Reaching gay and other men who have sex with men from culturally and linguistically diverse (CALD) backgrounds and overview of programs and key insights from working with CALD communities

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Introduction

This paper provides an overview of the HIV and sexual health programs and strategies that are specifically targeted to gay and other homosexually active men from culturally and linguistically diverse backgrounds (CALD) backgrounds. This paper summarises what have been some of the good practice programs that have been implemented and what insights have been gained from this work.

A mapping of the blood-borne virus (BBV) programs provided to the broader CALD community occurred to identify what populations they work with, the types of services provided and how they engage with their communities, and to understand what strengths the organisations providing the programs bring to this work.

This paper has been informed by consultations with AFAO state and territory members organisation, AFAO affiliate member organisations specifically working with CALD communities, and with the Federation of Ethnic Communities' Councils of Australia (FECCA).

Good practice programs for reaching gay and other homosexually active men from CALD backgrounds

This section provides an overview of the types of programs and strategies used by AFAO state-based member organisations to provide education to gay and other homosexually active men from a CALD background. This includes taking account of the different experiences and needs of international students, refugees, people on working visas, people who are partners of an Australian resident, and people born in Australian whose parent/s were born-overseas.

Peer education programs for people from a CALD background

Several AFAO member organisations provide or support peer education programs targeted at men from particular CALD backgrounds that are a mixture of workshops, social groups, and support groups. These programs often specifically target men from Asian background and are provided in English. Examples include Gay Asian Proud a social support network for gay Asian men in Victoria and SocialisAsians, ConversAsians, Belonging and Becoming for gay Asian men in NSW. More recently, some organisations have commenced and are exploring offering peer education workshops in-language (for example, ACON has offered its youth workshop Start Making Sense in Mandarin and plans to do likewise with their Genesis workshop for people with HIV).

Facilitating access to community HIV clinics and sexual health services

AFAO member organisations have promoted and referred CALD clients (who are Medicare ineligible) for HIV testing and sexual health screening to services that are low cost or free such as sexual health services and community HIV testing services (provided by AFAO member organisations in partnership with other health services). They have referred CALD men, who cannot access the PBS and may not be able or wish to access pre-exposure prophylaxis (PrEP) via their health insurance, to GPs or sexual health clinics who can assist with PrEP prescriptions and provide importation advice. In NSW, ACON implemented a Chinese clinic at its a[TEST] service in an attempt to increase the number of Chinese men accessing HIV testing. The service launched in December 2018 with peers and nurses who

were fluent in Mandarin. The entire experience was transformed so that the *Ending HIV* website and online booking service was in simplified Chinese. The service was particularly designed for new migrants who might not have the English language skills to navigate existing testing services. A promotional video, produced in-language with English subtitles, has been developed providing a 'walk-through' of the service.

Representation of people from CALD backgrounds in social marketing campaigns

There has been a significant and noticeable effort by organisations to ensure their campaigns represent the diversity of their audience. On a practical level, this has meant CALD men are represented in campaign advertisements and resources. By way of example, in a refresh of the long running *Drama Downunder* Campaign, Thorne Harbour Health has incorporated a diverse range of community models. Similarly, QC's (Queensland Council for LGBTI Health (formerly QuAC)) *Come Prepd* featured two Latinos in advertisements and stories on the campaign website. ACON's long running *Ending HIV* campaign has featured diverse community members in multiple phases over several years. AFAO's recent *Get PrEP'D* campaign includes men from various cultural backgrounds in the visual elements and videos of the campaign.

