research Centre in Sex, Health and Society, La Trobe University

Health promotion in BBV and STI in Australia needs to respond to rapidly changing circumstances, emerging conditions, and new opportunities and priorities. However, in many cases we have an understanding of what works but limited evidence about why and how it works, or what makes one program more effective than another. This undermines our capacity to adapt to changing environments with confidence. Much of health promotion evaluation of BBV and STI programs is limited to outputs and not quality or impact, focuses on projects in isolation from each other, and is not integrated into a broader evidence base for the sector.

To respond to this challenge, the W3 project is collaborating with partner community organisations in WA and nationally to research peer and network based programs and their role within the broader mix or combination of health promotion programs at the individual level (e.g. testing, counselling, treatment) ; community level (e.g. community mobilisation, mass media, social media); structural level (e.g. policy reform, service distribution, stigma reduction); and systems level (such as the synergy required across all levels to achieve increases in testing and treatment in BBV and STI). The project will present the results of a synthesis of research, theory and practice to articulate the role, quality and impact indicators for peer based programs with most at risk communities; as well as the development of monitoring, evaluation and learning (MEL) and quality improvement (QI) frameworks, tools and other resources ready to be field tested in the community sector.

STRIVE: Increases in STI testing following the introduction of a sexual health quality improvement program

Linda Garton^{1,2}, John Kaldor¹, Amalie Dyda¹, Rebecca Guy¹, Alice Rumbold^{3,4}, Belinda Hengel⁵, Bronwyn Silver², Debbie Taylor-Thompson², Skye McGregor¹, Christopher Fairley⁶, Basil Donovan¹, Lisa Maher¹, James Ward⁷, on behalf of the STRIVE Investigator Group

1. The Kirby Institute, University of New South Wales, Sydney, NSW
2. Centre of Disease Control, Northern Territory Department of Health, Alice Springs
3. Menzies School of Health Research, Darwin, Northern Territory
4. University of Adelaide, Adelaide, South Australia
5. Apunipima Cape York Health Council, Cairns, Queensland
6. The Melbourne School of Population Health, University of Melbourne, Victoria/Melbourne Sexual health Centre
7. Baker IDI, Alice Springs, Northern Territory

Chlamydia, gonorrhoea and trichomonas are common sexually transmissible infections (STI) that can lead to serious reproductive complications. All three curable STIs have been reported at high levels in remote Aboriginal communities. STRIVE is a cluster randomised trial underway in 68 remote primary health care centres designed to determine whether a continuous quality improvement program (QIP) in sexual health service delivery can reduce the prevalence of STI. We describe changes in testing for STI following implementation of the QIP in sites allocated to the program in 2011. Laboratory data from 24 health services were collated for the 12 month period prior to and after commencement of the QIP. Analyses compared the total number of tests for chlamydia, gonorrhoea and trichomonas (on the same specimen), across age groups and separately for males and females.

Following commencement of QIP there were substantial increases in STI testing in all age groups and in males and females. Overall, there was a 49% increase in STI tests conducted. The greatest improvements were in people aged 16-19 years (67% increase) and also in males (57% increase). The female to male testing ratio dropped slightly from 2:1 before to 1.8:1 after the QIP. Our findings suggest that a QIP can increase STI testing rates in remote primary health care centres, however further testing in males is needed, and that a broad approach to increasing STI testing is warranted. Full interpretation will need comparison to control groups at the conclusion of the STRIVE trial in 2014.

INNOVATION AND INNOVATIVE PRACTICES

Morning session chair: Sue Dimitrijevic, FPWA Sexual Health Services

Using theatre to teach and evaluate sexual health with young people from culturally and linguistically diverse backgrounds

Anne Sorenson¹, Meagan Roberts², Roanna Lobo³

1. Metropolitan Migrant Resource Centre (MMRC)
2. Sexual Health and Blood-borne Virus Program, Communicable Disease Control Directorate WA Health
3. Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN), WA Centre for Health Promotion Research, Curtin University

Sharing Stories is an innovative education program that uses theatre to increase sexual health awareness among young people from refugee and asylum seeker backgrounds. Through interactive workshops, Sharing Stories aims to create positive changes in young people's sexual health knowledge, confidence and attitudes; peer educator roles for young people are also available. The Sharing Stories program was evaluated to assess the effectiveness of using creative engagement strategies for sexual health education and empowerment among culturally and linguistically diverse (CaLD) youth. The use of drama to collect data was also evaluated.

