

Evaluation of an ethnic media campaign on patterns of HIV testing among people from culturally and linguistically diverse backgrounds in Australia

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ABSTRACT. *Objective:* To evaluate a 2-week pilot ethnic media campaign that was implemented in 14 languages to promote awareness of HIV/AIDS and HIV testing among selected non-English speaking populations in Australia in November/December 2000. *Methods:* The main outcome measure was clinic attendances for the purpose of HIV testing by individuals from the target populations at one of three public sexual health clinics in Sydney and Melbourne prior to and immediately after the campaign. *Results:* The number of HIV tests on members of the 14 target language communities attending the clinics almost doubled from 66 to 122 tests. However, as a proportion of the total number of HIV tests performed at the three clinics this increase was not significant (16.3–18.8%; $P = 0.31$). For both periods in 2000 the proportion of HIV tests that were performed on members of the target language group were higher than during a 1999 comparison period (10.5%, both $P < 0.01$). *Conclusions and implications:* This study did not demonstrate a significant increase in testing attributable to the pilot intervention. A larger campaign, with a more extensive evaluation, would probably be needed to demonstrate a measurable effect.

Introduction

Voluntary informed testing for HIV antibody has been an integral part of HIV prevention efforts since the HIV antibody test became available in 1985.¹ Knowledge of serostatus allows the infected individuals to benefit from advances in antiretroviral therapies in delaying the progression from HIV to AIDS² and to frame strategies for the prevention of transmission of the virus.

Surveillance data indicates that 17% of AIDS cases in Australia 1996–2000 were among people born in non-English speaking countries.³ People from culturally and linguistically diverse (CALD) backgrounds in Australia are less likely to know their HIV status and benefit from early intervention. Recent studies have reported that Asian gay men were less likely to have had an HIV test⁴ and people with HIV/AIDS from CALD backgrounds were more likely to present late with HIV than people born in Australia or from another predominantly English-speaking country.⁵ Late presentation, defined as an AIDS diagnosis within

3 months of a first HIV positive test result, has also been found to be more likely among those born in non-English speaking regions of the world in national AIDS surveillance data.³

There has been one major national HIV/AIDS campaign in ethnic television, print and radio in 1989 which targeted 16 language communities. The campaign primarily aimed to increase awareness of HIV/AIDS and to increase knowledge of HIV/AIDS through multilingual brochures, which were distributed to community health centres and general practitioners. The evaluation of the campaign pointed to its limited success in reaching the target groups and limited impact in improving knowledge of HIV/AIDS.⁶

However, other ethnic media campaigns have been found to increase screening rates for other conditions among people from CALD backgrounds⁷ and the Multicultural HIV/AIDS Service (MHAS) has implemented and evaluated small-scale ethnic media publicity campaigns since 1995.^{8,9} This paper evaluates the effect of a pilot ethnic media advertising and

publicity campaign on patterns of HIV testing among people from selected CALD backgrounds in Australia.

Methods

The campaign

The campaign was implemented between 20 November and 3 December 2000 in a range of ethnic print and radio media, with a mix of advertising and publicity (i.e. editorial). The campaign was run in conjunction with World AIDS Day 2000, 1 December, to enhance the opportunities for a greater impact of the campaign.

The objectives of the campaign were:

- To inform the target communities of the availability of free and anonymous HIV testing and the benefits of early diagnosis;
- To raise awareness in CALD background communities about current HIV/AIDS issues; and
- To promote access by people living with HIV/AIDS from CALD backgrounds to treatment and care services.

The key message of the campaign was that HIV/AIDS is a major worldwide epidemic which affects men, women and children. HIV is the virus that causes AIDS and the only way to detect HIV is by having a blood test. Free and anonymous HIV testing is available at sexual health clinics. HIV treatments are available and if you have HIV you can live well for many years, especially if you take treatments early.

