

Even me? WAAC's HIV awareness campaign

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Why is this needed?

Recent WA data shows...

- Since 2020, the number of HIV cases in people born overseas has continued to rise.
- While men who have sex with men are still the most represented in notifications, HIV is also spreading through heterosexual relationships.
- A 2021 study found that many Asian and African migrants in Australia don't know much about HIV and prevention methods, like PrEP or HIV testing. Plenty of contemporary studies support this.

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- A 2021 study found that many Asian and African migrants in Australia didn't know much about HIV and prevention methods, like PrEP or HIV testing. Plenty of contemporary research show this.
- **This does not suggest people born overseas are carriers of HIV. Rather, it highlights health inequities affecting some groups more than others.**

What community told us...

- Many people from don't think they are at risk of HIV. Some believe HIV and AIDS don't exist in Australia at all.
- Pathways in healthcare are confusing. Things like how to get a GP referral or what bulk billing means aren't always clear.
- Conversations about sexual health and HIV are often taboo. In some cultures, HIV is linked to shame, or seen as a result of immoral behaviour like sex or drug use.
- There's also an assumption that if HIV was something to worry about, a doctor would bring it up, so people don't ask about it.
- Mainstream public health messaging is ineffective. There is a need for community-led activities.

A note on language...

Culturally and linguistically diverse backgrounds?

Ethnic communities?

Hard to reach?

Culturally and racially marginalised communities?

Culturally responsive practice?

Migrant and refugee backgrounds?

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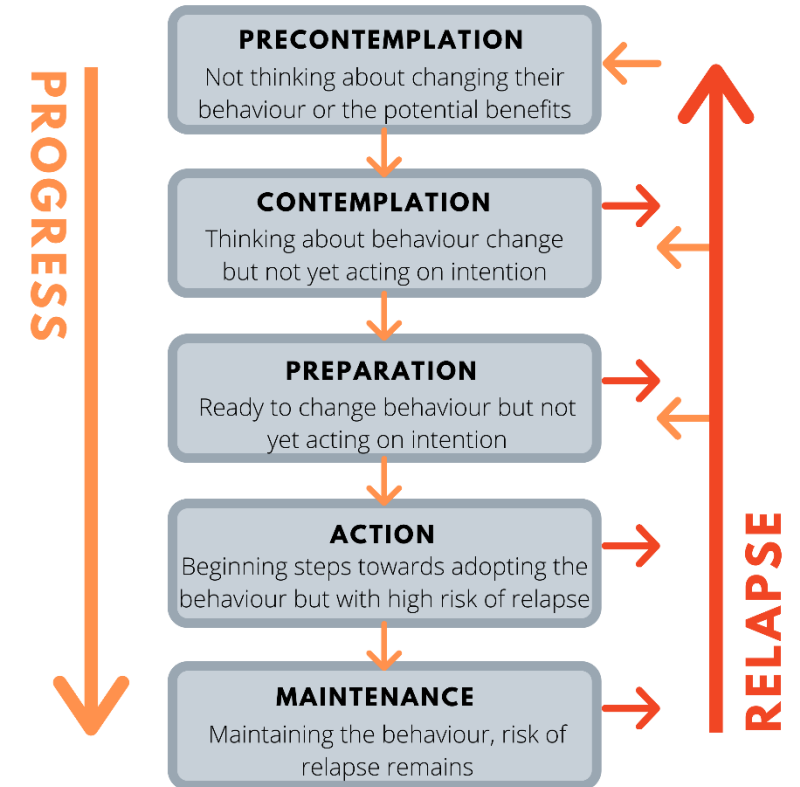
Migrant and refugee backgrounds?

Strategy

- **Phase 1 (2025):** Co-design a broad awareness campaign to shift attitudes towards HIV. Campaign *must* represent people from several cultural backgrounds to normalise sexual health discussions and improve HIV awareness.
- **Phase 2 (2026):** Building on Phase 1, the 2026 campaign will be more targeted, focusing on specific groups such as communities from Sub-Saharan Africa and Southeast Asia, based on data, community needs and what we learn in the first phase.
- **Phase 3 (2027):** To be determined based on learnings from Phases one and two.

