Curtin University

Young, Deadly, Free
Project Evaluation – Phase 2

Kent Street, Bentley WA 6102
Building 400 Level 4
Email: siren@curtin.edu.au
Web: http://siren.org.au/

Please direct all correspondence to:
Dr Roanna Lobo
SiREN Project, Collaboration for Evidence,
Research and Impact in Public Health
School of Population Health, Curtin University
GPO Box U1987
Perth, WA 6845

Young Deadly Free Project Evaluation – Phase 2
Evaluation report prepared by:
Dr Belinda D'Costa
Evaluation Project Manager, Curtin University

Dr Roanna Lobo
Senior Research Fellow, Curtin University

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ABBREVIATIONS

ACRONYM	DESCRIPTION
BBV	Blood-borne Virus
HIV	Human Immunodeficiency Virus
SAHMRI	South Australian Health and Medical Research Institute
SIREN	Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
STI	Sexually Transmitted Infection
YDF	*Young Deadly Free*
YDSF	*Young Deadly Syphilis Free*

EXECUTIVE SUMMARY

High rates of sexually transmissible infections and blood-borne virus infections affect Aboriginal young people living in remote and very remote communities in Australia. *Young Deadly Free (YDF)* was a multi-jurisdiction health promotion project coordinated by the South Australian Health and Medical Research Institute between 2017-2019.

The project's primary aim was to increase the uptake of sexual health screening in 15 remote and very remote communities across South Australia, Western Australia, the Northern Territory, and Queensland.

"It was talking about sexual health in so many ways and culturally safe for many. It looked like it was created by Aboriginal people, for Aboriginal people." (Health and community worker)

This was achieved through a multi-faceted design including a youth peer education program, a social marketing campaign, and the development and dissemination of a suite of 279 community education resources in collaboration with participating communities and project consortium members.

The resources included videos, factsheets, animations, infographics, posters and a resource manual for clinicians, all hosted on a dedicated project website.

The primary target group was young people aged 16-29 years. Secondary target groups included parents, teachers, other people of influence and clinicians.

The Sexual Health and Blood-borne Virus Applied Research and Evaluation Network conducted an impact evaluation of the *YDF* youth peer education program and the uptake, reach and impact of the *YDF* resources in 2019.[1] A follow-up evaluation (phase 2) was also conducted, one year after the *YDF* project was completed in July 2020. The aims of the follow up evaluation were to assess awareness of *YDF*, key message recall, and usage of *YDF* resources. Strategies for improving sexual health promotion in remote settings, including challenges and enablers, and suggestions for improving the *YDF* resources were also identified.

[1] Sexual Health and Blood-Borne Virus Applied Research & Evaluation Network. (2019). *Evaluation report: Young, Deadly, Free Project*. Curtin University: Perth, Western Australia.

"I have shared the resources with my in-laws down here. My sister-in-law, and my cousins as well . . . I sent them the links just how my brother had sent it to me and showed me."
(Young person)

Key findings of the *YDF* evaluation phase 2

Awareness of *YDF*

- Among the 81 completed surveys by young people, 30 (37%) had heard of *YDF* and approximately one-third (*n*=27) from *YDF* communities. Eight of the 51 young people who had not heard of *YDF* were from *YDF* communities.
- Of 117 completed surveys by health and community workers, 88 (75%) workers had heard of *YDF* – 30% of whom identified as Aboriginal and/or Torres Strait Islander. Nurse, health worker, and sexual health worker were the most common professions, with a relatively even distribution from remote, regional, and metropolitan areas. Of the 29 workers who did not know of *YDF*, 76% were from regional locations.

Most visible resources

- 70% of young people who had heard of *YDF* reported seeing some of the *YDF* resources. Videos were the preferred resource for young people (37%). 60% of young people rated the posters, videos, infographics and *YDF* Facebook page as 'very deadly' or 'deadly'.
- 91% of health and community workers who had heard of *YDF* had also seen some of the resources. Between 73%-75% of workers had seen infographics, the *YDF* website, posters, and animations. More than 60% of workers had not heard the *YDF* radio advertisements or seen the YDF Instagram page.
- The 'Spots: Have you had your syphilis test?' video hosted on the website and on YouTube was the most viewed video.

Key message recognition

- For young people, 63% recognised the messages 'Use condoms' and 'STIs are common and easy to treat' and 60% recognised 'Get tested/Get tested at the clinic today' and 'Stay young, deadly and free'.
- 'Get tested/Get tested at the clinic today' was the most commonly recognised message among health and community workers (78%).

60%

of young people rated the posters, videos, infographics and *YDF* Facebook page as 'very deadly' or 'deadly'.

Between 69%-74% of workers also recognised 'Use condoms', 'STIs are common and easy to treat', and 'Stay young, deadly, and free'.

Resource usage

- Requests for *YDF* resources and USBs of the resources were received from 46 organisations, 79% were located in participating *YDF* jurisdictions.
- Young people surveyed who had seen *YDF* were most likely to share the resources with their friends (37%).
- More than half of the surveyed health and community workers who had seen *YDF*, reported sharing the resources with their colleagues and with young people in the community.
- Interviewed health and community workers used *YDF* resources for educational purposes, namely in the school setting or for educating other workers and/or community groups.

There was considerable growth (120% higher) in visitors to the *YDF* website with 41,798 visitors at 31 October 2020 compared with 18,813 visitors at 30 June 2019.

Website activity

- There was considerable growth (120% higher) in visitors to the *YDF* website with 41,798 visitors at 31 October 2020 compared with 18,813 visitors at 30 June 2019.
- Of the 41,798 website users, 11,355 were located in Australia. Queensland had the highest proportion of users at 28% (*n*=3,209).
- There was wider reach and interest in *YDF* beyond the communities that participated in the *YDF* project, with more than one-third of website users (36%) from non-*YDF* jurisdictions including NSW – accounting for 21% (*n*=2,399) of website users, and Victoria – accounting for 15% (*n*=1,707) website users.
- Between 1 July 2019 – 31 October 2020, there were 5,858 total downloads of the PDF resources on the *YDF* website.
- Most popular downloads were the *YDF* 'STI & BBV control in remote communities: Clinical practice and resource manual' (271 downloads) and the 'Sex young people and the law' factsheet (218 downloads).

Social media engagement

- There were 445 posts to social media channels by SAHMRI in the period 1 July 2019 – 31 October 2020. Posts with photos or videos had the greatest reach.
- Engagement with social media channels continued to be an important way of promoting *YDF* sexual health messages particularly on Facebook and Instagram, for females aged 34 years or younger.
- At 31 October 2020, the *Young Deadly Free* Facebook page had 1,376 followers and 1,296 likes. The *YDF* Instagram page had 452 followers.

Suggestions for improvements from young people and health and community workers

- Develop *YDF* resources on different topics, such as healthy relationships, consent and reproduction.
- Make greater use of pictorials and images, and incorporate more local language to enhance the cultural appropriateness of resources.
- Create resources for different population groups, such as parents/carers and teachers, and include imagery of older people in addition to young people, to support a whole-of-community approach to sexual health promotion.
- Polo shirts promoting *YDF* and key messages were well received and considered to be a good strategy for increasing awareness of sexual health and reducing associated shame/stigma.

Challenges and enablers to sexual health promotion in remote communities

- Cultural challenges, including shame, sensitivity and cultural protocols were commonly reported.
- Other challenges included lack of staff training in sexual health and problems with internet connectivity or limited computer access to download resources.
- Suggested enablers for sexual health promotion included resourcing to support identified facilitators of sexual health promotion in remote communities, local champions, and proactive clinic staff.
- Offering incentives to access sexual health testing, and greater integration between health, education, and the local community to promote sexual health were also considered key enablers.

Project recommendations

1. Continued resourcing for *YDF* to support the maintenance of the *YDF* website and social media accounts, and to ensure the currency of the resources already in existence.
2. Expand the suite of *YDF* resources to include: other topics of relevance to young people (e.g., healthy relationships); resources in local language; and resources for parents/caregivers, Elders, and teachers.
3. Local champions for sexual health promotion to raise the profile of sexual health in community and lessen associated shame and sensitivity.
4. Expand *YDF* beyond pilot communities to address the lack of culturally appropriate sexual health resources for young people.
5. Maintain a collaborative approach for future resource development to ensure the appeal, utility, and cultural appropriateness of resources.
6. Maintain the multi-faceted dissemination strategy to maximise visibility of resources to the diverse population group.

Sector recommendations

1. Culturally safe sexual health training for Aboriginal health and community workers, and cultural competency training for non-Aboriginal workers to encourage greater confidence when engaging with young Aboriginal people about sexual health.
2. Investment in evaluation – effective evaluations require appropriate resourcing, including on-the-ground support.
3. An integrated approach to sexual health promotion, involving the health and education sectors and community will facilitate genuine change.

INTRODUCTION

Young Deadly Free was a multi-jurisdiction health promotion project coordinated by the South Australian Health and Medical Research Institute (SAHMRI).

The primary aim of *Young Deadly Free* (hereafter also referred to as *YDF*) was to increase the uptake of sexually transmissible infections (STI) and blood-borne virus (BBV) testing for Aboriginal young people living in remote and very remote communities across South Australia (SA), Western Australia (WA), the Northern Territory (NT), and Queensland (Qld).

The secondary aims of the project were to:

- Investigate the effectiveness of a youth peer education model with remote Aboriginal young people aged 16 – 29 years in increasing awareness, knowledge, and prevention of STIs and BBVs
- Improve clinical outcomes related to the testing of STIs and BBVs among Aboriginal young people living in remote and very remote communities.

Fifteen remote and very remote communities, spanning three states and one territory, participated in the *Young Deadly Free* project. The participating communities were:

- WA – Carnarvon, Leonora, Wiluna, Warburton, Bidyadanga, Broome;
- SA – Ceduna, Port Lincoln;
- Qld – Mareeba, Charleville, Cherbourg; and
- NT – Katherine, Minyerri, Tennant Creek, Alice Springs.

Young Deadly Free project components

YDF was a multifaceted project with three key components: a youth peer education program, a range of health promotion resources, and a dedicated project website to house all the resources, **https://youngdeadlyfree.org.au/**.

The youth peer education program was piloted during 2017-2018 in the 15 communities previously mentioned to increase awareness of STIs and BBVs, promote prevention, and help foster healthy relationships among Aboriginal young people aged between 16 and 29 years.

A suite of 279 web-based and print resources were developed by the *YDF* project team for three target groups: Aboriginal young people aged 16 – 29 years; people of influence in the community including Elders, parents/carers, teachers, religious leaders, who have a strong connection with Aboriginal young people; and clinicians.

Resources for young people and people of influence included:

- **FACTSHEETS** – provide information on the common STIs and BBVs, testing, and sex and the law using plain English
- **POSTERS** – downloadable images featuring Aboriginal people of varying ages from communities across Australia that use bright colours and artwork to convey positive messages about health, sexual health, and relationships
- **ANIMATIONS** – a non-confrontational and engaging approach for providing information about STIs and BBVs to young people, focusing on STI and BBV facts, normalising testing, and addressing stigma and shame
- **INFOGRAPHICS** – contain simple messages about STI and BBV transmission, prevention, treatment, and care
- **VIDEOS** – featuring local community members from communities across Australia, the videos communicate messages about talking about STIs and BBVs to family and friends, using condoms, and the importance of getting tested.

Resources were also developed for clinicians working in remote Aboriginal communities. These included a series of videos featuring doctors, nurses and health workers sharing their experiences and insights about communicating with young Aboriginal people, and the 'STI and BBV control in remote communities: Clinical practice and resource manual'.

YDF resources were promoted to young people and the wider community through Hitnet kiosks, Aboriginal Health Television, and social media including Facebook, Divas Chat and Instagram, and to health and community workers and clinicians through the *YDF* newsletter and a direct email campaign.

Previous evaluation of *Young Deadly Free*

The *YDF* project was completed in June 2019. SiREN[2] conducted an independent evaluation of *YDF* to assess reach, uptake and impact of the health promotion resources, website activity, and the peer education program.[3] A mixed methods evaluation approach was adopted with the following components:

- Surveys for young people participating in the peer education program to assess knowledge, health service utilisation, behavioural intentions, and attitudes about STIs and BBVs amongst the peer educators and young people attending community education sessions delivered by peer educators
- Qualitative interviews with peer educators
- Focus groups with young people attending community education sessions
- Attendance records for peer educator training and community education sessions
- Regional Coordinator reflections
- Interviews with Regional Coordinators
- Interviews with the SAHMRI *YDF* project team
- Clinician survey
- Analysis of STI/BBV testing data. GHRANITE™ software was used to extract STI and BBV testing data from patient management systems in each state and territory.
- Website and social media activity were examined using data obtained from Google analytics.
- Uptake and reach of the *YDF* emails and newsletters was analysed using Mail Chimp data and requests for resources were recorded.
- Hitnet data on the users accessing animations via the Hitnet.
- Analysis of data provided by Aboriginal Health Television reporting on the frequency of airtime and the potential audience reach.

[2] SiREN is the Sexual Health and Blood-borne Virus Applied Research and Evaluation Network www.siren.org.au

[3] Sexual Health and Blood-Borne Virus Applied Research & Evaluation Network. (2019). *Evaluation report: Young, Deadly, Free Project*. Curtin University: Perth, Western Australia

Aims of *YDF* Evaluation - Phase 2

A follow-up evaluation of the *YDF* project was conducted by SiREN in October 2020, 16 months after the *YDF* project was completed. The overall aim of the *YDF* Evaluation - Phase 2 was to assess awareness of *YDF*, usage of *YDF* resources, website activity, key message recall, suggestions for additional *YDF* content, and challenges and enablers for sexual health promotion in remote communities.

Evaluation methodology

Evaluation design

Modelling the evaluation design approach of the previous *YDF* project evaluation, the Phase 2 evaluation adopted a mixed methods design, using both surveys and interviews. This approach was preferred for it supports more culturally appropriate evaluation methods and is accommodating of the lower English literacy levels experienced by some of the participants.

SiREN worked in collaboration with the *YDF* project lead and members of the *YDF* project consortia in the design of the evaluation tools. A survey and an interview schedule were developed for each of two participant groups: young people and heath and community workers.

The purpose of the surveys was to determine: *YDF* brand awareness; the resources seen (reach) and liked; recognition of key messages, how the resources have been shared, and suggestions for improvements. The software used to develop and host the surveys was Qualtrics™. The survey for young people contained 15 questions (see Appendix 1) while the survey for health and community workers consisted of 17 questions (See Appendix 2). Both surveys included a combination of yes/no responses, matrix style Likert responses, multiple choice responses, and text responses.

Prior to going live, the surveys were tested by SiREN team members and members of the SAHMRI project team. Minor modifications were made, mainly in relation to survey logic and formatting. The surveys were available online for five and a half weeks (14 October 2020 to 23 November 2020). Distribution of the survey was via a QR code that appeared on a poster for young people that was sent to health services and displayed in clinic waiting rooms. Survey links were also distributed via the following means:

- Posts (*n*=8) on the *YDF* Facebook page
- Posts (*n*=6) on the *YDF* Instagram account
- Emails (*n*=3) to approx. 650 subscribers of the *YDF* newsletter
- A pop-up box on the *YDF* website inviting visitors to complete the surveys
- Emails to clinicians and other workers who made requests to SAHMRI for *YDF* resources
- Emails to *YDF* consortia members
- Emails to pre-existing contacts in the community.

In addition, two paid advertisement campaigns promoting the evaluation surveys were posted on Facebook. The first campaign took place over seven days (23 October 2020 – 30 October 2020) at a cost of $97.99. This resulted in a reach of 22,912 and 159 link clicks. The second paid advertisement ran for 15 days (6 November 2020 – 21 November 2020) at a cost of $232.35 and achieved a reach of

13,959 and 232 link clicks. This campaign was more targeted than the first campaign, capturing people aged 16-29 years, living in regional and remote locations, with an interest in Aboriginal and/or Torres Strait Islander culture.

