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STRATEGIC PLAN 2013-2018



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Throughout this Strategic Plan we have included a selection of quotes that speak of the values that guide and shape the work we undertake to build the health and wellbeing of our community.

ACON acknowledges the support of our primary funder, the NSW Ministry of Health.

A decorative graphic consisting of a large purple grid in the top left corner, with several smaller purple rectangles scattered across the page. The grid is composed of white lines forming a grid pattern, and the rectangles are solid purple with white outlines.

“In every community there is work to be done.
In every nation, there are wounds to heal. In
every heart there is the power to do it.”

Marianne Williamson

(born July 8, 1952) is an American author, spiritual teacher and HIV activist.

community

“There can be no vulnerability
without risk; there can be
no community without
vulnerability; there can be no
peace, and ultimately no life,
without community.”

M. Scott Peck

(23 May 1936 – 25 September 2005) was
an American psychiatrist and best-selling
author, best known for his first book, *The
Road Less Travelled*, published in 1978.

“I am of the opinion that my life belongs to
the whole community and as long as I live,
it is my privilege to do for it whatever I can.
I want to be thoroughly used up when I die,
for the harder I work the more I live.”

George Bernard Shaw

(26 July 1856 – 2 November 1950) was a Nobel Prize-winning
Irish playwright and co-founder of the London School of
Economics.

INTRODUCTION & OVERVIEW

This is ACON's Strategic Plan for the five financial years 2013 to 2018. Its purpose is to provide the broad strategic framework and direction of the organisation for the next five years. It provides a high level outline of how we will address the health issues that research tells us are the most important for our communities.

In order to articulate our health priority areas for the next five years, this Strategic Plan is divided into four parts.

HIV

This section identifies how we will respond to the emerging opportunities and challenges in addressing HIV prevention, HIV health promotion and the care and support of people with HIV, and how this work will contribute to meeting the ambitious but achievable targets outlined in the new *NSW HIV Strategy 2012 – 2015*.

LGBTI HEALTH

This section outlines where ACON can make the most impact to address the specific health needs of lesbian, gay, bisexual, transgender and intersex communities.

ADVOCACY & SOCIAL INCLUSION

This section outlines how ACON will advocate to overcome structural and environmental barriers to improving the health and wellbeing of our communities.

ORGANISATIONAL CAPACITY

This section identifies the key internal investments ACON needs to make in order to effectively implement our work while continuing to develop as a high quality organisation.

Using a framework that entails four parts will enable us to more clearly communicate:

- The key areas of focus in HIV prevention, HIV health promotion, care and support, and LGBTI health.
- Who our communities and clients are under these programs.
- The organisational investments required to achieve these outcomes.

The last four years have seen significant and promising changes across a number of health areas, with new understandings around HIV radically changing the prevention landscape, and continued improvements in treatments leading to a shift in the needs of people with HIV in relation to health promotion, care and support.

Equally, the increasing recognition of the specific needs of LGBTI people in a number of major health and service delivery policy frameworks opens up new opportunities to work in partnership with other sectors to meet the needs of our communities. The increasing inclusion of LGBTI people in major research studies and data sets also gives us a clearer picture of the health issues and disparities that affect LGBTI people and enables us to more clearly identify areas where the greatest impact can be made.

This Plan recognises that there are different circumstances involved in working in HIV and broader LGBTI health and therefore different approaches are required.

“The great gift of human beings is that we have the power of empathy.”

Meryl Streep

(born 22 June, 1949) is an American actress who has worked in theatre, television and film. She is regarded as one of the most talented actors of the modern era.



empathy

“I have always thought that the essential foundation of fundamental human rights is love. Love for one another and empathy for fellow human beings.”

The Hon. Michael Kirby

(born 18 March, 1939) is an Australian retired judge, jurist and academic, former Justice of the High Court of Australia and LGBTI rights activist.

WHO WE ARE

ACON is New South Wales' leading health promotion organisation specialising in HIV and LGBTI health. Incorporated in 1985 as the AIDS Council of NSW, ACON has been widely recognised as an innovative, successful organisation which has adapted to changes in the HIV epidemic and responded early to emerging health issues among our communities.

ACON has been at the forefront of advocacy around issues relating to HIV and to LGBTI health, drawing on our close connections to community to identify emerging issues and create dialogue around these issues with policy makers and researchers.