Developing campaigns, online resources and peer education in community languages

Very few organisations have had the resources to develop campaigns in community languages targeted at CALD communities. During the consultation it was one area where participants often expressed a wish to do more. Recently, Thorne Harbour Health produced COVID-19 resources in a variety community languages. AFAO's *Get PrEP'D* website has been translated into both Spanish and Thai. ACON's *PrEP prevents HIV* campaign was in community languages targeted at four CALD communities and promoted via street posters and gay hook-up apps, and the Ending HIV website was translated into Simplified Chinese and Thai by certified translators with a subsequent review by community peers. This type of translation of a significant online resource took considerable effort and resources, particularly as it was important to ensure the 'community voice' (such as the conversational and colloquial terms used) was not lost during translation. One important consideration when translating campaigns or providing services in-language is giving consideration to the entire client service experience. For example, advertisements in community languages should direct the audience to landing pages or websites in community language, and HIV testing clinics provided by peers in community language need to give consideration to providing promotions, booking and intake forms in-language.

Engagement and partnership with CALD groups and services

AFAO member organisations have developed relationships with a variety of CALD community groups, migrant and refugee services, and international student groups. The nature of the relationship varies, but often at a minimum it has involved promoting their services and providing sexual health education sessions. In major capital cities, one significant area of work is partnering with LGBTI CALD community groups. Each group varies as some are more formal groups and very active, others are more informal and less active. Partnerships and collaboration with LGBTI CALD groups has been found to be an effective and efficient way of providing health information. Collaboration has included education sessions, joint workshops and events, online promotion of resources, stalls and resource distribution at community events, and CALD groups speaking at and supporting HIV/sexual health events. AFAO member organisations have supported the development of these groups with logistical support and small financial grants to support their operations and to facilitate partnership activities.

Recruiting and training diverse and bilingual volunteers and peers

Volunteers and peers are often a cornerstone of the health promotion programs run by AFAO member organisations. As a result, several organisations mentioned that they have made a concerted effort to train volunteers and peers from diverse backgrounds so that they can provide education to clients in their first language. Trained peers are providing one-on-one support for people living with HIV, peer testing at community HIV testing clinics and peer education workshops in community languages. Ensuring there are bilingual peers was considered an efficient strategy for supporting men from different communities to access services.

Market research and consultations with CALD communities

AFAO member organisations have used market research, such as focus groups and surveys, specifically targeted at CALD men to explore issues that can help inform program development. For example, ACON and QC have convened focus groups to help gain insights into specific issues for CALD communities. ACON has separately commissioned market research (in community languages) to understand how CALD communities consume online media. AFAO commissioned market research including with men from CALD backgrounds to inform its *Get PrEP'D* campaign. AFAO member organisations have convened (or plan to convene) forums and roundtables to discuss issues specific for CALD communities (several of these plans were disrupted due to COVID-19).

Overview of Ethnic Community Councils, AFAO national members, and AFAO affiliate members' programs with CALD communities

This section provides an overview of Ethnic Community Councils, AFAO national members, and AFAO affiliate member organisations providing BBV programs for CALD communities.

AFAO's national member organisations are not service delivery organisations in the way its state-based members are. However, they and their own member organisations address issues relating to and engage with CALD communities that intersect with their respective key populations.

Ethnic Community Councils (sometimes called Multicultural Councils) exist in all states and territories and in some regions as well. At the state and territory level, the membership is open to organisations with an ethnic focus and organisations with an interest in this area. Individuals are often also welcome to be members. The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australians from CALD backgrounds, with membership consisting of the state, territory and regional councils. The primary role of ethnic community councils is to advocate and promote issues on behalf of their constituents to government, business and the broader community. While their work is mostly focussed on advocacy, there are exceptions with some Councils involved in the delivery of services particularly in the provision of aged care services.

One of the obvious strengths of ethnic community councils is they have strong connections with ethnic communities. The nature of their membership means many ethnic community organisations, and individuals, are already connected to the organisation. Many mainstream organisations would not have these connections and would have to build their networks when working with CALD communities. The BBV program provided by Ethnic Communities Council of Queensland (ECCQ) identified these existing organisation networks as one of its key strengths, as they can tap into those networks and contacts. Additionally, being based at the ethnic community council meant the organisation's varied programs were able to cross-promote and assist each other in their work.