Promotion of the evaluation survey was undertaken by the SAHMRI project team and key contacts within the sexual health and blood borne virus sector. At the request of some health services, hard copy versions of the young people's survey were also made available. Entry into a prize draw to win one of four Woolworths' grocery vouchers, valued at $25 each, was offered as an incentive for the young people's survey. Survey responses were monitored weekly by the SiREN evaluation team and targeted recruitment efforts were initiated if required.

Brief semi-structured telephone interviews (15 minutes) were conducted with young people and health and community workers to explore the survey questions in greater depth. The interview schedules for the two participant cohorts were similar. Examples of the questions asked during the interviews with young people included, 'What did you like/not like about the resources you have seen?', 'Did the resources tell you anything new?' and 'What else would you like to see in your community to help improve the sexual health of young people?' See Appendix 3 for complete interview schedule.

The health and community worker interviews included questions such as, 'How have you been using the resources?', 'How have the resources helped you in your professional role?' and 'Do you feel the resources are helping to lessen the taboos associated with sexual health in remote communities?' See Appendix 4 for full interview schedule.

The interviews occurred over a 4-week period, from 28 October 2020 to 26 November 2020. All interviews were conducted via telephone due to the geographical spread of the evaluation participants and to comply with restrictions imposed by COVID-19. Each interview was voice recorded with participant consent and transcribed verbatim.

In addition to the surveys and interviews, the evaluation team analysed Google Analytics data for the *Young Deadly Free* website and social media activity on Facebook and Instagram for the period 1 July 2019 to 31 October 2020. A spreadsheet recording requests to obtain and/or use *YDF* resources and materials was also provided by SAHMRI and analysed by the evaluation team.

Participant recruitment

Two participant groups were involved in the evaluation: young people aged 16-29 years and health and community workers (a broad term that is inclusive of a range of workers, such as nurses, doctors, health workers, sexual health workers, youth workers, teachers, health promotion officers). The participants were recruited from *YDF* communities and non-*YDF* communities to determine the reach of the *YDF* resources beyond the *YDF* participating communities.

Young people and the health and community workers were largely recruited via the distribution of the survey links, as described previously. The sharing of social media posts containing the survey links also likely aided participant recruitment as did the efforts of some health and community workers who promoted the survey to young people in community. The interview participants were recruited via the surveys. At the end of both surveys, respondents were invited to leave their name and contact number or email if they were willing to participate in a brief telephone discussion about the *YDF* resources. Each young person and health and community worker who indicated a willingness to participate in a telephone discussion with the evaluation team was contacted, with interviews

scheduled with a percentage of those contacted. To encourage participation by young people in the telephone discussions, an incentive was offered ($25 Woolworths grocery voucher) to each participant the evaluation team spoke to.

For the health and community workers, data collection ceased when data saturation was reached with the participant interviews. Among the young people, data collection concluded when the pool of potential interview participants had been exhausted. See the limitations section of the report for information on the difficulty in recruiting young people for the evaluation.

Data analysis

Surveys

The data from the two surveys were exported from Qualtrics to SPSS (version 23) for cleaning and analysis. Data cleaning involved the removal of those cases where respondents did not meet the participation criteria (for young people, this was Aboriginal and/or Torres Strait Islander and aged 16-29 years) and those cases where respondents consented to survey participation, but did not proceed further. Descriptive analysis of both data sets used a combination of tabulated descriptions, graphic descriptions, and statistical commentary.

For the health and community worker survey data, comparisons were made according to Aboriginal and/or Torres Strait Islander status. Further demographic comparisons could not be made due to the small samples. The unequal distribution of participants across the two population groups indicates the reported data should be interpreted with caution. An investigation of the differences across the data when comparing responses according to occupation or state/territory of work also revealed sample sizes too small for meaningful data comparisons.

The young people survey data are reported on in terms of calculated proportions for each question. Due to considerably small sample sizes, the data could not be compared based on state/territory or gender. This was particularly the case when the data for those respondents who had heard of *YDF* were isolated from those who had not heard of *YDF*.

The qualitative data provided by the young people and the health and community worker survey respondents were analysed separately and grouped according to theme. Examples included 'resource messaging' and 'local language'. While the volume of qualitative data was greater in the health and community worker survey compared with the young people survey, neither data set was substantial enough for a detailed analysis.

The qualitative data provided by the young people and the health and community worker survey respondents were analysed separately and grouped according to theme.

Interviews

The interviews with the young people and the health and community workers were voice recorded and transcribed verbatim. Content analysis was used to analyse the interview data. This form of analysis seeks to identify patterns in participants' experiences. It involves examining text for common words or themes – an exercise that requires the researcher to

immerse themselves in the data through repeatedly reading all the data to develop a sense of the whole data. Key concepts and recurring language (words, phrases) are then identified and coded. Codes of similar subject matter are organised into categories, which give deeper meaning to the data. Categories are then collapsed under over-arching themes. The data analysis process was facilitated by NVivo (version 12) – a data management software program.

Due to the interviewed young people comprising a considerably small sample size (*n*=3), and the similarity in interview content across the two participant samples, the young people's interview transcripts were analysed together with the health and community worker transcripts.

To enhance the rigour of the evaluation and to minimise researcher bias, two investigators analysed the interview transcripts separately and then discussed identified themes. There was agreement across the themes and corresponding sub-themes.

To enhance the rigour of the evaluation and to minimise researcher bias, two investigators analysed the interview transcripts separately and then discussed identified themes. There was agreement across the themes and corresponding sub-themes.

Ethical considerations

The surveys were anonymous and respondents could not be identified based on the information provided. For those who provided their name and a contact number or email to participate in the telephone discussions and/or who wanted to enter the prize draw (young people only), such information was extracted from the completed surveys and stored in a separate document.

Voice recordings of interviews were deleted from the recording device and transcripts were given unique individual codes and did not include the participants' or other people's names.

All survey and qualitative data were stored securely in a password-protected computer in a restricted access room at Curtin University.

YOUNG PEOPLE SURVEY FINDINGS

A total of 94 young people consented to taking part in the survey. Of these, there were 81 (86%) eligible surveys. Cases were excluded if they did not meet the criteria to participate (Aboriginal and/or Torres Strait Islander and aged 16-29 years) or if they consented to survey, but did not progress any further. The majority of eligible respondents completed the survey via an anonymous link (*n*=77; 95%), three respondents used the QR code and one respondent completed a hard copy survey. Among the 81 respondents, 30 (37%) had heard of *Young Deadly Free* and 51 (63%) reported no knowledge of *Young Deadly Free*. The demographic profile of the two population groups is presented in the following section.

37%

of health and community workers surveyed had heard of *YDF*. Of these,

37%

resided in or near communities where the *YDF* project was implemented.[4]

Respondent demographics

Of the 30 respondents who had heard of *Young Deadly Free*, 57% were female while 13% were male. The mean age of the respondents was 21.7 years and the median age was 22 years. More than one-quarter of the respondents were from Qld (27%) and 10% of the respondents were from non-*YDF* jurisdictions. It is estimated that more than one-third of the respondents (37%) who had heard of *YDF* resided in or near communities where the *YDF* project was implemented.[4] See Table 1 for additional demographic information.

Among the 51 respondents who had not heard about *Young Deadly Free*, 49% were female and 14% identified as male. Respondents ranged in age from 16 to 30 years or older, with a mean age of 20.7 years. More than 43% of the respondents who did not know about *YDF* were from *YDF* jurisdictions, with Qld reporting the highest proportion of respondents at 29%. Approximately 16% (*n*=8) of the respondents who had not heard of *YDF* lived in or near communities where the *YDF* project was implemented.[5] See Table 1 for further information.

[4] The remoteness of the locations where respondents resided is estimated due to the type of data collected (postcodes).

[5] As above

Table 1: Demographic characteristics of young people survey respondents

Characteristic	Heard of *YDF* (Total *n*=30) *n* (%)	Not heard of *YDF* (Total *n*=51) *n* (%)
Gender		
- Female	17 (57%)	25 (49%)
- Male	4 (13%)	7 (14%)
Age		
- Mean	21.7 years	20.7
- Median [IQR]	22 [18-26]	19.5 [17-23.5]
- Mode	16, 22, 26	16
- Range	16-29 years	16-30
State/territory live in		
- WA	5 (17%)	2 (4%)
- Qld	8 (27%)	15 (29%)
- NT	6 (20%)	3 (6%)
- SA	0	2 (4%)
- NSW	2 (7%)	4 (8%)
- Vic	0	3 (6%)
- Tas	1 (3%)	0
- ACT	0	1 (2%)

Note: Only key demographic data are shown, therefore not all cells sum to 100%

The *YDF* resources seen, respondents' thoughts about the resources, and how they have been shared

More than half (53%) of the 30 respondents who did know about *YDF* reported no involvement in the project's development and/or implementation. Seventy percent (*n*=21) of the respondents who knew of *YDF* had also seen some of the *YDF* resources. Videos were the most preferred resource, with 37% of respondents indicating they liked this type of resource the most.

Across all resource types, videos, posters, infographics, and the *YDF* Facebook page were the most popular *YDF* resources with 60% of respondents indicating they had seen these resources and regarded them as 'very deadly' or 'deadly'. The factsheets, animations, TV advertisements, *YDF* Instagram page, and *YDF* website were seen by about 50% of respondents and perceived to be 'very deadly' or 'deadly'. The radio advertisements and Divas Chat advertisements were least likely to be heard/seen, with 20% and 23% of respondents acknowledging they had not heard/seen these resources. See Table 2 for more information.

Table 2: Number and percentage of survey respondents who have seen *YDF* resources and their rating of each resource

Resource type	Very deadly *n* (%)	Deadly *n* (%)	Not deadly *n* (%)	Not seen *n* (%)
Videos	14 (47)	4 (13)	1 (3.3)	1 (3.3)
Posters	12 (40)	6 (20)	1 (3)	1 (3)
Factsheets	9 (30)	7 (23)	0	4 (13)
Animations	13 (43)	3 (10)	2 (7)	2 (7)
Infographics	12 (40)	6 (20)	1 (3)	1 (3)
TV advertisements	12 (40)	4 (13)	1 (3)	2 (7)
Radio advertisements	7 (23)	6 (20)	0	6 (20)
YDF Facebook	12 (40)	6 (20)	1 (3)	1 (3)
YDF Instagram	12 (40)	3 (10)	1 (3)	4 (13)
Divas Chat advertisements	9 (30)	3 (10)	1 (3)	7 (23)
YDF website	12 (40)	3 (10)	1 (3)	4 (13)

More than one-third (37%) of the respondents who had seen *YDF* resources reported sharing the resources with their friends. A smaller proportion of respondents (30%) shared the resources with people in their family and with other people in the community. Just 10% of respondents who had seen *YDF* resources said they had not shared the resources with anyone.

Recall of resources' key messages

The greatest recall of the *YDF* resources' key messages were 'Use condoms' and 'STIs are common and easy to treat' with 63% of respondents reportedly recognising these key messages. The commonly used key message of 'Get tested/Get tested at the clinic today', which was often accompanied by a hashtag, was recalled by 60% of respondents as was 'Stay young, deadly and free', which included the project's name in the tagline. See Table 3 for more information.

Table 3: Resources' key messages

Key message	Recall of key message *n* (%)
Get tested/Get tested at the clinic today	18 (60)
Use condoms	19 (63)
STIs are common and easy to treat	19 (63)
Stay young, deadly and free	18 (60)
Let's look after our health and get tested for BBVs and STIs. If we all test and get treated, we can stop the spread of BBVs and STIs in our community.	14 (47)
U and me can stop HIV	15 (50)
I've had mine, have you had yours?	15 (50)

Feedback on resources

Almost 43% of young people who had seen some of the *YDF* resources provided open text feedback on the resources in terms of what they liked and how the resources could be improved. Those who commented on what they liked about the resources indicated the range of resources and their educational qualities were the aspects they valued the most.

> *"I like the range of resources you have available for the community. It helps ensure that there's a different resource for everybody to get the message across."*

> *"Really love the way you become educated about being free and how easy it is to be treated."*

Some young people suggested producing the videos and animations in different languages and including people of different nationalities in the videos to demonstrate unity. Having a colouring-in or drawing competition for inclusion in the resources was another suggestion.

> *"Having these videos/animations in different languages that are linked to the communities and cultures . . . colouring/drawing competitions would be a good suggestion too, could have these artworks advertised or even poster ideas . . . have mini quizzes or mini games at the back of pamphlets or books."*

> *"What about putting one [a video] with all different nationalities – it would be good for kids to see everyone coming together as one to help each other. And be proud of being Aboriginal, not shame of it."*

Raising awareness about STIs/BBVs among young people in community

All respondents, regardless of whether they had heard of *YDF* or not, provided feedback on what they believed would help to raise awareness about STIs and BBVs among young people in their community. Information on sexual health topics received the greatest support with 40% (*n*=12) of respondents who had heard of *YDF* and 37% (*n*=19) of respondents who had not heard of *YDF* reporting a need for this in their communities. One-third of respondents (*n*=10) who had heard of *YDF* believed more resources were needed in their language, while 14% (*n*=7) of respondents who had not heard of *YDF* agreed with this need. One-third of respondents who had heard of *YDF* and more than one-quarter (26%) of respondents who had not heard of *YDF* were not sure what was needed in their community to raise awareness about STIs and BBVs among young people.

Half of the respondents who had heard of *YDF* and 29% who had not heard of *YDF* offered additional feedback on how to enhance STI and BBV awareness among young people in their community. The range of responses were similar for those who heard about *YDF* and those who had not heard about *YDF* and have therefore been grouped together according to topic.

Respondents suggested expanding the topics covered in the resources to include "*Gay safe sex*", images/drawings of symptoms, videos of real-life situations, and developing some girl-focused resources.

> *"Showing symptoms to raise awareness. Putting up posters, more advertisements, and handing out more pamphlets or fact sheets when people visit clinics or in community."*

> *"Video of real stories about people in the community are a good resource for the community."*

> *"[Information] on using protection while having sexual intercourse and help girls understand what type of STIs there are."*

Including more resources in local language was suggested by some respondents, with a suggestion that resources are produced in all the different language groups. Others identified specific language groups, such as "*Kija*" – a local language in the WA Kimberley region – while another indicated resources for young people in Tasmania was needed.

> *"I am in Tasmania and we need more information about these viruses and STIs etc."*

The important role of language in health promotion material was appropriately articulated in the following respondent's comment:

> *"This targets me individually and allows my mob to feel heard."*

In addition to offering ideas on different topics and language groups, respondents also put forward several health promotion strategies for targeting young people in community. Culture played a key role in the strategies suggested, particularly the use of cultural activities such as "*Cultural camps*" and the importance of adhering to cultural protocols.

> *"Do more programs and trips. Do a weekend trip: take the girls out and boys out and talk to them separately, not together."*

> *"Health problems should never be talked about in front of girls and boys, but separate. Talk about it's okay to be different like being gay or lesbian, there's nothing wrong with that."*

Others suggested making use of social media, for example, "*Social media blogs*" as well as advertising on, "*TV: mainstream and Aboriginal*." Some suggested having opportunistic conversations during health checks and advertising more in the community to promote awareness.

> *"Speaking about all sexual health topics when having health checks."*

> *"[Information] on backs of toilets, in club waiting lines, chemists, doctors, and grog shops."*

> *"Pop up stores in malls."*

Testing knowledge

There was sound knowledge about locations in community where one can get an STI/BBV test, with less than 5% of respondents who had heard of *YDF* (3.3%) and less than 10% of respondents who had not heard of *YDF* (7.8%), reporting that they did not know where to go to get tested in community.