ACON has also worked alongside researchers and partners to build a stronger evidence base around HIV and gay men's sexual behaviour and LGBTI health, much of which has subsequently affirmed the issues identified by our communities.

OUR MISSION

Our mission is to enhance the health and wellbeing of our communities by:

- Ending HIV transmission among gay and other homosexually active men.
- Promoting the health, throughout life, of LGBTI people and people with HIV.

OUR VALUES

Courage

Empathy

Diversity

Equality

Partnership

Community

Adaptability

OUR COMMUNITIES & WHO WE SERVE

Within the context of funding constraints, our main communities of focus will include:

- Lesbian, gay, bisexual, transgender and intersex people
- People with HIV
- People who use drugs
- Sex workers

This includes working with those of diverse backgrounds which include:

- Young people
- Mature aged people
- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse (CALD) backgrounds

Most of our clients come from within the communities listed above, but not all communities are addressed across all programs. HIV and STI prevention programs with gay men have always been, and will remain, a core component of our work.

Our HIV care and support services are available to all people with HIV. Since 2000, ACON has developed a comprehensive suite of health promotion programs targeting the broader LGBTI communities, including programs addressing STI prevention and sexual health among same sex attracted women.

Our Needle & Syringe Program (NSP) services are open to all who need them and we have begun to address sexually transmitted Hep C among HIV positive gay men within our HIV Health Promotion program.

We recognise that while we have the expertise in developing programs for many of these populations, more targeted work is best placed to occur in partnership with services that have a historical and cultural connection to specific communities.

In particular, our engagement with the intersex and Trans* communities will rely heavily on partnership with intersex and Trans* organisations to help build our awareness of issues, engage in shared capacity building, and work together on the common issues of discrimination and stigma which our communities share.

* Trans* is an 'umbrella term' that is broadly used to refer to people whose gender identity does not conform with the expectations associated with the sex assigned to them at birth. This includes transgender, transsexual and gender questioning.


THE WAY WE WORK

ACON believes that health is a fundamental human right and that a holistic approach is the most effective for achieving positive health outcomes at both the individual and community level.

This commitment is underpinned by the health promotion principles outlined in the Ottawa Charter for Health Promotion. This means that the core of our work spans a range of activities and services that include:

- Direct service delivery.
- Peer education and health promotion programs focused on enabling people to manage their own health.
- Training and capacity building of mainstream health care providers, LGBTI community organisations and for the HIV NGO sector.
- Systemic advocacy initiatives which address the structural barriers to good health, and the determinants of health disparities and good health outcomes among our communities.
- Community engagement and consultation to ensure our programs remain targeted and relevant.
- Social marketing interventions aligned with peer education and health promotion programs and implemented with partner agencies.
- Online engagement and outreach to more effectively deliver, and increase the reach of, our services.





“Our success has really been based on partnerships from the very beginning.”

Bill Gates

(born 28 October, 1955) is an investor, programmer, inventor and HIV philanthropist, former chief executive and current chairman of Microsoft.

partnership

“The urge to form partnerships, to link up in collaborative arrangements, is perhaps the oldest, strongest, and most fundamental force in nature. There are no solitary, free-living creatures: every form of life is dependent on other forms.”

Lewis Thomas

(25 November 1913 – 3 December 1993) was an American physician, poet, etymologist, essayist, administrator, educator, policy advisor, and researcher.

WORKING IN PARTNERSHIP, ADDRESSING DIVERSITY

As a state-wide community based organisation, our primary focus is delivering programs and services to people affected by HIV and LGBTI people across NSW. We do this through our offices located in Sydney, the Hunter and the Northern Rivers. A great deal of work also occurs via outreach services across regional and rural NSW. This includes Port Macquarie, Coffs Harbour, Illawarra, Southern and Western NSW.

