PROJECT REPORT

Prepared by Candice Fuller
July 2010
BACKGROUND

Why was TESTme set up?
Access to sexual health services is limited in parts of rural Victoria where embarrassment, confidentiality and stigma present significant barriers. For young people, access to services such as General Practitioners and community health centres is further limited by cost and travel.

In June 2009 Melbourne Sexual Health Centre (MSHC) received funding from the Victorian Department of Health (DoH) to provide a 12 month pilot sexual health service to rural Victorians at risk of Sexually Transmitted Infections (STIs).

The aim of TESTme was to set up a pilot service to provide free STI testing, sexual health advice and referral for rural Victorians via telephone and webcam consultations with a clinician at MSHC.

METHOD

How was TESTme set up?
A TESTme pilot project steering committee was formed and included the following members:

- Christopher Fairley, MSHC Director
- Candice Fuller, MSHC TESTme Project Coordinator
- Rosey Cummings, MSHC Nursing Services Manager
- Marcus Chen, MSHC Medical Services Manager
- Jane Tomnay, Associate Professor, Centre of Excellence in Rural Sexual Health (CERSH)
- Roger Nixon, Senior Policy Officer, BBV/STI Section DoH
- Jane Hocking, Centre for Women's Health, Melbourne School of Population Health, University of Melbourne
- Cameryn Garrett, PHD candidate University of Melbourne
- Adam Wright, Executive Officer CAN Victoria, Country Awareness Network Victoria

The function of the TESTme steering committee was to assist and provide input into the development, implementation and evaluation of the TESTme pilot project. This included assisting with the decision making regarding:

- Defining the geographic scope of the pilot project
- Defining the target population(s)
- The development of a marketing and advertising strategy
- Review of project materials; testing kits, instructions, information for clients and health professionals
• The development of implementation strategies including IT options, provision of results and referrals
• The development of appropriate evaluation strategies

The committee met monthly to six weekly at MSHC throughout the project.

Initially, it was decided to limit the TESTme pilot service to one or two Victorian rural regions (Hume and Loddon Mallee) due to the expected demand on the service. However, this was soon expanded to all regions of Victoria due to the initial small response to the service.

How does TESTme work?

TESTme is available to Victorians who are deemed to be at risk of STIs and who fit the following target population criteria:

1. 25 years of age and younger; this target group was chosen due to the high rates of Chlamydia in this age group throughout Victoria and Australia.
2. Men who have sex with men; this target group is at significant risk of STIs including Syphilis, Gonorrhoea and HIV.
3. Aboriginal or Torres Strait Islander background or descent; research shows higher rates of STIs in this group compared to their non Aboriginal or Torres Strait Islander counterparts.

The client also needs to:

• Live 150kms or more from Melbourne
• Have no symptoms of STIs. For example no unusual vaginal or penile discharge, lower abdominal pain
• Have access to telephone or webcam for their consultation
• Have a postal address for the STI testing pack to be sent to

A testing ‘kit’ was developed to fit Australia Post triple packing requirements for sending specimen swabs in the mail.

The kit includes:

• self collected swab/s, validated for sending in the mail
• instructions on how to take the swabs
• an evaluation questionnaire
• cardboard cylinder
• reply paid mailing envelope
TESTme was designed to provide testing for the following STIs via the self collected swabs:

1. **Chlamydia**
   Chlamydia testing by a urine dip swab, rectal swab and vaginal swab

2. **Gonorrhoea**
   Gonorrhea testing by a rectal swab and throat swab

A 1800 number was established for potential clients to call for information and to make appointments with the TESTme nurse. The telephone process involved firstly establishing if the caller was eligible for the TESTme service. If the eligibility criteria were met then a short sexual health history took place and STI testing was recommended dependant on their risk.

A testing pack as described on page 2 was sent to the client who then self collected their own swabs. The pack was returned by post in the prepaid envelope provided. Results were available from MSHC by telephone 2 weeks later.