Visiting the clinic in one's community was the common place where respondents would get tested with half of those who had heard about *YDF* and 47% of respondents who had not heard about *YDF*, indicating they would go to their local clinic for a STI or BBV test. More than one-quarter (27%) of respondents who had heard of *YDF* and more than one-third (35%) of respondents who had not heard of *YDF* did not answer this question.

HEALTH AND COMMUNITY WORKER SURVEY FINDINGS

A total of 120 health and community workers consented to taking part in the survey. The data were checked and cleaned, resulting in 117 eligible surveys. Of these, 88 (75%) had heard of *Young Deadly Free*, 29 (25%) reported no knowledge of *Young Deadly Free*. The demographic profile of the two population groups is presented in the next section.

75%

of health and community workers surveyed had heard of *YDF*. Of these, almost one-third or

30%

identified as Aboriginal and/or Torres Strait Islander.

Respondent demographics

For those respondents who had heard of *Young Deadly Free* (*n*=88), almost one-third (30%) identified as Aboriginal and/or Torres Strait Islander. More than half of the respondents (60%) were female and the most common occupations included sexual health worker (18%), nurse (18%), health worker (14%), and 'other' (23%) – respondents in this category generally consisted of health promotion workers, teachers, and those working in administration. More than one-third (35%) of the respondents reported daily contact with young people in their professional role, while one-quarter (25%) worked in a remote Aboriginal community. WA and Qld had the highest proportion of workers who had heard of *YDF* at 31% and 27% respectively. See Table 4 for more information.

Among the respondents who reported not knowing about *Young Deadly Free* (*n*=29), almost half (48%) identified as Aboriginal and/or Torres Strait Islander. The majority of respondents (76%) were female and worked as a health worker (28%), community worker (24%), or 'other' worker (21%) – administration or program manager. More than half (55%) of the respondents had daily contact with young people and the majority of respondents (76%) reported working in a regional centre. Almost half of the workers resided in WA (48%). See Table 4 overleaf for more information.

Table 4: Demographic characteristics of health and community worker survey respondents

	Heard of *YDF* (Total *n*=88) *n* (%)	Not heard of *YDF* (Total *n*=29) *n* (%)
Identify as Aboriginal and/or Torres Strait Islander		
- Yes	26 (30%)	14 (48%)
- No	51 (58%)	15 (52%)
Gender		
- Female	53 (60%)	22 (76%)
- Male	22 (25%)	7 (24%)
Occupation		
- Health worker	13 (15%)	8 (8%)
- Sexual health worker	16 (18%)	-
- Nurse	16 (18%)	4 (14%)
- Community worker	7 (8%)	7 (24%)
- Other	20 (23%)	6 (21%)
Contact with young people		
- Daily	31 (35%)	16 (55%)
- Several times a week	17 (19%)	7 (24%)
- Several times a month	19 (22%)	1 (3%)
Remoteness of work		
- Remote Aboriginal community	22 (25%)	5 (17%)
- Regional centre	31 (35%)	22 (76%)
- Metropolitan area	24 (27%)	2 (7%)
State/territory work in		
- WA	27 (31%)	14 (48%)
- Qld	24 (27%)	2 (7%)
- NT	9 (10%)	1 (3%)
- SA	8 (9%)	5 (17%)
- NSW	4 (4%)	6 (21%)
- Vic	3 (3%)	1 (3%)
- ACT	2 (2%)	0

Note: Only key demographic data are shown, therefore not all cells sum to 100%.

The *YDF* resources seen and used, and how they have been shared

Of the 88 respondents who had heard of *YDF*, more than half (56%) were not involved in the development or delivery of the *YDF* pilot project. Most respondents reported first finding out about *YDF* through a colleague (59%), while one-quarter reported finding out about *YDF* through 'other' means, such as through *YDF* team members, conference attendance, and their workplace.

More than 90% of respondents (91%) who had heard of *YDF* also reported they had seen some of the *YDF* resources. The resources respondents most commonly reported seeing and finding useful included: infographics (75%); *YDF* website (75%); posters (74%); animations (73%); and videos (58%). Of those who had seen the resources less than 4% did not find them useful, slightly more for factsheets (11%) and the remote clinical practice manual (7%).

Almost half of the respondents had not seen the *YDF* Facebook page (47%) and the remote clinical practice and resource manual (47%), while 62% of the respondents had not seen the *YDF* Instagram account and 69% had not heard the radio advertisements. See Table 5 for more information.

Table 5: Number and percentage of survey respondents who have seen *YDF* resources by type

Resource type	Seen this resource and found it useful *n* (%)	Seen this resource and did not find it useful *n* (%)	Have not seen this resource *n* (%)
Infographics	66 (75)	3 (3)	7 (8)
YDF website	66 (75)	1 (1)	9 (10)
Posters	65 (74)	3 (3)	8 (9)
Animations	64 (73)	1 (1)	11 (12)
Videos	51 (58)	2 (2)	23 (26)
Factsheets	45 (51)	10 (11)	21 (24)
TV advertisements	41 (47)	3 (3)	32 (36)
YDF Facebook account	32 (36)	3 (3)	41 (47)
Remote clinical practice and resource manual	29 (33)	6 (7)	41 (47)
YDF Instagram account	20 (23)	1 (1)	55 (62)
Radio advertisements	14 (16)	1 (1)	61 (69)

More than half of the survey respondents (56%) reported sharing the *YDF* resources with their colleagues and with young people in the community (52%). Just less than half of respondents (49%) said they had made the resources visible in their workplace or used the resources for their own professional development (44%). Several respondents reported sharing the resources in other ways, including via social media and at community events.

Data were compared in terms of respondents identifying as Aboriginal and/or Torres Strait Islander and those who did not identify. Among the 26 Aboriginal and/or Torres Strait Islander respondents who had heard of *YDF*, 25 (96%) had seen the *YDF* resources. In comparison, 51 non-Aboriginal and/or Torres Strait Islander respondents reported hearing of *YDF*, 47 (92%) of which reported seeing *YDF* resources.

In most instances the proportion of respondents who reported seeing and finding useful the various *YDF* resources remained similar for Aboriginal and/or Torres Strait Islander respondents and non-Aboriginal and/or Torres Strait Islander respondents. This, however, was not the pattern for the radio advertisements where 27% of Aboriginal and/or Torres Strait Islander respondents compared with 12% of non-Aboriginal and/or Torres Strait Islander respondents said they had heard the radio advertisements and found them useful. Similarly, a higher proportion of Aboriginal and/or Torres Strait Islander respondents had seen the posters (88%) and infographics (88%) and found them useful compared with non-Aboriginal and/or Torres Strait Islander respondents (78% and 78% respectively).

There was minimal variation between Aboriginal and/or Torres Strait Islander respondents and non-Aboriginal and/or Torres Strait Islander respondents in terms of how they shared the *YDF* resources, however, a higher proportion of non-Aboriginal and/or Torres Strait Islander respondents (*n*=31, 61%) shared the resources with young people in their community compared with Aboriginal and/or Torres Strait Islander respondents (*n*=13, 50%).

Recall of resources' key messages

The most commonly recalled message among the resources was 'Get tested/Get tested at the clinic today', with 78% of respondents associating this tagline with the *YDF* resources. This tagline was used across several types of resources (posters, videos, radio advertisements) and was preceded by a hashtag to give prominence to *YDF* content across the social media platforms. The 'Use condoms' tagline was also commonly recalled among respondents (74%) as were 'STIs are common and easy to treat' (70%) and 'Stay young, deadly, and free' (69%). Just over one-third of respondents (38%) identified the tagline 'I've had mine, have you had yours', which featured heavily in TV and radio advertisements.

See Table 6 for more detailed information.

Table 6: Resources' key messages

Key message	Recall key message *n* (%)
Get tested/Get tested at the clinic today	69 (78)
Use condoms	65 (74)
STIs are common and easy to treat	62 (70)
Stay young, deadly and free	61 (69)
Let's look after our health and get tested for BBVs and STIs. If we all test and get treated, we can stop the spread of BBVs and STIs in our community.	47 (53)
U and me can stop HIV	36 (41)
I've had mine, have you had yours?	33 (38)

When comparing data according to Aboriginal and/or Torres Strait Islander status, there was a nominal difference between the two participant groups in terms of the proportion of participants who recognised the resources' key messages. There was, however, a considerable difference for 'U and me can stop HIV' where 51% of non-Aboriginal and/or Torres Strait Islander respondents identifying

this key message compared with 38% of Aboriginal and/or Torres Strait Islander respondents. Similarly, a higher proportion of non-Aboriginal and/or Torres Strait Islander respondents identified 'I've had mine, have you had yours?' (45%) and 'Let's look after our health and get tested for BBVs and STIs…' (61%) compared with Aboriginal and/or Torres Strait Islander respondents (35% and 50% respectively).

What respondents liked about the *YDF* resources

Survey respondents (*n*=58) provided qualitative feedback on the aspects of the *YDF* resources that they liked. Feedback provided by Aboriginal and/or Torres Strait Islander respondents was similar to the feedback offered by non-Aboriginal and/or Torres Strait Islander respondents and as such, responses have been combined.

Some respondents offered generalised comments where they were praising of the resources.

> *"Keep up the good work these are great tools for use in the community and health care settings."*

> *"I sincerely hope you will keep these resources available and updated. I mostly used the resources for Syphilis but used others as well."*

> *"I think they are the best sexual health information available for remote Indigenous young people."*

> *"This campaign works best to empower young people to exercise their right to good sexual health."*

The majority of the feedback offered by the respondents was detailed and as such, was grouped according to topic. Perhaps most favoured by the respondents was the Aboriginal, localised focus of the resources. Having Aboriginal people and places feature exclusively in the resources made the resources relevant to, and relatable for, Aboriginal people. The resources also captured the diversity that exists within the Aboriginal population. Some comments included:

> *"Local people and content. Loved the settings of videos being local. Animations were relatable for the target audience."*

> *"I liked the use of real people, identifiable people within the community."*

> *"I predominantly teach Aboriginal students. It was fantastic to have resources that were relatable for them - not just white city doctors telling them what to do."*

> *"I work with Aboriginal and Torres Strait Islander youth. It is often difficult to find sexual health and relationship education resources that represent the cultural diversity of this group of youth. The Young Deadly Free resources meet that niche."*

Respondents spoke favourably about the resource messaging, noting that the messages were clear and simple to understand. The variety of resources, their visual appeal, and the use of humour were also reflected on positively.

> *"The variety, excellent graphics, easy to apply in a range of situations for a range of populations, clear simple messaging."*

> *"The logo is really strong and appealing. The messages are basic and easy to remember and convey the important points. They involve a lot of youths and are relevant to young people."*

> *"Presented in relaxed friendly and funny way."*

> *"I think they are great. I think there is a large variety of resources available and they are appealing and easy to learn from."*

Suggestions for improving the resources

Many survey respondents offered suggestions for how the *YDF* resources could be improved. Similar suggestions were provided by Aboriginal and/or Torres Strait Islander respondents and non-Aboriginal and/or Torres Strait Islander respondents and therefore data have been combined.

There was much support for including more local language in the resources and for enhancing the appeal of the resources to target Aboriginal people in jurisdictions where the *YDF* project was not implemented.

> *"I wanted more promotion of this campaign in ads and mainstream services in Victoria - it is very relevant to the outbreak of syphilis we are currently facing."*

> *"Simple dot point info with more pictures would be helpful and consider language groups info for people are transient, where literacy might be low in English and English may be a 2nd or 3rd language for some mob."*

> *"More Urban content."*

Others suggested covering other sexual health topics and allowing the resources to be adapted to ensure relevance to each community.

> *"Would have loved to have seen more information animations on other STIs."*

> *"Would like increased focus on gender-based messages – condoms, 'if is not on, it's not on'."*

> *"Would be great to have same material but customised for local markets – art etc. has been noted to be very 'South Australian'."*

Some respondents also offered other promotional ideas for raising the profile of the *YDF* brand and the importance of sexual health among community members.

> *"Maybe consider t-shirts from Young Deadly Free, so staff can wear and promote STI/BBV screening."*

> *"Make a calendar app for phones – for every new day show facts and information about Young Deadly Free and STIs."*

Raising awareness about STIs/BBVs among young people in community

Respondents could select from a range of options on what is needed in community to raise awareness about STIs and BBVs among young people or provide their own suggestions. There was little difference in the responses collected from those who had heard of *YDF* and those who had not heard of *YDF*. Consultation with young people received the greatest support, with 74% of the 117 eligible responses agreeing that such an approach is needed. A marginally smaller proportion of respondents, 68% and 67% respectively, selected opportunistic conversations with young people by healthcare staff and consultation with the wider community (e.g., Elders). Just over half of all respondents (53%) supported the notion for more resources in local language.

Data provided by Aboriginal and/or Torres Strait Islander respondents and non-Aboriginal and/or Torres Strait Islander respondents were similar in terms of the proportion of respondents agreeing with the need for resources in local language (62% and 56% respectively), consultation with the wider community (75% and 73% respectively), and opportunistic conversations with young people (75% and

76% respectively). A higher proportion of Aboriginal and/or Torres Strait Islander respondents agreed, however, that consultation with young people is needed in community (88%) when compared with non-Aboriginal and/or Torres Strait Islander respondents (77%).

Respondents' own suggestions identified education as an important area of focus. Respondents expressed the need for young people to be educated in school about sexual health, including relationships, and for staff at health clinics to be appropriately trained in how to offer STI and BBV testing to young people.

> *"Better education before sexual initiation."*

> *"Teachers using curriculum guide, more pressure on Department of Education to do SRH [sexual and reproductive health]."*

> *"Staff in these clinics need education themselves on STI/BBV screening and treatment. When I first started, I found it hard to have a conversation with a young adult regarding their sexual health practices."*

> *"Sexual heath is more than sex – we know this – we must be talking about relationships and make strong young people so they will make good decisions for themselves."*

Similarly, respondents also spoke of the need for more resources, specifically culturally safe resources for young people.

> *"More culturally appropriate and culturally safe resources that could be used in a school setting with teenagers."*

> *"Resources to give out with more pictures for low literacy clients and [those who do] not always internet access."*

In terms of enhancing STI and BBV testing, some suggested offering incentives while another proposed greater engagement in opportunistic testing by health care staff is needed.

> *"Opportunistic screening by GPs and public hospitals – ED [emergency department], mental health, maternity."*

> *"Although I would prefer that people took responsibility for their health, in some communities, incentives need to be offered."*

Respondents also remarked on the need for community engagement and greater collaboration across the sector.

> *"Totally community engagement, to knock out cultural and societal shame and taboo, and encourage everyone to yarn about safe sexy business in positive ways."*

> *"Primary care services to make it a priority."*

How to keep sexual health on the agenda in remote practice

All survey respondents were given the opportunity to comment on what they believe is needed to keep sexual health on the agenda in remote practice. Among those who had heard of *YDF*, 73% of respondents agreed that funding was needed for services to focus on STI and BBV issues. A high proportion of respondents (72%) also agreed that peer education programs would help keep sexual health on the agenda in remote practice. Less than half of the respondents (47%) who had heard of *YDF* believed improved access to condoms was needed.

Those who had not heard of *YDF* were also greatly supportive of peer education programs with 90% of these respondents agreeing that peer education was needed to keep sexual health on the agenda in remote practice. Similarly, 79% and 76% of these respondents agreed that greater funding for services and improved access to condoms was needed.