There are currently no Australian studies which explore the use of drama for sexual health education in CaLD groups. The MMRC partnered with the SiREN project at Curtin University to conduct this study. Drama activities used in the Sharing Stories program were evaluated and drama was also used as an innovative data collection method that was consistent with the program context. The diversity of experiences shared during the program was captured using field notes and video footage obtained through consistent observation and participation by the researcher over six months. This was important for gaining participants' trust. Pre/post questionnaires were also distributed and six semi-structured interviews were undertaken with participants who had been involved in the program for at least 12 months.

Although sexual health is a sensitive topic for people from refugee and asylum seeker backgrounds, participation rates in the Sharing Stories program remained high (70%). Preliminary data analysis indicated positive changes in participants' sexual health knowledge, confidence and attitudes. Using interactive theatre and drama-based strategies is a culturally appropriate method to successfully engage young people from refugee and asylum seeker backgrounds in sexual health education and evaluation.

Cartoons to the rescue: Understanding hepatitis B from a serological perspective

Ashleigh McEvoy¹, Moira Sim¹, Erick Khong¹, Mick Sim¹, Toni Wain¹

1. Edith Cowan University

Hepatitis B infections are detected via serological testing and a clear understanding of the different antigens and antibodies is crucial to accurate assessment of the disease stage, severity and appropriate management. However, confusion associated with the interpretation of hepatitis B serology has been reported in the healthcare setting and is a barrier to providing appropriate care. Cartoons have been regarded as a valuable teaching aid in healthcare and other settings. We created a cartoon story to help health professionals understand hepatitis B serology. A cartoon based learning tool designed to simplify the complexities of hepatitis B serology was integrated into an online learning program hosted by ECU and funded by the SHBBV Program, Department of Health WA. We conducted a retrospective analysis of pre and post online test results to see if there was an improvement in knowledge as a result of cartoons.

We had positive feedback using cartoons as an innovative method of learning hepatitis B serology. Knowledge in hepatitis B serology was increased following exposure to the cartoon based learning tool. We believe cartoons aid in communicating complex concepts and improve understanding. Cartoons were well received and the data indicates a significant improvement of participants' knowledge of hepatitis B serology from pre-test to post-test, demonstrating the value of cartoons in learning. Our findings provide impetus to further explore the use of picture narratives as a knowledge translation strategy for sexual health and blood-borne virus education and other healthcare topics.

Female condom acceptability research: The journey to ethics and beyond

Amanda Sibosado¹, Sunni Friello²

1. Regional sexual health coordinator, East Kimberley, Kimberley Aboriginal Medical Services Council (KAMSC)
2. Kutjungka STI coordinator, Kutjungka region, KAMSC

Female condoms have been shown to be effective at preventing HIV transmission in indigenous communities internationally so how come they aren't available to Indigenous communities in Australia to prevent STIs? Even though we have high testing numbers and excellent condom availability, STI rates are still alarmingly high in the Kimberley. It's time to think outside of the square. Female condoms are uncharted territory for Aboriginal Australia but in the name of innovation, we believe it's territory worth exploring. Working in sexual health is challenging enough as it is so how do you stay motivated, how do you stand up to "the glass half empty people" and how do you inspire others to get on board with your ideas? Armed with a file full of research, a support network of unlikely friends, a keen passion and a silly sense of humour, can we answer the question: Are female condoms an acceptable way of preventing STI transmission in remote communities in the Kimberley? And if they are acceptable, can they contribute to a reduction in STI rates? Join us as we share our lessons learnt from the journey so far.

A new skin, SEO and social media: Innovative ways to promote health education websites

Kathryn Kerry¹, Donna Mak²

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

In 2009, the Department of Health WA launched Get the Facts (www.getthefacts.healthwa.gov.au) to provide sexual health and relationships information to youth aged 14 to 17 years. The website features a range of interactive features, including online chlamydia self-risk assessment and free testing, a question and answer service, and a search function for sexual health services. In response to an evaluation conducted in 2010, the website was given a new 'skin' in April 2012 featuring updated artwork and photographs of youth from the target population. This was followed by a sustained 20% increase in website traffic for 11 months. Browsing behaviours on the site reflected general online behaviour trends among youth: Many youth browse via smartphones and tablets and frequent social networking sites. Additionally, search engines are the primary portal of information for most youth.