Only self collected swabs for STIs can be offered by TESTme. If a client is at risk of blood borne viruses such as HIV, Syphilis, and hepatitis the following options are provided:

1. Client attends local pathology centre. The TESTme nurse can include local pathology forms in the STI pack. This allows the client to attend a pathology centre with the completed forms without visiting their local doctor
2. Client attends their local GP or community health centre for blood tests
3. Client attends MSHC for blood tests if convenient

Clients with positive results are telephoned, the result and its implications, including partner notification, are discussed with them. If treatment for Chlamydia is required, the medication is posted free of charge after a phone consultation with a doctor or nurse at MSHC.

**Website development**
The TESTme website was developed by Candice Fuller and Mark Chung, MSHC Multimedia Coordinator and the content was written with the assistance and contribution of the steering committee members. For reasons that emerged during the
pilot phase, which will be described later in this report, the website was redesigned. The following is a screen shot of the website home page that was developed at the beginning of the project.

The website provided information about the TESTme service and who the service was for. The website had a registration button that required clients to first contact the 1800 number to obtain a registration number.

TESTme Advertising
TESTme was extensively advertised. The TESTme service was advertised on the internet (MSHC website and Facebook), on the premises of various rural health providers, in local print media, and at particular events aimed at rural young people, men who have sex with men and Aboriginal and Torres Strait Islander background or descent. Please see appendix 1 for a full list of advertising undertaken.

OUTCOMES

Number of TESTme clients
The pilot ran from August 10th 2009 to June 30th 2010. Since the website went live there were a total of 3,963 visits to the TESTme website as per Google Analytics data. During this time 31 clients accessed the TESTme pilot service for STI screening. However seven of these clients did not return their testing pack.
Client demographics

5 males (18%)
  • 3 identify as heterosexual males (60%)
  • 2 identify as men who have sex with men (40%)

26 females (82%)
  • All identify as heterosexual (100%)

All clients were from a non-indigenous background

Age Range: 14-39 years

The table below shows the TESTme clients towns of residence in Victoria:

<table>
<thead>
<tr>
<th>Towns</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allans Flat</td>
<td>1</td>
</tr>
<tr>
<td>Benalla</td>
<td>2</td>
</tr>
<tr>
<td>Bendigo</td>
<td>2</td>
</tr>
<tr>
<td>Echuca</td>
<td>5</td>
</tr>
<tr>
<td>Invergordon</td>
<td>1</td>
</tr>
<tr>
<td>Inverloch</td>
<td>1</td>
</tr>
<tr>
<td>Kennington</td>
<td>1</td>
</tr>
<tr>
<td>Mansfield</td>
<td>2</td>
</tr>
<tr>
<td>Maryborough</td>
<td>1</td>
</tr>
<tr>
<td>Mildura</td>
<td>1</td>
</tr>
<tr>
<td>Morwell</td>
<td>1</td>
</tr>
<tr>
<td>Numurkah</td>
<td>5</td>
</tr>
<tr>
<td>Ouyen</td>
<td>2</td>
</tr>
<tr>
<td>Shepparton</td>
<td>1</td>
</tr>
<tr>
<td>Swan Hill</td>
<td>1</td>
</tr>
<tr>
<td>Trafalgar</td>
<td>2</td>
</tr>
<tr>
<td>Warrnambool</td>
<td>1</td>
</tr>
<tr>
<td>Wodonga</td>
<td>1</td>
</tr>
</tbody>
</table>
STI screening performed
All TESTme clients had a Chlamydia screening test. One MSM client had a Chlamydia and Gonorrhea screening test. This client indicated they would attend MSHC for their serology screening.

Referrals
The majority of the TESTme referrals came from school nurses (48%) and community health nurses (16%). The other referrals included the TESTme website, Country Awareness Network and the MSHC website and triage system. See graph below:

Results
There were 4 Chlamydia positive results in the 24 clients tested indicating a 16.6 % (95% confidence interval 5-37%) prevalence of Chlamydia in this group.

