

# Innovative methods to increase HIV testing among MSM in regional Queensland

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## Innovation

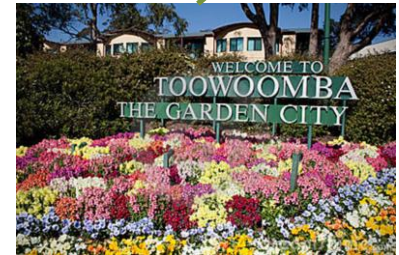
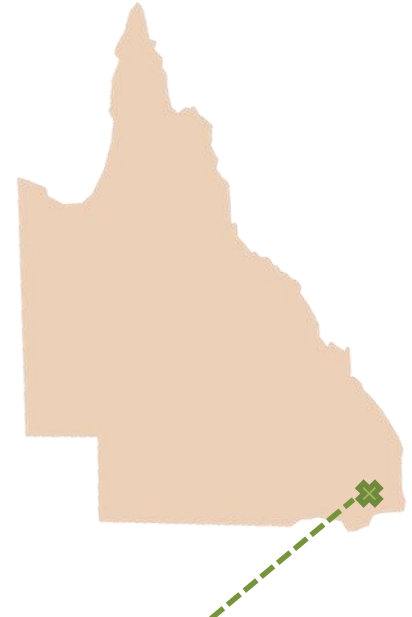
- **Mobile clinic van intervention for MSM in regional Queensland (Toowoomba) staffed by trained ‘peer testers’**
- **POC Testing in community sites/‘beats’**
- **Recruitment: Social Media Apps and secondary trial of Respondent Driven Sampling**
- **Intervention: Time limited, resource intensive mobile clinic van for 12 week intervention – 1 evening & 1 afternoon clinic per week**
- **‘Dovetailing’ with HIVFQ grant funded HIV self-testing (OraQuick) postal kits project**





## **Background (formative assessment)**

- **Gilead grant (\$20k) to conduct peer-led, HIV testing from mobile clinic in Toowoomba**
  - ↑ notification of Syphilis MSM in Toowoomba mid- late 2015
  - Limited access to testing in regional QLD
  - UN 90-90-90 goals
- **Meetings in Nov 2015 – with university, community and public health service partners**
- **Partnership with USQ in Feb 2016; additional funding acquired from the HIV Foundation Qld (\$80k)**
- **Scoping trips to Toowoomba: including contact with sexual health clinic, city council, GLBT police liaison office, community representatives**





## **Anticipated Outcomes – HIVFQ grant**

- 1. Determine if a time-limited mobile clinic van is a feasible and acceptable method for regional MSM to engage with HIV testing in resource limited settings.**
- 2. Determine if utilising ‘online’ networks to engage with regional MSM to recruit seeds and potential clients to access the mobile clinic van is an acceptable recruitment method.**
- 3. Determine if utilising respondent-driven sampling to engage with regional MSM to identify ‘seeds’ and potential clients to access the mobile clinic van are acceptable recruitment methods.**
- 4. Determine regional MSM’s attitudes towards and future use of accessing a postal home HIV test kit.**





## **Performance Indicators – HIVFQ grant**

**No. of MSM engaging with mobile testing van for HIV and Syphilis testing who report last test 12 months or more.**

**No. of MSM satisfied with testing at a time limited mobile clinic van in a community setting.**

**No. of online engagements and participants recruited through online networks.**

**No. of MSM recruited through seeds/respondent-driven sampling.**

**No. of MSM who report barriers to accessing HIV testing in the Toowoomba region.•**

**No. of MSM expressing interest in HIV home testing.**

**No. of HIV home tests ordered from participants after peer engagement from mobile clinic van. (not specifically relevant)**



## **Findings to date**

**Slow engagement to date: 12 tests (age 21-65; most living in Toowoomba).  
Most recruited via Grindr.**

**Majority gay (n = 9), minority bisexual (n = 2), straight (n = 1).  
Majority born in Australia. No Indigenous, No IDU.**

**Testing history: Never tested (n = 2), more than 12 months ago (n = 4),  
less than 12 months ago (n = 6). No reactive Syphilis or HIV tests to date.**

**Many more contacts via social media sites, with information provided  
regarding:**

- alternate testing sites (Brisbane/Gold Coast)**
- home testing options and HIV prevention strategies (PrEP).**

