HEALTH CONSUMERS' COUNCIL

Diversity Dialogues Forum

29th July 2021

STIs and BBVs in CaLD Populations

Diversity Dialogues: Barriers and Enablers to CaLD population blood borne virus and sexually transmitted disease diagnosis and treatment.

Overview

This event was planned and delivered in partnership with Community of Practice for Action on HIV and Mobility (CoPAHM).

The purpose of this forum was to improve the ability of attendees to support CaLD patients and clients in accessing STI diagnosis and treatment. This was a follow up discussion to the April Diversity Dialogue which was focused on youth and sexual health information and education and build on this to look more at diagnosis and treatment. We wanted individuals to have a better understanding of CaLD sexual health and the challenges faced by migrants, building on the knowledge gained in the first forum as well as feel better equipped to provide them with information and referrals in Perth. We of course also wanted to raise the profile of issues and gaps in this space as well as the CoPAHM and M-CAN networks.

Our panellists were largely professionals in this space with one community researcher also making her invaluable contribution. Although with the Diversity Dialogues we try to provide insights through lived experience, this panel was convened due to the sensitive nature of the topic and difficulty in terms of exposing someone with firsthand experience of a STI or BBV. Our panellists identified the main barriers as stigma, discrimination, language, lack of CaLD specific or even CaLD friendly services, lack of representation in services and materials, Suitability of materials (patient literature), migrant groups being conceptualised as being homogenous, financial constraints, low perception of risk (once outside of country of origin and in Australia), sociocultural influences on sexual health and navigating the health system. The key enablers were found to be peer community education and resources which better reflect diverse populations.

The discussion took place on Thursday 29th July and was attended by 62 people. The discussion was recoded and shared with 79 registrants.

The recording can be viewed on the HCC You Tube Channel here.

Panellists were as follows:

- Nadeen Laljee-Curran – Cultural Diversity Engagement Coordinator, HCC (Chair)
- Corie Gray - CoPAHM Coordinator and PhD candidate, designing an intervention to increase HIV testing uptake with women from Indonesia at-risk of HIV
- Popy Yuniar, PhD student and a Community Researcher on the Srikandi project, a participatory action research project with women from Indonesia to increase HIV testing
- Dr Dr Belinda Wozencroft, GP with special interests in Refugee Health and Sexual Health
- Tyler Morgan, Health Education, WA AIDS Council
- Kanwal Saleem, Community Engagement and Projects Officer at the Multicultural Health and Support Service (MHSS), a program of the Centre for Culture, Ethnicity and Health (in Victoria)

Speaker biographies are available in the appendix on page of this report.

The discussion seemed to be well received judging by comments in the Zoom chat on the day. However, very few participants responded to the feedback survey.

Content of Discussion

The session was opened with an acknowledgement of country. The HCC chair introduced the topic and it's importance. Globalisation and migration allows diseases blood borne viruses to travel from country to country. 46% of all HIV diagnoses in Australia were in people born outside Australia. Notifications were highest among people born in South-East Asia, Northeast Asia and the sub-Saharan Africa. Despite Australia having arguably one of the best healthcare systems in the world, the data shows us that culturally and linguistically diverse populations are often diagnosed late and thus have poorer outcomes.