A comparison of the data by Aboriginal and/or Torres Strait Islander status revealed minimal differences between the population groups, with 68% of Aboriginal and/or Torres Strait Islander respondents agreeing that improved access to condoms was needed to keep sexual health on the agenda in remote practice compared with 54% of non-Aboriginal and/or Torres Strait Islander respondents. Similarly, 82% of Aboriginal and/or Torres Strait Islander respondents and 85% of non-Aboriginal and/or Torres Strait Islander respondents agreed peer education was needed. Although a considerably higher proportion of Aboriginal and/or Torres Strait Islander respondents agreed funding for services (90%) was needed to keep sexual health on the agenda in remote practice when compared with non-Aboriginal and/or Torres Strait Islander respondents (77%).

Many survey respondents also offered their own suggestions for keeping sexual health on the agenda in remote practice. Similar responses were given regardless of Aboriginal and/or Torres Strait Islander status.

Adopting a collaborative approach to sexual health was identified as an important area of need.

> *"Better engagement between the community, health agencies and the school to start sexual health education early and have a more holistic approach."*
>
> *"More support from local hospital and health service and our ATSICHS [Aboriginal and Torres Strait Islander community health service]."*

Improvements in staffing was another identified need, particularly in terms of training staff in sexual health and retaining staff.

> *"More training for health workers in this field."*
>
> *"Educate doctors to be more proactive and opportunistic."*
>
> *"Improved conditions for Aboriginal employees to retain staff."*

Respondents also reported that the testing experience could be improved by offering more discreet testing options and incentives.

> *"More discreet screening opportunities, for example, health workers receiving text or phone calls to do screening at homes."*
>
> *"Have a goodie bag with hygiene product, information about STI (pamphlet) to give after patients have their STI health check."*

INTERVIEW FINDINGS

The interviews with health and community workers and young people provided an opportunity to collect more in-depth feedback on the *YDF* resources.

Participant demographics

Fourteen (14) participants took part in telephone interviews, comprised of 11 health and community workers (nine female; two male) and three young people (all female). The health and community worker interviews ranged in length from 12 minutes to 41 minutes, average 21 minutes. Interviews with young people averaged 16 minutes and ranged in length from 11 minutes to 25 minutes. The majority of interviewees (*n*=11) were from *YDF* jurisdictions[6]. See Table 7 for more information.

Table 7: Jurisdictional location of all interview participants

Jurisdiction	Number of interview participants
YDF jurisdictions	
- WA	2
- NT	4
- SA	2
- Qld	3
Non-*YDF* jurisdictions	
- ACT	1
- NSW	1
- Tas	1
Total	**14**

Awareness of *YDF* and resources among participants

The participants reported developing awareness about *Young Deadly Free* via a range of means, including the *YDF* newsletter, professional networks and colleagues, social media, and YouTube. Low awareness of *YDF* was reported by two of the young people interviewed. Four health and community workers reported seeing all or most of the *YDF* resources due to the USB provided to them by SAHMRI. The remaining participants reported seeing one or more of the following types of resources: TV and radio advertisements; posters; infographics; factsheets; the remote clinical practice and resource manual; social media; the *YDF* website; and YouTube videos.

Interview key themes

This section presents the key themes arising from the health and community worker and young people interviews. The focus was on obtaining participant feedback on the *YDF* resources, particularly how the resources are being used, likes and dislikes, suggested improvements, and ideas on how best to promote sexual health in remote communities. Participant quotations have been included to illustrate key themes, with health and community worker quotations and young people quotations clearly indicated. The information reported represents the views of the interviewed participants only and does not represent the views of all people who have seen/used the *YDF* resources.

[6] The two interview participant samples have been combined to report on jurisdictional location to avoid potential identification among the participants, particularly the young people sample.

Use of resources

Participants reported using the *YDF* resources in a range of different capacities, yet dominating the discourse was the popularity of the resources as a training tool. Many participants spoke of including the resources in induction kits or using the resources when facilitating workshops or during presentations with clinicians, non-clinical workers, community groups, and in the school setting.

> *"We use that [Crystal love video] pretty much across all of our standard presentations on sexual health and syphilis, and how to engage young people about their sexual health as a bit of an icebreaker and to set the theme. As non-clinical people in health promotion, it was just really good to have someone like Crystal set the tone that we can laugh about sexual health but the message is pretty clear, 'Have sex without a condom, you're going to need a check-up.' That got a really good response when we've been doing those workshops starting it off with that." (Health and community worker)*

> *"They've helped me in my professional role in being a resource that we can draw on to show communities and to show schools that is something that's available. They've really been quite helpful in that respect because there isn't a lot out there." (Health and community worker)*

> *"We're about to send out a heap of induction kits to our champions in the network, like a big folder, cause they do train the trainer in the syphilis space. Like we wanted to have something physical while we're doing online training because of COVID, and in it, I have SAHMRI's clinical practice and resources manual and [name] sent me all your USBs, so they've got the manual and the USB there. I'm looking through my introduction, God it's pretty dry until you get to the SAHMRI stuff!" (Health and community worker)*

Health and community workers also spoke about how they have used the *YDF* resources when working with young clients, while others have shared the resources with colleagues and/or the wider community – either in person or via social media.

> *"Some of the resources that I have seen, I've been able to use as a health worker, and that's to help promote safe sexy health, and STIs. One of the particular resources that has been helpful is the Australia map, talking specifically around the syphilis infographic. When I have spoken to clients, I could even say, 'See that map there, that's how bad it is.' I think it was good to break barriers when yarning with clients and community, that it's not just about one particular state." (Health and community worker)*

> *"My work is one step removed from young people, so I provided those resources to a lot of youth services, remote and urban primary healthcare services, and local councils for them to put up in their youth spaces." (Health and community worker)*

> *"We've been partnering with the NT Travelling Film Festival. That's a blow-up cinema that goes around, last year it was 30, this year it was meant to be 40 remote communities. It's really awesome. We partnered with them last year and they broadcasted/screened Young Deadly Free ads in between the feature films." (Health and community worker)*

The young people interviewed acknowledged promoting awareness about the resources with family and friends.

> *"I only showed a couple [of YDF resources] to my family. When it comes on the freaking ad, I'm like, 'You might want to watch this," when it come on the TV." (Young person)*

"Yes, [I have shared the resources with] my in-laws down here. My sister-in-law, and my cousins as well . . . I sent them the links just how my brother had sent it to me and showed me." (Young person)

Aspects of resources liked and disliked

The participants spoke favourably about the *YDF* resources. Participants were particularly praising of the cultural sensitivity and local relevance of the resources produced, which were deemed necessary elements to ensure connection with, and uptake among, the target audience.

"It was talking about sexual health in so many ways and culturally safe for many. It looked like it was created by Aboriginal people, for Aboriginal people." (Health and community worker)

"It's making it more accessible for the kids to access the resources in a culturally safe way. By that cultural safety in this context obviously, I mean that the kids relate to it because they see another Indigenous person, an Aboriginal person or a Torres Strait Islander, and they connect straight away so it's immediately culturally safe. Then the fact that a lot of the resources aren't, aside from those animations that I mentioned, a lot of videos for young people, the way the information is spoken about is not confrontational. It's not what some people might consider to be rude. It accesses and talks about the information in a very non-confrontational general way, which is the way we found that we need to introduce this information." (Health and community worker)

"I loved how they went around the country because my learning [from] working with community is some community want posters that look like them . . . Other communities don't want to promote sexual health with people that look like them either [because of stigma or shame]. There's no one size fits all, but you guys provided a snapshot of each sort of region and the diversity – young, old, openly gay community – so the diversity of some Aboriginal communities and Torres Strait Islanders." (Health and community worker)

Similarly, the resource messaging, which were generally positively framed and humorous, as well as the diversity of the people included in the resources, were highly valued and respected by the interviewed participants.

"I like the fact that we have a range of diverse people with the positive messages." (Health and community worker)

"The humour went across particularly well with young people and older people." (Health and community worker)

"I felt the collection of what SAHMRI had was great for that young, old, male, female. Many of the posters didn't say the word syphilis which is highly offensive in some . . . there's one there that talked more broadly, holistic health, and one referred to, there was an Elder on there that said, 'We should be talking to our youth' – it was a very culturally safe." (Health and community worker)

"They were fun and pretty easy to understand. Then, it wasn't just in the same age group, it was different age groups too." (Young person)

Other qualities of the resources that the participants liked included the visual appeal and the fact the resources showcased realistic situations.

"Visually, pictures often talk a lot more than what words do, and that goes back to our cultures as well. A lot of us would be yarning, like talking, and learning, and listening, and then sometimes drawing in sand, trying to find symbols and pictures to get information across. That's in historical context, so it's pretty important." (Health and community worker)

"That it's real people and real situations, and they can identify with it." (Health and community worker)

While the majority of the interview dialogue pertaining to resource feedback was heavily weighted towards what the participants liked about the *YDF* resources, several comments about what community disliked about the resources were also offered. These largely centred on confronting images in the animations and the absence of non-Aboriginal and/or Torres Strait Islander people in the resources.

"We had responses or feedback from [remote community name] saying they don't like the cartoon ad that says that 'we all like sex'". (Health and community worker)

"Some of the animations, at the very beginning of the animation, it has got a couple in a bed, and it's got the sound effects of them having sex. That was really not accepted at all by community to be something that was appropriate for young people to be watching." (Health and community worker)

"It [the posters] didn't include non-Indigenous people because there was a request for that, syphilis didn't come from community, it's a white disease. They didn't want to show that it was an Aboriginal problem." (Health and community worker)

Suggested improvements to resources

When discussing how to improve on the *YDF* resources, many participants remarked on the need to provide information on different topics, particularly holistic health with a focus on healthy relationships, consent, communication, and reproduction.

"Stuff like communication for young people . . . I think there was a few videos that we've shown of two young people in the back of a car, and the fella finally brings out a condom. She's like, 'Well, why didn't you say you had that?' and that's a nice one to demonstrate that, but there could be more of that . . . so the real-life situations that they're placed in and how to negotiate that." (Health and community worker)

"Holistically . . . like contraception, your body, and healthy relationships and stuff like that because it's not happening and we don't have the tools to do it confidently." (Health and community worker)

"The work that we're doing obviously with secondary students, stuff around what is a healthy relationship and consent. Those were the two big things that we really felt were missing." (Health and community worker)

Some participants also suggested including more images or pictorials on what is involved when undertaking a STI or BBV test.

"A bit more artwork and descriptions . . . where to go if you need help with stuff like that . . . when do you go to the hospital, and when do you go to the clinic . . . what it involves and that." (Young person)

"Things like even when they're getting a blood test, their STI test, just showing people maybe a stick that they do the swabs for, for the women and then a jar with the for the pee. Then maybe a vacutainer for bloods so they know, this is what a test looks like . . . and these are the different germs, what each of these different STIs, germs, look like and this is why we're testing. Something really pictorial." (Health and community worker)

"If I could have a poster of like a clinician doing the Point of Care Test. It's the finger-prick test

because people on the ground have said, 'Have you got any posters of the test being performed?' There was no suite of those." (Health and community worker)

Interview participants also spoke of the need to create resources for different groups of the population, namely parents/caregivers and teachers, to give them the information and support they require to convey information about sexual health to young people. The need to produce resources in different languages and the inclusion of resources featuring older Aboriginal people were also discussed.

"Some more stuff for the parents and carers. When young people are growing up and their sexual reproductive health needs, and supporting them to make great choices . . . if there's resources for clinicians, there's resources for young people, there's resources for schools and teachers, and resources and support for parents, then everyone gets the same message. It could be done in different ways for different communities." (Health and community worker)

"I think the other thing that I mentioned too was just, because some are from different communities, and they might have different languages… so that sometimes can be hard to engage. Particularly, even though it's an Aboriginal person, because we're all very diverse in our Aboriginal cultures, I may not understand exactly what they're saying, and they may not exactly understand what I'm saying." (Health and community worker)

"They understand why there's information for young people, but they didn't understand why there's not actually some images of also older people . . . just because you're older, it doesn't mean you don't get sexy with someone, and you still can get STIs. If someone has never spoken about it, or never got tested, how do they know they've got it?" (Health and community worker)

In addition to focusing on different topics and targeting different population groups, the participants also suggested broadening the types of resources produced to include workbooks, one dedicated to males and the other for females. In addition to information-based resources, there were suggestions to include *YDF* branding on polo shirts for clinical staff, condom covers, pens and hand sanitiser bottles for the purpose of enhancing brand awareness in community.

"It'd be good to have a [holistic] workbook . . . [one] for boys and [one for] girls – males and females . . . that would help a lot of people like teachers" (Health and community worker)

"I reckon if you could do it all over again, you'd have a polo shirt for health workers so when they're out in the field wearing it, and then message on the back like, 'Ask me about blah' or you know, 'I'm happy to yarn about…' just something that identifies them as a bit different from a typical health worker . . . one example, in [community name], they've got a polo shirt and on the back, it says, 'Ask me about POCT' which is Point Of Care Testing. So they're just walking little billboards with very subtle messages, enough to start a conversation." (Health and community worker)

"Maybe a Young Deadly Free condom cover. There are cardboard ones that have the condom in it." (Health and community worker)

Challenges with sexual health promotion in remote communities

The importance of promoting sexual health among young people in remote communities was expressed by all participants, yet despite the dedication and commitment of the interviewed health and community workers, there was an acknowledgement that the promotion of sexual health in community was often met with many challenges. Of prominence were the cultural challenges

associated with sexual health in remote communities, namely the prevalence of shame and the need to respect cultural protocols in terms of men's business and women's business – both of which could vary in importance depending on the community. Language barriers also presented challenges in some communities.

> *"The diversity amongst the communities of what they're comfortable talking about or having on display is huge." (Health and community worker)*

> *"It's still very shame. It's still very shame and I've found that where we are the older nurses, it's still such a shame topic. It's still very women's business and men's business . . . it's still like me as a female showing the results to a young Indigenous male. They're still not going to engage with me, no way. Whereas it would be different with me engaging with a young Indigenous female." (Health and community worker)*

> *"In my culture, we can't ask brothers for help. Mainly in half of NT, you can't ask brothers for help and some in the West Australia as well. Mainly if females need help, they go and ask the nannies or the aunties or the other mothers or sisters . . . it's never a brother or a sister asking for help; it's always females asking females." (Young person)*

> *"The only issue there is that with some of our clients, some of them are okay with reading, and then we have some clients who have low literacy levels, and then also some clients who have different language groups, so English isn't always a first language for some people." (Health and community worker)*

Similarly related to the shame associated with sexual health was the challenge of engaging young people in sexual health related content via social media. While social media was widely used by young people as an information source and information sharing platform, some participants recognised the reluctance among young people to engage with sexual health related content.

> *"I heard on the ground that social media is really tricky. You guys produced a lot of social media content that wasn't getting much traction because youth just won't share a sexual health message . . . it doesn't mean they didn't look at it. As a teenager, you're not going to go, 'Hey, check out this syphilis message'." (Health and community worker)*

> *"The socials is the best way to get messages out because everyone's on Facebook and Insta[gram] and TikTok and stuff now . . . with us at the moment, we're wanting to create a social media page, but we're not going to have sexual health or sex workers, but we're trying to come up with a name that is there, but it isn't if you know what I mean? No one's going to follow a page, which says sex workers. You know what I mean? (Health and community worker)*

Some participants also spoke of the challenges of accessing resources online, due to internet connectivity issues, lack of access to a computer/iPad, or limited time to search for appropriate resources. Similarly, the issues associated with resources becoming outdated and the lag time between new resources being produced was also discussed.

