

Barriers and facilitators relevant to an HIV-testing clinic model among Chinese and Thai MSM at Sydney Sexual Health Centre (SSHC)

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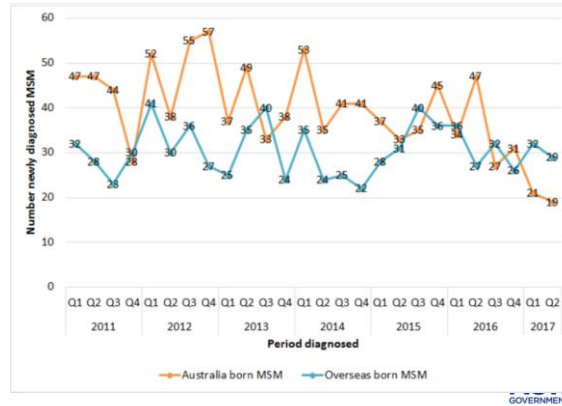
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Background

- 2006-2015 proportion of MSM diagnosed with HIV who were born in Asia ↑ from 30 to 57%
- Of 85 new HIV diagnoses at SSHC in 18 months to June 2017, 22% were born in China or Thailand

Background

- ↓ HIV diagnoses in MSM in NSW however no change in CALD MSM



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- SSHC has an outreach clinic a[TEST] run in partnership with ACON – peer led
- Xpress screening clinics at SSHC (English language only)
- Thai and Chinese speaking nursing and health promotion staff
- 2012 Thai and Chinese ♀ sex workers did not favour ↓ wait times via Xpress clinic over not being physically examined or using a CASI

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Aim

- To determine the personal and clinical facilitators of Chinese and Thai MSM for attending a SHC
- To determine the acceptability of an Xpress model

Methods

- Jan 2016 and May 2017 Chinese and Thai speaking MSM attending for the first time
- SSHC and a[TEST]
- 25 item questionnaire administered in Thai/ Chinese or English
- Questionnaire piloted

Results

- 198 surveys distributed and 102 returned
- Of the 102:
 - 54% SSHC, 46% a[TEST]
 - English (28, 27%), Chinese (56, 55%) and Thai (18, 18%).
- 80% spoke Chinese at home
- Mean age 28 years (range 17-47) and 70% were <29 years old
- 59% had been in Australia for >2 years

Results

- 20% had not told anyone they were gay/MSM
- 80% indicated that the most important facilitators for attending for testing were:
 - Expert staff
 - Confidentiality
 - Non-judgemental
 - Free/anonymous
- 34% had not tested for HIV in Australia (25% not knowing where to go, not needing a test, being worried about the result)

Results

- 39% heard about SSHC from friends
- 67% came for HIV testing and/or 'a risk'
- 2/3 indicated they would use an Xpress model
- Those born in China more likely to use Xpress model
 - Gay connectedness, recruiting site, HIV test in Australia not significant

Limitations

- Convenience sample of men already attending a clinical service
- 50% questionnaire return rate
- 2 different services were utilised to recruit – both utilise CASI

Strengths

- Hard to reach population –
 - born overseas
 - less community engaged (versus Asian Gay Periodic Survey)
 - Lower rates of recent HIV testing

Conclusions

- Promotion of testing options should continue across diverse platforms emphasising confidential, free and non-judgemental services
- Xpress clinic options should be explored
 - 2015/16 AGPS: 20.6% tested at a[TEST]

Acknowledgements

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