HIV AND MOBILITY FORUM

Wednesday, 30 May 2018

Summary

On 30 May 2018, 28 participants from non-profit organisations, service providers, state and local government, research organisations, universities and community groups gathered at Crown Perth for the HIV and Mobility Forum, hosted by the WA AIDS Council.

The goal of the HIV and Mobility Forum was to provide a collaborative space for discussing the priority actions needed for HIV in mobile populations in Western Australia. The Forum also aimed to explore the creation of a Community of Practice for Action on HIV and Mobility in WA (CoPAHM WA).

Ongoing knowledge and resource sharing, and collaboration between organisations and communities is essential in impacting HIV in mobile populations. These partnerships enable organisations to better connect with communities and effectively provide information and services.

Dr Graham Brown, Australian Research Centre for Sex, Health and Society, facilitated The Forum and the Honourable Alanna Clohesy officially opened the event on behalf of the Deputy Premier. Presenters included Byron Minas, Communicable Disease Control Directorate; Tyler Morgan, HIV and Mobility, WA AIDS Council; and Corie Gray, Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN).

Group Discussions

The Forum included two group discussions, the first focussing on the key issues of HIV and Mobility in WA, the second focussed on the possibility of a Community of Practice for Action on HIV and Mobility in WA.

In the first discussion, participants focused on the five priority areas for action outlined in *the HIV and Mobility in Australia: Road Map for Action* report:

1. International Leadership and Global Health Governance
2. Commonwealth and State Leadership
3. Community Mobilisation
4. Development of Services for Mobile or Migrant People and Groups
5. Surveillance, Research and Evaluation

The five areas were arranged by tables, with participants choosing their areas of interest. Priorities 1 and 2 were combined, focusing on Local leadership actions at all levels of governance. Priorities 3 and 4 were both split into two areas: Key Migrant Populations and International Students.

The second discussion examined the formation of a CoPAHM in WA to access state-specific needs.

Discussion Points

Participants recorded key points on butcher's paper and placed stickers on points they believed most important for action and continued discussion by CoPAHM WA, particularly in the next 12 months. The summary of these notes are provided below and will be taken by CoPAHM WA for further discussion.

Priority 1 & 2: International, National, State and Local Leadership

The Priority 1 & 2 Discussion Group primarily focused on the immigration and justice system creating barriers to testing and providing information, particularly in regards to immigration and refugees.

Top Points:

- The criminalisation of sex work and HIV transmission is a barrier to testing and treatment, and increases discrimination and stigma for some members of mobile populations. **15 dots**
- There is a need to have public positions on political barriers to health, e.g. immigration testing, detention. **9 dots**
- Services within facilities need to be culturally sensitive. How to lobby this? **4 dots**

Other Points

- Fears regarding HIV status or potential HIV status affecting visas and residency status impact willingness to engage in testing. **2 dots**
- We need to build capacity for lobbying to advocates within affected communities. **1 dot**
- Differences in legislation between states are an issue and can cause confusion, particularly for people from migrant backgrounds.

Priority 3: Community Mobilisation of Key Migrant Populations

The group focused on what can be done to connect with key migrant communities and reduce barriers to testing. Developing partnerships with community groups and members is key to engaging with hard to reach populations.

Peer Education

There is a clear need for more peer educators in migrant populations. They have proved valuable in numerous projects (Peer Based Harm Reduction WA, Hepatitis WA and Magenta) and are the best access into hard-to-reach communities.

- High importance of reimbursing peer educators for their time and effort, and to maintain long term engagement. Increased funding is necessary to support this. **14 dots**
- Empower community members and organisations to support their community **11 dots**
- Reach people through *English as Second Language* classes. **1 dot**
- People with health backgrounds or qualifications, especially those currently working in health care, are ideal candidates for peer educating.
- Work with companies that employ high numbers of migrants. Empower staff to be health advocates in the workplace.
- Train youth leaders in communities to engage with peers **4 dots**
- Empower staff in community centres and health clinics to be champions

Barriers to Testing

Sexual health testing is not on the radar for many people from culturally and linguistically diverse (CaLD) backgrounds, let alone accessing health services for general medical. **8 dots**

- Issues for migrant populations in regional areas such as increased isolation, particularly for those with no or low English, and lack of awareness of available services. **7 dots**
- There are a wide range of limitations to engaging in HIV testing, including cultural attitudes and values and lack of awareness. **4 dots**
    - Taboos in many communities. STIs not discussed or engaged with. **2 dots**
    - Issues around stigma and shame to get tested.
    - Some cultural groups are open to engaging around sexual health but others have proven difficult (e.g. Indian and Vietnamese communities in Perth). **1 dot**
- Language is important. Difficulties with English as second language and diverse languages within people from migrant populations.
    - Develop community resource kits with translated information.
    - Engage and train bilingual staff to provide information to patients and clients.
    - Frame information in culturally appropriate way, focusing on health outcomes and impacts to encourage testing. **5 dots**
- Phone interpreters through TIS used in healthcare and other service providers can be from patient's local community. Patients may rely on family members, friends or community members to translate in medical appointments. Confidentiality and comfortability is not guaranteed, particularly around discussing sexual health. **1 dot**
    - Develop sensitivity training on issues around sexuality, cultural sensitivity, alcohol and drug use, sex work for interpreters and translators.
    - Advise use of interpreters from other states to preserve confidentiality.