> *"There are books on how to deliver to adolescents and stuff like that . . . they've stopped so everything always has an end, I suppose. Then it's like five years until there's something again, do you know what I mean? . . . [we need ongoing funding] to keep resources and then adding to them and updating them and stuff like that because it's great resources, the Young Deadly Free stuff, but then it'll stop." (Health and community worker)*

> *"We find that we have to make a lot of resources ourselves, which is fine, but it's very time*

consuming, and it's a huge cost. In some communities, the local health agencies and local community members have actually just pulled out iPhones, and we've just impromptu tried to film a bit of stuff. That works, but when you get something like the Young Deadly, Syphilis Free, that's been done professionally, has much better sound quality, all of that sort of thing, it's a great resource to have available and I wish we had more of it." (Health and community worker)

"Some clinicians . . . they just don't have the time. They'd rather be given a selection of things . . . or they don't have an iPad to view things or some of them don't have the computer in front of them . . . if you're working in outreach in the homelands, and you're providing a mobile service." (Health and community worker)

The need for sexual health training for clinical and non-clinical staff was also apparent in the participants' discussions, particularly culturally safe training, to encourage greater confidence among workers to have sexual health discussions with young people. Conducting such training on a regular basis may help moderate the impacts of high staff turnover in remote communities.

"There's such a high turnover of staff here in [remote community]. You meet someone and then six weeks later, you go back and they've moved on." (Health and community worker)

"It's a very individual tailored yarn to have with people from what some other health workers have mentioned . . . communities are going to vary differently from one to the next. Some health workers feel comfortable in yarning, some not as comfortable. There's a lot of variables." (Health and community worker)

"I've done training in the past. That's very good. The only thing is that it's a bit mainstream. As health workers having to put things then into a cultural context. I think that's probably the thing there." (Health and community worker)

Facilitating sexual health promotion in remote communities

Despite the challenges in undertaking sexual health promotion in remote communities, the participants were forthcoming in describing the factors they have found to help facilitate awareness of sexual health among young people in remote communities. The *YDF* resources, among others, were acknowledged for helping to stimulate thoughts and discussion about sexual health while also helping to minimise some of the shame and the cultural taboo often associated with the topic.

"People tried to bring in vouchers and stuff like that, but I think like Aboriginal kids or people in general, they get shame, that's a big thing. It's just being shame, but then I think that they've probably seen more of these videos of Young Deadly Free, because they talk about not being shamed. They're not ashamed to go to the clinic, to get a check-up." (Young person)

"You won't hear people say that they don't think, but you, at least, hear them say something about whether it's better to have a spot here than down there, or often they'll smile when they see the poster. I think it's slowly breaking down barriers. It's not an overnight thing." (Health and community worker)

"Because they're in a waiting room . . . you're not going to go pick up in front of aunties who might be working at reception or when you're not supposed to be sexually active . . . you're not going to pick up a brochure on STDs, but you're looking at that poster and it's of community members, it's a safe poster. At least it's on the brain and they might just have the courage to ask or the clinician [might] say, 'Did you see the posters in there?' and 'Have you heard about the finger prick test?'" (Health and community worker)

While the value of health promotion resources was readily recognised, it was reported that for the resources to have the desired impact, local champions were needed in community to not only promote the resources and encourage uptake among community members, but also to promote awareness about sexual health in general.

> *"I don't think the resources in themselves [lessen the taboo], they need someone to bring it up, someone to carry that, someone to turn that video on, someone to put that poster up. I think that there's a middle bit . . . we just need people out there doing the work around sexual health promotion and empowering young people and helping them navigate the healthcare system that a poster . . . won't ever do." (Health and community worker)*

Similarly health workers and other clinical workers were acknowledged for having an important role in facilitating awareness about sexual health among community members. Proactive workers can build trusting relationships with young clients and encourage greater attendance at the local health clinic as evidenced in the quotes below.

> *"I get our remote sexual health team to encourage their local remote health services to attend the [community event] . . . go there, cook a barbecue, be there, be present, and then . . . you could say, 'Hey, I'm [name]. If you reckon you need a syphilis test, come and see me. I'm at the clinic' . . . make yourself known to the community." (Health and community worker)*

> *"Proper sexual health in schools . . . the clinic goes in and does it . . . it's a great way that clinic staff go in, build that relationship with the youth, show the healthy sexual health and then that person might be confident to go into the clinic and ask for that person." (Health and community worker)*

> *"Maybe if the clinic wants to work more with young people and help them understand that they're a safe place to go to, that you can go to them about anything." (Young person)*

Some participants also spoke of the success of using incentives to encourage STI and BBV testing among community members, while others advocated for a peer-based approach to encourage information sharing among young people.

> *"In the Kimberley, with men, they had the biggest sexual health screen ever. They had a fishing net up for raffle – and the more mates you brought in, you get more tickets . . . people were getting tested. Males are very hard to bring in, traditionally." (Health and community worker)*

> *"I saw one of these [name] mob over there, wearing these Deadly Choices t-shirts. That's an incentive, when they get that specific health check-up and they're like, 'Okay, I want to go get a health check-up so I can get a cool shirt.' Incentives are really, really good." (Health and community worker)*

> *"Young people to young people, it's better like that." (Young person)*

> *"We know that peer to peer, peer-led programs, and peer support is huge with our youth." (Health and community worker)*

Many participants stated that, ultimately, a comprehensive, integrated approach to sexual health is needed in remote communities. Sexual health should not be deemed the responsibility of one sector, but rather all sectors should be working together to ensure young Aboriginal people receive the support and information they need. An important component of this integrated approach is community consultation, that is, genuinely working in partnership with communities to ensure each community's unique needs are met.

> *"It's not the clinic's responsibility, it's not the school's responsibility, it's not the teachers' responsibility, it's not the parents' responsibility. It's definitely not just the responsibility of a young person . . . [it's a shared responsibility] yes." (Health and community worker)*

> *"The reason we've actually been so successful to get things up and running in schools is that cross-agency approach. I think more work around that, around agencies working together not in competition . . . we've actually gone to people and we've said to communities, 'What do you think needs to be done about it?' That was our starting point . . . we've got that community health and education all working together to make it work . . . everybody has accepted their role and their responsibility within it. We haven't put it all on one set of people but it's across the board. Which probably again is why it's working so far." (Health and community worker)*

> *"As you know, every community is different . . . [we would] consult with the local community about what was feasibly possible and what their needs were . . . no point trying to impose a program or a project on a community that hasn't had community involvement from the beginning. They need to be a part of that process." (Health and community worker)*

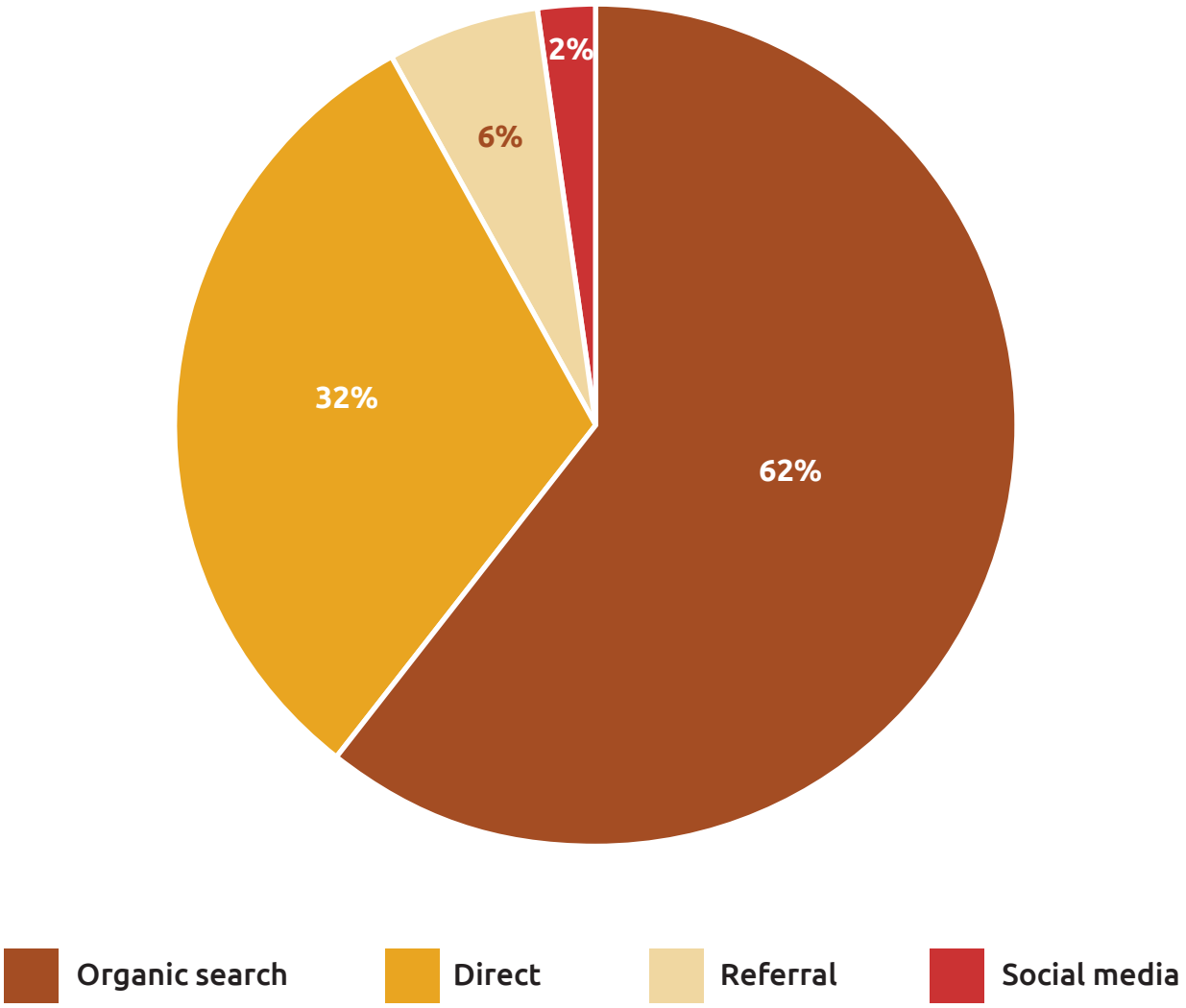
UPTAKE, REACH AND ENGAGEMENT WITH *YOUNG DEADLY FREE* WEBSITE, SOCIAL MEDIA AND RESOURCES

Young Deadly Free Website

Website activity

The total number of users on the *Young Deadly Free* website increased by more than 120% from 18,813 users at 30 June 2019 to **41,798** at 31 October 2020. The total number of pageviews for these users increased by nearly 30% from 110,719 pageviews at 30 June 2019 to **142,124** at 31 October 2020. At 31 October 2020, the average number of pages viewed per session was 2.83 with an average session duration of 1.27 minutes and an average bounce rate of 10.62%. The majority of users accessed the website via an organic search (61%) while almost one-third (32%) accessed the website directly. See Figure 1 below.

Figure 1: Channels used to access the *Young Deadly Free* website



Most commonly viewed pages

Of the 142,124 total page views, 57,463 page views (40%) were the landing page of the Elders, parents, and other adults section of the website. The *Young Deadly Free* homepage accounted for 12% of all page views, while the other web pages accounted for 4% or less of the total page views. See Table 8 below for more detail.

Table 8: Top 10 most viewed web pages

	Web page	Page views (*n*)	Page views (%)
1	/for-elders-parents-youth-workers/	57,463	40
2	/ (homepage)	17,306	12
3	/for-young-people/	4,964	4
4	/resources/health-messages/	4,774	3
5	/about-us/the-syphilis-campaign/	4,572	3
6	/resources/tv-ads/	3,849	3
7	/young-deadly-syphilis-free/	3,799	3
8	/resources/factsheets/	3,791	3
9	/for-doctors-nurses-health-workers/clinical-practice-manual	2,647	2
10	/resources/infographics/	2,328	2

Most commonly downloaded resources

There were 5,858 total downloads of the PDF resources on the *Young Deadly Free* website. The 'STI and BBV control in remote communities: Clinical practice and resource manual' was the most commonly downloaded PDF resource, with 271 total downloads. The 'Sex, young people, and the law' factsheet was downloaded at a similarly high rate: 218 total downloads. Among the top 10 most downloaded PDF resources, six were factsheets. Four of the top 10 downloaded resources focused on syphilis, while chlamydia featured in two of the top 10 resources as did content about sex and the law. See Table 9 on next page for more information.

Table 9: Top 10 PDF resource downloads

	Resource	Total downloads (*n*=5,858)	Unique downloads (*n*=5,249)
1	*YDF*-STI-BBV-control-clinical-practice-manual.pdf	271	250
2	sex-young-people-and-the-law-factsheet.pdf	218	200
3	syphilis-final-2-factsheet.pdf	184	175
4	syphilis-final-the-basics-factsheet.pdf	163	143
5	chlamydia-final-the-basics-1-factsheet.pdf	137	126
6	chlamydia-final-2-factsheet.pdf	127	118
7	poster_pregnancy_online.pdf	107	77
8	syphilis_individual_infographics_YDF3.pdf	105	96
9	resource-order-form-inc-posters.pdf	104	89
10	sexting-and-the-law-factsheet.pdf	103	98

Most commonly watched videos

Although accessible on the *Young Deadly Free* website, the video resources are hosted on YouTube. The most viewed video resource was the 'Spots: Have you had your syphilis test?' video with 3,740 views. Viewers typically watched this video in its entirety, as indicated by the average view duration of 0:28 seconds, which is 91% of the video's total duration.

The 'All about syphilis: An educational animation' video was the second most viewed video with 1,746 views. The remaining video resources had significantly less views, ranging from 856 to 463. Of interest was the 'Listen up' television commercial with subtitles, which attracted less views than other videos (510), but had an average viewing time of 0:25 seconds, which was 81% of the video's total duration.

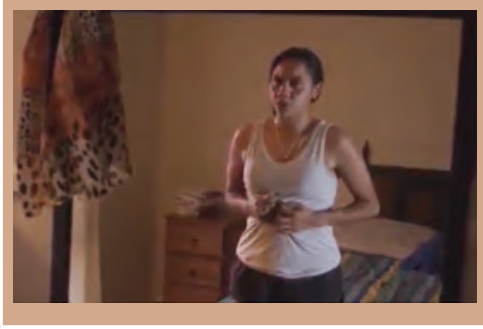
Among the top 10 most viewed video resources, seven were videos and three were animations. The content of these video resources varied, with syphilis, HIV, sexual diversity and STI facts, among others, featuring in the videos and animations.

See Table 10 overleaf for more detail.

Table 10: Top 10 viewed video resources

	Video resource	Views (*n*)	Average view duration (min:sec)	Average proportion of video viewed (%)
1	Spots: Have you had your syphilis test?	3,921	0:28	91
2	All about syphilis: An education animation	1,837	0:58	63
3	Yarning with our young mob about men's and women's business: Whose role is it?	856	1:23	72
4	All about STIs: Educational animation for young Aboriginal and Torres Strait Islanders	627	1:07	50

	Video resource	Views (*n*)	Average view duration (min:sec)	Average proportion of video viewed (%)
5	Sexual diversity in Aboriginal sexual health	565	1:34	14
6	Listen up TVC (subtitled)	510	0:25	81
7	Young Deadly Free: Tips for4 educating youth about sexual health	492	1:24	13
8	HIV: Animation for young Aboriginal and Torres Strait Islanders	480	1:11	41

	Video resource	Views (*n*)	Average view duration (min:sec)	Average proportion of video viewed (%)
9	Get tested early, during, and after pregnancy 	472	0:22	74
10	The facts about sexually transmitted infections	463	1:29	30

Location of users

Of the 41,798 website users, 11,355 were located in Australia. Queensland had the highest proportion of users at 28% (*n*=3,209), while NSW – a non-*YDF* jurisdiction – accounted for 21% (*n*=2,399) of website users. Victoria, another state where the *YDF* project was not implemented, also featured in the top 5 with 1,707 (15%) website users, slightly less than WA at 1,886 (16%). A considerably smaller proportion of users were from the NT (2%), which may be an outcome of poor internet connectivity and/or coverage.

