

ASHM HIV & AIDS Conference 2018 (Sydney 2018)

Abstract submission.

Theme D: Social, Political and Cultural Aspects of HIV and related infections in the Australasian Region

Project Q-CHAPTR: Queensland CALD Community Access to HIV Prevention, Treatment and Resources: Qualitative findings with community members, bilingual cultural health workers, and health professionals to guide the development of primary care clinical pilot project.

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Background:

In Australia, despite advances in HIV prevention and treatment, people from high-HIV prevalence countries and their sexual partners, continue to be overrepresented with increasing rates for new HIV notifications and late-diagnoses; with adverse implications for onward transmission and individual health outcomes. Contributing factors include: lower health literacy, stigma, uncertainty and fears regarding testing, and limited awareness of risk and prevention strategies. To address these health disparities, we need to support primary care clinicians to provide proactive HIV screening for Culturally and Linguistically Diverse (CALD) patients who may benefit from HIV testing or biomedical prevention (PrEP), and equip clinicians with sufficient knowledge, and best practice culturally-responsive approaches. This innovative project brings together clinicians, community partners and researchers to pilot culturally responsive strategies to enhance HIV care for this population.

Method:

GP Practices with large CALD caseload will form the larger project study sites. Outcomes will be measured using de-identified clinical data and interviews. Data collated will inform inventions and resources developed to enhance future service delivery and health promotion among higher CALD caseload practices. This presentation will focus on qualitative findings from interviews (N=24) with clinicians, bilingual cultural workers, and community members, recruited through a community-based organisation and via the clinic pilot sites.

Preliminary findings:

Two key themes were identified through thematic analysis (Braun & Clark, 2006): 1) *The challenges of communication*, reflecting the use and trust of translation services; and 2) *The processes and approaches to testing*, reflecting individual knowledge of HIV, the impact of gender and culture, fear and stigma, knowledge and the power of the medical professional, and relationship building.

Conclusion:

The current phase of the research project has highlighted a range of complex, individual preferences and tensions that cross-cultural, religious, generational, acculturation, age and gender across community members. Health professionals engaged with CALD communities indicate a willingness to support CALD clients and express constraints within the medical system. Bi-cultural community health workers can support to bridge these gaps in tailoring culturally responsive and individually tailored support.

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