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Transtheoretical Model of Change

The 'Even Me?' Concept

The community reference group provided input on key elements. A suite of video and static assets were created. Settings, dialogue and imagery was chosen accordingly, ensuring the campaign depicted:

- **Inclusive and positive framing**
- **Everyday settings**
- **Social connection**
- **Was multi-modal**



Development

- Reviewed data, research, and previous initiatives
- Consulted with community and stakeholders
- Applied theory and developed concept
- Talent call-out (31 EOIs!)
- Filming and photography
- Editing
- Collected feedback from community and stakeholders
- Pre-tested at community events
- Final assets drafted
- **GO LIVE!**



Delivery



- **Print:** A3 posters at licensed venues and taverns, university campuses, shopping centers, and health centers. Advertisement in local community newspapers.
- **Videos:** Short format videos for social media and webpage, and recorded community videos in languages other than English.
- **Audio:** Podcast recorded for UDUB radio, and Health Equity Matters.
- **Workforce:** Presentations to the DoH, North Metro Health Service, STI and BBV workforce, ISSHN, and more. Articles in medical publications including Medicus and Medical Forum.
- **Community:** Outreach stalls at health and community expos. Talks to community groups including international students at Study Perth student hub and Jacaranda community group. Advertising in social media groups.
- **Blog posts on partner website:** ISHAR and Health Consumers Council WA.
- **Suite of graphics:** to accompany other methods of communication.









It's time to rethink HIV

The need for inclusive and culturally safe healthcare

Karina Reeves
Health Promotion Coordinator, WAAC

The landscape of HIV transmission in Australia is shifting. While HIV was historically concentrated among gay, bisexual and other men who have sex with men, recent data shows a growing proportion of diagnoses among heterosexual individuals – particularly adults from culturally and linguistically diverse (CaLD) backgrounds.

Figures from the WA Department of Health indicate that HIV notifications increased from 68 in 2023 to 77 in 2024. Between January and June 2024 alone, 28 new diagnoses were reported, with the majority involving individuals born in South-East Asia and Sub-Saharan Africa. People from CaLD backgrounds continue to be recognised as a priority group under both the Western Australian Sexual Health and Blood-borne Virus Strategy 2024-2030 and the Ninth National HIV Strategy 2024-2030.

This shift highlights deeper social and structural issues that extend far beyond individual behaviour. Historically, HIV has often been wrongly framed as a consequence of "immoral" behaviour, reinforcing harmful narratives that drive stigma and discrimination. In the context of CaLD health, this moralistic framing compounds the real drivers of HIV transmission: structural inequalities, social exclusion, migration-related challenges, limited access to culturally appropriate healthcare, and ongoing stigma.

For many people from CaLD backgrounds, navigating a new healthcare system can be overwhelming, especially when services are not culturally safe or accessible. These barriers heighten HIV risk not because of personal behaviour, but because the systems designed to protect health often fail to reach or support everyone effectively. However, when services adapt to meet the needs of CaLD communities, this enables greater engagement and trust, which is essential to reduce sexual health stigma and improve access to HIV prevention, treatment and care.

The role of healthcare professionals

Healthcare professionals are at the frontline of reshaping how HIV is understood and addressed in Australia. Importantly, their role goes beyond clinical care.

Some practical ways to support equity in HIV:

- Avoid making assumptions about a patient's HIV risk based on background or appearance. Proactively initiating conversations about HIV prevention including HIV testing, condom use, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) with all patients is critical. Many people may assume they are not at risk if a healthcare professional does not raise the topic. Clinical guidance on prescribing PrEP is available through the ASHM National PrEP Guidelines, while community-focused information and translated patient resources are available via the WAAC website.
- Provide culturally safe services. This involves respecting diverse experiences and acknowledging the impacts of migration, trauma, and systemic discrimination. Practical steps include using professional interpreters, offering translated health information, maintaining confidentiality, and understanding cultural perspectives around sexual health and HIV. WAAC offers free training for healthcare professionals on inclusive practice to support this work.
- Normalising sexual health discussions as a routine part of healthcare is another important step. Framing sexual health as integral to overall wellbeing helps reduce shame and taboo, particularly among CaLD communities where sexual health topics may carry additional stigma. Stigma prevents individuals from seeking the care they need. To combat this, healthcare professionals must approach these conversations with understanding, respect and empathy. Discussing behaviours such as sex and drug use as normal aspects of human life is key to dismantling harmful stereotypes and improving access to prevention, testing and treatment services for all communities.