The panellists each introduced themselves. Corey Gray explained her pHD project which, from notification data identified Indonesian women in Perth/Western Australia as a key risk group for late diagnosis of HIV. Corey and her team have conducted focus groups and interviews and co-design workshops to not just discuss barriers but also try and find out what an intervention to increase HIV testing looks like. Unfortunately, the literature focuses a lot on barriers and not so much on solutions. Corey and team are now in the process of working towards creating that and the outcome seems to be heading toward a community engagement initiative. They are trying to create a network of women who are engaged and ready to speak about women's health broadly as well as sexual health. Popy Yuniar who is a community researcher on Corey's project identified the two main barriers as stigma and language. Corey felt that the low perception of risk ("HIV is for sex workers", "HIV is not a problem in Australia") and also where women were getting information from are key barriers. Corey interviewed many women who have had no formal sexual health education so have been looking to '50 Shades of Grey' or pornography. Tyler Morgan agreed that in his experience low perception of risk is an issue. He spoke about clients who come from South Africa and see HIV prevention adverts everywhere, for example on public transport then they come here and there is nothing. He adds that another huge problem is grouping CaLD people together as if they are a homogenous group, presuming all people have the same barriers or presuming all Africans do or all Asians do when actually Africa is 54 countries and over a billion people and the people who come here are from many different places and experiences. There are also issues with lumping together people who arrived from Pakistan in the 80s and people who arrived ten months ago as Pakistan has changed greatly and there is a broad spectrum of experience. In Kanwal Saleem's experience working with community, there are misconceptions such as condoms giving you sores or making you infertile. Kanwal also agreed with Popy that language is a huge barrier. Australia is made up of 30% migrants and many, many people do not have English as a first language. If they do not understand, how can they be involved in their care? Kanwal also addressed the cultural influence. In many cultures, sexual health or sex in particular is a taboo and seen as dirty. It cannot be talked about in daily life. This means they access information from porn or unreliable websites. Dr Belinda Wozencroft felt that the number one barrier is stigma; it prevents people from coming forward, from talking to health professionals and other people. A real problem can be when people have GPs from their own community as they worry about perception and confidentiality. The same problem can happen with interpreters.

This took the panel onto a more general discussion about interpreters and the difficulties around using them. People are loathed to use interpreters as they are recognised. This is a problem even with interstate phone interpreters in small communities, people can be recognised by their voice. Interpreters may not interpret correctly when the words and conversation are perceived too the rude or private. An audience member told a story of an interpreter mis translating and actually using swear words as she did not know the words. Time for GPs is a major issue. Belinda would like to see a

shift in regard to how primary care is organised and billed as using an interpreter takes time. Although the group acknowledged the complex problems around using interpreters but wholeheartedly all agreed we still need to encourage the use of interpreters as it is better than not using or using family members. Popy noted that each community is different and some communities prefer using a GP who speaks their language, some do not whereas Tyler acknowledge the advantages of having a GP from a different community.

The panel all seemed to agree on the best of involving community as a way to educate community. Common language, culture and trust and of utmost import in a topic as sensitive as this it would seem. Popy felt that in her experience with Indonesian community, involving community can really help engage people as they are trusted. Corey spoke about her research and how coming as a white, non-migrant she was an outsider and that is why she feels the community researchers and participatory approach was/is necessary. During the research, participants have been offered health literacy resources but really what they want is to be involved and stay involved in a way that is sustainable and can continue past the involvement of the PhD. Srikhandi, which is the project Popy and Corey work on was no names because srikhandi means "strong woman". It was named to empower women. Kanwal, whose work revolves around community peer education too says that the community leader or champion model works as it makes the topic open to the community members. Kanwal managed to deliver a sexual health session to year 9/10 girls in an Islamic school which was well received by the students and teachers alike! This was achieved through using appropriate language and words with references to culture and religion and facilitators from the same community.

Tyler tells the group the HepWA has community champions project for hepatitis. It has been running for long time and very successfully. WAC tried to do similar but for various reasons it did not work for HIV.

The group discussed the benefits of a multicultural liaison at services and whether this could work or whether it further contributes to grouping people in a way that is not helpful. The panel felt that there are pros and cons and that whilst a multicultural liaison can be a help advocate, it also can be dangerous if it is one person who is expected to be across many community's needs.

The Chair questions Belinda on her clinical approach and how she tests for STIs without contributing to discrimination. Belinda approaches her patients in a similar manner, tries to have a conversation about sexual health and tests universally. Although the reality is that not every country has the same risk, it's good to try and get the conversation started. Patients may not want to discuss straight away but if you have opened the channel then they may come back to sexual health when they feel comfortable with you later on. Belinda has never had a patient be offended when asked about STI testing but she has had been be offended / upset when she has tried to use an interpreter. They have wanted to use family and she has had to push back.

