**INTRODUCTION**

Health discrepancies exist amongst people living in rural and regional areas, which is even more pronounced among members of the LGBTIQ communities, including MSM. LGBTQI people experience higher rates of stigma and discrimination, impact on health, and treatment outcomes (Ellison, 2000; Lamoie & Chen, 2005; Heisenger & D'Augelli, 2000; Kelly et al., 2015; Mullens et al., 2009a; Mullens et al., 2017; Staunton, 2007; Talley, 2013).

Recent public health statistics indicate a ‘platonic’ in new syphilis diagnoses in the Toowoomba region (Queensland Public Health Unit, 2016), which is linked to behaviours associated with HIV transmission.

In order to attempt to overcome perceived and actual self-reported barriers to HIV testing among MSM in regional and rural Queensland at mainstream health services, a novel health promotion strategy (see Mullens et al., 2009b) was trialled and evaluated. This methodology involved replicating a peer-based HIV rapid testing via mobile clinic van, which has demonstrated acceptance among MSM in urban areas.

**HIV FOUNDATION QUEENSLAND GRANT – INTERVENTION PROJECT**

Time limited, resource intensive mobile clinic van

- Gilead Foundation grant ($15,000) in 2015 to trial peer rapid HIV/VDRL testing from a mobile clinic van in Toowoomba.
- Participants recruited through ads on gay media and via Respondent Driven Sampling (RDS).
- Additional funding acquired from the HIV Foundation Qld ($78,000) received by USQ for health promotion and evaluation, in partnership with QPP.
- Innovation: mobile clinic intervention for MSM in regional QLD (staffed by trained peer testers), Point of Care Testing (PCT) in community sites/beats, RDS, ‘Dovetailing’ with Or a quick as an alternative for future testing.

The acceptability of the mobile clinic van intervention was high for those who chose to access the service. There was a large proportion of irregular and first time testers, and those who did come to be tested were part of a larger group. Although the intervention was aimed to be discreet and anonymous, the mobile van clinic model is quite novel and accessing the mobile van clinic in a community site may have been a barrier. Only the minority reported any perceived barriers to testing in Toowoomba so the mobile van clinic van may not have been a preferred place to receive HIV screening.

Recruitment: no one who participated in this study was a repeat participant. Instead, participants were recruited to ensure a diverse sample of MSM in Toowoomba. There were no other sources of recruitment.

**FINDINGS TO DATE - PHASE 1 (QUANTITATIVE)**

As per action research frameworks, four peer testers were asked to complete detailed field notes for each health promotion session, including characteristics of clients attending, client feedback, impressions regarding acceptability and feasibility of the project, and other salient events, concerns or recommendations.

The data from the field notes were collated and analysed drawing on thematic analysis techniques informed by Braun and Clarke (2006). Each was read independently and coded for key features. These were then synthesised into dominant themes discussed amongst the researchers. This ensured a rigorous approach to the interpretation of the field note data.

Thematic analysis (utilising two independent reviews with fidelity checks with the primary peer tester) revealed three major themes (with subthemes):

1. **Practical challenges** - (a) The right ‘look’ and equipment; (b) Personal safety of testers.
   - We found out when we got the truck that the generator wasn’t working, which meant that we didn’t have lights or aircon in the clinic. We made some with battery operated camping lights…

2. **Barriers to engagement** - (a) Importance of understanding the specific community culture; (b) Trust/anonymity; (c) Negotiating relationship boundaries.
   - Some guys are interested in the testing, but have voiced concerns about anonymity and the tests accuracy. One guy said that he is interested in coming to see us, but will have to build up his courage to come see us over the next few weeks.
   - Today we are also exploring the non-verbal cues that we can use to engage with guys but still not be too invasive. Waving seems to work some of the time, but it hard to tell if we are engaging with the right people. Prolonged eye contact with people turning back to look that again seems to be working well. Guys aren’t coming back to talk to us, but we are definitely engaging with them using this technique.
   - I noticed that some of the guys who are interested in testing, but are concerned about their anonymity and the tests accuracy.

3. **Recruitment method/project promotion** – (a) What is working well; (b) Areas for improvement-current project; (c) Future recommendations-future projects.
   - We have only had two chats tonight – one on Grindr and one on Squirt. Both have come in to test! …the conversations on Grindr and Squirt is what is actually getting clients in to test.
   - My encounter with the older gentleman in the bathroom made me think of the limitation we discussed in regards to online sampling recruiting, if we only advertise and recruit online, we are going to miss out on all the guys who don’t use the internet/apps to meet other guys.

**OVERALL PROJECT AIMS**

1. **Recruit** 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. **Recruit** if using respondent-driven sampling to engage with regional MSM to recruit seeds and potential clients to access the mobile clinic van is an acceptable recruitment method.
3. **Recruit** if using ‘online’ networks to engage with regional MSM to recruit seeds and potential clients to access the mobile clinic van is an acceptable recruitment method.
4. **Recruit** regional MSM’s attitudes towards and future use of accessing a postal home HIV test kit.

**THEMATIC ANALYSIS - PHASE 2 (CURRENT PHASE)**

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**RECOMMENDATIONS FOR THE FUTURE**

The project highlighted several strengths and achievements and noted several barriers to engagement and learning lessons from this initial project.

The fields noted therefore detailed several thougs concerning future recommendations for similar public health promotion initiatives. One of the key recommendations reflected the importance and challenge of getting the message out to the community that testing facilities do exist that are confidential and accurate.

It was reflecting upon the project last night: our aim is to reduce barriers for regional MSM to test for HIV, even though we have reduced certain barriers, maybe it’s not enough to engage this target group to access our mobile clinic service for testing. This can increase the need for HIV self-testing as this might mitigate these final barriers – but in order to get people in regional areas to access the self-testing kits, you may need to be creative to get the message about the service onto them.

Similarly recommeded was that increased the potential scope of testing to include other STIs, which was proposed as a possibility of engaging people more widely with the concept of self-testing. It was noted that other organisations had sexual health promotion posters in public places and with other partnering organisations may be able to increase service community acceptance and promote more testing.

**REFERENCES**


