Innovative methods to increase HIV testing among MSM in regional Queensland

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Innovation

- Mobile clinic van intervention for MSM in regional Queensland (Toowoomba) staffed by trained ‘peer testers’

- POC Testing in community sites/‘beats’

- Recruitment: Social Media Apps and secondary trial of Respondent Driven Sampling

- Intervention: Time limited, resource intensive mobile clinic van for 12 week intervention – 1 evening & 1 afternoon clinic per week

- ‘Dovetailing’ with HIVFQ grant funded HIV self-testing (OraQuick) postal kits project
Background (formative assessment)

- Gilead grant ($20k) to conduct peer-led, HIV testing from mobile clinic in Toowoomba
  - ↑ notification of Syphilis MSM in Toowoomba mid-late 2015
    - Limited access to testing in regional QLD
    - UN 90-90-90 goals

- Meetings in Nov 2015 – with university, community and public health service partners

- Partnership with USQ in Feb 2016; additional funding acquired from the HIV Foundation Qld ($80k)

- Scoping trips to Toowoomba: including contact with sexual health clinic, city council, GLBT police liaison office, community representatives
Anticipated Outcomes – HIVFQ grant

1. Determine if a time-limited mobile clinic van is a feasible and acceptable method for regional MSM to engage with HIV testing in resource limited settings.

2. Determine if utilising ‘online’ networks to engage with regional MSM to recruit seeds and potential clients to access the mobile clinic van is an acceptable recruitment method.

3. Determine if utilising respondent-driven sampling to engage with regional MSM to identify ‘seeds’ and potential clients to access the mobile clinic van are acceptable recruitment methods.

4. Determine regional MSM’s attitudes towards and future use of accessing a postal home HIV test kit.
Performance Indicators – HIVFQ grant

No. of MSM engaging with mobile testing van for HIV and Syphilis testing who report last test 12 months or more.

No. of MSM satisfied with testing at a time limited mobile clinic van in a community setting.

No. of online engagements and participants recruited through online networks.

No. of MSM recruited through seeds/respondent-driven sampling.

No. of MSM who report barriers to accessing HIV testing in the Toowoomba region.

No. of MSM expressing interest in HIV home testing.

No. of HIV home tests ordered from participants after peer engagement from mobile clinic van. (not specifically relevant)
Findings to date

Slow engagement to date: 12 tests (age 21-65; most living in Toowoomba). Most recruited via Grindr.

Majority gay (n = 9), minority bisexual (n = 2), straight (n = 1). Majority born in Australia. No Indigenous, No IDU.

Testing history: Never tested (n = 2), more than 12 months ago (n = 4), less than 12 months ago (n = 6). No reactive Syphilis of HIV tests to date.

Many more contacts via social media sites, with information provided regarding:
-alternate testing sites (Brisbane/Gold Coast)
-home testing options and HIV prevention strategies (PrEP).

Typically approximately 4-6 weeks from time of initial contact online to testing.
## Findings to date

<table>
<thead>
<tr>
<th>Question</th>
<th>SA</th>
<th>A</th>
<th>U</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 A peer-led, community based testing service like the RAPID mobile van clinic would increase my HIV testing frequency:</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>Q2 I would be happy to refer a friend for HIV/sexual health testing via an incentive coupon:</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Q3 I would have had a HIV test regardless of whether the mobile clinic van was available:</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td></td>
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<tr>
<td>Q4 Community HIV testing from a mobile clinic van in an acceptable HIV testing method?</td>
<td>9</td>
<td>3</td>
<td></td>
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<tr>
<td>Q5 I find it easier to test for HIV from a mobile clinic van located near a 'beat':</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td></td>
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</tbody>
</table>

SA=strongly agree, A=agree, U=unsure, D=disagree, SD=strongly disagree
Findings to date

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<tr>
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<tbody>
<tr>
<td>Q6 If the mobile clinic van came regularly, my HIV/sexual health testing frequency would increase:</td>
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<td>Q7 I would prefer to test for HIV anonymously:</td>
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<td>Q8 I would be willing to use a HIV home testing kit after a referral from the mobile clinic van:</td>
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<td>Q9 I would be willing to use a HIV home testing kit in the future:</td>
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<td>Q10 I would be willing to pay for a HIV home testing kit:</td>
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</tbody>
</table>

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Findings to date

- No. of online engagements

<table>
<thead>
<tr>
<th># of online engagements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grindr</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>Squirt</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

- No. of MSM recruited through seeds/respondent-driven sampling. None to date.

- No. of MSM who report barriers to accessing HIV testing in the Toowoomba region.
  
  A minority (n=3); related to: hospital parking, not really private”, “small town, know too many people”, and “gossips within the health service”
Project management update:

**Challenges, Solutions & Learnings...**

- Logistics
- External circumstances
- Community perceptions
Future directions

- Seek additional funding to extend project timeframe
- Seek ethics approval for qualitative interviews
- Compare data between HIV POCT in regional and urban settings
- Develop referral pathways, promotion and evaluation re: self-testing options
Conclusions

- Mobile HIV testing acceptable and feasible; some reported no previous testing; and a preference for mobile testing
- Testing is resource intensive in regional communities
- No positive test results to date
- Many barriers influence uptake in this group
- Additional time may help the project grow in momentum and attract further participants
- Other (unintended) outcomes of the project have been noted (e.g. health promotion, education, referrals, accessing other testing sites)
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