

# Preliminary Qualitative Findings on Project Q-CHAPTR: Queensland CALD Community Access to HIV Treatment & Resources

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## Overview

- Queensland diversity
- Background & rationale
- Q-CHAPTR project
- Methodology
- Preliminary findings
- summary & recommendations



## Queensland diversity

Home to people from  
220+ countries, speaking  
200+ languages with over  
100+ religious beliefs.

- QLD received 21,860 Permanent migrants in 2015 - 16(Over 3% increase from 2006 to 2011)
- More than 1 in 5 Queenslanders were born overseas
- 1 in 10 Queenslanders speak a foreign language at home



Courtesy: Queensland Multicultural Policy 2018

### Background & Rationale

- Rising new HIV notifications & late Dx in CALD communities
- HIV services primary focus on MSM and other high risk groups
- Health literacy, stigma, cultural practices, false sense of security
- Dept. of Health priority area
- Apprehension to CALD research
- Need to support community and GP practices to provide culturally appropriate care

## Project Q- CHAPTR

Queensland CALD Community Access to HIV prevention, Treatment and Resources

### ➤ Aims

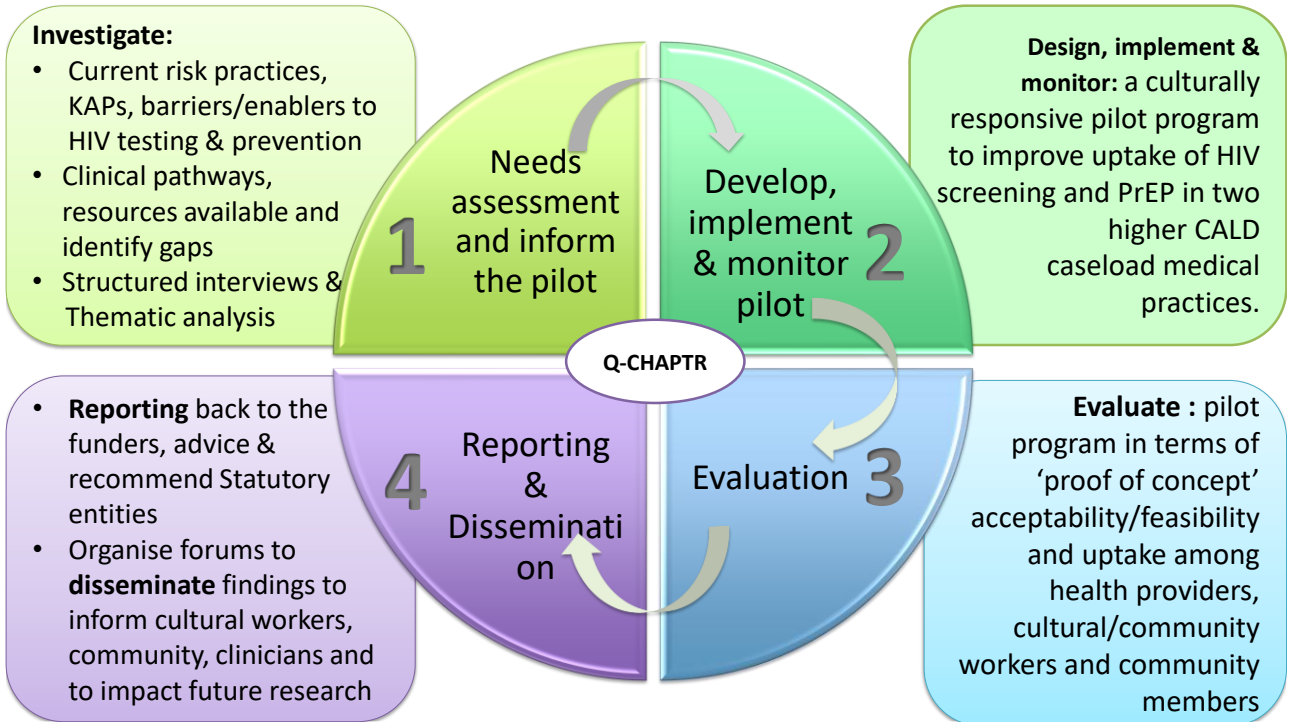
- 1) Investigate risk practices and current KAPs and demand/supply barriers/enablers to accessing HIV testing and prevention strategies
- 2) Develop, Implement and formatively evaluate a culturally-responsive pilot program to improve uptake of HIV screening and PrEP among target groups



