



'TESTING TIMES' Peer educators in community- based testing environments

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Department of Health
Trish Langdon



Overview

- Our 'testing times'
- Paradigm shifts
- Clinical service provision at the WA AIDS Council
- Combining Peer Education, Public Health and Medical Models
- Developing the M Clinic
- Different testers
- Outcomes
- Summary
- Recommendations
- Acknowledgements



We live in 'testing times'

Changing normative behaviour

- Men perceive themselves to be socially connected (at least in the virtual community), however there is anecdotal evidence that men are feeling less connected at a personal level leading to risk behaviour.
- In context of reduced condom use, regular STI testing is starting to be seen as an alternative risk reduction strategy for gay men.



We live in 'testing times'

Consumer demands

- Male health-seeking behaviour is generally poor
- Generational differences demand flexibility of service delivery (not a one-size fits all approach)
- Demand for tailored, personalised services as well as no-fuss, immediate and convenient services (paradox?)
- Pressure for introduction of rapid HIV testing - only relevant if the overall services are accessible



We live in 'testing times'

Challenges for community based responses

- Traditional education messages and community approaches not effectively engaging gay men
- Education messages becoming more complex requiring nuanced approaches
 - Individual and community debate regarding whether undetectable viral load is safe risk reduction strategy
 - Uncertainty about role of STIs in HIV transmission amongst gay men



We live in 'testing times'

Service pressures

- Tertiary sexual health services have critically low capacity (3 FTE Sexual Health Physicians)
 - Long waiting periods for asymptomatic screening
 - Few gay friendly GPs and mostly closing their books
 - Historically 50% of SOPV clinic attendees came especially for clinic
- Ongoing negative feedback from gay men re negative, judgmental experiences at GPs





We live in 'testing times'

Surveillance and epidemiology data

- Increase in new diagnoses of HIV and STIs among gay men in WA including SOPV and WAAC clinics
- High rates of asymptomatic infection at SOPV and WAAC clinic
- Resurgence of syphilis among gay men (from 2006 in WA) with call for increased testing

Periodic Survey and other research data

- Behavioural data (increased UAIC and R)



Responding to our 'testing times'

In order to minimise HIV and STI onward transmission, early detection is necessary:

- Provide accessible, appropriate and acceptable testing
- Provide appropriate treatment
- Undertake appropriate contact tracing
- Assess and deliver information and education requirements
- Engage men with broader health promotion strategies



Paradigm shifts

Traditional STI services for gay men

- Men viewed as a 'disease/STI'
- Isolated within medical model
- Poor access (location, hours of service, appointment based)
- Men are passive recipients of services
- Reactive (ie seen with symptoms)
- Risk reduction – condom based

Community peer-based services

- Men viewed as 'sexual beings'
- Integrated with other health promotion activities
- Accessible (drop-in, Sat morns and evenings, central)
- Men are actively empowered in process
- Proactive (ie regular STI screening)
- Risk reduction – testing based



WA AIDS Council Clinical Services

The WA AIDS Council has offered clinical services since 1991 in various locations:

- 2 x sex on premises venues in Northbridge
- WA AIDS Council office in West Perth
- M Clinic, a stand alone medical clinic in West Leederville since July 2011



Common features

- All developed in partnership between WA AIDS Council with medical, sexual health and pathology (government and private) service providers
- All incarnations have strongly featured peer educators within a health promotion framework
- All have been guided by the Ottawa Charter
- All have been accessible (ie opening times, location, no cost or low cost)
- All have been well utilised by target group



What is Peer Education?

- Peer education aims to influence an individual's knowledge, attitudes, beliefs and behaviours in order to achieve positive outcomes for health and wellbeing
- People more likely to discuss sensitive and personal issues with peer educators as they are seen to be more credible, non-judgmental sources of information
- Useful for marginalised and hard to reach populations who face difficulties when accessing mainstream health care





Combined model

- Peer education:** Authentic elicitation of sexual behaviour and challenges, assessment of health literacy and provision of appropriate guidance, information and support
- Medical:** Appropriate clinical diagnosis, treatment and follow-up
- Public Health:** Primary and secondary prevention (early detection) of HIV and STIs prevents or minimises onward transmission

