



Sexual Health Peer Education Campaign & Resources for Remote Communities

A national response to high rates of
Sexually Transmitted Infections (STIs) in
remote communities


I wish to acknowledge the Ngunnawal people as the traditional and true custodians of the land which are meeting today. I honour the Ngunnawal Elders past and present, the current leaders, and lastly the young people coming up as future leaders. I wish to acknowledge any other Aboriginal people in this room, as well as their elders past and present





What we will cover

Background

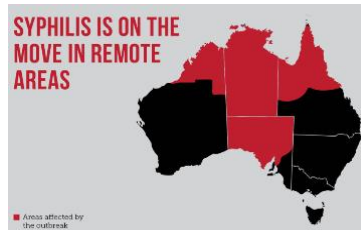
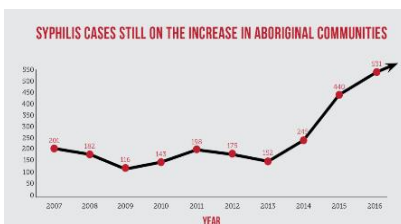
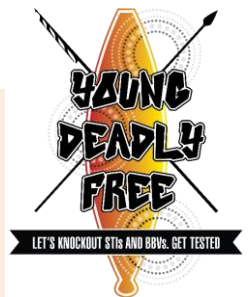
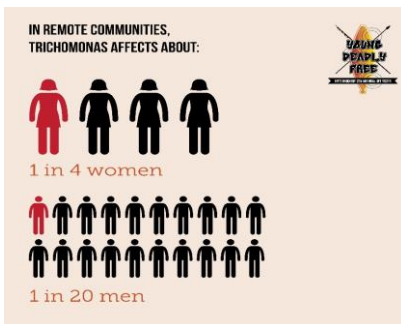
Project aims and focus

Resources

Peer education



Background





The team

A consortia of Aboriginal Community Controlled Health Organisations in NT, SA, QLD and WA. The project is coordinated by the SA Health and Medical Research Institute (SAHMRI):

- SAHMRI: lead organisation
- Aboriginal Health Council of South Australia (AHCSA)
- Aboriginal Health Council of Western Australia (AHCWA)
- Aboriginal Medical Services Alliance of the Northern Territory (AMSANT)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Kimberley Aboriginal Medical Services (KAMS)



Who are we?

Jessica Thomas

National Coordinator
Remote STI & BBV Project:
Young Deadly Free
South Australian Health and
Medical Research Institute

Aaron Ken

Sexual Health Community
Education Project Officer
Aboriginal Health Council of South
Australia



Aboriginal Health Council
of South Australia Inc.

'Our health, our choice, our way.'





Project Overview

Focus:

Aboriginal and Torres Strait Islander people aged 16-29 years living in remote and very remote Australia

Aims:

- To increase STI/BBV testing uptake
- Increase STI/BBV knowledge, awareness, skills & prevention



Project Components

Clinician resources

Young people – Animations, Infographics, Fact sheets

People of Influence resources

Peer education





Clinician Resources



Resource audit



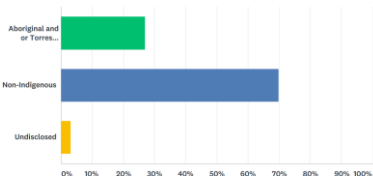
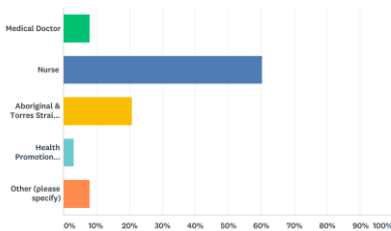
Scoping needs survey



