


Queensland Health

STI & BBV Screening in Cape York

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- 10 remote communities
- 15-29 – pop.1554
- 15-39 – pop. 2348
- Weipa & Cooktown
- MWSH program
 - Clinical Coordinator
 - 4 CNCs
 - 4 IHWs
- Weipa/Cairns based



How did we increase screening

- Clinical coordinator
- 2 extra CNCs & 2 IHWs
- Baseline data
- Identified screening differences between communities
- Screening rates to clinics
- 1 CNC & 1 HW visit each community every 2-3/52
- Ongoing staff education
- Monthly screening progress reports
- Agency nurse orientation
- Path forms & reminders
- Missed opportunities
- Pre-inked stamps
- 3 large-scale community screens
- Paid peer recruiters



Peer education – A significant element of Health promotion campaigns

- Finding effective ways to educate and motivate young people to avoid sexual risk behaviors is an ongoing challenge.
- Peer work/education
 - self-help and mutual support.
 - has been used for decades in various fields and has been demonstrated as a successful strategy in sexual health promotion.
 - existing social networks of young people.



Peer Educators & the Young Person Health Check environment

- Peer educator utilisation in 3 community screens in Far North Queensland
- Consultation to develop knowledge base
- Campaign branding
- Logo design



Partnerships to support Peer educators

Scoping of appropriate community partnerships

- Identified appropriate peer educators
- Resource support

Local clinical support

- Where appropriate – clinicians with sexual health portfolios

Traditional owners support



Incentives to encourage – Peer participation

- Payment for services- no one works for free
- Shirts provided for peer identification within community

Attrition

- Expect attrition.
- Youth have many competing interests
- Involving current peer educators in the recruitment and training of new peer educators



Peer educator support and encouragement

Encouragement and support

- Provide ongoing encouragement and support. Peer educators work hard and their work is not always easy.
- Positive feedback and support will help keep trained youth involved, as will encouraging them to support each other
- Peer Educator feedback



Peer educators – a possible option for a sustainable workforce to support health promotion efforts

Workforce considerations

- Peer educators/workers are an emerging and evolving workforce

Peer educators/workers offer additional **'lived'** experience that complements and enriches the existing workforce

Without the peer educators our community screens would not have been **possible or successful at all**

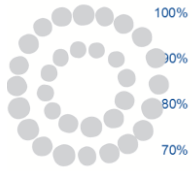




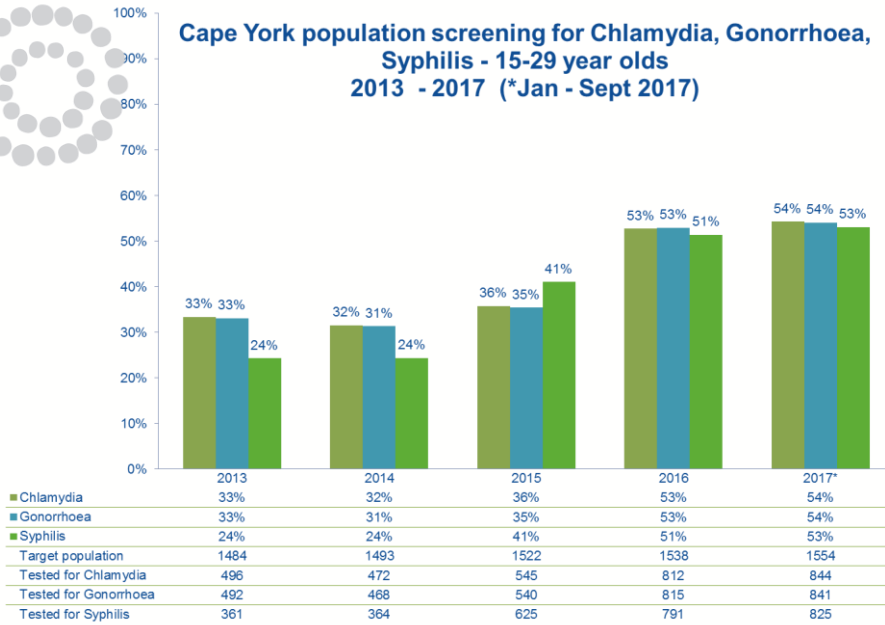
15-29 year community screens

	A	B	C
15-29 population	130 / 170	145 / 189	182 / 282 **193
Days screening	4 days	4 days	4 + 1 hour
Evening screen	No – but planned	Yes	No
Syphilis POCT	Yes	Yes	No
% screened	70%	70%	64.3%
STI rate	10%	10%	10%
Clinicians	7	9	7