Packs not returned
There were seven packs that were not returned. These were followed up to investigate if the client received the pack and if there was any issues with the instructions or other aspects of the service. Five clients said they received their pack, however, had not got around to performing the test. Two clients could not be followed up.

Telephone & Webcam consultations
No TESTme clients chose to use webcam as a part of their TESTme consultation, only telephone consultations were chosen.
Review of TESTme design

Despite concerted advertising and support from a number of rural organisations a smaller number of clients utilised TESTme than anticipated. The advertising campaign on Facebook generated 345 clicks to the TESTme website however, none of these resulted in a call to the service. This low usage of the service prompted a review of all aspects of the project. The steering committee reviewed all aspects of the service, including the website and professional advice was sought from the Advertising and Communications Manager at Melbourne University. Additionally a number of young rural and metropolitan people were asked to review the TESTme website. They were asked if they would feel comfortable using the webcam consultation option, and if there are any other links or resources they would like to see provided on the website. Their responses to webcam consultations included not wanting to be seen on the webcam, concerns that it could be ‘dodgy’ and they were also worried the consultation could be recorded.

The recommended changes to the TESTme website from the University of Melbourne Advertising and Communications Manager included the following:

1. Reduce the website’s focus on webcam and telephone consultations, and instead highlight the more private option of submitting information by email.
2. Review the Privacy Statement in conjunction with the Information Technology division at Melbourne University.
3. Better organise the information currently contained on the website, including a list of frequently asked questions to address the sensitive concerns of potential clients.
4. Develop the ability for clients to register through the use of online questionnaire forms, rather than it being necessary to register by telephone.
5. Explain more clearly who has funded TESTme (including funding period).
6. Articulate that TESTme is part of MSHC and list affiliations and full contact details on the project website.

The recommendations were taken to the steering committee for review and discussion. After this discussion, the TESTme website was redeveloped to take into account the recommendations from the University of Melbourne, sections were rewritten frequently asked questions, composing a comprehensive privacy policy and including the projects professional affiliations. This complex online registration process on the original website was removed and an email option for clients to contact TESTme for appointments and inquiries was also developed. Webcam consultations were no longer a consultation option due to the young people’s feedback and steering committee review.

Since the introduction of the email contact option on 19th May 2010, there have been 31 emails requesting appointments, asking about the service and requests for sexual health information.
The following is a screen shot of the website home page that was developed after the website was redeveloped.

A second Facebook campaign commenced on 7th June, this was to observe if the changes made to the TESTme website made any difference to the number of clients contacting TESTme via Facebook. There was one caller who viewed the TESTme advert on Facebook. This person emailed for an appointment and was sent a testing pack.

**Clients' Views on TESTme**

Cameryn Garrett is a PhD student at the University of Melbourne. Part of her PhD has included the development and analysis of the questionnaire that TESTme clients were asked to return with their testing kit. The following section of this report has been written by Cameryn.

**TESTme Questionnaire**

Seventeen out of the 24 TESTme clients that returned the kit completed the questionnaire. All the clients who used the TESTme service chose to have a telephone consultation. Below are the results from the survey. The results should be interpreted cautiously due to the small sample size. Not every question was answered by everyone, thus when appropriate, I have listed the number of people who completed specific questions.
Demographics
The age of the clients who completed the questionnaire ranged from 15 to 24. Thirteen females and 4 males completed the questionnaire. No one who returned the questionnaire identified as ATSI or MSM.

