

The Young, Deadly and Free Project: WA progress and results

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Acknowledgement of country

We wish to acknowledge the Noongar people as the traditional and true custodians of the land which we are meeting on today. We honour the Noongar elders past and present, the current leaders, and lastly the young people coming up as future leaders.

We wish to acknowledge any other Aboriginal people in this room, as well as their elders past and present.







7: Priority Areas for Acito

National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy Ensuring that interventions are practical and that health promotion initiatives link to action pathways (for example, emphasising the role of testing for STI and BBV, and identifying where people can go to get testing, treatment and support) should be supported.

Peer pressure and group behaviours have an influence on an individual's decisions. Peer education and support have played an important role in HIV risk reduction and in connecting with some hard-to-reach groups of people who inject drugs. Peers are credible, trusted sources of information and can reach people who are not being reached by other means and assist in overcoming physical and socio-cultural barriers [14]. There would be benefit in strengthening the evidence for particular peer education models for Aboriginal and Torres Strait Islander people, as there may be considerable variation in what works with whom and where for communities in Australia.

Particular consideration should be given to targeting young Aboriginal and Torres Strait Islander people, given the high burden of STI, the relatively higher pregnancy rate among Aboriginal and Torres Strait Islander teenagers, and the population profile of the community. There are challenges to reaching young people in a way that is contemporary, culturally appropriate and supported by the community. Furthermore, young people outside the school environment do not have the same access to health promotion and education and therefore improved use of non-school settings is important.



Establishing best practice

SYSTEMATIC REVIEW ARTICLE Provisionally accepted The full-text will be published soon. Notify me

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Indigenous Youth Peer-Led Health Promotion in Canada, New Zealand, Australia and the United States: A Systematic Review of the Approaches, **Study Designs and Effectiveness**

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Key lessons

- Conduct preliminary site assessments to ensure the presence of adequate and ongoing human, time and financial resources
- Involve Indigenous people in program design
- Incorporate culture, community, history and tradition into the program
- Approach key community stakeholders to explain program and aims
- Consider ways of delivering the intervention through or in partnership with existing structures/communities of practice
- Consider ways in which participation can be enhanced through provision of appropriate incentives
- Identify and recruit community champions







WA sites

Kimberley

- Broome
- Derby
- Mowanjim
- Bidyadanga

Central Desert

Warburton

Murchison/Gascoyne

Carnarvon

Goldfields

- Leonora
- Norseman









Training structure

	Day 1 Welcome
Acknowledgem Housekeeping;	ent of country Pre-training evaluation
Project overvie	N
Training overvi	ew and expectations
What has made	you Young Deadly and Free
Group agreeme	nt
Graffiti sheets:	Defining why we are here and what do we already know
Anatomy/Conc	eption - info for you as a peer educator
	LUNCH @ 12:10pm
Energiser	
Contraception:	preventing unplanned pregnancy
Introducing the	community project: Mission
Introducing pre	sentations and the toolkit
YDF reflective a	rt
Daily Feedback	& Closing
	Closing @ 3pm







	Day 2 Welcome back @ 10:00am
Energiser	
STIs and E	BVs: Setting the Scene (Looking at data)
The STI St	ory
Young Dea	adly and Free from BBVs
Young, De	adly, Free: Myth Busters
Checking	t Out: Testing To Stay Young, Deadly, Free
	LUNCH @ 12:10pm
The Cond	om Game
How to us	e condoms correctly: Condom Demo and your turn
Young Dea	adly and Respectful: Exploring consensual sex and the Law
Planning	our community project
Daily Refle	ection
Daily Feed	lback & Closing
	Closing @ 3pm







	Day 3
	Welcome back @ 10:00am
Welcome Back	
Group Agreem	ent
STI & BBV 4 Sc	Jare
Values and Att	tudes to being Young, Deadly and Free
Risky Business	
Responding to	disclosures
Deadly Respor	ses To Questions
	LUNCH @ 12:10pm
Delivering an a	ctivity
Planning Your	wn groups
Planning your	ommunity project
YDF Reflective	Art
Daily Feedbac	
Post Training E	raluation
	Closing @ 3pm







Evaluation of the peer education program

Data collection

- Self-complete, paper based survey
- Survey administered pre and post training by Regional Coordinators

Participant demographics

- Aboriginal and Torres Strait Islander young people, aged 16 to 28 years
- Majority were female, heterosexual, spoke English as first language, year 10 educated