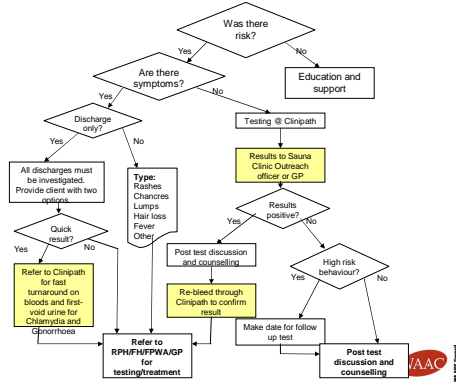


Before the M Clinic

- **Asymptomatic** screening (HIV/STIs) offered at WAAC office to complement SOPV clinic in response to syphilis outbreak in late 2006
- Clinical protocol developed in conjunction with sexual health clinics
- Men had pre-test discussion with WAAC peer educators
- HIV/ STI pathology performed by private provider using pre-signed forms
- Post test discussion including provision of results by peer educators who organised follow-up
- Positive diagnoses fast-tracked to tertiary services for treatment



ALGORITHM FOR UTILIZING CLINIPATH

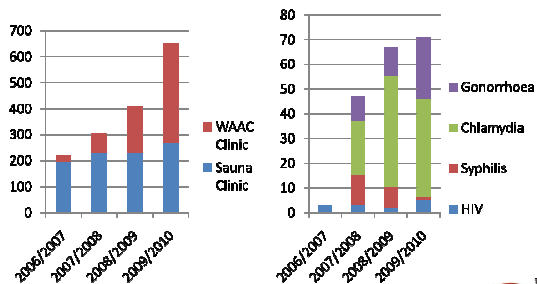


Growing evidence...

- Client numbers increasing at WAAC clinic
- Majority of HIV diagnoses (at WAAC and SOPV) were also newly acquired
- Very high yield of chlamydia and gonorrhoea at SOPV (not surprising as symptomatic men seen and treated)
- BUT – high yield of chlamydia and gonorrhoea at WAAC amongst asymptomatic men
- Syphilis cases reduced



No. Clients/Positive results




Consumer feedback


- In response to qualitative research undertaken with gay men:
 - Men liked the easy access, convenient hours, no charge clinical service provided at WAAC
 - Many not comfortable using sauna clinic
 - Expressed preference for non-identifying clinic away from WAAC

Key goal = access to high quality sexual health screening/testing and treatment





A matter of access - M Clinic



Men's Sexual Health Clinic
 Unit 4/24 McDermott St
 West Leederville
 Ph. 9388 8322

- Staffed by WAAC peer educators, nurse and 2 sessions of Medical Officer who provide culturally appropriate services
- Drop-in, non business hours, free & quick
- Situated in West Leederville – about 3 kms from city
- Attractive branding
- Neutral medical complex
- Reasonable parking
- Good public transport


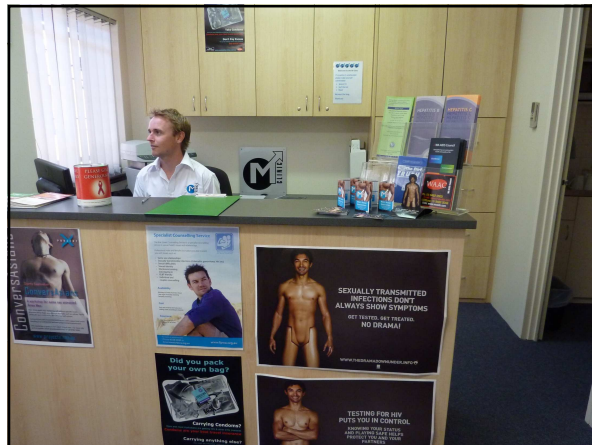

FOR GUYS WHO ARE INTO GUYS

Had sex with another guy? Worried about your sexual health?
 Concerned about getting your STI?
 Come to the M Clinic for FREE, confidential and non-judgemental STI testing. No appointment needed. Bring Medicare card for pathology.


Clinic hours

Monday:	None - 3:30pm	Tuesday:	None - 3:30pm
Wednesday:	None - 3:30pm	Friday:	None - 3:30pm
Thursday:	None - 3:30pm	Saturday:	None - 3:30pm
Wednesday:	3pm - 7:30pm	Saturday:	None - 3:30pm


Visit our website for additional testing info.
www.mclinic.net.au


When stripped down to our undies we are all the same.




We have pride.





We have fun.



We have sex...





...and we are all welcome at the M Clinic.