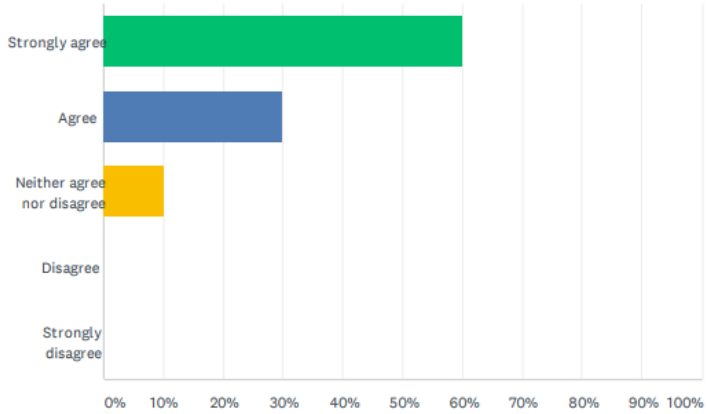
In her focus groups Corey found the same, it is the service provider's role to prompt and raise issues. So the danger is that people have the mentality, "If HIV or sexual health was an issue then GP would bring it up" so if they do not then the inference is it is not an issue.

Evaluations

There were 10 feedback survey responses. This response rate is quite low relative to other similar webinars.

Q1 This webinar was a valuable use of my time.

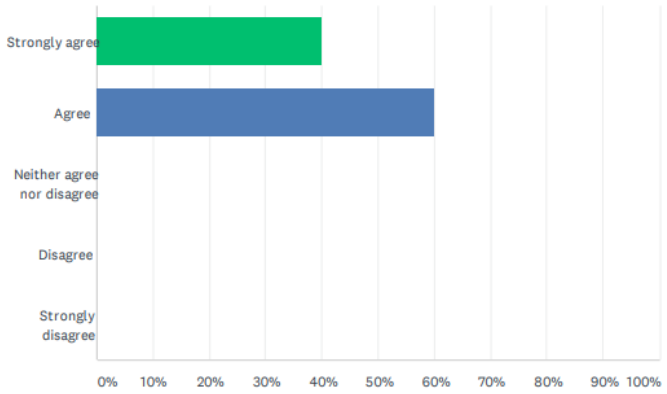
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	60.00%	6
Agree	30.00%	3
Neither agree nor disagree	10.00%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		10

Q2 The format of the session kept me interested and engaged.

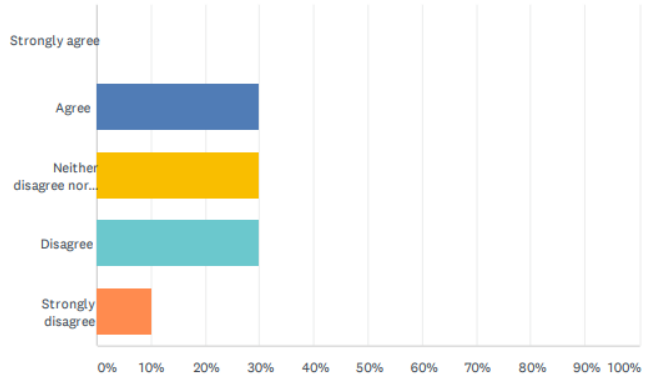
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	40.00%	4
Agree	60.00%	6
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		10

Q3 Prior to attending this webinar, my knowledge of the issues in this space were limited.

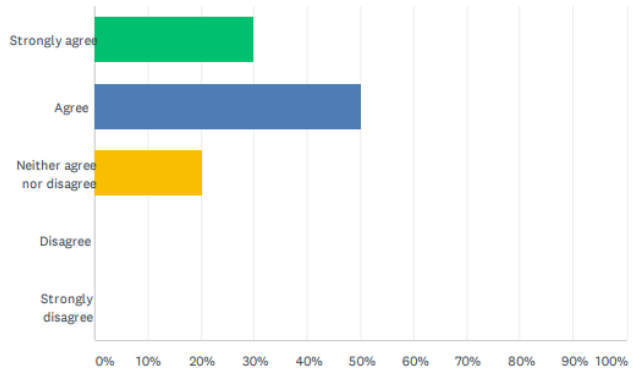
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	30.00%	3
Neither disagree nor agree	30.00%	3
Disagree	30.00%	3
Strongly disagree	10.00%	1
TOTAL		10

Q5 I had the opportunity to ask questions and to consider how I can engage with consumers, carers, family/community members from CaLD backgrounds.