Regional clinician working groups

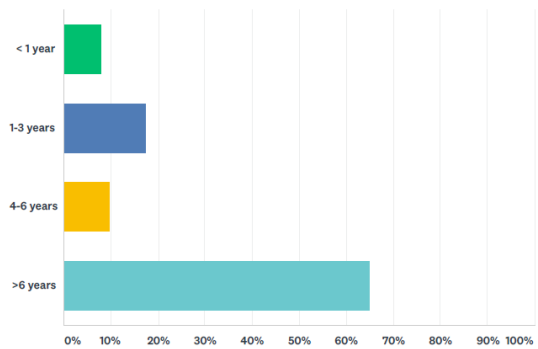


Remote clinician champions



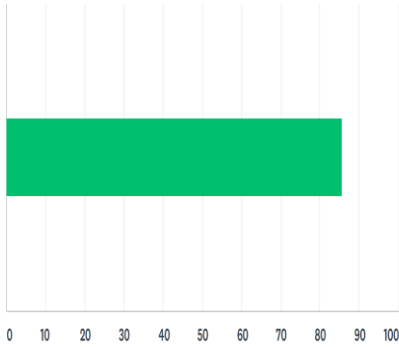
Q5 Length of time in remote practice

Answered: 63 Skipped: 0



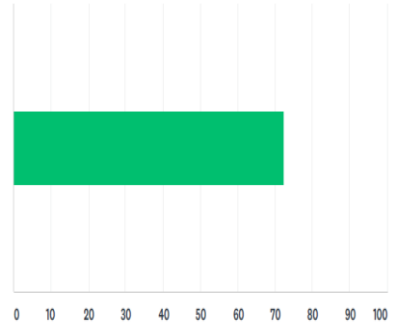
Q6 How comfortable do you feel offering STI & BBV testing to young people?

Answered: 63 Skipped: 0



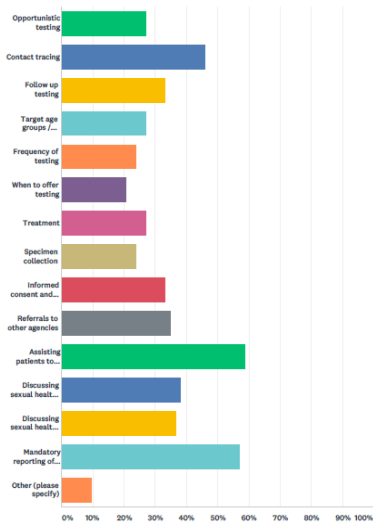
Q7 How comfortable do you feel offering STI & BBV testing to people of the opposite sex?

Answered: 63 Skipped: 0



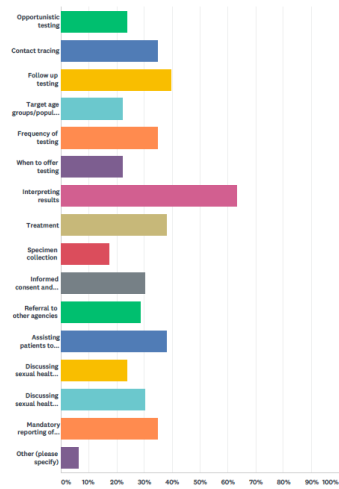
Q9 In which areas of STI testing and management would new knowledge improve your practice (STIs here- refer to chlamydia, gonorrhoea, syphilis and trichomonas). Please choose one or as many options as applicable.

Answered: 63 Skipped: 0



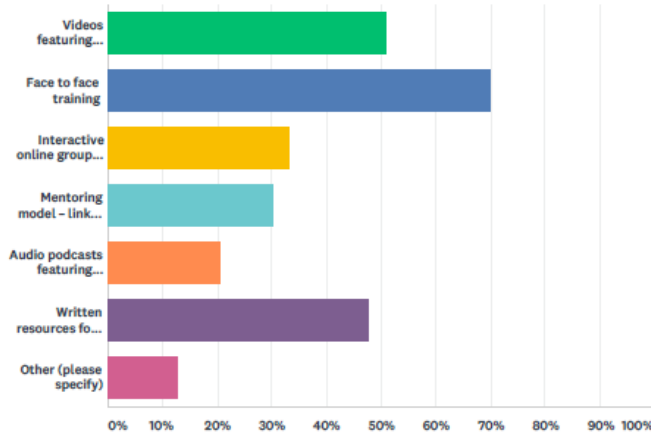
Q10 In which areas of BBV testing and management would new knowledge improve your practice (BBVs refers here to hepatitis B and C and HIV). Please choose one or as many options as applicable.

Answered: 63 Skipped: 0



Q14 Which format would you prefer to see resources delivered in? Please choose one or as many options as applicable.

Answered: 63 Skipped: 0



Animations – STI, Syphilis, HIV, PrEP

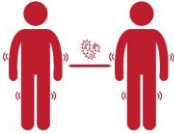




Infographics - General STI

IT TAKES TWO...

