

Search stream one: Rises in New Infections

This report reflects the key themes in the search stream discussions; it also reflects some of the issues raised within the workshop on the current experiences facing frontline educators.

Sincere thanks to the facilitators and participants in the search stream groups, and the presenters in the frontline educators workshop.

Comments on HIV education in the current moment...

It is important to recognise and value the skills and experience of the current HIV education workforce: we need to be mindful of our own strengths and experiences of success in addressing HIV in Australia, as well as identifying areas where we need further development or further activity. Likewise, we need to be pleased with our successes and build on them, rather than operate from a position of deficit.

There are significant philosophical differences in the way people understand the current moment. We need to avoid being too anxious about these differences – we don't all need to think the same thing. Diversity of perspective can be an asset in increasing the reach and relevance of our work.

Responding effectively is a long-term project. This must include political advocacy and building our relationship with the community.

There are difficult discussions to be had about where HIV education goes from here. It is tempting to try to close down those discussions, because they are challenging and uncomfortable. But closing down the discussion won't make the issues go away – instead, educators need to be active participants in the discussions and open to reshaping practice based on changed needs.

What can we learn from current campaigns?

- The NSW response was a good model of a calm, considered and well planned response to the increase.
- NSW was able to achieve strong recall of campaign messages through significant media buy and information saturation. Campaign messages were distributed through gay community media and community settings (bars, clubs, sex on premises venues etc).
- Even very successful campaigns will have limited reach and limited impact and need to be complemented by other health promotion work.
- Getting the message out about increased risk will increase the demand for services such as testing, so we need to brief GPs and health care workers about campaign messages and prepare them for increased demand.

- There are gaps in the level of information presented around feelings of inclusion of individuals and how people as individuals relate to the materials presented in campaigns
- Material not inclusive of people who may not identify themselves with the target groups campaigns are aimed at (eg people who have casual sex with the same regular fuck buddies or are in relationships with one primary partner).
- Less populous states may find it more useful to use AFAO campaign materials rather than develop their own.
- There was a range of views about how reliable the surveillance data, and debate about how appropriate it is to use six-monthly data to comment on trends. There was also debate about whether it is appropriate/meaningful to use statistics in social marketing campaigns.

What are the most productive avenues for intervention?

- Gay press: print ads, editorial coverage
- Wider community/mainstream press around GLTB issues
- Build the capacity of GPs, sexual health services and other health services
- STI awareness, education and testing
- Community development and work with leaders of community organisations and social groups

Where does more work need to be done?

- Building social capital among the GLBT community, including building closer ties and consulting more effectively with existing community networks
- Campaigns that actively engage and are targeted towards people living with HIV/AIDS. This could include information based campaigns (eg relationship between treatment breaks and transmission) and attitudes towards prevention. These should be based on seeing positive people as a diverse audience with its own health promotion needs
- Depression, mental health
- Developing flexible campaigns which can be implemented in different ways in different settings and with different audiences
- Identity formation work with young gay men, to reinforce safe sex at a population level.
- Work with populations other than gay men: non-gay identified MSM, women, heterosexuals, people from culturally and linguistically diverse backgrounds
- Developing story-based rather than image-based campaigns

What are the regional differences?

- There was a strong sense of regional differences. This includes differences between states, and differences within states between urban, suburban, regional and rural areas. This encompassed differences in

knowledge, self identity, community infrastructure, and general community attitudes to gay men and HIV/AIDS.

- Varying levels of homophobia
- In rural areas people reported more non acceptance of gay identity, less feelings of community, greater sense of isolation
- Lack of information around STIs
- Across the country there are also differences between funding bodies and political restrictions they impose
- This has implications for the extent to which campaigns are seen as relevant.
- There was also recognition of the international regional issues, and the potential long term impact of epidemics within the region on Australia.

How are these to be addressed?

- Profiling issues through the community press
- Broad based education campaigns around STIs
- Revert to historical activities pre-HIV that revolved around regular STI transmission and regular testing
- Closer working relationships with community service providers and health workers and GPs

Is the rise a blip?

- A periodic variation – a cyclic epidemiological rise
- It may be that there has been an increase in testing (for HIV or STIs) which has led to more HIV infections being diagnosed (although the Sydney Gay Community Periodic Survey shows that there has been no increase in testing, and the NSW HIV Surveillance Forum concluded that the NSW increase was genuine rather than the artefact of changes in testing rates).
- The increase has opened up some difficult terrain with regard to the role for HAART in reducing viral load and infectivity. In the long term, there may be more “pointy” discussions about the balance between individual health outcomes and public health outcomes.

How does this affect the way we respond?

- First we should do no harm
- Examine the working relationships with sexual health providers and GPs
- Carefully examine wider community attitudes towards STIs and GLBTI issues
- Maintain a mix of wide range of campaigns that target the wider community and specific targets
- Ensure that there are local implementation plans for national or statewide campaigns

OUTCOMES

Partnership model

- Increase community participation in funding consultations
- Work closer with local press and GLBT communities
- Work closer with local GLBT health service providers
- Impact of competitive tendering on partnerships; organisational capacity

Role of AFAO

- AFAO move from a co-ordination of education to facilitation model
- AFAO act as a resource point for dispersal and sharing of information on current and proposed campaigns and strategies both at local and regional areas and national campaigns
- Use of the internet as a global resource for member organisations for reference material on education campaigns

Educational strategies

- Looking at the core focus of returning to “back to basics campaigns”
- Skilled based competencies training that focuses on the decision making process around changing the focus from principles to practice
- Flexibility in campaign development to allow for “one message” to be delivered in various formats that speak to culturally diverse groups and people that identify themselves with different sub groups and cultures within the broader GLBT community
- Delivered to speak to people across their level of cognitive understanding
- Campaigns that speak in stories as opposed to imagery

STIs and HIV

- Campaigns that address the level of community fears and attitudes
- Campaigns that address the broad model of wellbeing
- Campaigns that encourage the broad testing and monitoring of STIs including HIV