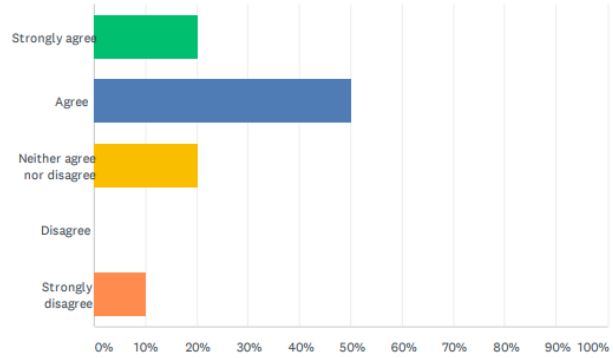
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	30.00%	3
Agree	50.00%	5
Neither agree nor disagree	20.00%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		10

Q6 After the webinar I feel I have an increased confidence in engaging cross culturally.

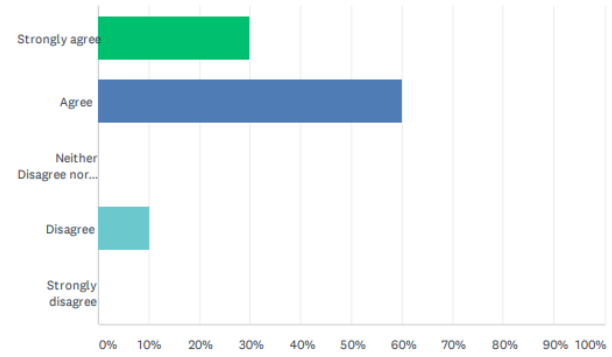
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	20.00%	2
Agree	50.00%	5
Neither agree nor disagree	20.00%	2
Disagree	0.00%	0
Strongly disagree	10.00%	1
TOTAL		10

Q4 After the webinar, my knowledge and understanding of the issues in this space has improved.

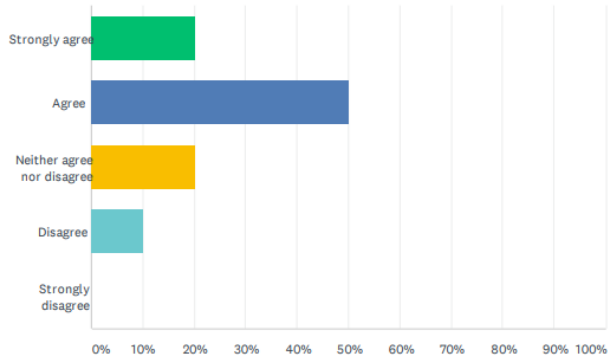
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	30.00%	3
Agree	60.00%	6
Neither Disagree nor agree	0.00%	0
Disagree	10.00%	1
Strongly disagree	0.00%	0
TOTAL		10

Q7 After this webinar I feel I have an increased confidence working with migrants / people from a CaLD background in a sexual health space

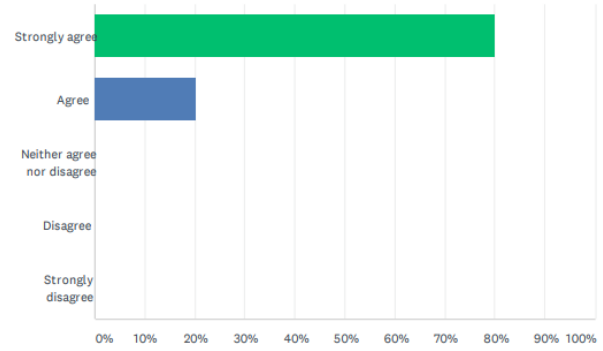
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	20.00%	2
Agree	50.00%	5
Neither agree nor disagree	20.00%	2
Disagree	10.00%	1
Strongly disagree	0.00%	0
TOTAL		10

Q8 The webinar was well facilitated and organised.

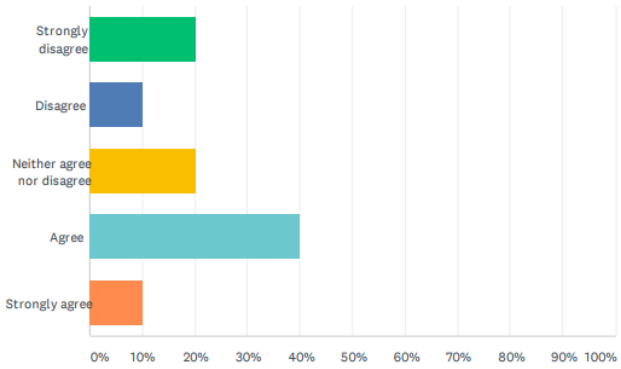
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	80.00%	8
Agree	20.00%	2
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		10

Q9 After attending this webinar, I will be better able to engage and work effectively in my role.