Partnerships with Local Health Districts and specialist services such as the Multicultural HIV and Hepatitis Service are crucial to ensuring effective state-wide reach of programs and to delivering programs across the diversity of our communities. In order to ensure maximum reach and inclusiveness of programs we will:

- Ensure our direct LGBTI services are sensitive to the needs of, and available to, all of our communities.
- Ensure all of our training packages for service providers are inclusive of all our communities.
- Ensure our advocacy work in the areas of discrimination and human rights remains inclusive of the needs and views of all our communities and is conducted in consultation with relevant stakeholders.
- Develop strategies, in collaboration with key partners, to maximise inclusiveness and reach of health promotion strategies, including those delivered via social media and online.
- Ensure our work reflects a best practice approach and is evidence based. This includes continued advocacy for the inclusion of sexuality and HIV indicators in key health related datasets, as well as building our own data collection and research and evaluation capacity.
- Sustain and strengthen partnerships with Local Health Districts, other NGOs, Medicare Locals, health care providers, researchers and communities.

ASSESSING THE IMPACT OF THIS PLAN

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review.

Over the life of this Strategic Plan, evaluation data will be collected against the objectives and action areas of the HIV Action Plan and the six LGBTI Health Outcome Strategies. These data will

be used to inform annual planning and priority processes and inform a mid-term review of the strategy.

At the conclusion of the Strategic Plan, the data collected from the HIV Action Plan and each LGBTI Health Outcome Strategy will be aggregated in order to determine the extent to which we have effectively implemented this Strategic Plan.

“Life shrinks or expands in proportion to one’s courage.”

Anaïs Nin

(21 February 1903 – 14 January 1977) was a French author of novels, critical studies, essays, short stories, and erotica.

courage

“To me, there is no greater act of courage than being the one who kisses first.”

Janeane Garofalo

(born 28 September, 1964) is a stand-up comedian, actress, liberal political activist and writer.

“Success is never final, failure is never fatal. It’s courage that counts.”

Winston Churchill

(30 November 1874 – 24 January 1965) was a Nobel Prize-winning British politician who was the Prime Minister of the United Kingdom from 1940 to 1945 and again from 1951 to 1955. He was also an officer in the British Army, a historian, a writer, and an artist.

PART 1: HIV & STIs

1.1 HIV PREVENTION

The population in NSW that is most affected by HIV is gay men. Sex between men accounts for upwards of 75% of new HIV diagnoses annually in NSW, and despite a resurgent HIV epidemic among gay men in comparable jurisdictions nationally and internationally since the 1990s, HIV rates remained relatively stable in NSW until 2011.

ACON has a long history of adapting creatively to emerging trends in behaviours and epidemiology, and has shown leadership in areas now accepted as best practice globally, such as the inclusion of positive men in prevention campaigns and interventions, innovative outreach programs and promoting effective negotiated safety agreements.

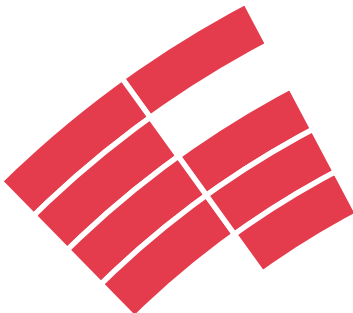
We have always worked in a holistic model, addressing individual behaviours, community norms and the structural, environmental and behavioural issues impacting on HIV transmission, utilising a range of strategies including social marketing, peer education and outreach work, advocacy and, more recently, online engagement and education strategies.

This approach, with the addition in 2008 of then-promising but unexplored biomedical prevention possibilities, has come to be known as a combination prevention approach and is now established as the optimal approach to effective, sustainable HIV prevention programs.

Subsequent research has conclusively demonstrated the potential of biomedical prevention approaches to radically transform the pattern of HIV epidemics and strengthen effective prevention.

Recent shifts in the epidemiology of HIV among gay men in NSW suggest the relative stability of new infections seen up to 2011 may no longer be relied upon. We need to act now to sustain the safe sex culture built to date while making the most of opportunities which recent biomedical prevention research has made available to us.

ACON's history of leadership in this area, together with our strong partnerships and the demonstrated resilience of our community, places us in a strong position to respond to these challenges.



1.1 HIV PREVENTION (cont.)

As the HIV epidemic has evolved, prevention with gay men has become more complex and must effectively engage with an increasing diversity of risk reduction strategies, without eroding the levels of safe sex practice which gay men have sustained to date.

Our objectives are aligned to the *NSW HIV Strategy 'A New Era' 2012 – 2015*, and reflect the continual adaptation of the gay community to evolving understandings of the HIV epidemic and the diverse ways in which gay men balance pleasure and risk management.

A key goal of our HIV prevention program is to ensure that a vast majority of sexual encounters between gay men are safe.