The Victorian African Health Action Network (VAHAN) is a voluntary community organisation that aims to mobilise Victorian African communities around issues of HIV, BBVs and sexual and reproductive health. Apart from small grants, it has no ongoing funding which limits its activities. However, it is playing an important role in raising the profile of BBV issues facing African communities, building partnerships between BBVs sector and African communities, and advocating to ensure BBV issues for African communities are addressed by services. By way of an example, it has staged World AIDS Days events over several years where African communities and BBV sector are brought together. VAHAN has also advocated and inputted into a variety of BBVs policy responses that affect African communities.

SiREN (WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network) implements research related to CALD populations and BBVs and sexual health. SIREN also has their project, Community of Practice for Action on HIV and Mobility (CoPAHM), that brings together a range of stakeholders with an interest in HIV and mobility issues. They have also published a roadmap for action on HIV and Mobility with priority actions for addressing HIV among mobile and migrant communities.

CALD BBV programs are provided by Multicultural HIV and Hepatitis Service (MHAHS) in NSW, Multicultural Health and Support Service at Centre for Culture, Ethnicity and Health (CEH) in Victoria and Hepatitis, HIV/AIDS and Sexual Health Program at the Ethnic Communities Council of Queensland (ECCQ) and PEACE at Relationships Australia South Australia (RASA). Their CALD BBV programs provide a variety of health promotion programs, including community education, peer education, social marketing campaigns, and online and printed resources in community languages. As part of their health promotion programs, they attend CALD community events where they hold stalls, distribute resources and/or provide education sessions. Two programs train and support bilingual workers to provide one-on-one support. By way of example, ECCQ bilingual workers support people with hepatitis to access Fibroscans (used to assess liver health) in general practice. The workers help clients manage appointments and provide information and education. MHAHS trains and supports bilingual Cultural Support Officers to support people with HIV, including emotional support, facilitating health literacy and access to services. In both cases, these bilingual workers assist with the implementation of other health promotion programs including the translation of resources into multiple languages.

CALD BBV programs may target specific CALD communities, informed by epidemiology of disease prevalence within communities. It is difficult to summarise the priority population groups they work with as it varies year on year depending on the programs that have been implemented and on the health issue being addressed. While there is a general focus on sexual health and BBVs, sometimes they implement programs that have a specific disease (such as hepatitis B or hepatitis C) as they impact upon different CALD communities. Several common strengths of these programs are:

- **BBV programs provided by organisations offering other health services and programs**
  As these programs are provided by organisations that offer other services, this has aided the BBV programs as they can promote and access these other services (and vice versa). For some, this meant they can provide a more holistic service. For example, CEH is run by a Community Health Service. This means they can facilitate access to the full suite of services offered community health services in Victoria. At RASA the PEACE program can ensure clients have access to counselling and support services. The MHAHS is based at a Local Health District (LHD) and has good relationships and knowledge of HIV specialist services and sexual health clinics within their own LHD and others throughout NSW.

- **Bilingual and diverse workforce**
  A bilingual and diverse workforce was seen as a strength of these programs. These programs did not believe they could meaningfully engage the community due to language and cultural barriers without a diverse workforce. Bilingual workers were part of the communities that the organisations were trying to reach, and this provided a good link to those communities, particularly those workers who were already well connected to community leaders and organisations. For example, ECCQ and MHAHS support trained bilingual workers who provide one-on-one support to clients, but who were also able to help other health promotion and education programs. Importantly, it is not only their bilingual language skills that were valued but their understanding of different cultures.

- **Good relationships, long history of engagement, and working in partnership with CALD communities**
  Strong partnerships and ongoing engagement with CALD communities was seen as a strength of these organisations. They have consulted with communities, built trust over the long term and have worked in partnership to ensure communities help drive and co-design programs. This has resulted in the need to program to be adaptable to ensure they are supported by CALD communities, one partner described it as a 'two-way cultural exchange'. These programs had experience in engaging a diverse range of CALD community leaders from faith leaders, community activists, medical organisations, and community media. These programs emphasised consultation can take time and short time frames can be restrictive as the communities may have other competing health and social priorities. In their experience it has required meeting communities where they are at and, at times, compromising on plans given that BBVs and sexual health can raise sensitive issues that require deft negotiations particularly in those CALD communities that may be religious and conservative.