## Methodology

- Identifying primary care pilot clinic (2)
- Phase 1: Qualitative interview- Clinicians(8), Community(9) & Community Workers (7) (N=24)
- Thematic analysis and qualitative findings to inform the pilot
- Development of resources and training for pilot clinicians and champions
- Phase 2: Pilot implementation (resources + training) and data collection
- Phase 3: Evaluation
- Phase 4: Reporting & dissemination





## Informed by prior work

AIDS Behav (2015) 19:2012–2024  
DOI 10.1007/s10461-015-1005-x



**SUBSTANTIVE REVIEW**

### Barriers and Facilitators to HIV Testing in Migrants in High-Income Countries: A Systematic Review

Sarah J. Blondell<sup>1</sup>, Bryony Kitter<sup>1</sup>, Mark P. Griffin<sup>2</sup>, Jo Durham<sup>1</sup>

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© Springer Science+Business Media New York 2015

**Abstract** Migrants, particularly from low- and middle-income countries, are at a heightened risk of adverse HIV outcomes. HIV testing may improve these outcomes. We reviewed and synthesised studies into migrants and HIV testing (outcome variable), published between January 1997 and April 2014. Papers using quantitative, qualitative and mixed methods designs, and samples with adult (≥18 years) migrants from low- and middle-income countries in high-income countries were included in the paper. Of 3155 papers retrieved, 31 met the inclusion criteria and are included in the review. A large number of barriers and facilitators to HIV testing were identified across the individual, social and structural levels. A number of studies have identified barriers and facilitators to HIV testing across the individual, social and structural levels. A number of studies have identified barriers and facilitators to HIV testing across the individual, social and structural levels.

#### Introduction

In 2013, according to the United Nations, there were 232 million international migrants [1]. Approximately half (51 per cent) of those migrants resided in ten countries, all of which were 'high income' according to the World Bank country classifications [1, 2]. Migrants make up a significant portion of the population in many high-income receiving countries, accounting for in excess of ten per cent of the population of the United States (US), and nearing 20 per cent of the population of Canada [3]. Importantly, research from high-income countries (HICs) suggests that migrants, particularly those from low- and middle-income countries (LMICs), experience lower rates of HIV testing compared to native-born populations [4].

Mullens et al. *International Journal for Equity in Health* (2018) 17:62  
https://doi.org/10.1186/s12939-018-0772-6

International Journal for Equity in Health

**RESEARCH**

**Open Access**

### Exploring HIV risks, testing and prevention among sub-Saharan African community members in Australia

Amy B. Mullens<sup>1\*</sup>, Jennifer Kelly<sup>2</sup>, Joseph Debattista<sup>3</sup>, Tania M. Phillips<sup>1</sup>, Zhihong Gu<sup>4</sup> and Fungjai Siggins<sup>5</sup>

#### Abstract

**Background:** Significant health disparities persist regarding new and late Human Immunodeficiency Virus (HIV) diagnoses among sub-Saharan African (SSA) communities in Australia. Personal/cultural beliefs and practices influence HIV (risk, prevention, testing) within Australia and during visits to home countries.

**Method:** A community forum was conducted involving 23 male and female adult African community workers, members and leaders, and health workers, facilitated by cultural workers and an experienced clinician/researcher. The forum comprised small/large group discussions regarding HIV risk/prevention (responses transcribed verbatim; utilising thematic analysis).

**Results:** Stigma, denial, social norms, tradition and culture permeated perceptions/beliefs regarding HIV testing, prevention and transmission among African Australians, particularly regarding return travel to home countries.

**Conclusions:** International travel as a risk factor for HIV acquisition requires further examination, as does the role of the doctor in HIV testing and Pre-exposure Prophylaxis (PrEP). Further assessment of PrEP as an appropriate/feasible intervention is needed, with careful attention regarding negative community perceptions and potential impacts.