When healthcare settings are welcoming and inclusive, individuals are empowered to make informed choices about their sexual health, protecting not only themselves but also their families, partners and communities. ■

References available on request

Parents encouraged to say no to car drop offs on Friday

Primary school children across Australia will live up to their motto this Friday, May 16, for National Walk, Cycle, Scooty to School Day. Now in its 26th year, the national initiative encourages students, families, and carers to ditch the car and walk instead.

The goal is to promote healthier lifestyles, safer streets, and cleaner air, one step at a time. Led by the Pedestrian Council of Australia, the campaign highlights the benefits of walking and other forms of active transport. It also calls attention to road safety, public transport use, and the importance of reducing traffic congestion around schools.

"Until they are 16, children must always hold the hand of an adult when crossing the road," Helen Samuels, Chairperson and CEO of the Pedestrian Council of Australia said. "The initiative also links physical activity to better learning outcomes. Walking, even for a few minutes a day, can prevent a child's focus and academic performance. As part of the day, schools and P&C groups are encouraged to host a healthy breakfast, adding a nutritional boost to the morning routine. Surveys noted that one in four Australian children are facing critical levels of obesity and urgent families to take action. "The best form of physical activity for all Australian children is walking."

Parents, teachers, and carers are urged to ditch their cars and walk instead this Friday for the National Walk, Cycle, Scooty to School Day.

Did you know that in Australia... Anyone can talk to their doctor about HIV and ask for an HIV test. Even me!

WAAC's 'Even Me?' campaign was co-designed with CaLD community members and stakeholders. It raises awareness of HIV prevention, with an emphasis on pre-exposure prophylaxis and routine testing. The recommendations in this article are a result of the community consultations.

Canning pioneers recall when it was all bushland

It was a trip down memory lane for some of the City of Canning's older residents as the City paid tribute to its long-standing outdoors last Wednesday. Honoring the community's pioneers with a bushland afternoon tea at the Canning Bushland Centre.

More than 120 residents attended the annual Pioneer Tea on Wednesday, each having lived in the City for at least 50 years. Together, they've watched Canning grow from quiet farmland into a residential and commercial conurbation. Ninety-eight-year-old John Varrell, who has lived in the area for 90 years, said he could still recall when the streets were cobblestoned and Leach Highway was little more than a dirt road. "It's a different time, with the wide highways and the new train line."

Volunteers across the City of Canning are being celebrated this week for the vital role they play in building a stronger, more connected community. As part of National Volunteer Week, from May 19 to May 25, the City is honoring the thousands of people who give their time to support programs and initiatives across the area.

"We are very fortunate to have such a strong network of volunteers who work tirelessly to deliver positive outcomes for our communities," explained City of Canning Mayor Patrick Hall. "Volunteers are the backbone of our community and deserve to be recognized and celebrated for all that they do. National Volunteer Week is an opportunity to acknowledge the selfless efforts of our many volunteers." More than 100 volunteers currently work alongside City staff, but Mayor Hall said the full circle of local volunteering efforts stretches far wider. Many more support local sporting clubs, cultural and arts groups, and community groups across Canning.