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Didn't complete high school</td>
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<tr>
<td>16</td>
<td>Still studying high school</td>
</tr>
<tr>
<td>18</td>
<td>Completed high school</td>
</tr>
<tr>
<td>20</td>
<td>Studying TAFE</td>
</tr>
<tr>
<td>22</td>
<td>Completed TAFE</td>
</tr>
<tr>
<td>23</td>
<td>Studying tertiary</td>
</tr>
<tr>
<td>24</td>
<td>Bachelors degree</td>
</tr>
<tr>
<td></td>
<td>Skipped</td>
</tr>
</tbody>
</table>

Access to Healthcare
Respondents lived an average of 16 minutes away from a doctor (maximum 45 minutes). For a routine appointment, respondents had to wait an average of 6 days (maximum 14 days) after making an appointment to see a doctor. This number decreased to an average of 2 days (maximum 5 days) for an urgent health matter. Only 6 clients had an STI test in the past. 11 out of 17 respondents reported that it was difficult for them to get to a doctor who they would be willing to discuss sexual health matters. 11 out of 17 agreed with the statement “I have had a sexual health concern in the past where I felt I should go to a doctor but didn’t.” The top reasons given as to why they did not visit the doctor were (multiple answers allowed): concerned over confidentiality (7) and embarrassed (7).

Telephone Consultation
The main reason respondents gave for choosing a telephone consultation instead of webcam consultations was that they did not have a webcam (8 out of 17 respondents). When asked why they chose to use TESTme instead of visiting their local GP, the top reasons given were (multiple answers allowed): cost (10), concerned about confidentiality (9), and didn’t want to speak to my usual GP about a sexual health concern (9).
If TESTme was not available, only 5 out of 17 respondents said they would have gone to their local GP to discuss their sexual health concern.

If this service was not available would you have gone to your usual GP to discuss your sexual health concern?
Yes                          5
No                           7
Don't know                   4
Don't have usual GP          1
Interaction with the TESTme Nurse

The majority of respondents felt they had the opportunity to ask questions (13 out of 15) and that the nurse treated them in a professional manner (15 out of 15). 15 out of 17 respondents agreed that the TESTme nurse made them feel comfortable. In comparison to having the same consultation with their local doctor, 13 out of 14 said that the TESTme consultation was more comfortable. The other respondent noted no difference between the two consultations. Only one respondent said that TESTme consultations should be offered at an additional time - 5:15pm, so she could speak the nurse shortly after work. Most found the TESTme consultation easy to arrange (12 out of 17). As one client shared when explaining the ease of setting up a TESTme appointment, “My school nurse gave me the number I called and the next day had the consultation that’s it piece of cake” (Female, 16). In comparison, she said it was very difficult for her to get to a doctor in person that she felt comfortable discussing a sexual health concern: “All the doctors in [my hometown] are male and I don't feel comfortable talking to them and there is a long wait” (Female, 16). TESTme allowed her to easily connect to a doctor she felt comfortable sharing her sexual health concerns, a situation she felt not possible in her local town. The lack of same sex GPs was listed as a difficulty in accessing services by multiple female respondents in the free text responses.

Overall Rating of TESTme

The majority of participants (14 out of 16) reported that TESTme was better than seeing a doctor in-person. The other 2 respondents felt there was no difference between the two types of consultations. Clients overall satisfaction with TESTme was very high. 15 out of 16 were very satisfied with the service and the other client reported being satisfied. 16 out of 16 found collecting their own STI samples at home acceptable. One client described the TESTme service as “Time effective. Non-judgmental. Confidential specialist services” (Female, 24). Another participant noted that TESTme was “easy and cool to use” (Female, 18). 15 out of 16 respondents said they would use the TESTme service again.1

Overall satisfaction with TESTme

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>15</td>
</tr>
<tr>
<td>Satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Not sure</td>
<td>0</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0</td>
</tr>
<tr>
<td>Skipped</td>
<td>1</td>
</tr>
</tbody>
</table>

1 The client who said she would not use the TESTme service again rated her overall satisfaction with the TESTme service as very satisfied and said that TESTme consultation was much better than seeing the doctor in-person. In addition, she reported collecting her own STI sample as very acceptable.
In comparison to seeing a doctor in person, I feel the phone consultation was ____ than seeing the doctor in-person