**Keywords:** CALD, PrEP, HIV screening, African community members, HIV risks



Create change

## Expected impact & outcomes

Novelty: First known clinical pilot project regarding HIV/CALD communities

- Resources for community & clinician awareness
- Develops clinical pathways to support culturally-responsive HIV services; scale up and adapt to other contexts & priority populations ; Inform community NGOs, health providers and bi-lingual cultural workers
- Contribute to legislation/protocols: Queensland Sexual Health Strategy 2016-2021; Seventh National HIV Strategy 2014-2017, UNAIDS 90-90-90
- Addressing current inequalities and health disparities in CALD access to HIV services
- Contribute to Qld and National and the HIV and Mobility Priority Actions' document (2018)
- Working towards a larger collaborative project with national and international collaborators (LaTrobe, Curtin, Kirby, Univ Delaware, Yale)



## Preliminary Findings (themes)

### Medical encounters

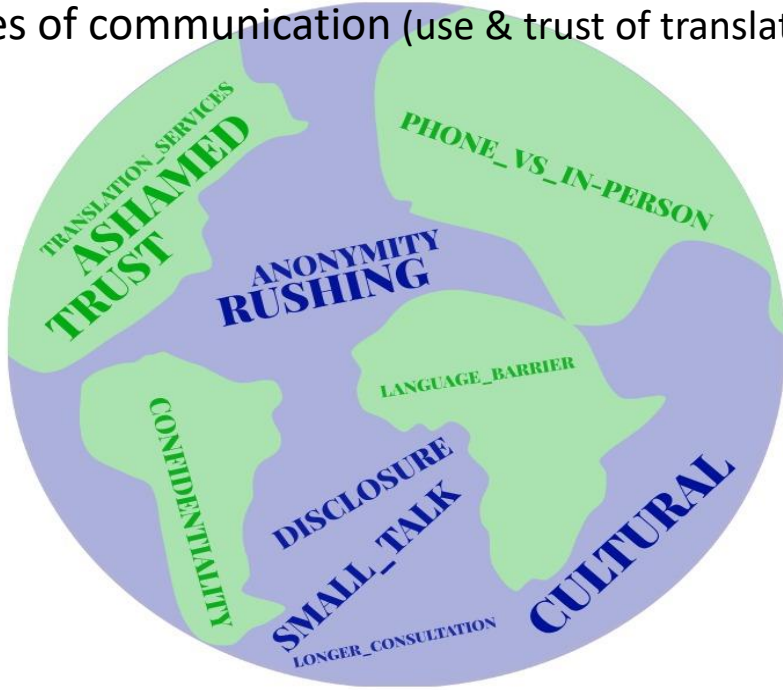
- Challenges of communication (use & trust of translation services)

### The processes and approaches to testing & prevention

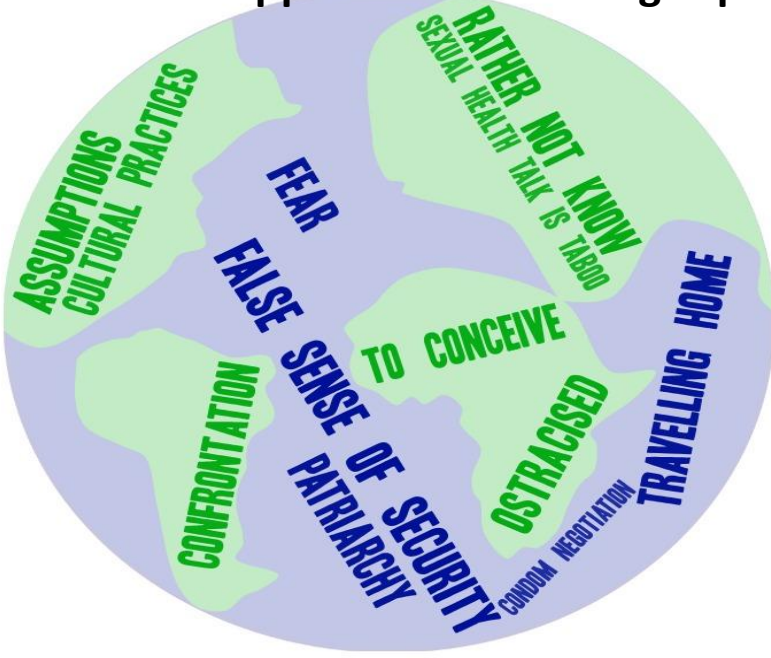
- Community knowledge, gender, culture, fear, stigma, clinician knowledge & power, rapport
- Prevention strategies



### Challenges of communication (use & trust of translation services)



### The processes and approaches to testing & prevention



## Summary & recommendations

- Impact of cultural expectations and beliefs -central to establishing a trusting relationship
- There exist a mismatch btw the perceived needs of consumers and how a service can fill their needs and requirements within the constraints of the existing system
- Knowledge of HIV is adequate within CALD population so interventions need to focus on the stigma, fear and the inequalities in voices within community for furthering HIV prevention
- Community 'buy in' in partnership with community/cultural workers is also pivotal



## Acknowledgements