Vaping and e-cigarettes now banned in all WA workplaces

Vapes and e-cigarettes are now officially banned inside all enclosed workplaces across Western Australia, following new changes to state health and safety laws. The updated Work Health and Safety Regulations now treat vaping the same way as tobacco smoking in WA workplaces. The measure is to give workers clearer protection from exposure to potentially harmful vapours while on the job. Until now, employers were required to maintain exposure to hazardous chemicals, but the law did not specifically mention the risks of e-cigarettes. The revised rules now close the gap and apply to both general workplaces and mining operations. The definition of e-cigarettes has also been expanded to include "heated tobacco" products, which have recently entered the market. Employers are expected to manage vaping in the same way they manage smoking, including having a clear policy in place and setting up designated outdoor areas. They are also encouraged to consider specific workplace risks, such as children being present. Industrial Relations Minister Simon McCook said the new regulation reflects increasing concerns around the dangers of vaping. "There is robust evidence to show vapes are full of dangerous substances and may include chemicals that can cause life-threatening disease and cancer," he said. "This change to our workplace regulations reflects this growing evidence of health risks associated with the use of e-cigarettes and second-hand vapour exposure. "The Cook Government takes the safety and health of WA workers very seriously, and this addition to the laws is a further example of our commitment to their protection."

Reframing HIV prevention for WA's diverse communities

HIV cases are increasing and health practitioners have a role to play in preventing the spread and encouraging the use of PrEP, writes Karina Reeves, Coordinator of Health Promotion at WAAC.

Recent data from the WA Department of Health show HIV notifications increased from 68 in 2023 to 77 in 2024. Between January and June 2024, 28 new diagnoses were reported, with the majority involving individuals born in South-East Asia and Sub-Saharan Africa.

People from culturally and linguistically diverse backgrounds are a priority group under both the Western Australian Sexual Health and Blood-borne Virus Strategy 2024-2030 and the Ninth National HIV Strategy 2024-2030.

Community consultations have revealed widespread gaps in knowledge about HIV risk, prevention, and treatment, particularly among migrants from Asia, Africa, and South America.

WA's early HIV prevention success largely stemmed from community-led campaigns targeting gay, bisexual, and other men who have sex with men. These efforts were culturally relevant and resonated with the target population.

However, as HIV demographics shift to include more heterosexual individuals and those from CaLD backgrounds, prevention strategies must evolve accordingly.

The changing nature of HIV transmission highlights the importance of inclusive, adaptive approaches that address the specific needs of emerging at-risk groups.

Misconceptions of HIV Prevention

Stigma remains a major barrier, especially around sexual health and HIV. Misconceptions persist in CaLD communities – such as the belief that PrEP is only for men.

These misunderstandings are sometimes reinforced by healthcare professionals, who may not perceive women in heterosexual relationships as being at risk.

A 2024 scoping review found many providers were unsure about prescribing PrEP to cisgender women, emphasising the need for improved education and awareness.

PrEP is highly effective when used as prescribed, preventing sexual transmission and reducing the risk of acquiring HIV from a partner who injects drugs.

For women, it offers a way to take control of their sexual health without relying on their partner's choices. Regular testing is also crucial, as delayed diagnoses lead to poorer health outcomes and increase the risk of further transmission.

The role of healthcare providers

Healthcare practitioners play a pivotal role in dispelling myths and initiating HIV-related conversations. In many cultural settings, patients expect providers to raise health concerns, including those related to HIV.

However, research shows clinicians may avoid such discussions for fear of offending patients from migrant backgrounds.

The Migrant and Refugee Blood Borne Virus Survey – a 2021 national study – found that most respondents would not be offered if offered an STI or BBV test by a doctor or nurse.

Notably, only 41% of respondents knew that HIV is not automatically included in routine blood tests. This included in routine blood tests. This included in routine blood tests. This included in routine blood tests.

When healthcare providers avoid

HIV discussions, opportunities for prevention and early detection are missed, further entrenching health disparities.

Overcoming barriers Language barriers, stigma, and limited healthcare engagement contribute to lower HIV testing rates in CaLD communities.

Addressing these requires promoting routine HIV testing – especially for women in high-risk situations or with partners from high-prevalence regions.

Early diagnosis and prompt pre-treatment are essential to stopping transmission and improving health outcomes. It's also critical to engage women of childbearing age to prevent vertical transmission to children.