- **Capacity to support mainstream health services to work with CALD communities**
  This occurred to a varying extent, but most programs identified an approach that underpins their work is supporting other agencies to improve their services for CALD communities. For example, RASA mentioned they provided training to help support, such as working with interpreters and CEH provides a regular calendar of training workshops and has a long history of providing cultural competency training to service providers.

- **Development of resources in multiple languages**
  Several programs can assist with translation of BBV documents into community languages. For example, MHAHS and ECCQ mentioned their bilingual workers have assisted with the development of in-language resources. Where this occurred, the translations were not direct (word for word) translations but required considering if the concepts are culturally appropriate and ensuring some nuancing of the message to take this into account.

Key insights from working with CALD communities

This section reports on several insights reported during the consultation when working with CALD communities, including with gay and other homosexually active men from CALD backgrounds.

English language proficiency can hinder access to services

Limited English language proficiency is a barrier for CALD communities when accessing program and health services. This is not the situation with all communities particularly those from countries where English is an official language (for example, Philippines, Pakistan, India), where issues of access may be more related to awareness of the Australian health care system or shaped by cultural and religious beliefs. For migrants who may not have proficient English language skills this can impede their ability to understand the health services available, schedule medical appointments, participate in peer education programs, and comprehend health information. In relation to international students, factors that were perceived to impact on their English proficiency include: how long they had been studying in Australia, if they were studying at a University or English language college, and their home country.

Recognising and addressing the concerns of CALD communities

While translation of resources into other community languages is helpful, the focus of resources or issues addressed may need to be adjusted to ensure consideration is given to cultural differences, migration issues, accessing services for Medicare ineligibles and other concerns people from CALD backgrounds may have that impact upon their willingness to engage with service. For example, overseas born CALD people may be more hesitant to have HIV testing due to concerns about the implication of an HIV positive result both in term of accessing treatments and their confidentiality, particularly in terms of reporting to government and the impact this may have on their residency status. These issues often need to be emphasised and explained in-depth for overseas born people compared to how they might be for Australian born people. Apart from addressing such issues in resources, peer education groups have to consider what factors may prevent them from reaching certain groups of people. An AFAO member organisation indicated that in their experience CALD gay men (apart from lacking English proficiency) may have a fear of attending peer groups because they are from a different cultural background, they may have concerns around racism within the community, or they may not want to join a mixed CALD group as they may feel their cultural experiences are not shared or understood by others in the group.

Knowledge and experiences of BBVs and sexual health influenced by their country of birth

Many newly arrived migrants will arrive with knowledge and understanding of STIs and BBVs informed by their country of birth. This may mean that it is shaped by the stigma and shame associated with some diseases in their country of birth. Cultural and religious belief in their home countries may mean that discussion of sex and sexuality are vastly different from Australian-born people. They may have received only fairly basic sex education in their home country. Although there have been positive advancements in some countries in Asia over recent years, many countries continue to prohibit sex between men and even when such sex is legalised, society may still not openly

discuss or be supportive of LGBTI people. Gay and other homosexually active men may have good basic sexual health knowledge, but more limited awareness of biomedical developments in HIV prevention such as PrEP, particularly if PrEP is not readily available in their home countries. An important point raised by several individuals, was sexual health may not always be the highest priority for some migrants, particularly those with uncertain residency.

Limited familiarity with the Australian health care system and importance of providing education specifically relevant to new migrants

Providing new migrants with updated knowledge of HIV and sexual health is important, however, many organisations emphasised that they have to 'contextualise' this information by providing education on how the Australian health care system functions, what services are available, and how to access services. New migrants have experienced a public health care system very different in their home country. Sexual health education has to acknowledge recent migrants may not have access to Medicare. Therefore education has to promote available free or low cost BBV and sexual health services , such as sexual health clinics and community HIV testing clinics, and provide information on how they may access PrEP if they cannot access it through the PBS. For those with private health insurance, particularly for international students, they may have concerns accessing certain health services through their insurance (such as HIV and STI test) as they are not sure how this information may appear on statements.