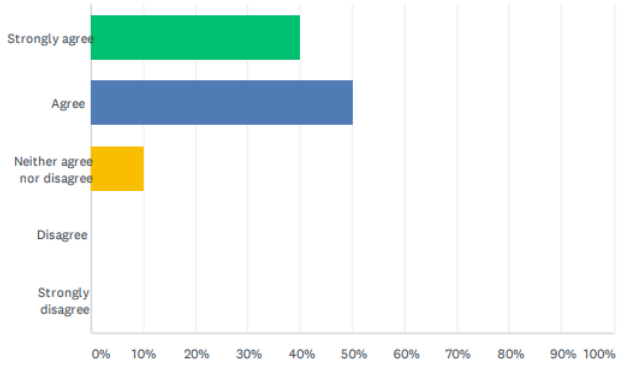
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree	20.00%	2
Disagree	10.00%	1
Neither agree nor disagree	20.00%	2
Agree	40.00%	4
Strongly agree	10.00%	1
TOTAL		10

Q10 I am likely to pass on something I have learnt today to my colleagues and/or recommend them to these events in future

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	40.00%	4
Agree	50.00%	5
Neither agree nor disagree	10.00%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		10

As previously mentioned, there was a poor uptake of the feedback questionnaire. However, the comments from the ten people who responded were generally very positive. Attendees complemented the questions, the panel and their experience and different perspectives and on the whole found the panel to be a great one. One person said, "There were some less interesting speakers who didnt get their point across clearly". Another said felt speakers could have been more "expert" and seemed to imply he/she wanted to discuss published literature, which whilst interesting and no

doubt valuable, is not the aim of the Diversity Dialogues series. The following comments were made in answer to a question on how the event could be improved:

- It will be great we can talk more on the policy environment to support Migrant communities
- More resources to be shared
- How to access the right interpreter
- More about Queer services

The above comments about policy and Queer support could be ideas for future discussions. Resources have been shared post event and a summary of the key points will be sent out too. Participants have also been invited to join our mailing list. Access to the right interpreter remains a difficult problem.

Once again, thanks to all who participated.

Should you be interested in further workshops or forums held by HCC please visit the website at: https://www.hconc.org.au/ to see what is available or call on 9221 3422. Sessions can also be tailored to the needs of individual agencies and departments.

Appendix 1 – Resources

The following resources were shared with participants and registrants following the webinar:

- Australian STII Guidelines - http://www.sti.guidelines.org.au/populations-and-situations/refugees-including-migrants-from-similar-settings#testing-advice http://www.sti.guidelines.org.au/populations-and-situations/refugees-including-migrants-from-similar-settings
- Short video around seeing culture - Your Cultural Lens, WA Health
- Online cultural sensitivity training Centre for Culture, Ethnicity and Health
- Face to face cultural sensitivity training for health staff https://www.hconc.org.au/what-we-do/diversity-culture/supporting-cultural-diversity-ffs/
- Road Map for Action on HIV and Mobility, CoPAHM
- An Introduction to HIV and Migration Law in Australia, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
- "It is not an acceptable disease": A qualitative study of HIV-related stigma and discrimination and impacts on health and wellbeing for people from ethnically diverse backgrounds in Australia, research by Ziersch and colleagues
- Srikandi: co-designing an intervention to increase HIV testing uptake with women from Indonesia at-risk of HIV, CoPAHM and SiREN, led by Corie Gray
- More about the Multicultural Community Action Network to build community capacity around STIs and BBVs, led by Kanawal Saleem
- More about the CoPAHM and sign up

Appendix 2 – Speaker biographies

Chair – Nadeen Laljee-Curran, Health Consumers' Council

Nadeen is Cultural Diversity Engagement Coordinator at the Health Consumers' Council (HCC). She has a background in public health and is passionate about patient centred care as well as helping people from diverse backgrounds understand our West Australian health system and get the best benefit from it. Nadeen was born in the UK to Indian parents who had themselves migrated from Africa.