Increasing Engagement with Communities

- Explore potential funding and support opportunities from travel industry. **4 dots**
- Develop opportunities for African and South East Asian men with employment focus, particularly with transnational companies. **3 dots**
    - Engage with employers and provide training to staff.
    - Link to current programs through organisation and community partnerships.

Partnerships

- It is important to partner with organisations who already have connections with priority populations, providing support and increasing connections.
    - Office of Multicultural Interests. **3 dots**
    - Ethnic Community Council. **2 dots**
    - Peer Based Harm Reduction.
    - President of African Nations in WA is very receptive.
    - Centre for Culture, Ethnicity and Health.
- Identify churches, community centres, and sporting and social clubs with high priority population engagement. Migrant community leadership is essential for connecting with communities and increasing engagement with services and health messaging. **1 dot**

Priority 3: Community Mobilisation of International Students

Increase engagement with educational institutions 7 dots

It is important to increase engagement with educational institutions and service providers (universities, TAFE, etc) to provide information, training and resources around sexual health to international students. This includes training staff members and students.

- On-campus healthcare providers such as medical clinics and counselling **2 dots**
- Residential halls and student accommodation **2 dots**
- Guilds and Student Associations **1 dot**
- English language schools **1 dot**
- International Student departments
- Student groups such as health promotion and medical students
- Online learning platforms and university websites can provide sexual health information and refer to external sources for more information and service provision
- Engage with private companies that provide services to international students

International Student Peer Educators

As with migrant populations, peer educators are an important way to connect with international students, and provide a safe space for the provision of sexual health information.

- Provide incentives for international students who are interested in health/medicine/etc. to be peer educators. **7 dots**
    - Partner with universities to provide peer educators with subsidised/free courses in sexual health (e.g. sexology/health promotion) or certification in return for educating their international student peers as alternative to monetary reward.
- Partner with student peer educator programs run through universities (e.g. UWA) **3 dots**

Other Points

- Universities currently provide free resources such as pamphlets and safer sex packs in health centres and guild departments. Work with them to provide more and to adapt or create resources that would be valuable to international students.
- How can we make companies that employ mobile workers and international students care about sexual health? Is there an economic argument that can be used? **3 dots**
- International students are frequently engaged with as one group. They need to be addressed and engaged with as individuals from diverse backgrounds, experiences and attitudes **2 dots**
- Increased acknowledgement, support and inclusion of international students with diverse genders and sexualities

Priority 4: Development of Services for Key Migrant Communities

The development and promotion of services that cater for people from migrant communities is essential in supporting the community around engaging in their sexual health. Equipping both peers in the community and healthcare professionals with knowledge and skills around HIV is an important step in decreasing risk and increasing testing.

Increasing engagement with health services

- Bring testing to the people, taking into account the barriers of shame and stigma. **7 dots**
  - Rapid testing access. **5 dots**
- Provide training for GPs and other healthcare workers in sexual health, particularly those working in multicultural areas. **6 dots**
  - Health professionals from migrant backgrounds can experience personal barriers to discussing sexual health with patients. Need to address physician attitudes and values with sexual health training.
  - Engage with medical students before completion of education to ensure best practice from beginning.
- Target bi-lingual workers for sexual health training as they can better communicate with patients who do not speak English. **2 dots**
- Build capacity in hospitals and other health services to take pressure off GPs. **2 dots**
  - Nurse practitioners able take up the slack.
- What services are designed or accessible by migrant populations?
  - Are they adequate? (Trained in sexual health, culturally sensitive)
  - Do we need to increase the services provided to migrant populations or improve the current available services
- GPs and health care in regional areas.
  - Training and referral management (HIV treatment support from Perth).
  - Health messaging for migrants in regional areas?
  - Regional management plans.
- Patients able to test and treat anonymously to reduce fears around visa issues or family/community finding out.
  - No documents mailed to households that would identify patient as having engaged in sexual health services.
  - Services accessible to patients without Medicare card
- Refugees undergoing health assessments and screening
  - Viability of follow up health testing and resource provision after 1st year?
  - Difficult to engage with refugees after 1st year

Other

- PrEP use among CaLD men who have sex with men. Is it adequate? Is our contact with this population adequate and effective?

Priority 4: Development of Services for International Students

Top Points

- Increased university health services. **9 dots**
  - International students have described being uncomfortable discussing their sexual health with university medical centre doctors, particularly for men who have sex with men.
- Insurance coverage gaps – e.g. PrEP, sexual health testing. **8 dots**

    - International students may not be able to afford testing. Promote services that provide affordable or free services for non-Medicare card holders, whether on campus or off-campus, e.g. SHQ, M Clinic. **2 dot**

- Student counselling is important, particularly providing support to international students around sexuality and sexual health. **8 dots**
- Provision of resources, training and support through residential colleges, hostels and student housing. **5 dots**
    - Work with university health promotion units and health centres. **1 dot**
    - Provide easily accessible information through online platforms, including official university websites, social media, apps and learning portals like Blackboard.
    - Conduct workshops on communication, sexual health, sexuality, how to access health services. Discuss harm reduction strategies, as many international students are higher risk due to heightened sense of freedom and independence.
    - Provide health resources to incoming students outlining important information.