Stigma, discrimination and racism encountered by people from CALD backgrounds

Stigma, discrimination and racism was identified during the consultation as an issue facing CALD communities. It was considered important to understand this experience when developing programs as it can hinder CALD communities' access to health services, as well as consider how programs can challenge stigma and discrimination and advocate on behalf of their clients. AFAO member organisations raised the experience gay men from CALD backgrounds experience of discrimination and racism within the LGBTI community, and the impact this has on their engagement with the community. There are stereotypes for gay men from particular CALD backgrounds that contribute to a sense of exclusion. At times, HIV prevention campaigns for gay and other homosexually active men may have reinforced this through lack of representation although, as noted above, there has been a concerted effort for greater inclusion over recent years. Even though sexuality attitudes may be changing in Asian countries, many men from CALD backgrounds born overseas still have to deal with cultural and family expectations, and associated stigma and homophobia in their home country due to their sexuality or gender identity.

Recognising, engaging and consulting diverse CALD communities

CALD communities encompass a variety of nations, people and cultures. In working with diverse communities, organisations emphasised the importance of asking people from CALD backgrounds and CALD community groups what they need and wanted from their organisation. For some this meant working with peers to help shape the content of peer education programs. At other times, it meant working with CALD community groups to identify how they can mutually support each other's work. On a practical level recognising diversity within communities has resulted in some programs targeted at some broader communities (for example, Asian gay men) and at other times developing programs targeted at particular priority groups or groups not currently being effectively reached (for example, Chinese gay men). Generally, targeted CALD programs may not always be effective at reaching particular nationalities. For example, it was mentioned that programs targeted at Asian gay men were not always effective at reaching Thai gay men. Anecdotally, this could be due to a range of reasons such as lower levels of English proficiency and different migration patterns that impact their capacity to participate. Ensuring engagement with diverse CALD communities can be challenging. Organisations who have featured diverse community members in HIV and sexual health campaigns, have reported difficulties finding volunteers willing to be the 'public face' of a campaign. Underpinning this work to engage diverse CALD communities is ensuring programs collect demographic data that can help identify who is accessing services and who is not.

Connections with LGBTI communities and CALD communities

Many gay and other homosexually active men who are recent migrants to Australia may try to find ways to connect with the local gay community. For some migrants to Australia this may be their first opportunity to explore and be

open about their sexuality. Gay hook-up apps, as for most gay men, are a much-used tool to facilitate this connection. For organisations trying to reach these men with campaign advertisement they identified the social media and gay hook-up apps they may be using. Some within the HIV sector have found that people with HIV from CALD communities are hesitant to access services if they are provided from people of the same cultural background due to confidentiality and privacy concerns. However, this has not been the experience of ACON in its Peer Navigation (one-on-one support for people with HIV). In this case it may be because the peers are not only peers from the same cultural background, but are also HIV positive peers. This, perhaps, highlights the importance of HIV status and sexuality as important characteristics when defining what constitutes a 'peer'.

Potential areas for future programming

During the consultations, AFAO state-based member organisations nominated a lack of staff and funding that prevented more CALD targeted initiatives. If more resources were available, they expressed an interest in further developing relationships with CALD community groups and service providers, translating campaigns and online resources into community languages, and developing peer education programs for CALD communities. Those experienced in the translation of campaigns and online resources indicated that it requires significant time and budget. There was also interest in exploring online and social media strategies to reach CALD communities. Some organisations have done this but for other organisations this has not occurred as it was not considered a priority (for example, they may already see large proportion of clients from CALD background due to word-of-mouth) or they decided it was unlikely to deliver the best return on investment compared to other strategies (such as service promotions at community and university events).