

# **BARRIERS AND FACILITATORS RELEVANT TO AN HIV-TESTING CLINIC MODEL AMONG CHINESE AND THAI MSM AT SYDNEY SEXUAL HEALTH CENTRE (SSHC)**

Knight V<sup>1</sup>, McCormack L<sup>1</sup>, Clifton B<sup>2</sup>, McNulty A<sup>1,3</sup>.

<sup>1</sup>Sydney Sexual Health Centre, South East Sydney Local Health District, Sydney, NSW, Australia

<sup>2</sup>ACON, Surry Hills, NSW, Australia

<sup>3</sup>School of Public Health and Community Medicine, University of NSW, Kensington, NSW Australia

**Background:** Between 2006 and 2015 the proportion of MSM in Australia diagnosed with HIV who were born in Asia increased from 30% to 57%. In NSW in 2015, 19% of newly diagnosed MSM were born in Southeast Asia. In 2016, of 2624 new MSM SSHC clients born in non-English speaking countries, 53% were born in Asia, with 48% of these born in China and Thailand. There is a documented lack of HIV testing among Asian gay men, fuelled by barriers to testing such as fear, embarrassment, lack of knowledge of services and access.

We sought to determine the clinical and personal facilitators for attending for HIV testing and the acceptability of an express model among Chinese and Thai MSM clients, in order to inform strategies to increase attendance.

**Methods:** Between January 2016 and May 2017, first time Chinese- and Thai-speaking MSM attendees to SSHC and outreach testing site a[TEST] were offered a 25-item survey. 198 surveys were distributed and 102 (51%) completed.

**Results:** 102 participants completed the surveys in English (28, 27%), Chinese (56, 55%) and Thai (18, 18%). Mean age was 28 years (range 17-47) and 70% were 29 years and under. There was no significant difference in age across language groups ( $P=0.11$ ).

Approximately 80% of participants indicated that the two most important facilitators for attending for testing were confidentiality and expert staff.

Of 35 (34%) participants who had never previously tested in Australia; one quarter equally described not knowing where to go, not needing a test and being worried about the result as the main reasons for not testing. About two-thirds of participants indicated they would use an express model with no difference between language groups.

**Conclusion:** In order to increase first-time testing among Chinese and Thai speaking MSM in Sydney, promotion of testing services across diverse platforms should continue. More express testing options highlighting confidentiality and staff expertise would be worthwhile.

**Disclosure of Interest Statement:** SSHC is funded by the NSW Ministry of Health. No pharmaceutical grants were received in the development of this study.