**Typically approximately 4-6 weeks from time of initial contact online to  
testing.**



## Findings to date

	SA	A	U	D	SD
Q1 A peer-led, community based testing service like the RAPID mobile van clinic would <u>increase my HIV testing frequency</u> :	8	2	2		
Q2 I would be <u>happy to refer a friend</u> for HIV/sexual health testing via an incentive coupon:	7	3	1	1	
Q3 I would have <u>had a HIV test regardless</u> of whether the mobile clinic van was available:	7	3	2		
Q4 Community HIV testing from a mobile clinic van in an <u>acceptable HIV testing method</u> ?	9	3			
Q5 I find it <u>easier to test for HIV</u> from a mobile clinic van located near a 'beat':	4	2	4	2	
SA=strongly agree, A=agree, U=unsure, D=disagree, SD=strongly disagree					





## Findings to date

	SA	A	U	D	SD
Q6 If the <u>mobile clinic van</u> came regularly, my HIV/sexual health <u>testing frequency</u> would <u>increase</u> :	9	2			1
Q7 I would <u>prefer to test</u> for HIV <u>anonymously</u> :	6		5		1
Q8 I would be <u>willing to use a HIV home testing kit</u> after a referral from the mobile clinic van:	7	2	1	2	
Q9 I would be <u>willing to use a HIV home testing kit</u> in the future:	6	3	2	1	
Q10 I would be <u>willing to pay for a HIV home testing kit</u> :	4	4	3		1
<i>SA=strongly agree, A=agree, U=unsure, D=disagree, SD=strongly disagree</i>					

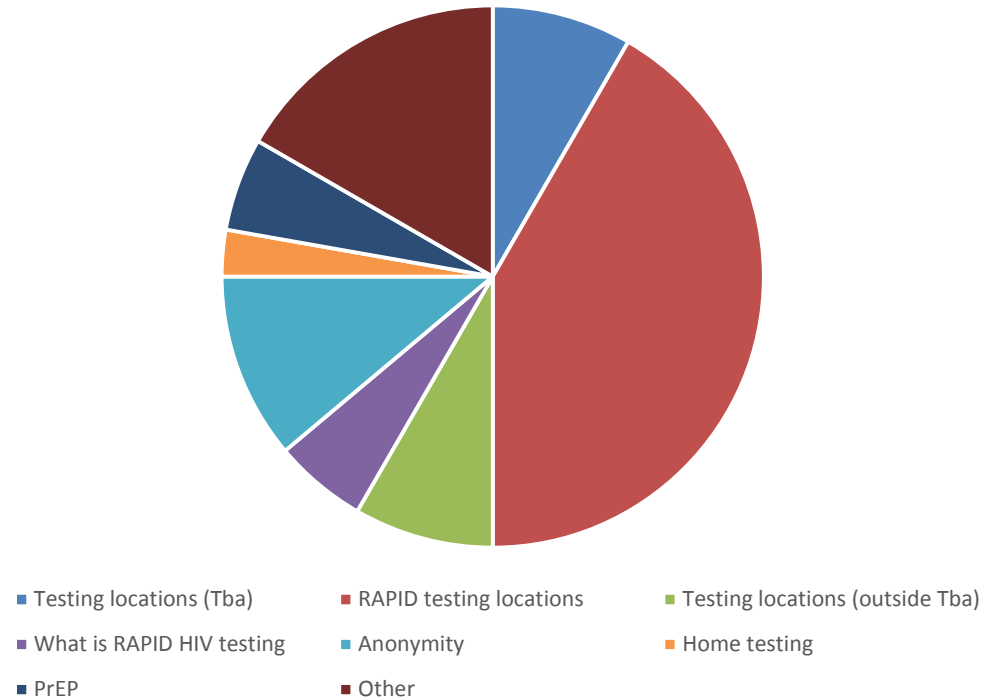


## Findings to date

### ● No. of online engagements

# of online engagements	
Grindr	27
Squirt	3

Conversation Themes



### ● No. of MSM recruited through seeds/respondent-driven sampling. *None to date.*

### ● No. of MSM who report barriers to accessing HIV testing in the Toowoomba region.

*A minority (n=3); related to: hospital parking, not really private”, “small town, know too many people”, and “gossips within the health service”*



# Project management update: Challenges, Solutions & Learnings...

- **Logistics**
- **External circumstances**
- **Community perceptions**





## **Future directions**

- **Seek additional funding to extend project timeframe**
- **Seek ethics approval for qualitative interviews**
- **Compare data between HIV POCT in regional and urban settings**
- **Develop referral pathways, promotion and evaluation re: self-testing options**





## Conclusions



- **Mobile HIV testing acceptable and feasible; some reported no previous testing; and a preference for mobile testing**
- **Testing is resource intensive in regional communities**
- **No positive test results to date**
- **Many barriers influence uptake in this group**
- **Additional time may help the project grow in momentum and attract further participants**
- **Other (unintended) outcomes of the project have been noted (e.g. health promotion, education, referrals, accessing other testing sites)**

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