Encouraging providers to initiate conversations about HIV risk, PrEP, and testing will help close the gap in service access and understanding. This proactive approach supports better health outcomes for CaLD women and ensures more equitable care.

Closing the knowledge gap

Creating an environment where sexual health, HIV risk, and prevention are regularly discussed in clinical settings is essential to inclusive care.

The ASHM Decision Making in HIV tool and National PrEP Guidelines offer resources for clinicians. ■

Ed note: WAAC's 'Even Me?' campaign aims to empower CaLD communities with the knowledge and tools to prevent HIV and improve public health outcomes for all Australians.



EVEN ME

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HIV

- Even Me

Stigma And Discrimination

PrEP

U = U

SAFE AND RESPECTFUL SEXUAL HEALTH CARE IN WA

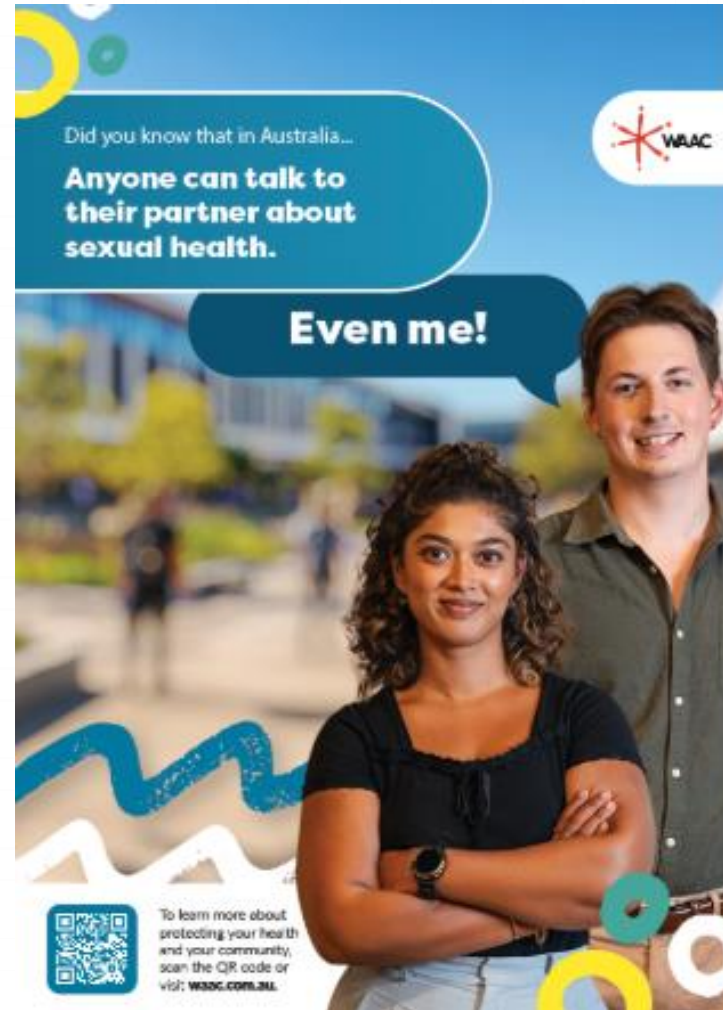
Did you know that in Western Australia, everyone, including people from diverse backgrounds, can access safe, respectful, and confidential sexual health care?

Whether you're visiting a **doctor (also known as a general practitioner or GP)** for a check-up, asking questions about **HIV testing**, or learning about **STI prevention** methods like condoms or **PrEP**, you have the right to be supported without judgement.

Sexual health is part of your health and wellbeing. No matter your age, visa status, language, or whether you're currently sexually active, it's always okay to ask questions and seek information.



- Early evaluation shows good community engagement and acceptability.
- Engagement throughout the process reflects progress and is a measure of success.
- Meaningful engagement requires modification of service delivery (example: holding meetings after 5pm).
- The value of someone's contribution cannot be pre-determined.
- This campaign represents progress towards a bigger goal. No single initiative drives lasting change alone. Sustained, inclusive, community-led strategies are essential for long-term impact.



TELL US WHAT YOU THINK

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