Dr Dr Belinda Wozencroft, GP with special interests in Refugee Health and Sexual Health

Dr Belinda Wozencroft is a General Practitioner with special interests in women's health, sexual health, HIV medicine, and is an active PrEP prescriber. Originally, Belinda trained as a Registered Nurse and worked from many years in remote Aboriginal communities before studying Medicine at UWA. Belinda has completed further post-graduate studies, which include Diploma of Obstetrics, Graduate Certificate in Women's Health, and Diploma of Child Health. Belinda is registered as an s100 prescriber for antiretroviral medications for people living with HIV. She is the Principal at View Street Medical in North Perth.

Belinda has experience working with people from Culturally and Linguistically Diverse (CaLD) populations across a number of her workplaces including at View Street Medical in North Perth were she provides general practice care and King Edward Memorial Hospital where she work in the antenatal clinic.

Belinda is a high caseload S100 prescriber for people living with HIV. Whilst many of the PLWHIV receive community-based care, she works closely with the tertiary sector to ensure optimal shared care as appropriate for people's needs. She is a strong advocate for a multi-disciplinary approach to health care.

Belinda is active in the local and national medical communities including as a board member for ASHM (Australian Society for HIV Medicine) and Deputy Chair of the Sexual Health & Blood-borne Virus Committee

Tyler Morgan , Health Education, WA AIDS Council.

Tyler Morgan is a Health Education Officer for the WA AIDS Council focusing on sexual health education and reducing the barriers people have to access sexual health and related services. His work has focused on supporting a broad spectrum of communities, including culturally and linguistically diverse people, mobile populations, young people, LGBTQIA+ people and Aboriginal and Torres Strait Islander people. He had developed resources and training for CALD communities, including a plain English guide to HIV, a sexual health guide and a three-part sexual health education series for international student and HIV workshops for migrants and refugees.

Kanwal Saleem, ommunity Engagement and Projects Officer at the Multicultural Health and Support Service (MHSS), a program of the Centre for Culture, Ethnicity and Health (in Victoria)

Kanwal Saleem (pronouns she/her) is a Community Engagement and Projects Officer at the Centre for Culture Ethnicity and Health. She coordinates the Multicultural Community Action Network (M-CAN), a program of Multicultural Health and Support Service at CEH.

She is an overseas trained doctor and completed her Master of Public Health from the University of Melbourne, specialising in sexual health promotion. She is passionate about providing comprehensive, inclusive, and accessible sexual health information to all. She loves to talk about all the things that are regarded as" taboo" in sexual health that people don't talk about.

Corie Gray, Coordinator for the CoPAHM and PhD candidate

Corie works on the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) as the Coordinator for a national Community of Practice for Action on HIV and Mobility (CoPAHM). She has worked across numerous projects, particularly in the areas of HIV, sexual health and working with culturally and linguistically diverse populations. Corie has a Bachelor's degree of Science (Health Promotion) and was awarded the 2015 Australian Health Promotion Association Peter Howat Award for Academic Excellence in Health Promotion. She completed her Honours exploring HIV knowledge and use of health services among priority migrant communities, receiving a Postgraduate Scholarship from the Sexual Health and Blood-borne Virus Program. In 2017 she was awarded an Australian Health Promotion Association WA Healthway Graduate Scholarship and a Research Fellowship from Gilead Sciences to explore barriers to HIV testing among priority migrant communities. Corie has recently received a 2018 Research Training Program Stipend Scholarship from Curtin University to complete a Doctor of Philosophy in Public Health. Her PhD project is working with priority migrant communities to co-design an intervention to increase HIV testing using participatory action research methodology.

Popy Yuniar, PhD student and a Community Researcher on the Srikandi project, a participatory action research project with women from Indonesia to increase HIV testing.

Popy Yuniar is currently a Ph.D. student (final year) in Public Health School, Curtin University. She is a Community Researcher on the Srikandi project. Back home, she is a lecturer and researcher in the School of Public Health Universitas Indonesia. She has previously been involved with several community-based surveys related to HIV-AIDS and community engagement activities in the public health discipline.

Appendix 3 – Photos