In November 2012, a mobile version of the website optimised for smart phone devices was launched. Advertising on Facebook increased website referral traffic by 4000%. Search Engine Optimisation [SEO], implemented in January 2013 to improve rankings on various search engines, and was followed by a 20% increase in website traffic and positive responses from the public. Websites must be developed and promoted according to the browsing behaviour of end-users and technology trends to ensure maximum exposure and high traffic. For this reason, Get the Facts has been further developed to include a range of new functionalities. Innovations which ensure a website remains dynamic and responsive are the way forward in delivering health information to young people now and in the future.

From stage to web page – creating a sexual health and BBV online experience in cultural competency

Anne Sorenson¹

1. Metropolitan Migrant Resource Centre (MMRC)

How current sexual health and blood borne virus education, treatment and prevention services can be delivered in a more culturally competent way is the aim of a dynamic new on line training the Metropolitan Migrant Resource Centre has been creating. Culturally and Linguistically Diverse (CaLD) communities have been identified as a key group in Third National Hepatitis C Strategy 2010-2013, the National Hepatitis B Strategy 2010-2013, the Second National STI Strategy 2010-2013 and the Sixth National HIV Strategy 2010-2013. As WA grows increasingly multicultural, the state's Implementation Plans and Models of Care that correspond to the above strategic policy documents have similarly identified CaLD groups as an essential focus for public health activities. The ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own is often referred to as Cultural Competency : A set of congruent behaviours, attitudes and policies that come together as a system, that allows that system, agency or those professionals to work effectively in cross-cultural situations. Due for release in July 2013, this highly visual and interactive online experience has been created by implementing the Sharing Stories model of sexual health education. Sharing Stories has been empowering CaLD communities in sexual health and blood borne virus awareness through the arts since 2009 and in 2013 won a WA Health Award for Excellence in Community Engagement with Consumers and Carers.

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INNOVATION AND INNOVATIVE PRACTICES

Afternoon session chair: Dr Lewis Marshall, Fremantle Sexual Health Clinic

Panel discussion: Using SMS for clinical follow-up

Purpose: To explore experiences, challenges and opportunities related to using social media for clinical follow-up.

Text 2 Treat – using SMS to accelerate treatment

Di Rifici¹, Sam Bailey¹, Ben Scully¹, Marisa Gilles¹

1. WACHS – Midwest Population Health

Sexual health-Midwest has been using SMS to recall clients with genital chlamydia infections for the last four years. SMS a quick, low-cost means of communicating it is more discreet than a phone call, and is convenient for the client. SMS is not ordinarily used by other sexual health services in WA to communicate with these clients. Speedy treatment is of benefit to individuals and community through a shortened period of infectivity. Young people are the cohort most commonly infected with chlamydia, and it is within this population that mobile phone ownership and familiarity with SMS is usual. This was demonstrated in an evaluation of the WA Department of Health's 2005 chlamydia campaign. The practicality of its use means this strategy could be implemented in other rural sexual health clinics within WA and more broadly in other clinical areas. Partners that Sexual health-Midwest support to aid service provision in this region include Geraldton Regional Aboriginal Medical Service, Women's Health Resource Centre and surrounding rural clinics. The objective of this strategy was to ensure the timely treatment of genital chlamydia infections. In an audit conducted in 2012 we found that by using SMS 84% of our clients responded on the same day and 72% received treatment within one day of being informed of their result. It is acknowledged that contacting clients in a timely manner is crucial to reducing the transmission of STIs and is considered best practice. Our results suggest that our strategy to use SMS is a highly effective, youth-friendly communication tool.

Other panel members:

Michele Kosky, formerly of the Health Consumers Council

Kurt Sales, M Clinic

James White, Reach Health Promotion Innovations

CLOSING REMARKS

Chair: Professor Donna Mak, Communicable Disease Control Directorate, WA Health

Where to next for the WA SHBBV sector? 5 perspectives in 5 minutes

For this session we have invited five people to provide a range of perspectives on future priorities for the WA SHBBV sector. Sometimes we are so immersed in our day-to-day activities that we cannot think differently or do not feel confident to be curious or innovative. So we will hear from people working in the WA SHBBV sector and also from 'critical friends' who have an interest in sexual health and blood-borne virus issues but who are working externally to the sector. This is an opportunity to hear some fresh viewpoints and perhaps challenge our assumptions.

SATELLITE WORKSHOPS

If you wish to join a satellite workshop after the symposium, please check with the registration desk if places are still available. The desk will be open until 11:00am on 7th April.

