

## **Better outcomes: how the Aboriginal and Torres Strait Islander health workforce helped shape a successful HIV response in regional Queensland**

**Authors:** Thallon L<sup>1</sup>, Webster A<sup>2</sup>, Nakata Y<sup>3</sup>, Dempsey M<sup>4</sup>, Cashman C<sup>3</sup>, Mein J<sup>4</sup>, Yarwood T<sup>4</sup>, Lukies S<sup>5</sup>, Gorton C<sup>6</sup>, Wojciechowski L<sup>7</sup>, Byrne R<sup>8</sup>, McPhee T<sup>8</sup>, Barrett D<sup>8</sup>, Thompson F<sup>1</sup>, Ward J<sup>9</sup>, Riley T<sup>10</sup>, Smith S<sup>1</sup>, Preston-Thomas A<sup>1</sup>

<sup>1</sup>Cairns Public Health Unit, Cairns and Hinterland Hospital and Health Service, Cairns, Australia <sup>2</sup>Wuchopperen Health Service, Cairns, Australia, <sup>3</sup>Torres and Cape Hospital and Health Service, Australia, <sup>4</sup>Cairns Sexual Health Service, Cairns, Australia, <sup>5</sup>Cairns and Hinterland Hospital and Health Service, Cairns, Australia, <sup>6</sup>Queensland Health Communicable Diseases Branch, Brisbane, Australia <sup>7</sup>Queensland Positive People, Brisbane, Australia <sup>8</sup>2 Spirits, Brisbane, Australia, <sup>9</sup>Poche Centre for Indigenous Health, University of Queensland, Brisbane, Australia, <sup>10</sup>National Centre for Epidemiology and Population Health, Australian National University, ACT, Australia

**Background/Purpose:** From 2014, some areas in Far North Queensland experienced an increase in HIV diagnoses simultaneously with a syphilis outbreak among Aboriginal and Torres Strait Islander peoples. Stigma, shame, confidentiality, and discrimination related to HIV and sexuality, geographic span of the region, as well as socioeconomic disadvantage created complexities for delivering a public health response. Effective collaboration between agencies, strongly informed by the experienced Aboriginal and Torres Strait Islander workforce and the affected community enabled a successful response.

**Approach:** We present firsthand experiences from the health workers, clinicians and community organisations who shaped the response. This draws on knowledge of lived experience and professional insights to explore how trust was built, how care was delivered, and how the Aboriginal and Torres Strait Islander health workforce was central to every step. Flexible, culturally safe, and outreach-based models of care were implemented. Partnerships between key sector stakeholders are highlighted. Peer support and dedicated Aboriginal and Torres Strait Islander workforce positions were pivotal in sustaining engagement with people living with HIV across the region and supporting community empowerment.

**Outcomes/Impact:** HIV testing rates increased, successful contact tracing was performed, linkage to care improved, and viral suppression was achieved. These strategies ultimately resulted in a decrease in new HIV diagnoses to pre-2014 levels.

**Innovation and Significance:** We demonstrate a model for other regional and remote settings facing similar challenges. The Aboriginal and Torres Strait Islander workforce enabled communities to be better engaged and supported, resulting in improved outcomes. The lessons learnt in regional Queensland speak directly to Australia's commitment to the virtual elimination of HIV transmission by 2030 and remind us that this goal cannot be achieved without centring Aboriginal and Torres Strait Islander communities, voices and workforce, to drive responses.

**Disclosure of interest statement:** None.