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much better</td>
<td>9</td>
</tr>
<tr>
<td>Better</td>
<td>5</td>
</tr>
<tr>
<td>No different</td>
<td>2</td>
</tr>
<tr>
<td>Worse</td>
<td>0</td>
</tr>
<tr>
<td>Much worse</td>
<td>0</td>
</tr>
<tr>
<td>Unsure</td>
<td>0</td>
</tr>
<tr>
<td>Skipped</td>
<td>1</td>
</tr>
</tbody>
</table>

“I’m thinking [TESTme is] a really good idea for rural people”: TESTme Clients Interviews

I conducted four interviews with males and females who used the TESTme service. I had originally intended to conduct an additional four interviews with people who used the webcam consultations, but this element was removed after no clients nominated to have a webcam consultation. Clients shared different reasons for choosing a telephone consultation instead of a webcam consultation. Alison (Female, 23) shared, “I suppose just talking on the phone is an everyday thing, where the webcam I don’t use regularly. If I used it regularly, I’d probably feel more comfortable using it.” Tom (Male, 20) explained that he found the idea of webcam consultations “too confronting” and too similar to an in-person consultation. Belinda (Female, 24) mentioned that she did not have a webcam, but even if she did she was “happy with telephone”. Jeremy (Male, 24) noted that it “was just easier to sit on the phone and talk” than set up a webcam consultation.

The clients interviewed described different reasons for using the TESTme service. For Belinda, TESTme connected her to a doctor of the same sex, a factor that was important to her for a sexual health consultation. Belinda noted, “I’m thinking [TESTme] is a really good idea for rural people. It is difficult for us to get into the doctors and particularly in this area where there’s no female GPs and a lot of girls don’t feel comfortable going to see male doctors.” For Alison, TESTme allowed her to fit a sexual health consultation into her busy work schedule. Instead of having to set an hour aside in the workday to drive to a local GP for an appointment, she could speak to the TESTme nurse over the phone in a few minutes. To her the TESTme consultation was “just easier to fit into my normal workday.” Tom decided to use TESTme because he found it “less confronting” than an in-person consultation. For Jeremy, both confidentiality and cost lead him to use TESTme. He shared, “[TESTme] is such a great idea … you don’t have to talk to the person face to face about something that is usually pretty private… lots of students don’t have much money. They go to a doctor that doesn’t bulk bill, or they have to pay for medication etc, and some of them can’t afford it so a service like this I reckon would be ideal for uni students.” For the clients interviewed, TESTme decreased certain barriers they faced when trying to access sexual health services.
Conclusion
Clients were satisfied with the TESTme service and found collecting STI samples at home acceptable. All but one client said they would use the service again. Interestingly, the majority of clients (14 out of 16) reported the TESTme service was better than speaking to a doctor in-person. The other two clients said there was no difference. When asked why clients chose to use TESTme instead of visiting their local GP, the main reasons listed were cost, concerns over confidentiality, and not feeling comfortable speaking to their usual doctor about a sexual health concern. The results suggest that clients found telephone, but not webcam, consultations an acceptable medium for sexual health. However, the positive appraisal of telephone consultations may not be surprising given the self-selecting nature of the service. Only those who found TESTme an acceptable service would chose to use it, thus possibly skewing the results. In addition, the small client numbers limit the generalisability of the findings.

LESSONS LEARNT

Raising awareness about TESTme
The pilot project validated the known difficulties in reaching the target groups (25 years and younger, men who have sex with men and Indigenous people) in rural areas of Victoria. At the beginning of the pilot, the advertising to these target groups was well considered; however, the paid advertising did not appear to produce an anticipated response. School nurses proved to be the most successful way to reach young people with 48% of the TESTme referrals coming directly from school nurses. It appeared having a health professional recommend the service helped with the uptake of TESTme. On many occasions the client said their school nurse had told them about the service and recommended they request a testing kit.

Maintaining confidentiality and providing testing
Many of the TESTme clients, largely young people, did not have an address for the STI pack to be sent to. Concern about confidentiality plays a role in deterring some young people from accessing health services. In order to maintain confidentiality, TESTme had to come up with ways of sending out the packs to addresses without breaching confidentiality. For many young people, it was vital for the testing kits to be sent to addresses other than their home, these included sending packs to post office, a relative or friend’s address. This proved to be an acceptable way of providing a testing service for these young people.