Key findings

- Level of STI knowledge relatively high prior to training; BBV knowledge somewhat limited
- Post knowledge survey demonstrated a marked increase in BBV knowledge
- STI testing was high among the peer educators; BBV testing significantly lower
- Intention to talk about, have, and use condoms was relatively high
- Most agreed that STI testing is important
- Concern about privacy/shame of STI testing in pre survey; reduced post survey
- Enhanced knowledge about situations that warrant BBV testing following training

















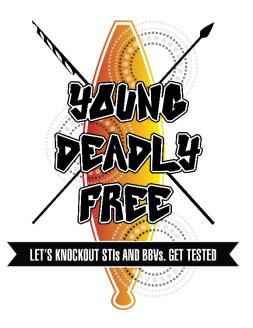






Leonora activities

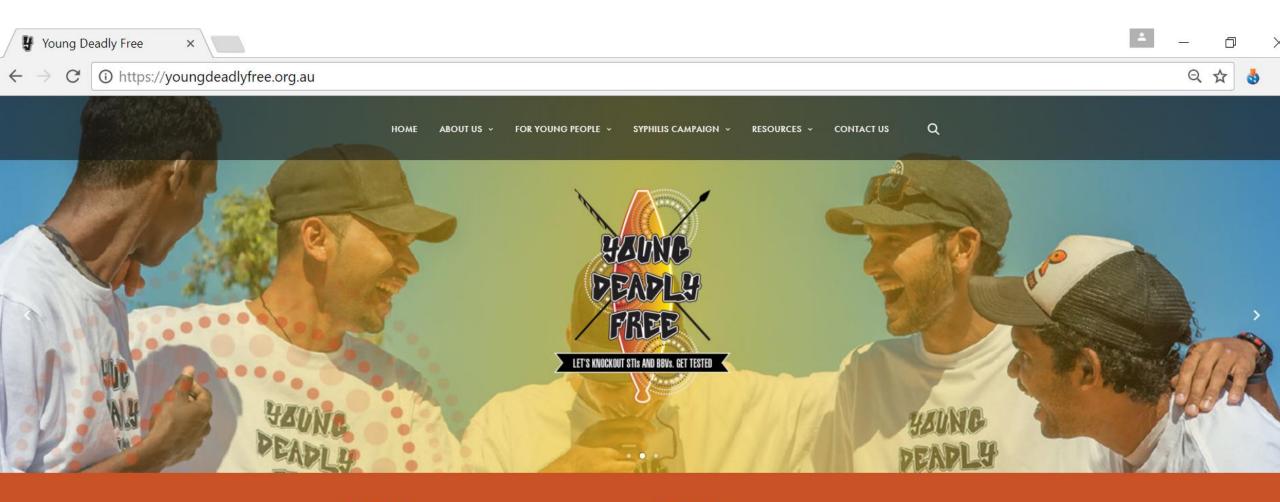




SAH

We need an artwork to encourage young people to get tested for STIs (sex diseases)





What's an STI?

An STI is a sexually transmissible infection – an infection you can get from having sex with someone who has that infection. **Chlamydia, gonorrhoea** and **syphilis** are examples of STIs.

What's a BBV?

A BBV is a blood borne virus – a virus you can get if the blood, semen (cum) or vaginal fluid from someone with that virus gets into your blood. This can happen during sex or by sharing drug injecting equipment. **HIV**, **hepatitis B** and **hepatitis C** are examples of BBVs.

ANIMATIONS

All the facts about STIs and BBVs are hard to take in.

We've made some animated videos – cartoons – that explain the facts about STIs and HIV in a way that's easy to understand. STIs are serious but we need to talk about them in a relaxed way and get rid of the stigma and shame we can feel when talking about sex, STIs and BBVs.

Have a look at these videos - share them with your friends!