The 14 target languages used in the campaign were: Arabic, Chinese, Croatian, Greek, Indonesian, Italian, Khmer, Macedonian, Portuguese, Serbian, Spanish, Thai, Turkish, and Vietnamese. National HIV notification data did not collect any ethnicity data. Consequently, these target communities were prioritised from a national consultation of key stakeholders (i.e. anecdotal risks of HIV among CALD communities), Australian census data, the prevalence of HIV/AIDS in selected countries-of-origin (which might indicate an elevated risk of HIV) and the availability of suitable media outlets to carry the campaign.

Advertising

The key themes for the campaign were based on assessments on the needs of people living with HIV/AIDS from CALD backgrounds in Australia.¹⁰ The key messages for the campaign were developed from the outcomes of a national consultation process. These messages were assessed and refined in two focus groups of bilingual/bicultural HIV/AIDS workers.

The key messages were used to develop advertising copy of three advertisements which was focus tested with people living with HIV/AIDS from CALD backgrounds. Particular attention was paid to ensure that the campaign would not create alarm and promote unwarranted testing for HIV. The final advertising copy was translated into each of the 14 target community languages and checked by bilingual/bicultural HIV/AIDS workers.

Ethnic print outlets were chosen based on their circulation. All outlets had a national distribution. The advertising copy was circulated to media outlets using an advertising company specialising in ethnic media. At least one set of the three advertisements was placed in each outlet. Radio advertising was bought for one community language that had limited press outlets. The total budget for the advertising component was \$A45 000. Between 20 November and 3 December 2000, 52 sets (156 insertions) of advertisements were placed in the 14 community languages.

Publicity

Media releases were developed in each language around the campaign messages and circulated to ethnic print (with culturally relevant images where possible) and radio outlets. The media releases

were posted to media outlets and followed-up by phone to promote uptake of the story and schedule interviews.

Media monitoring of the publicity campaign identified 26 instances of press coverage directly related to the media release in the target language media. In addition, 18 interviews or feature stories were broadcast on target language radio.

Main outcome measure

Clinic attendances for HIV antibody testing at the Melbourne and Sydney Sexual Health Centres and the Liverpool Sexual Health Centre, Sydney, were included in the analysis. These sites were chosen because of their proximity to populations from a CALD background, access to health interpreter services, and designated Thai and Chinese language clinics. Demographic and behavioural data are routinely collected on all individuals attending the participating centres.

Attendance and HIV testing data were obtained from the centres' databases for the immediate pre-campaign (1 November 2000 to 18 November 2000, 13 working days) period and post-campaign (4 December 2000 to 22 December 2000, 15 working days) period. Data were also obtained for a comparison period in December 1999 (between 6 December 1999 and 24 December 1999, 15 working days).

The number and rate of HIV testing among the 14 target languages may have been influenced by other factors not measured by this evaluation. In particular, World AIDS Day (1 December), which fell within the post-campaign period, is an event which can generate substantial media coverage. The earlier 1999 dataset was used to see if HIV testing rates had changed between 1999 and 2000 and, in particular, to provide a measure of the effects, if any, of World AIDS Day on HIV testing patterns among the target community languages.

For this study, information sought from the clinic registers included: country of birth, age, gender, risk exposure category and date of testing. No identifying data were collated.

Clinic patients who were born in countries that predominantly speak one of the 14 target languages were compared to the rest of the clinic population.

All analyses were performed using SPSS software package. The study had 80% power to detect an increase in HIV testing among the target population from 16% up to more than 23% assuming a sample size of 1000, and a significance level of 0.05.

Results

A total of 1067 HIV tests were performed on patients attending the centres in the immediate pre-campaign and post-campaign periods in 2000 (Table 1). Of these, 625 (58.8%) tests were on men and 438 (41.2%) were on women (gender was not recorded for four patients). Most of the HIV tests (72%) were among patients in the 20–39-year-old age group, and among the risk exposure category of heterosexual contact (68.5%) followed by homosexual/bisexual contact (18.4%).

While the number of HIV tests on patients from the target group increased from 66 in the pre-campaign to 122 in the post-campaign period, the increase as a proportion of tests performed at the centres (16.3% up to 18.8%) was not significant ($P = 0.31$).