Challenges with Webcam
Webcam was initially chosen as a consultation option as it was thought clients would like to see the clinician and build rapport during their consultation. However, as previously discussed, no clients wanted to use webcam and after the review from
young people the steering committee recommended the removal of offering webcam consultations as it could become a deterrent and be misunderstood.

**Was TESTme a worthwhile exercise?**

TESTme resulted in the detection and treatment of four Chlamydia positive cases in rural Victoria that may have remained unidentified. It also enabled twenty-seven other young people to receive confidential, free STI screening, sexual health information and advice.

### RECOMMENDATIONS

School nurses and community health nurses are in a primary position to educate students about the importance of maintaining their sexual health. TESTme can be utilised as a referral option for STI testing and advice. TESTme will continue to provide information and support to these health care professionals.

Although the number of clients that used the TESTme service was relatively small, the clients that did use the service were at significant high risk of STIs. Many of them were relatively uninformed about STIs and sexual health and did not know where to get tested. Furthermore their access to appropriate sexual healthcare was limited due to their concerns about confidentiality and issues of distance and cost. This presents a solid justification for the TESTme service to continue to offer a STI screening for rural Victorians.

Many of the TESTme clients had never had a STI screen and were keen to do so especially as TESTme provided a simple telephone consult with a nurse and no genital examination was involved.

**TESTme future service delivery**

TESTme has been integrated as an important extension to MSHC service delivery. It is conducted from the MSHC Results and Information phone service. Two nurses work in this service from 8.45 to 5pm each day and one nurse is allocated to this role. Follow up of results has been integrated into the usual MSHC follow up service.

Candice Fuller continues to provide support to the TESTme service in her role as a sexual health nurse at MSHC. This support includes ongoing evaluation, supporting the sexual health nurses, following up testing packs not returned and liaising with the Women’s and Children’s Hospital Laboratory and ensuring that the service continues to be advertised. Processing of laboratory specimens currently occurs at the Women’s and Children’s Hospital Laboratory. This is because laboratory services currently utilised by MSHC do not have the technology to process flock swabs which are suitable for transport.
TESTme will continue to be evaluated to make sure it is responsive to the sexual health needs of rural Victorians. Changes will be made over time in response to client feedback, epidemiological and service data.

Presently TESTme is only available to people that live 150kms from Melbourne. This may be reviewed over time to potentially include clients who live in rural areas closer than 150kms or people who for other reasons find it difficult to access clinical services.

TESTme continues to provide STI testing to rural Victorians who are at significant STI risk.
APPENDIX 1

TESTme flyers, A4 posters, and business cards have been sent to the following services: “Callers” refers to any response from potential service users and/or health professionals.

Shepparton Youth Services: Brayton Youth Service; Bridge youth; Cutting Edge
No callers

Same-Sex Attracted Services and Festivals: Uniting Care “Diversity”; Out there project; Spring Migration Festival and Dance Party; Family Planning Victoria’s Mind the Gap; Daylesford Chill Out Festival Guide, Family Planning Victoria: Sexual Health and Diversity Enterprise (SHADE) events in Gippsland,
No callers

Indigenous events: Koori Youth – Sexual health & diversity event, Gippsland
No callers

Women’s Health Nurses: Women’s Health Nurses in Wodonga, Echuca, and Mooroopna
Two health care practitioners called to inquire about TESTme

Places in the Community: Shepparton Area: bus stops shelters, skate park, cinema, clubs, pubs, 10 pin bowling, ATMs, and public toilets; Warrnambool and Portland: pubs, night clubs, and public toilets
Two callers

Community Health Centres: Sunraysia, Cobram, Wodonga, Shepparton, Wangaratta, Yarram, Warrnambool, Horsham, Bendigo, Kerang, Sale, Maryborough, Ouyen
Nine health care practitioners called to inquire about TESTme