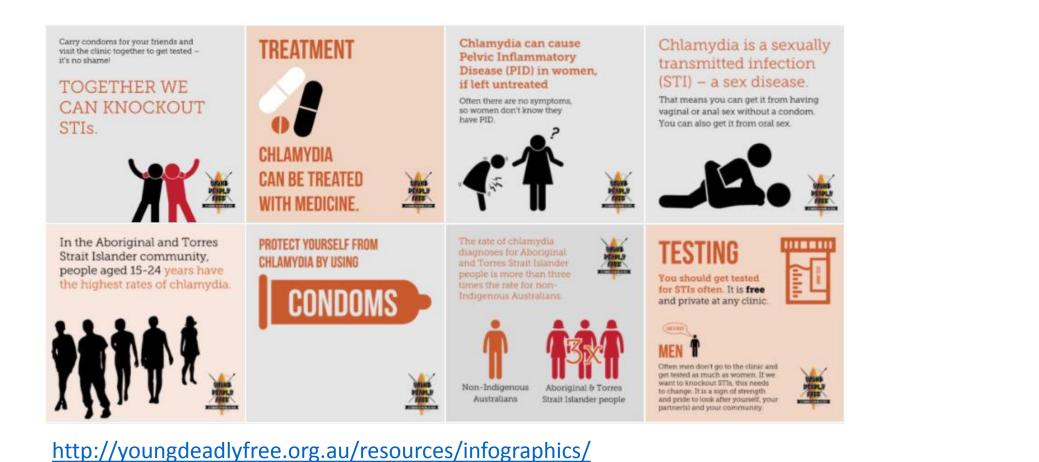


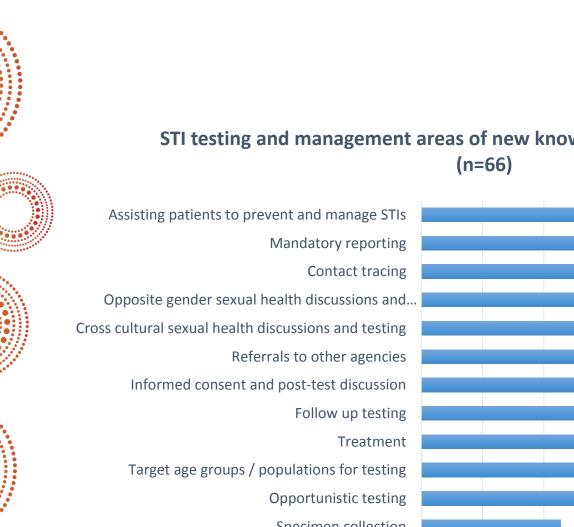
http://youngdeadlyfree.org.au/for-young-people/#animations

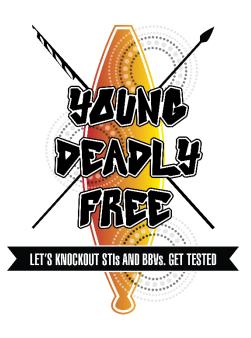
INFOGRAPHICS

SAHMRI has produced a set of infographics on STIs and blood-borne viruses for use in social media, health promotion, community education, on posters, and in presentations. These range from straight-forward messages about STI and BBV transmission and prevention, to graphics explaining data.

Feel free to download the PDFs and use them freely.







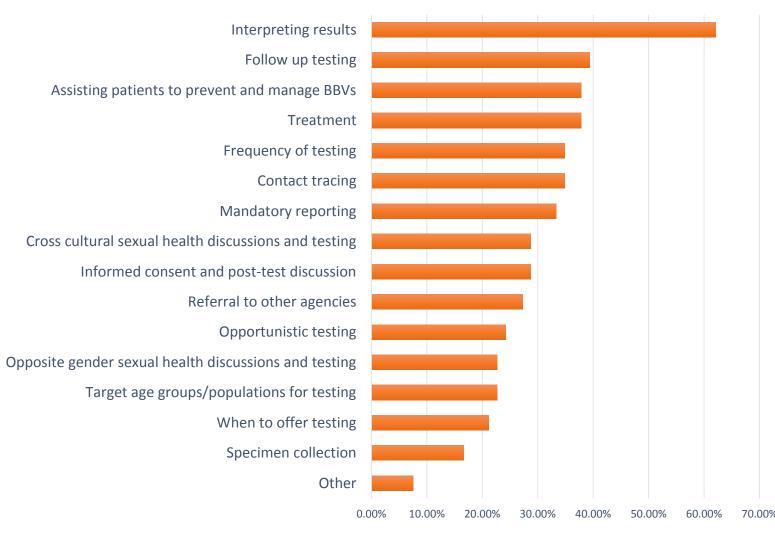
SAHMRI South Australian Health & Medical Research Institute
Medical Research Institute

STI testing and management areas of new knowledge to improve practice















Preferred format of resources (n=66)









https://youngdeadlyfree.org.au/resources/for-clinicians/



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