Reach Health Promotion Innovations: Sexual health, social media & mobile technology workshop

Provider organisation: Reach Health Promotion Innovations

Price: \$30 (morning tea included)

Date: 8th April 2014

Time: 9am – 12.30pm

Where: Technology Park Bentley Function Centre – 2 Brodie Hall Drive, Bentley WA 6102

Reach HPI will provide an interactive workshop, encompassing information delivery as well as opportunities for small group work and the sharing of opinions, questions and feedback from participants. The workshop will cover: Communication technology: trends and implications for health promoters; Communication technology as part of broader campaigns; Ethics, privacy, regulations; Evaluation.

Magenta: Working with sex workers workshop

Provider organisation: Magenta

Price: FREE

Date: 8th April 2014

Time: 10am – 12pm

Where: FPWA, 70 Roe St Northbridge, 6000

Magenta will provide you with information on the following: Sex work and the sex industry in WA, migrant sex workers, sex worker clients, sex work settings, legislative frameworks and issues for sex workers. We will challenge sex work myths and stereotypes and help health professionals to work more effectively with sex workers. The workshop involves a PowerPoint presentation, Q & A, role plays and open discussion. Everyone is welcome.

FPWA Sexual Health Services: Unplanned pregnancy counselling workshop

Provider organisation: FPWA Sexual Health Services

Price: FREE

Date: 8th April 2014

Time: 1pm – 3pm

Where: FPWA, 70 Roe St Northbridge, 6000

The session will explore counselling approaches to unplanned pregnancy and will give a framework for working with women, their partners and significant others. For many women, having an unplanned pregnancy represents a significant life event which challenges many of their values, beliefs and coping skills. Counsellors, nurses, social workers and educators working with women and young people will find this workshop of great benefit in increasing their confidence and capability in working with this client group.

ThinkWell: Turbocharge your writing workshop

Provider organisation: Thinkwell

Price: \$30 (afternoon tea included)

Date: 8th April 2014

Time: 1.15-4.15pm

Where: Technology Park Bentley Function Centre – 2 Brodie Hall Drive, Bentley WA 6102

Would you like to know the secret to high output, low stress scholarly writing? In academia it is often assumed that writing comes naturally. However, an overwhelming body of research shows that there are very clear and practical strategies that can greatly increase your writing productivity.

This workshop will help you to understand: Why it's hard to get started; How we deliberately use distractions to slow down writing; The principles of quick starting; How to deal with destructive internal beliefs; How to set a writing plan and stick to it; How to set achievable goals by writing in a silo; How to greatly increase the number of actual words you produce; How to clarify your thinking, and improve the quality of your work.

WA Centre for Health Promotion Research, Curtin University: Developing effective health communication resources

Provider organisation: Linda Portsmouth, WA Centre for Health Promotion Research (WACHPR), Curtin University