IF ONE PARTNER GETS TESTED AND TREATED AND THE OTHER DOESN'T THE STI WILL KEEP TRANSFERRING BETWEEN THE TWO PEOPLE.



COMMUNITIES CAN BE FREE FROM STI'S

if people test often and get treated



Trichomonas

Trichomonas is a sexually transmitted infection (STI) - a disease you can get from having vaginal or anal sex without a condom, or from oral sex.



Carry condoms for your friends and visit the clinic together to get tested - it's no shame!

TOGETHER WE CAN KNOCKOUT STIs.

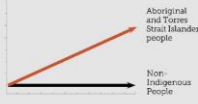




Hep C

**OVER
THE LAST
5 YEARS**

Hep C rates have increased among Aboriginal and Torres Strait Islander people but have remained the same for non-Indigenous people.



In Australia 1 person every hour is diagnosed with hep C

TREATMENT

Hep C medicine available in Australia can cure people in 8-12 weeks. The medicine can be prescribed by any doctor.



People of Influence (POI)

Criteria for POI selection

- Interviews providing valuable feedback;
- Resource development
- Nomination of peer educators

Yarning Quiet Ways resource – developed by DoH Western Australia





People of Influence (POI)

“Aboriginal people resonate with something that’s real and genuine, you know? Not something that is too detached from their reality. It has to be like, oh that could be me, that could be me, that could be my family or that could be someone in this community”

“You gotta teach the parents, what if they don’t know, how are they gonna teach the kids?”



Website

Young, Deadly, Syphilis free campaign

Remote STI & BBV Project



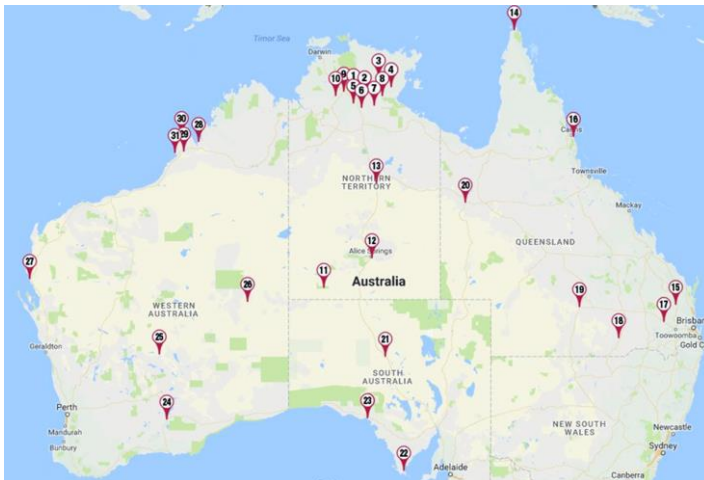


Peer education

- 4-8 young people (16 to 25 year old's) per site
- POI and clinical/community mentor assist in recruiting Peer Educators
- Peer educators will be involved in 3 days of training (15 hours) paid \$100 at completion
- Peer educators run at least 3 peer education sessions to raise young people's awareness of STI and BBV and promote testing. Paid total of \$600 for community sessions.



Peer Education Sites





Peer Educator Training



Consultation



Peer Education Training (15hrs over 3 days)



Peer educators will run 3 sessions in their respective communities



Peer Educators are paid for their time



Community Voices



Training:

“Great. Good to learn about more STI & BBV”

“Good information about sexual health and what you should do and not do.”



Favourite thing:

“The training was interesting and fun”

“Relaxed, ease of conversation”





Peer Education in community



Ongoing support



Design a plan which suits their passions and interests.



Incentives for participants of the community sessions



Evaluation



To increase the uptake of STI and BBV testing and increase treatment rates



Uptake of testing rates evaluated through analysis of STI testing and management



Peer education evaluation



Independent evaluation SiREN from Curtin University



Acknowledgements

The YDF team:

James Ward, Jessica Thomas, Aaron Ken, Linda Forbes, Amanda Sibosado, Kathleen Brodie, Daniel Vujcich, Mark Saunders, Vicki Gordon, Brian Castine, Katy Crawford

All the peer educators, community members and clinical services who have supported the project so far



How can you get involved?

- Visit website youngdeadlyfree.org.au
- Join our clinician working groups
- Utilise the resources on the webpage