See Table 11 on next page.

Table 11: *YDF* website user locations per Australian states and territories

	State/Territory	Number (*n*)	Proportion (%)
1	Queensland	3,209	28
2	New South Wales*	2,399	21
3	Western Australia	1,886	16
4	Victoria*	1,707	15
5	South Australia	1,543	13
6	Northern Territory	529	5
7	Australian Capital Territory*	210	2
8	Tasmania*	67	1
9	Not set	2	0

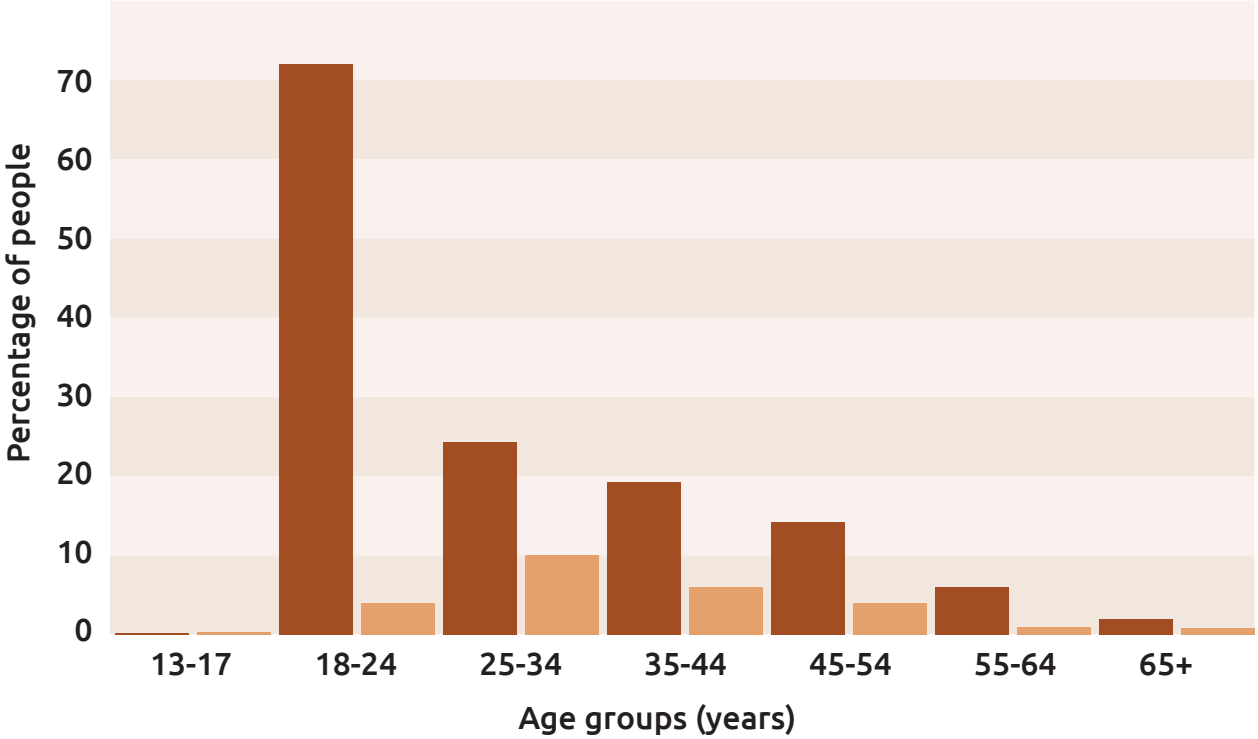
*Denotes a state/territory where the *YDF* project was not implemented

Facebook

Followers

At 31 October 2020, the *Young Deadly Free* Facebook page had 1,376 followers and 1,296 likes. The followers were predominantly female (71%) and almost half of all followers (45%) were aged 34 years or younger. Over one-third of the followers (34%) were aged 25-34 years – the greatest proportion of followers among the age groups. See Figure 2 for more information.

Figure 2: *YDF* Facebook page followers by age group (years) and gender

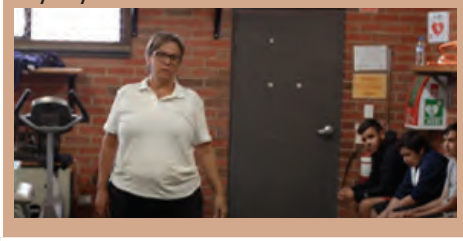


Top 10 posts by reach

For the period 1 July 2019 to 31 October 2020, there were 445 posts by the *YDF* team on the *YDF* Facebook page. Posts that included videos and photos had the greatest reach, with five videos and five photos listed in the top 10 posts by reach. A series of three videos whereby youth ask sexual health educators questions had the greatest reach at 6,740. This video was posted on 11 July 2019 during NAIDOC week. A photo about syphilis testing had the second highest reach at 4,929. The top 10 videos and photos by reach contained varied sexual health information and the reach of each ranged from 6,740 to 2,113. See Table 12 for more information.

Table 12: Top 10 Facebook posts by reach

	Date of post	Content	Type of post	Reach
1	11/07/2019	When it comes to learning about your body and your health, there are no stupid questions. Here on "You can ask that" youth will ask sexual health educators some of the questions you might be too shame to ask yourself.	Video	6,740
2	10/04/2020	Listen up you mob! When did you have your last STI test? Syphilis is living in our communities. If you have had unprotected sex or if you haven't had an STI test recently, go into your nearest clinic or health service and ask for an STI test.	Photo	4,929
3	15/07/2019	We are always learning and there is always someone that can help us when we have a tricky situation or question. Sexual health is something we shouldn't be afraid to talk about and seek help for. So don't be shame. Speak up, listen, and support each other today!	Video	4,695
4	19/04/2020	John knows the young men in his community. He knows they feel uncomfortable visiting the clinic and that's important for the health of the community.	Photo	3,319

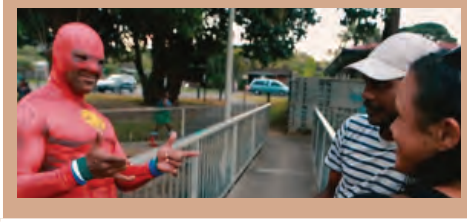
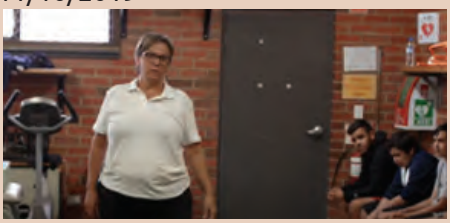
	Date of post	Content	Type of post	Reach
5	22/12/2019	If you're not feeling well, speak to your doctor or health worker. A health community is a happy community.	Photo	2,946
6	27/05/2020	Snippets of gold – Working and living in the community. John from Queensland has been working and living in community for over 20 years, he wants to educate the younger generation so they are aware of the health issues that affect our communities.	Video	2,521
7	16/08/2019	Contraceptives like the implanon and the pill will prevent pregnancy, but they won't prevent STIs. If you want to prevent STIs, use a condom.	Photo	2,497
8	11/10/2019 	This is us – the good, the bad, the ups and downs. An honest look at relationships, sex, partying, and learning from our mistakes along the way. Through it all, we look after each other. This is us. Watch this space – part 2 coming soon.	Video	2,278
9	23/10/2019	Ever wanted to talk to your kids, nieces or nephews about sex and relationships but weren't sure where to start? These videos are for you! Hear from other Aboriginal and Torres Strait people about their experiences and ways of yarning.	Video	2,221
10	21/10/2020	It's all about respect, see what Montana has to say about it.	Photo	2,113

Top 10 posts by likes and shares

Five videos and four photos were among the top 10 posts by likes and shares for the period 1 July 2019 – 31 October 2020. Seven of these videos and photos also had the greatest reach during the same time period. A photo of a health worker encouraging young men to visit the clinic in his community received the most likes and shares at 237. A video of the same health worker had the second highest likes and shares at 211. The number of likes and shares for the top 10 posts ranged from 237 to 60. A variety of sexual health information was covered, such as contraception, relationships, and how to talk to young people about sex health. See Table 13 for more information.

Table 13: Top 10 Facebook posts by likes and shares

	Date of post	Content	Type of post	Likes and shares
1	19/04/2020	John knows the young men in his community. He knows they feel uncomfortable visiting the clinic and that's important for the health of the community.	Photo	237
2	27/05/2020	Snippets of gold – Working and living in the community. John from Queensland has been working and living in community for over 20 years, he wants to educate the younger generation so they are aware of the health issues that affect our communities.	Video	211
3	15/07/2019	We are always learning and there is always someone that can help us when we have a tricky situation or question. Sexual health is something we shouldn't be afraid to talk about and seek help for. So don't be shame. Speak up, listen, and support each other today!	Video	142
4	19/04/2020	Today we wish farewell to our colleague Amanda Sibosado.	Photo	117

	Date of post	Content	Type of post	Likes and shares
5	22/07/2019	Dr Vinka Barunga has lived through the statistics that reflect the struggles of her people, but has never let them define her potential.	Link	82
6	16/08/2019	Contraceptives like the implanon and the pill will prevent pregnancy, but they won't prevent STIs. If you want to prevent STIs, use a condom.	Photo	72
7	23/10/2019	Ever wanted to talk to your kids, nieces or nephews about sex and relationships but weren't sure where to start? These videos are for you! Hear from other Aboriginal and Torres Strait people about their experiences and ways of yarning.	Video	68
8	07/08/2019 	Condoman and Lubelicious are out and about fighting the STIs and BBVs in the community.	Video	64
9	11/10/2019 	This is us – the good, the bad, the ups and downs. An honest look at relationships, sex, partying, and learning from our mistakes along the way. Through it all, we look after each other. This is us. Watch this space – part 2 coming soon.	Video	63
10	21/10/2020	It's all about respect, see what Montana has to say about it.	Photo	60

Location of Facebook followers

The majority (95%) of the *YDF* Facebook followers reside in Australia (*n*=1,306), with Adelaide (SA), Darwin (NT) and Perth (WA) reporting the greatest number of followers, ranging from 144 (Perth) to 256 (Adelaide). Five of the top 10 cities by followers are cities where the *YDF* project was implemented. See Table 14 for more detail.

Table 14: Location of Facebook followers by Australian city

	Australian City	Followers (*n*) N=1,306	Proportion of Total Followers (%)
1	Adelaide* SA	256	20
2	Darwin* NT	165	13
3	Perth WA	144	11
4	Sydney NSW	90	7
5	Brisbane Qld	78	6
6	Cairns* Qld	74	6
7	Broome* WA	72	5
8	Melbourne Vic	61	5
9	Alice Springs* NT	56	4
10	Townsville Qld	32	2

*Denotes cities where the *YDF* project was implemented

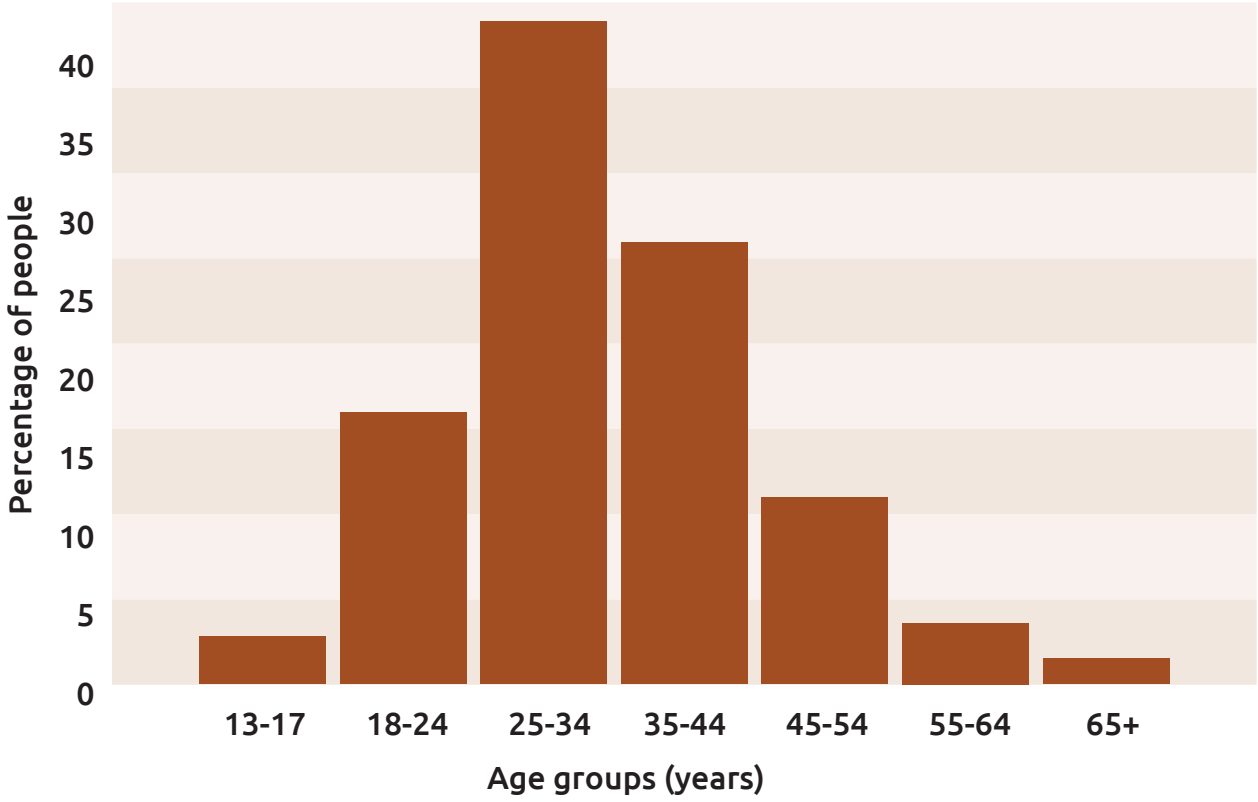
Instagram

Followers

As of 31 October 2020, *Young Deadly Free* Instagram account had 452 followers. The majority of the followers were female (80%) and more than half (58%) were aged 34 years or younger. Perth had the largest proportion of Instagram followers with 17%. Adelaide accounted for 10% of the Instagram followers. Other Australian cities reported less than 10% of the Instagram followers.

See Figure 3 for a summary of Instagram followers by age group.

Figure 3: Proportion of Instagram followers by age group



Top 12 posts by reach and impressions

Most of the top 12 Instagram posts by reach and impressions are concerned with minimising shame or focus on trust, support, and respect in relationships. The posts largely consist of photos, with several infographics also featuring in the top 10. The post with the greatest reach and impression is an infographic that depicts how quickly STIs can spread through community. Figures 4 and 5 display the top 12 Instagram posts by reach and impressions.

Figure 4: Top 12 Instagram posts by reach

Figure 5: Top 12 Instagram posts by impression

Young Deadly Free email campaign

For the period 1 July 2019 – 31 October 2020, five emails were sent to subscribers of the *Young Deadly Free* email list. The content of these emails largely focused on project updates, with the announcement of the release of the new clinician booklet receiving the greatest number of total opens[7] at 2,672. A *YDF* update in July 2020 had the highest number of total clicks[8] at 1,751. There was a nominal decrease, 6%, in the number of subscribers from July 2019 to October 2020, however, this may be a consequence of high staff turnover in the sector. Further information is provided in Table 15.