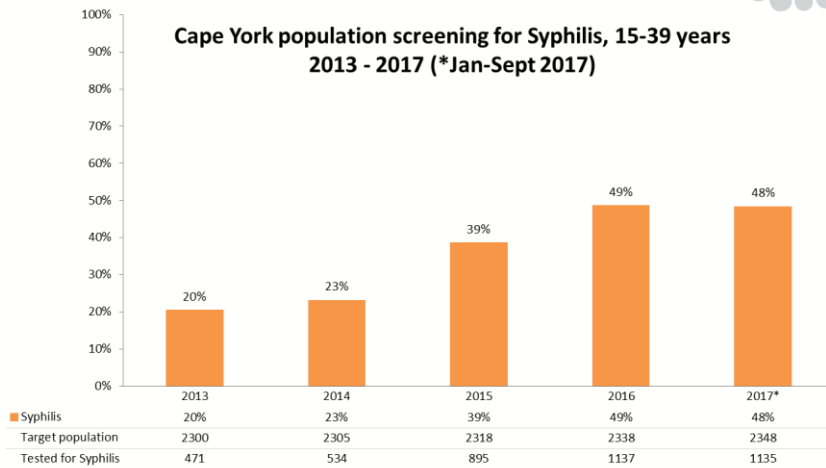




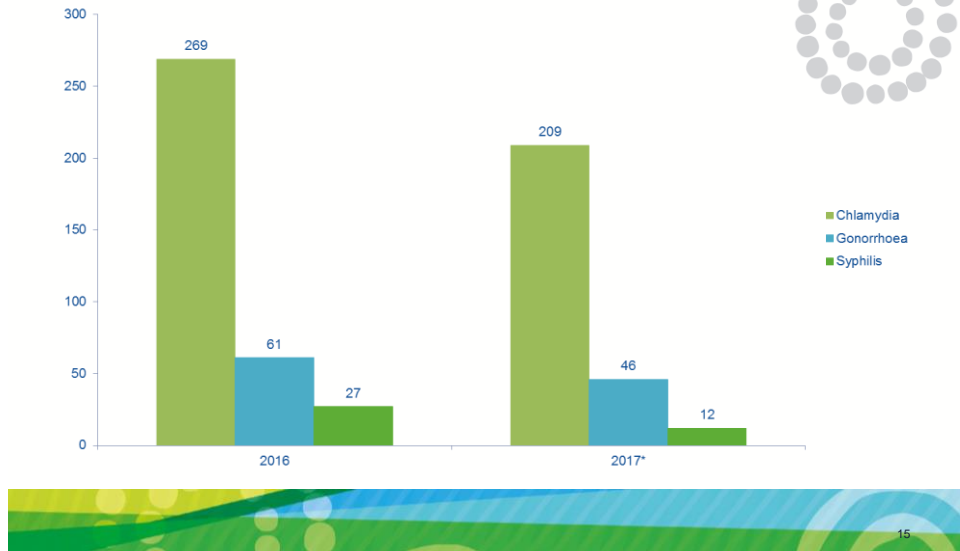
Cape York population screening for Chlamydia, Gonorrhoea, Syphilis - 15-29 year olds 2013 - 2017 (*Jan - Sept 2017)



Cape York population screening for Syphilis, 15-39 years 2013 - 2017 (*Jan-Sept 2017)



YTD STI notifications comparison 2016-2017



Acknowledgements

- First photo – Jess Stecko
- Our colleagues – Torres & Cape Family Health Unit, Cairns HHS Tropical Public Health, staff of 10 remote Primary Health Clinics, Apunipima Cape York Health Council
- People of remote communities
- Peer recruiters
- Support of Traditional Owners
- Primary Health Care Information Systems & Support staff