There was a significant increase in the proportion of HIV tests on the target group from the 1999 comparison period (10.5%) compared to both of the 2000 periods (both $P < 0.01$) (Table 1).

Table 1. Number and proportion of HIV tests by period

	1999 comparison period ^A (6–24 Dec. 1999)	Pre-campaign period ^B (1–18 Nov. 2000)	Post-campaign period ^C (4–22 Dec. 2000)
Target group			
• No. (%) tested for HIV	57 (10.5%)	66 (16.3%)	122 (18.8%)
Other patients			
• No. (%) tested for HIV	488 (89.5%)	338 (83.6%)	528 (81.2%)

^ATwenty tests where county of birth was not recorded were excluded.

^BEight tests where county of birth was not recorded were excluded.

^CFive tests where county of birth was not recorded were excluded.

There was no significant change in terms of gender, age group, particular country of birth, or sexual risk category between any of the study periods (data not shown). There was an insufficient sample size to detect changes in these sub-categories.

Discussion

In this study there was no significant increase in the proportion of HIV tests that were performed on the CALD target group populations that were attributable to this brief pilot campaign. This was against a background of significant increases in HIV testing among the target population since 1999.

There are a number of possible reasons for not demonstrating a significant increase in HIV testing rates attributable to the campaign. The study had limited power to detect an increase as the follow-up evaluation period was short, most of the HIV testing of the target population may have occurred elsewhere, or the budget (and, therefore, the scale of the campaign) was insufficient to produce a substantial effect.

This study had sufficient power to detect an increase in the proportion of those tested that were from the target population from the baseline of 16% to greater than 23%. It is possible that a larger sample from more diverse clinical sites (including general practices) might have detected a significant effect.

The advertising and publicity involved newspapers that vary from daily to monthly distribution. The short post-campaign period may have limited the ability to detect the effects of the campaign on individuals who accessed media that are distributed fortnightly or monthly.

This campaign was essentially a pilot and the campaign budget was very limited for a national campaign. The budget allowed for only 52 sets of advertisements (distributed across 14 languages) to reach a target population that represents ~10% of the population of Australia. That equates to only about \$3000 per language. As experienced with previous campaigns to promote Chlamydia testing among young Australians, you generally only get the effect that you budget for.¹¹

This study did show that the proportion of tests that were performed on the target group had increased between 1999 and 2000 which was unrelated to the campaign. An unanticipated factor might have been the Olympic Games in Sydney in September 2000 which led to a doubling of the proportion of patients attending the Sydney Sexual Health Centre who had recently arrived in Australia (McNulty unpublished observations). A flow-on effect from the Games may have extended into the 2000 study period. However, this analysis does have the advantage of controlling for the effect of World AIDS Day publicity that may have stimulated HIV/AIDS awareness and testing among other patient groups attending these centres.

At risk members of CALD communities are likely to be underserved by existing strategies which promote HIV testing in Australia.^{3,4,5} Age standardised incident rates of AIDS for the period 1996–2000 were higher for people born in Asia, Sub-Saharan Africa, South and Central America and Europe (other than the United Kingdom and Ireland) compared to people born in Australia suggesting an elevated risk of HIV infection. In the same period 1996–2000, people from these regions of birth were more likely to present late with HIV infection compared to the Australian-born.³ These data suggest poorer access to HIV testing, despite some risk of HIV, among CALD communities and confirm the findings of earlier assessments of the information and education needs of people living with HIV/AIDS from CALD backgrounds in Australia.¹⁰ Culturally and linguistically relevant HIV campaigns are needed, especially as people from CALD backgrounds are more likely to travel to countries of high HIV prevalence.

A culturally sensitive ethnic media intervention may be an appropriate strategy for achieving increased HIV awareness and testing among people from CALD backgrounds. Perhaps future campaigns should focus more resources on a smaller range of languages and budget for a more comprehensive evaluation.

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