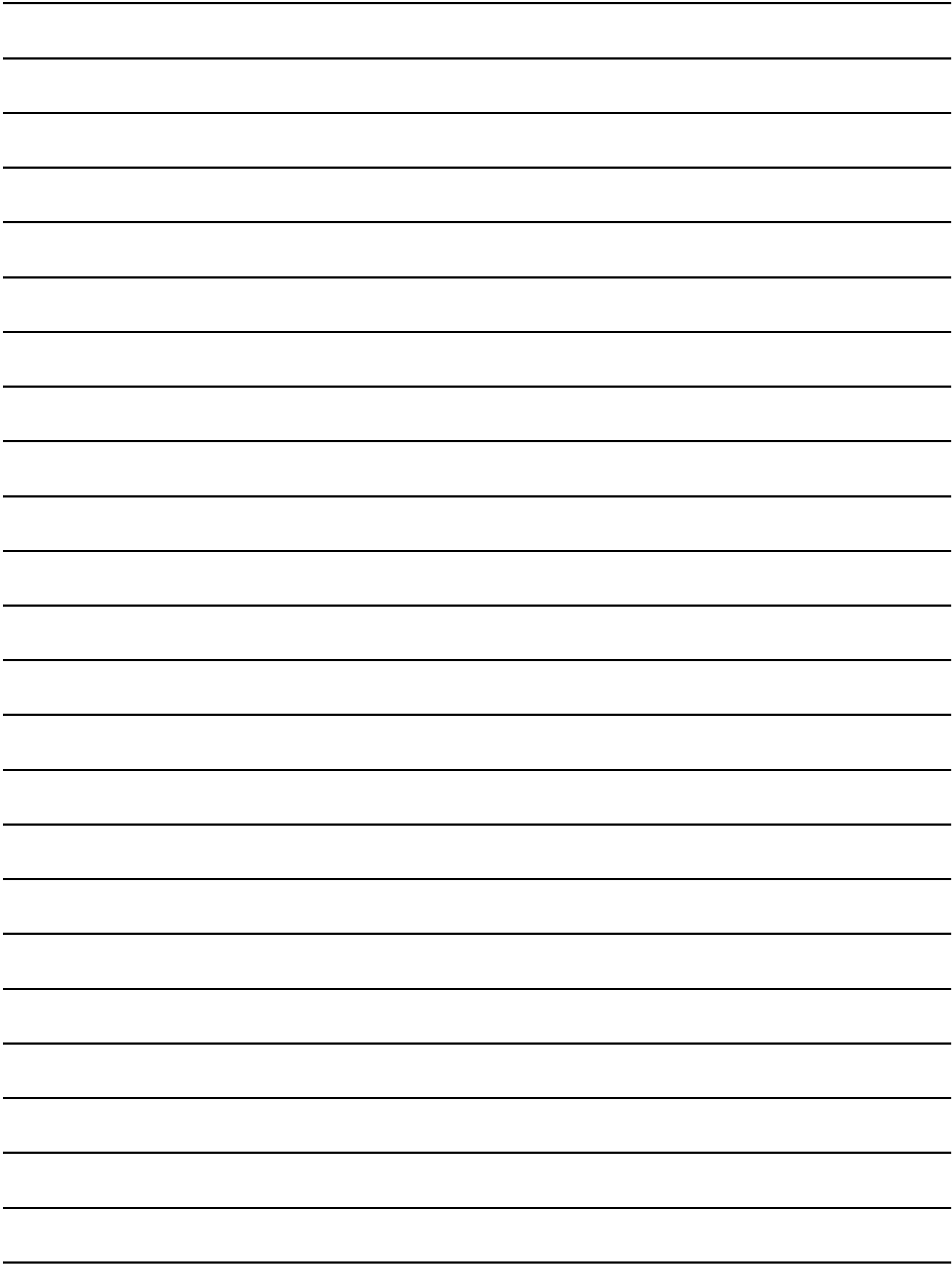
Price: \$10 (morning tea included)

Date: 9th April 2014

Time: 9.30am - 1pm

Where: Seminar Room, Grace Vaughan House, 227 Stubbs Terrace, Shenton Park

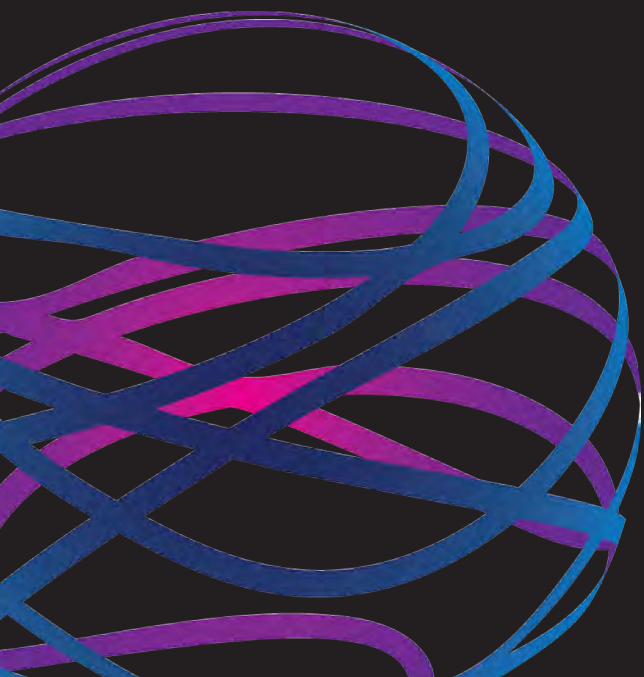
This session would be of benefit to people with an interest in developing effective health communication resources, e.g. posters, pamphlets and DVDs.



FINAL MESSAGE

Thank you for joining us at the 2014 SIREN Symposium. We hope you will have an enjoyable and stimulating day listening to the conference speakers, participating in the creative thinking workshop, meeting old colleagues and making new connections.

If you are not already a member of the SiREN Network and wish to join this email list to hear about future SiREN activities please email siren@curtin.edu.au with SUBSCRIBE in the subject line. Further information about SiREN is also available on our website www.siren.org.au.



SIREN

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