Sporting Clubs: Rumbalara Football and Netball Club; Cricket Clubs in Shepparton
No callers

Aboriginal Services: Rumbalara Aboriginal Co-operative in the Hume Region

Other: Sexual Health Task Group; Goulburn Valley; Centrelink
No callers

TESTme wrist bands
1500 wrist bands were given out at schoolies events, summer events, University O week at La Trobe campus Bendigo, and GLBTIQ festival show bags. The wristbands had the TESTme logo, the TESTme phone number and the web address.
No callers

SMS advertising
The Vodaphone SMS ad targeted 8500 young people under the age of 25 who lived at least 150 kilometres from Melbourne. The ad read, “Free sexual health check up and advice. Call 1800 739 836 to speak to a nurse www.testme.org.au”
One caller, not eligible for TESTme
Facebook
TESTme paid Facebook advert. The title of the paid advert was “Free STI testing”. See below:
“Free STI testing
A confidential service provided by Melbourne Sexual Health Centre for country Victorians living more than 150kms from Melbourne”.

The targeting included Facebook members
• who live in Australia
• who live within 25 miles of Bairnsdale, Ballarat, Bendigo, Horsham, Mildura, Portland, Sale, Swan Hill, Traralgon, Wangaratta, Warrnambool or Wodonga
• between the ages of 16 and 25 inclusive
• who are single, in a relationship, engaged or married
• who are interested in men or women

The Facebook campaign revealed 345 clicks on the Facebook advert which then directed the user to the TESTme website.
One caller, this resulted in a new TESTme client

TESTme was advertised on the Protect Your Glory Box Facebook page, a partner of the Melbourne Fringe Festival 2009
No callers

Websites:
CAN website www.can.org.au No callers
MSHC website www.mshc.org.au six callers
Switchboard website http://www.switchboard.org.au No callers

Ads in Regional Newspapers: Latrobe Valley Express; The Guardian - Swan Hill; The Wimmera Mail Times; Benalla Ensign; Ararat Advertiser; Sunraysia Daily; Riverine, Echuca; The Border Mail, Wodonga; The Courier, Ballarat
Two callers, not eligible for TESTme

Youth Magazines:
Bendigo Fab magazine (GLTBIQ); Youth Magazines: X-mag & WOW; Women’s Health Loddon Mallee; ASHNNA
No callers

MSHC:
An option to be connected to the TESTme nurse was added to the Melbourne Sexual Health Centre’s main telephone greeting for one month. This was removed because too many people who did not live 150km away were selecting the button to connect to the TESTme nurse.
A TESTme icon was also added to the MSHC homepage. If a person clicked on the icon, they would be directed to the TESTme homepage.

Other forms of advertising

**TESTme media release**
At the beginning of the project, a media release was written and distributed via Alfred Health usual media networks. It did not result in any articles being written about the project.

**The Department of Education and Early Childhood Development**
A meeting was scheduled at the beginning of the project with The Department of Education and Early Childhood Development (DEECD). This was to inform school nurses and sexuality educators about TESTme. Regional sexuality educators, regional school nurse managers, and regional school nurses were informed about the TESTme service and were given written information about TESTme.
Fifteen callers, fifteen TESTme clients

**Department of Health**
No callers

**Better Health Channel**
TESTme was added to Victorian Sexual Health Services Directory, Better Health Channel.
No callers

**La Trobe University**
10 banner ads about TESTme were placed in the La Trobe University Bendigo student diary.
One caller, this resulted in one new TESTme client

**Presentations to rural nurses and other health care providers**
Sex Talk, rural & metropolitan nurses Oct 2009
Ballarat, GLBTIQ forum Nov 2009
Traralgon, Pap test providers Apr 2010
Wangaratta, Pap test providers May 2010
Sale, nurses, GPs, aboriginal workers May 2010
Swan Hill, Pap test providers June 2010
Four calls from health care practitioner’s requesting TESTme resources.