Table 15: Total opens and total clicks of *YDF* emails

Date	Email Name	Subscribers	Total Opens	Total Clicks
31/07/2019	Launch of new booklet – clinician booklet	696	2,672	223
09/12/2019	*YDF* December 2019	688	1,567	493
29/01/2020	Monthly update	677	1,255	503
03/07/2020	*YDF* – update	676	1,016	1,751
14/10/2020	*YDF* evaluation survey	651	1,378	659

Young Deadly Free resources

Resource requests

A total of 46 organisations from Qld, WA, the NT, SA, Vic, and NSW made requests to SAHMRI for *YDF* resources from 1 July 2019 to 31 October 2020. Of the 46 organisations, 79% were located within the four *YDF* jurisdictions. In addition, YDF resources were taken to two conferences (one national conference) and a national organisation also requested resources for distribution among its member organisations. Overall, this led to the dissemination of 2,206 resources, comprised of USBs (with PDF downloads), posters and polo-shirts at an approximate cost of $19,183. Postage and staff time were additional expenses. See tables 16 and 17.

Table 16: Number of organisations who have requested *YDF* resources by state and territory

State or Territory	Number of organisations who have requested *YDF* resources
WA	10
Qld	14
SA	7
NT	3
Vic	5
NSW	4
National	3
Total	**46**

Note: Some organisations made more than one request for resources, however, each organisation is only counted once. Requests for resources were not equally weighted, with some requesting USBs of PDF resources while others requested multiple resources.

[7] Total opens refers to total number of times the campaign was opened by recipients, including multiple opens by an individual

[8] Total clicks refers to total number of times tracked links were clicked by recipients

Table 17: Number, type, and cost of *YDF* resources distributed

Resource type	Number disseminated	Cost of materials
USBs	237	$4,272 – 500 units
YDSF posters	170	$776 – 200 units
YDF posters	1,549	~ $7,800 – 5,000 units
YDF polo shirts	250	$6, 335 – 250 units
Total	**2,206**	**$19,183 (approximate)**

Permission to use resources

In addition to requests for resources, organisations and individuals have sought permission from SAHMRI to use and/or adapt the *YDF* resources in various capacities, such as: broadcasting the *YDF* radio advertisements via a remote broadcasting service; showing the *YDF* videos on television screens within hospital and clinic waiting rooms; using the *YDF* poster template to create locally relevant versions; using the *YDF* infographics for staff orientation packages; and promoting the *YDF* resources via the organisation's social media channels.

During the specified time period, there have been 20 requests to use or adapt the *YDF* resources, 14 of which came from organisations located within the four *YDF* jurisdictions. There were two requests to use the *YDF* resources at a national level.

See table 18.

Table 18: Number of organisations who have sought permission to use or adapt *YDF* resources by state and territory

State or Territory	Number of organisations who have sought permission to use/adapt *YDF* resources
WA	4
Qld	7
SA	1
NT	2
Vic	3
NSW	1
National	2
Total	**20**

SUMMARY OF KEY FINDINGS OF THE *YDF* EVALUATION – PHASE 2

The overall aims of the *YDF* evaluation, phase 2, were to assess awareness of *YDF*, usage of *YDF* resources, website activity and key message recognition, and to identify suggestions for additional *YDF* content along with the challenges and enablers for sexual health promotion in remote communities. The key findings of the evaluation are summarised below.

Awareness of *YDF*

- Among the 81 completed surveys by young people, 30 (37%) had heard of *YDF* and approximately one-third (*n*=27) from *YDF* communities. Eight of the 51 young people who had not heard of *YDF* were from YDF communities.
- Of the 117 completed surveys by health and community workers, 88 (75%) workers had heard of *YDF* – 30% of whom identified as Aboriginal and/or Torres Strait Islander. Nurse, health worker, and sexual health worker were the most common professions, with a relatively even distribution from remote, regional, and metropolitan areas. Of the 29 workers who did not know of *YDF*, 76% were from regional locations.

Most visible resources

- 70% of young people who had heard of *YDF* reported seeing some of the *YDF* resources. Videos were the preferred resource for young people (37%). More than half (60%) of the young people surveyed rated the posters, videos, infographics and *YDF* Facebook page as 'very deadly' or 'deadly'.
- 91% of health and community workers who had heard of *YDF* had also seen some of the resources. Between 73% - 75% of workers had seen infographics, the *YDF* website, posters, and animations. More than 60% of workers had not heard the *YDF* radio advertisements or seen the *YDF* Instagram page.
- The high proportion of workers reporting seeing the *YDF* resources suggests the email campaign along with the supply of USBs (containing *YDF* resources) to remote clinics were an effective means for raising awareness about the resources.
- The 'Spots: Have you had your syphilis test?' video hosted on the website and on YouTube was the most viewed video.

Key message recognition

- For young people, 63% recognised the messages 'Use condoms' and 'STIs are common and easy to treat' and 60% recognised 'Get tested/Get tested at the clinic today' and 'Stay young, deadly and free' (reference to the project's name).
- 'Get tested/Get tested at the clinic today' (often preceded by a hashtag) was the most commonly recognised message among health and community workers (78%). Between 69% - 74% of workers also recognised 'Use condoms', 'STIs are common and easy to treat', and 'Stay young, deadly, and free'.
- These findings demonstrate the power of using a consistent message across several resource types and also underscores the importance of the hashtag or reference to the project name in communications.

Resource usage

- Requests for *YDF* resources and USBs of the resources were received from 46 organisations, 79% located in participating *YDF* jurisdictions.
- Young people surveyed who had seen YDF were most likely to share the resources with their friends (37%).
- Among the surveyed health and community workers who had seen *YDF*, more than half reported sharing the resources with their colleagues and with young people in the community.
- Interviewed health and community workers used *YDF* resources for educational purposes, namely in the school setting or for educating other workers and/or community groups.

Website activity

- There was considerable growth (120% higher) in visitors to the *YDF* website with 41,798 visitors at 31 October 2020 compared with 18,813 visitors at 30 June 2019.
- Of the 41,798 website users, 11,355 were located in Australia. Queensland had the highest proportion of users at 28% (*n*=3,209).
- There was wider reach and interest in *YDF* beyond the communities that participated in the *YDF* project. More than one-third of website users (36%) came from non *YDF* jurisdictions including NSW – accounting for 21% (*n*=2,399) of website users, and Victoria – accounting for 15% (*n*=1,707) website users.
- Between 1 July 2019 – 31 October 2020, there were 5,858 total downloads of the PDF resources on the YDF website.
- The most popular downloads were the 'STI and BBV control in remote communities: Clinical practice and resource manual' (271 downloads) and the 'Sex, young people, and the law' factsheet (218 downloads).

Social media engagement

- There were 445 posts to social media channels by SAHMRI in the period 1 July 2019 – 31 October 2020. Posts with photos or videos had the greatest reach.
- Young people may be more inclined to follow and share content that is not wholly 'sex', 'STI/BBV', or 'testing' focused.
- Engagement with social media channels continued to be an important way of promoting *YDF* sexual health messages particularly on Facebook and Instagram, for females aged 34 years or younger.
- At 31 October 2020, the *Young Deadly Free* Facebook page had 1,376 followers and 1,296 likes. The *YDF* Instagram page had 452 followers.

Suggestions for improvements from young people and health and community workers

- Developing *YDF* resources on different topics, such as healthy relationships, consent and reproduction were common suggestions offered by participants.

- Making greater use of pictorials, images, and incorporating more local language were considered ways of making resources culturally appropriate.
- Creating resources for different population groups, such as parents/carers and teachers, and including imagery of older people in addition to young people, would support a whole-of-community approach to sexual health promotion.
- Polo shirts promoting *YDF* and key messages were well received and considered to be a good strategy for increasing awareness of sexual health and reducing associated shame/stigma.

Challenges and enablers to sexual health promotion in remote communities

- Cultural challenges, including shame, sensitivity and cultural protocols were commonly reported.
- Other challenges included a lack of staff training in sexual health and problems with internet connectivity or limited computer access to download resources.
- Suggested enablers for sexual health promotion included resourcing to support identified facilitators of sexual health promotion in remote communities, local champions, and proactive clinic staff.
- Offering incentives to access sexual health testing, and greater integration between health, education, and the local community, to promote sexual health were also considered key enablers.

Evaluation limitations

The evaluation was limited by the difficulties encountered in recruiting young people to participate in the evaluation. Despite using targeted recruitment for the evaluation and offering incentives, 81 surveys were completed by young people, of which just 30 respondents reported knowledge of *YDF* (18 respondents were from *YDF* communities). When one considers that in excess of 500 young people participated in the project's pilot, the reported figures are not reflective of the level of awareness of *YDF* among young Aboriginal people in remote communities. Similarly, there was fair interest among young people to participate in the evaluation interviews, but few converted to completed interviews. The difficulty in engaging young people in the evaluation highlights the challenges of quantifying a project's reach within a population.

The restrictions imposed by COVID-19 likely contributed to the reduced number of young people participating in the evaluation, with less face-to-face contact between services and young people and data collection limited to online or telephone channels. This limitation underscores the value of having people in community who can assist with participant recruitment. While the participation of young people in the evaluation was less than anticipated, the findings are promising. They indicate that the *YDF* brand and resources are known beyond the project's pilot communities, and secondly the findings demonstrate that the evaluation helped to raise awareness about the *YDF* resources among young people who reported no knowledge of *YDF* prior to participating in the evaluation.

RECOMMENDATIONS

The reported evaluation findings give validation to the *YDF* brand and resources. *Young Deadly Free* is continuing to gain recognition, extending beyond the communities involved in the project's pilot, and its following is on the increase.

To maintain the momentum, the focus must now shift to ensure the sustainability of *YDF* resources and to safeguard against the loss of investment which often happens when funding ceases.

Furthermore, it may be an opportune time to expand on the resources, which will not only ensure the brand remains relevant to its diverse target audience, but may also help build the capacity of a critical mass of informed individuals that is required to make genuine change.

The following nine recommendations have been categorised as recommendations relevant to the *YDF* project (6), presented first, and recommendations for the sexual health sector (3), which will complement the efforts of *YDF*, presented second.

Project recommendation 1: CONTINUED RESOURCING FOR *YDF*

A role exists for the maintenance of the *YDF* website and social media accounts, and to ensure the currency of the resources already in existence. Remaining active on social media with regular posts is integral if the *YDF* brand is to maintain its following – this is particularly the case with the younger demographic (16-29 years) that the brand is primarily seeking to engage with. Just 3% of the young people surveyed who had heard of *YDF* reported they had not seen the *YDF* Facebook page. Active social media accounts will also help with building the profile of *YDF* and generating greater awareness in the community.

The *YDF* website serves an important role in hosting all the YDF resources. Seventy five percent of surveyed health and community workers (who had heard of *YDF*) reported they had seen the *YDF* website and found it useful, thus underscoring the value in maintaining website content. If continued resourcing for *YDF* is not a viable option, consideration should be afforded to other means for promoting *YDF* (e.g., entrusting carriage of the *YDF* resources with another organisation, such as Aboriginal Community Controlled Organisations) to ensure the considerable investment in the development and distribution of the *YDF* resources is maximised.

Project recommendation 2: EXPAND THE SUITE OF *YDF* RESOURCES

While the current *YDF* resources have been widely praised, there would be much merit in expanding on the positive sexual health messages to include related and relevant topics for young people, such as healthy relationships, consent, communication, and reproduction. Such topics were commonly suggested by evaluation participants and are important components of a young person's sexual health. By taking a more holistic focus, the *YDF* social media accounts may gain greater traction as the concentrated focus on sexual health would lessen and young people may be more inclined to follow and share content that is not 'sex', 'STI/BBV', or 'testing' focused.

Similarly, consideration should be given to including different language groups in the resources produced or future resources. The evaluation revealed few criticisms of the YDF resources, yet some participants remarked on the dominance of the English language and low levels of English literacy amongst some communities. To ensure the resources have applicability to the diverse population groups that exist within the Aboriginal and Torres Strait Islander populations, it would be prudent – and culturally respectful – to produce resources in different local languages. If not deemed feasible, consider permitting flexibility within the design of the current resources for health services to make modifications to the resources to suit their community. A quality control framework would also be required to ensure any modifications are factually accurate and align with the *YDF* brand.

There was also strong support from the evaluation participants to develop resources targeting parents/caregivers, Elders, and teachers. These population groups may lack the knowledge and confidence to speak with young people about sexual health, yet acknowledge that it is an important topic to address. The provision of information and support to these key individuals may enhance feelings of confidence to broach the topic with young people. It may also help in creating a shared sense of responsibility when it comes to the sexual health of young people, thus helping to fill the void that often exists in community where no-one takes responsibility for sexual health.

Project recommendation 3: LOCAL CHAMPIONS FOR SEXUAL HEALTH PROMOTION

The quality, calibre, and cultural acceptability of the *YDF* resources are evidenced in the positive evaluation feedback received, but the resources alone are unlikely to have a sufficient impact within community to encourage attitudinal and/or behaviour change. Having 'on the ground' support in the community can make a considerable difference in elevating the profile of sexual health within the community. Such individuals may be health workers, health promotion officers, teachers – anyone motivated to improve the health and wellbeing of young people in community. This localised support not only gives prominence to sexual health (which can be overlooked due to multiple other pressing health issues), it also helps to normalise sexual health thus gradually lessening the shame and sensitivity of the topic. Contact with health services and other key members in community to raise awareness about the *YDF* resources, which may occur through the *YDF* newsletter, Facebook page, and Instagram account, can help facilitate local champions.

Project recommendation 4: EXPAND *YDF* BEYOND PILOT COMMUNITIES

The evaluation findings demonstrated awareness of the *YDF* resources within communities that were not involved in the implementation of the *YDF* pilot project. Participant feedback, requests for resources, along with anecdotal feedback, support the further distribution of the *YDF* resources to other remote and non-remote Aboriginal communities. Participants reported on the dearth of culturally appropriate sexual health resources in circulation and acknowledged that the *YDF* resources filled this void, with the extensive range of different resources also ensuring broad appeal across a diverse population. Expanding the reach of resources may be facilitated by social media, conference attendance, professional networking, partnering with training organisations, and through television and radio.

Project recommendation 5: MAINTAIN A COLLABORATIVE APPROACH FOR FUTURE RESOURCE DEVELOPMENT

The *YDF* resources produced were the outcome of a collaborative endeavour between the *YDF* project team and the participating communities and involved extensive consultations with a range of geographically dispersed communities across the project's four jurisdictions. This evidently had considerable time, money, and resource implications. The investment, however, was worthwhile given the praise and uptake of the resources across the many *YDF* and non-*YDF* communities. Any future *YDF* resources produced should also be the outcome of a community collaboration approach. Future projects of a similar nature would also benefit from adopting such an approach, yet are advised to ensure sufficient time is afforded to the collaborative process in the project's timeline and correspondingly should allow for this in the project's budget.

Project recommendation 6: MAINTAIN THE MULTI-FACETED DISSEMINATION STRATEGY

Awareness of *YDF* within community was facilitated by the multi-faceted communication approach, which utilised social media platforms, email, a website, television, and radio. Using multiple channels to raise the profile of *YDF* and promote the resources served two purposes: (1) it enhanced the visibility of the resources to a diverse population group and (2) it ensured the preferences of the diverse population group, in terms of how they receive information, were also met. Sexual health promotion initiatives in remote communities should use a multi-faceted communication approach.

Sector recommendation 1: Staff training

Feedback provided by evaluation participants indicated a need for culturally safe sexual health training for Aboriginal health and community workers, and cultural competency training for non-Aboriginal workers. It was reported that there was a reluctance among some workers to broach sexual health with young clients, while others also spoke of the lack of culturally relevant training available to Aboriginal workers. Sector investment in culturally safe sexual health training, and cultural competency training, would help workers confidently and appropriately engage with young clients about sexual health.