Different testers

- **First time testers** - around 10-12%
- **Repeat testers** - history of STI and/or risk behaviour. Proud to test regularly.
- **HIV+ gay men** – Increasing numbers. Gaps in sexual health knowledge and understanding around sexual health monitoring.
- **Younger clients** – Tend to make ill informed risk reduction decisions. Have varying knowledge and attitudes about HIV.
- **Contact traced through website or call** – Stigma around STIs, usually requires some reassurance and information.
- **Newly gay men** - can be reasonably well informed but seek peer support and direction.

Different testers

- **Men in new relationship** – prompts testing in view of negotiated relationship.
- **Informed risk takers** - use regular testing as means by which they can monitor health.
- **Uninformed risk takers** - provide information/ referrals in order for them to make informed choices OR change behaviour.
- **Anxious but risky** - attend after an at-risk event and use testing to ease anxiety. Need reassurance and information.
- **Overly anxious** - haven't put themselves at risk but want to test. Provides opportunity for reassurance and diversion away from repeat testing.



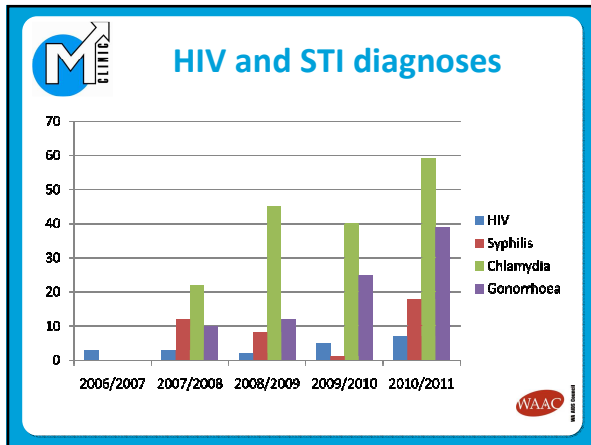
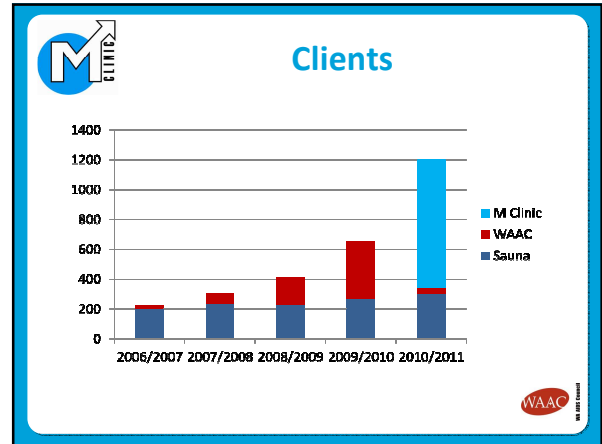
i test




I know that I need to get tested. The friendly staff make me feel comfortable and the open hours make it easy.

- Gustavo, tests at M Clinic

Men's Sexual Health Clinic
 No appointment needed. Bring your Medicare card for pathology.
 For open times and more information call us or visit our website.
 p: 5288 4922 | e: info@mclinic.org.au | w: mclinic.org.au


i test



Through regular testing I can be confident and comfortable that I have reduced the risk of sharing an STI.

- Mark, tests at M Clinic

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M Clinic

Testimonial

"The interview part of the session was substantially different to every other screening I've been through and I thought it warranted recognising. It was simply the benchmark standard to which I think every other screening process should be held to.

The person who interviewed me was thorough, clear in communication, approachable but also importantly covered a lot of educational stuff that I recognised had been missing in part or full from most of the interviews I'd had before in other sexual health clinics.

For the record, I don't know any of the staff beyond my experiences at the M Clinic and felt I should make that clear in writing this."

WAAC

M Clinic

Summary

- Clients express high level satisfaction with service delivery and recommending service to others.
- Regular testing patterns are being established for attendees.
- Evidence that model facilitates early diagnoses for HIV and STI and asymptomatic infection thereby minimising onward transmission.
- Effective use of specialist sexual health resources which deal with positive cases rather than negative cases.
- Provides opportunities for specialist workforce skill building.
- Formal evaluation by Kirby Institute planned.

WAAC



Recommendations

- Peer-based HIV/STI testing is a safe and cost effective testing model and has potential to be applied in different settings and for different populations.
- As it requires high level of trust between all practitioners, staff must be supported with clear clinical guidelines and policies, ongoing training and supervision.
- The unique insights gained from clients should be used to inform program design and implementation in broader health promotion strategies in community based organisations.
- New innovations such as Point of Care testing could be incorporated into model.



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