Other Points

- Provide information and resources to Australian students travelling overseas on exchange, especially to high HIV prevalent countries. **2 dots**
- Promote testing and information through international student associations, guild departments and clubs. **2 dots**
- Fears around the confidentiality are potential barriers. Many international students are concerned about the confidentiality of their health status, and fear it may impact their student records and visas. These fears are particularly common in Indian and Chinese international students. **1 dot**

Priority 5: Surveillance, Research and Evaluation

Top Points

- Assess need to test for STIs and HIV among frequent travellers, tourists and exchange students upon return from travelling overseas **6 dots**
- Research and evaluation of international students' experiences of challenges coming out, getting tested and receiving treatment in Australia. **6 dots**
    - Examine barriers to testing and how to address those barriers.
    - How social perception of sexuality/HIV etc. has or hasn't changed, and continued attitudes and values around sexual health.
- Raising awareness regarding risk perception – particularly among travellers **5 dots**

Other Points

- Is there a form/survey to capture data on men, HIV risk and whether not they have taken PrEP? If not, why not?
    - Retrospective analysis – why people from overseas may not take PrEP **2 dots**
- More education needed for people realising (or needing to realise) HIV risk and take appropriate precautions **1 dot**
- International students and PrEP cost and eligibility – may have to import **1 dot**
    - Could surveillance data assist capturing this group?

    - PrEP use or HIV status on overseas travel insurance? Issues if family not aware of sexual status

- Surveillance post-diagnosis to assess whether people have adequate access to treatment
    - Are people staying in care once diagnosed in WA?
- Overseas acquired, late presentation – explore data linkage opportunities **1 dot**
- Data linkage – cause of death?
    - To replace forms **1 dot**
    - Overseas acquired HIV notifications, retention in care, quality of life/care, health outcomes **1 dot**
- Subpopulations who don't think they are priority – hard to target
- Data missing in health information/background of immigrants can make is difficult to know what health services to refer them to. **1 dot**
- Parts of the community are difficult to access/identify
    - Improve collection of ethnicity data so to better understand demographics and needs of communities

Community of Practice for Action on HIV and Mobility in Western Australia

A state Community of Practice for Action on HIV and Mobility in Western Australia would enable members to better share information and collaborate to effectively make a difference with HIV in WA mobile populations. This kind of work would greatly increase the reach and quality of services, improve community involvement and enable organisations and communities to work together to provide important services.

Process of forming a CoPAHM in WA

1. Involve/ invite those people that didn't make it to the Forum
2. Initial meeting/s with core group of interested people to discuss structure and details
3. Develop Terms of Reference that members agree upon
4. Discussion of key priorities and actions that are realistic and achievable, taking what was covered in the first group discussions of the Forum
5. Develop a draft action plan for the next twelve months. What needs to be done? What collaboration is needed in order to achieve those goals?
6. Distribute Terms of Reference and Action Plan for feedback from whole group and get commitment and agreement.
7. Formalise CoPAHM WA and enable members to work together to effectively impact WA mobile populations
8. Continued meetings and evaluation to examine impact

Membership

- Levels of membership/involvement/engagement
- Responsibilities and governance
- Members also join national CoPAHM?
- Important to have representation from community groups and mobile populations

- Need diverse representation of organisations/ agencies/ services to get a good spread of skills, knowledge and experience.

Meetings and events

- Frequency (monthly, quarterly, biannually, annually)
- Core group planning meetings vs. larger Forum style events
- Teleconferencing for rural and regional members

Key priority actions for first 12 months

Develop State level action plan

- What needs to be done?
- What is already being done that needs to be improved?
- What partnerships are needed to reach communities that are difficult to engage with?

Use notes from HIV and Mobility Forum and Roadmap of Action as guides.

How to have CoPAHM WA not be just another reference group or committee

- Broad, community level approach which enables support and collaboration
- Co-ordinated actions (not one agency or person doing it all)
- Increased level of collaboration on projects
- Less discussion and more action

Next Steps

The HIV and Mobility Forum proved to be successful. 18 participants from 13 organisations, including community services agencies, state and local government, universities and research organisations and community groups, expressed interest in membership in CoPAHM WA. 10 respondents expressed interest in taking a part of the CoPAHM WA core group to take what was discussed during the event and using it to help form and focus the community of practice.

The next steps will be for the core group to meet to examine what needs to be done to formalise CoPAHM WA and to discuss the key actions needs to impact HIV and Mobility in Western Australia.

Invitations to join CoPAHM, both the national and state bodies, will be extended to those who were not able to attend the HIV and Mobility Forum but saw the value of forming a state community working together to make a distinct and valuable difference in the area.

Western Australia has a unique situation and set of challenges and it will be a community-based approach centred on sharing information, resources and connections that will enable real impacts and changes to be made.