Sector recommendation 2: Investment in evaluation

All programs and projects should have an evaluation component incorporated into their design. While evaluation primarily seeks to critically examine the performance of a project/program, it also has a secondary benefit that results from researcher intervention. That is, by the very fact that the evaluation is being conducted, prominence is given to the project and topic of investigation within the specified population. Any intervention takes time to gain traction, but by conducting evaluations, one is effectively helping to 'plant the seed' about the importance of the topic under investigation, in this case, sexual health and how *YDF* can help with addressing this health issue among young Aboriginal people living in remote communities. Effective evaluations do, however, require appropriate resourcing and this includes using people 'on the ground' to support the evaluation. Such support may include the promotion of the evaluation among the intended target group or active participant recruitment, and sufficient funds should be allocated to advertising and the offer of incentives.

Sector recommendation 3: Integrated approach to sexual health promotion

Ultimately, the *YDF* evaluation phase 2 demonstrates that improving the sexual health of young people in remote communities requires an integrated approach whereby the health and education sectors work collaboratively with the respective communities to devise a plan that is acceptable to the community in question and responsive to their needs. Adopting such an approach then enables projects, such as *YDF*, to play a supportive role through the provision of information resources, thus effecting genuine change in community.

Closing comment

Young Deadly Free was an innovative multi-jurisdictional sexual health promotion project that sought to increase the uptake of STI and BBV testing for Aboriginal young people living in remote and very remote communities. The project adopted a collaborative, consultative approach to produce over 250 resources, which were communicated to a diverse population group using a multi-faceted dissemination strategy. This second evaluation of the *YDF* project, undertaken 16 months post-project completion, focused exclusively on the *YDF* resources. The findings demonstrated continued support for the *YDF* resources, with young people and health and community workers from *YDF* and non-*YDF* communities highly praising of the breadth and cultural relevance of the resources. The increased social media following and rise in website visits and resource downloads also highlights the value of the resources among those in community. With considerable interest in the resources also extending beyond *YDF* communities, it is now necessary to shift the focus to the sustainability of *YDF* by considering the recommendations of this second evaluation. This will not only ensure the broad appeal of the *YDF* resources to its diverse target audience, but will also help with normalising sexual health among young Aboriginal people, thus contributing to improved sexual health outcomes.

Appendix 1 – Young people survey

Introduction

Young Deadly Free is a project for young people aged 16-29 years about the importance of testing for sexually transmissible infections (STIs) and blood borne viruses (BBVs), also called sex diseases.

Over 250 resources were developed as part of the *Young Deadly Free* project and we want to know if you have seen any of the resources and what you thought about them.

There are no right or wrong answers to the questions. You can stop the survey at any time. Your answers cannot be linked to you.

Click on the 'Yes' box below if you would like to do the survey. It should take about 5 minutes. Each person who completes the survey has the chance to enter a prize draw to win 1 of 4 $25 vouchers.

If you don't want to do the survey, just click 'No'. That's fine - nothing bad will happen to you.

This project has been approved by the Curtin University Human Research Ethics Committee in your state or territory. Please view https://youngdeadlyfree.org.au/survey/ for more information. If you have any questions about the survey, please contact Roanna Lobo on (08) 9266 1101 or via roanna.lobo@curtin.edu.au.

Screening

I am an Aboriginal and/or Torres Strait Islander person aged between 16 and 29 years.

a) Yes (move to **question 1**)

b) No (move to **End of Survey 1**)

Questions about *Young Deadly Free*

1. **Have you heard of *Young Deadly Free*?**

   a. Yes (move to **question 2**)

   b. No (move to **question 9**)

2. **Have you seen any of the following *Young Deadly Free* resources? Examples of each type of resource are provided next.**

   a. Yes

   b. I have not seen any of the Young Deadly Free resources (move to question 9)

3. **Please let us know what you think about the resources you have seen. An example of each type of resource is shown on the next four pages. Tick 1 box for each resource.**

Resource Type	Very deadly	Deadly	Not deadly	I'm not sure	I have not seen this type of resource
Videos					
Posters					
Factsheets					

Animations					
Infographics					
TV advertisements					
Heard the radio advertisements 4KIG Fm 107-1 too deadly					

Young Deadly Free Facebook posts 					
Young Deadly Free Instagram posts 					
Advertisements on Divas Chat 					

Young Deadly Free website					

4. **Do you remember any of the following messages in the *Young Deadly Free* resources? (response option: Yes, No, Unsure)**
   a. STIs are common and easy to treat
   b. Get tested / Get tested at the clinic today
   c. Use condoms
   d. I've had mine, have you had yours?
   e. U and me can stop HIV
   f. Stay young, deadly and free
   g. Let's look after our health and get tested for BBVs and STIs. If we all test and get treated, we can stop the spread of BBVs and STIs in our community.

5. **Which type of resource did you like the most? Tick 1 resource type.**
   a. Videos
   b. Posters
   c. Factsheets
   d. Animations
   e. Infographics
   f. TV advertisements
   g. Radio advertisements
   h. *Young Deadly Free* Facebook page posts / Instagram posts
   i. *Young Deadly Free* website
   j. I did not like any of the *Young Deadly Free* resources

6. **Have you shared the *Young Deadly Free* resources with anyone else? Tick all the boxes that apply.**
   a. Yes, with people in my family
   b. Yes, with my friends
   c. Yes, with other people in community
   d. No

7. **Do you have any other feedback you want to share about the *Young Deadly Free* resources, including what you liked, didn't like, or suggestions for making the resources better?**

   _____

8. **Were you involved in the *Young Deadly Free* project?**
   a. Yes, I was a peer educator
   b. Yes, I attended an education session run by a young person
   c. Yes, I attended a *Young Deadly Free* event in my community
   d. Yes, I provided feedback on *Young Deadly Free* resources
   e. No

9. **What would help raise awareness about STIs/BBVs among young people in your community?**
   a. Information on sexual health topics
   (please specify) _____
   b. Resources in my language
   (please specify) _____
   c. Other
   (please specify _____
   d. I'm not sure

10. **If you wanted to get an STI or BBV test, where would you go to get tested?**
   a. Clinic in my community / town
   b. Clinic in another community / town
   c. Hospital
   d. Other
   (please specify) _____
   e. I don't know where I would go to get tested

Demographic questions

11. How old are you? Please use drop down list below to show your age in years.

a. 16 years

b. 17 years

c. 18 years

d. 19 years etc.

12. Are you (tick all that apply)

a. Male

b. Female

c. Transgender female

d. Transgender male

e. Intersex

f. Other

13. Which postcode do you live in?

_____

14. Which state or territory do you live in?

a. Western Australia

b. Northern Territory

c. Queensland

d. South Australia

e. New South Wales

f. Victoria

g. Australian Capital Territory

h. Tasmania (move to End of Survey 2)

End of Survey 1

Thank you for your interest in this survey. This survey is for completion by Aboriginal and Torres Strait Islander peoples. For more information about *Young Deadly Free*, please visit:

https://youngdeadlyfree.org.au/.

If you feel sad or upset after completing this survey, please contact your local clinic. Click here to find information.

End of Survey 2

Thank you for completing this survey. Your feedback is appreciated.

To enter the prize draw for completing the survey, please provide your name and number in the box below. Your personal information will be kept separate from your survey responses.

We want to hear more about what you think about the *Young Deadly Free* project. If you are happy to have a quick yarn, please tick the box below and enter your mobile number. A member of the evaluation team will call you. Each person we speak to will receive a $25 voucher.

- ☐ I am happy to be contacted by the evaluation team to have a quick yarn about *Young Deadly Free* (Please provide your number)
- ☐ I wish to enter the prize draw (Please provide your name and number)

Appendix 2 – Health and community worker survey

Introduction

Young Deadly Free was a sexual health promotion project that was implemented in 2017-2019. It sought to raise awareness about sexually transmissible infections (STIs) and blood borne viruses (BBVs) and encourage testing among young Aboriginal people aged 16-29 years living in remote and very remote Australian communities.

The *Young Deadly Free* project produced more than 250 resources for young Aboriginal people, clinicians, and the wider community. The purpose of this survey is to determine if you have seen and/or used the resources, and what you thought about them. The information you provide will be combined with that of other participants and used to inform future sexual health promotion projects in remote communities.

Your participation in this survey is voluntary and you can stop the survey at any time. There are no right or wrong answers to the questions, and your answers cannot be linked to you. We will not ask for your name, however, to ensure that the information you share remains anonymous please take care not to disclose any information that could be used to identify you.

Click on the 'Yes' box below if you would like to do the survey. It should take about 5 minutes.

If you don't want to do the survey, just click 'No'.

This project has been approved by the Human Research Ethics Committee in your state or territory. Please click here for more information. For further information about the survey, contact Dr Roanna Lobo, Senior Research Fellow, on (08) 9266 1101 or via roanna.lobo@curtin.edu.au.

Click on the 'yes' box below if you would like to do the survey. If you don't want to do the survey, just click 'no'.

☐ Yes, I would like to take part in the survey

☐ No, Thank you for your time

Questions about *Young Deadly Free*

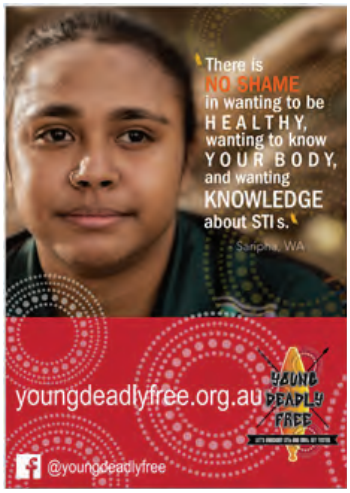
1. **Have you heard of *Young Deadly Free*?**
   a. Yes (move to question 2)
   b. No (move to question 10)

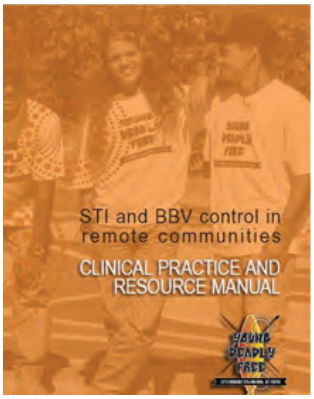
2. **Have you been involved in developing or delivering the *Young Deadly Free* project?**
   a. Yes, I recommended young people in the community to train as peer educators
   b. Yes, I helped promote *Young Deadly Free* in the community
   c. Yes, I provided feedback on *Young Deadly Free* resources
   d. Yes, other (please explain) _____
   e. No, I was not involved

3. **How did you first find out about *Young Deadly Free*?**
   a. From a colleague
   b. From a community member
   c. Through Facebook or Instagram
   d. Television or radio advertisement
   e. Other (please explain) _____

4. **Have you seen any *Young Deadly Free* resources? Examples of each type of resource are provided below.**
   a. Yes – I have seen some of the *Young Deadly Free* resources
   b. No – I have not seen any of the *Young Deadly Free* resources (move to question 10)

5. **Please indicate which resources you have seen by selecting 1 box per resource type**

Resource Type	**Seen and found**	**Seen and did**	**Have not seen**
Videos			
Posters 			

Resource Type	Seen and found	Seen and did	Have not seen
Factsheets			
Animations			
Infographics			
Remote Clinical Practice and Resource Manual 			

TV advertisements 			
Radio advertisements 4K1G Fm 107-1 too deadly			
Young Deadly Free Facebook page 			

Resource Type	Seen and found	Seen and did	Have not seen
Young Deadly Free Instagram account			
Young Deadly Free website			

6. **How have you used the *Young Deadly Free* resources? Tick all that apply.**
   a. I have shared the resources with young people in my community
   b. I have shared the resources with colleagues
   c. I have used the resources for my own knowledge/professional development
   d. I have made the resources visible in my workplace
   e. Other (please specify) _____

7. **What were the key messages in the resources for young people? Tick all that apply.**
   a. STIs are common and easy to treat
   b. Get tested / Get tested at the clinic today
   c. Use condoms
   d. I've had mine, have you had yours?
   e. U and me can stop HIV
   f. Stay young, deadly and free
   g. Let's look after our health and get tested for BBVS and STIs. If we all test and get treated, we can stop the spread of BBVs and STIs in our community.
   h. Other (please specify) _____
   i. I don't remember any of the Young Deadly Free messages

8. **Please indicate what you liked about the *Young Deadly Free* resources you saw/used.**

   _____

   _____

   _____

9. **Please provide any additional information/feedback on the *Young Deadly Free* resources, including what you did not like or suggestions for making the resources better.**

   _____

10. **What is needed in community to raise awareness about STIs/BBVs among young people? Tick all that apply.**
    a. More resources in local language
    b. Consultation with young people
    c. Consultation with wider community (e.g., parents, Elders)
    d. Opportunistic conversations with young people by healthcare staff
    e. Other (please specify _____
    f. I'm not sure

11. What needs to be done to keep sexual health on the agenda in remote practice? Tick all that apply.

a. Funding for services to focus on STI/BBV issues

b. Improved access to condoms

c. Peer education programs

d. Other (please specify) _____

e. I'm not sure

Demographic questions

12. I am an Aboriginal and/or Torres Strait Islander person

a. Yes

b. No

13. I am

a. Male

b. Female

c. Another gender

14. Which of the following best describes your primary work?

a. Health Worker

b. Sexual Health Worker

c. Nurse

d. Medical Doctor

e. Youth Worker

f. Community Worker

g. Other (please specify) _____

15. Please indicate the amount of contact you have with young people aged 16-29 years in your professional role:

a. Daily

b. Several times a week

c. Several times a month

d. Rarely

e. I don't have contact with young people in my professional role

16. Please indicate where most of your work is undertaken:

a. Remote Aboriginal community

b. Regional centre

c. Metropolitan area

17. Which state or territory do you work in?

a. Western Australia

b. Northern Territory

c. Queensland

d. South Australia

e. New South Wales

f. Victoria

g. Australian Capital Territory

h. Tasmania

End of Survey

Thank you for taking the time to complete this survey. Your honest feedback is appreciated. If you would like to be contacted by the evaluation team to have a quick yarn about the *Young Deadly Free* resources, please provide your name and contact number below. A member of the evaluation team will contact you within 2 weeks. Your personal information will be kept separate from your survey responses.

Name: _____

Number: _____

Appendix 3 – Interview questions for young people

- Where did you see this evaluation survey?
- How did you come to know of the *Young Deadly Free* resources?
- Can you tell me about the resources you have seen?
- What did you like about the resources you have seen? What didn't you like?
- Did the resource/s tell you anything new?
  - If yes, what new information did you learn?
- Have you shared the resources with other people?
  - If yes, who have you shared the resources with?
  - If yes, how have you shared the resources with others?
- Do you feel the *Young Deadly Free* resources have made it easier to talk about sexual health in community?
- Would more resources on other sexual health topics be useful?
- What else would you like to see in your community to help improve the sexual health of young people?
- Finally, we would really like to hear from a few more young people. Have you any ideas about how we can encourage people to do the survey or have a yarn with us?

Appendix 4 – Interview questions for health and community workers

- Where did you see the link to the evaluation survey?
- How did you come to know of the *Young Deadly Free* resources?
- Can you tell me about the resources you have seen?
  - If needed, clarify if participant is referring to the resources for young people or clinicians
- What did you like/dislike about the resources you have seen?
  - If needed, clarify if participant is referring to the resources for young people or clinicians
- How have you been using the resources?
  - Do you use the resources in a one-on-one situation or group setting?
  - If group setting, is it a mixed group or single gender group?
- What is the typical response to the resources from the people you're sharing them with?
- Have the resources helped you in your professional role?
  - If yes, how?
- Do you feel the resources are helping to lessen the taboos associated with sexual health in remote communities?
  - If yes, in what ways?
- Are any additional resources required e.g. on other sexual health topics?
- What else do you believe would help to improve the sexual health of young people in remote communities?
- Do you have any suggestions how we can encourage more young people to complete the survey or have a yarn with us?