This means sustaining high levels of condom use in casual encounters between men of unknown or sero-discordant status and ensuring that risk reduction strategies – such as Post Exposure Prophylaxis (PEP) and negotiated safety – are utilised effectively by those who will benefit from them.

Reducing the number of undiagnosed HIV cases among gay men and increasing the proportion of HIV positive men with undetectable viral load are other important outcomes. New technologies such as Pre Exposure Prophylaxis (PrEP) will also enable some men to make their sexual encounters safer.

The key activities of our HIV prevention program therefore include:

- Continue to implement social marketing and peer education intervention, facilitate easy access to condoms, to engage a broad range of gay men and sustain high rates of condom use in casual encounters.

- Continue to provide up to date information aimed at ensuring that gay men are equipped with current and comprehensive knowledge about a range of non-condom based risk reduction strategies.
- Provide innovative, targeted engagement strategies aimed at increasing the knowledge of gay and other homosexually active men on when to seek HIV and STI tests.
- Implement activities to increase awareness and understanding of the benefits of earlier access to treatment among HIV positive gay men.
- Advocate for access to home-based or self-administered HIV testing and access to PrEP for those who would most benefit.
- Provide education, counselling and peer support programs aimed at reducing psychosocial barriers to testing and treatment uptake for people who are newly diagnosed.
- Sustain appropriate linkages with STI prevention programs and testing services.
- Develop and implement, in collaboration with key partners, innovative models of service delivery such as community-led HIV and STI screening services.

1.2 HIV HEALTH PROMOTION

New treatments mean people with HIV are living longer and healthier lives, although some significant health disparities remain, especially in the areas of mental health, healthy ageing and in respect to the impact of alcohol and other drugs.

The key goals of our work in this area are to enable gay men with HIV to maximise their long term health and wellbeing.

Our key activities under this program are:

- Develop and deliver a range of HIV Health Promotion programs which support gay men with HIV to maximise their long term health and wellbeing.
- Develop and implement a HIV Health Promotion Strategy focussing on post diagnosis support, living well with HIV and planning for healthy ageing.
- Ensure that HIV Health Promotion programs support and have appropriate linkages to relevant LGBTI Health Outcome Strategies (e.g. smoking cessation, mental health, alcohol and other drug programs, and healthy ageing programs).

1.3 HIV CARE & SUPPORT

Historically, ACON's care and support services have included Counselling, Enhanced Primary Care, Home-Based Care, Housing Support, Integrated Therapies and a service for people newly diagnosed with HIV.

The goal of these services has been and continues to be to provide individual clients with tailored services which help them address challenges in maintaining their health and wellbeing. The needs of people with HIV are diverse and have continued to change over time. The key objective for this area is the continued provision of high quality services for all people with HIV.

Our key activities over the life of this strategy are therefore to:

- Review our current care and support programs to ensure they continue to meet the needs of people with HIV.
- Implement a strengthened support program with a focus on immediate post diagnosis care and support to improve the health outcomes for newly diagnosed people and to support them to reduce the risk of HIV transmission.
- Revise and update our intake and case management processes to ensure person-centred, tailored responses.
- Address substance use and mental health co-morbidities through counselling from the Substance Support Service, NSP harm minimisation support and referrals to drug and alcohol treatment services.

1.4 STI & HEP C PREVENTION, & SEXUAL HEALTH PROMOTION

Sexually transmissible infections (STIs) such as chlamydia and gonorrhoea continue to be diagnosed in gay men at increasing rates. Notifications of infectious syphilis in gay men in NSW are currently stable but the incidence of all three STIs in gay men is much higher than in comparable non-gay populations.

It is important to ensure that broader education concerning STIs continues to occur. This education will cover both primary prevention and the need for regular sexual health screening.

Given that transmission is increasingly from undiagnosed men, it is essential to test for HIV and STIs together, wherever possible, and this will remain fundamental to our prevention response.

Recently, there has been mounting evidence of the sexual transmission of hepatitis C, particularly in the context of unprotected sex between gay men with HIV, and further work needs to be done in this area in partnership with Hepatitis NSW.

Acknowledging the diverse sexual practices of lesbians and same sex attracted women (SSAW), and the absence of other programs addressing their STI prevention and sexual health needs, ACON also recognises it has a role to play in sexual health promotion for this population.

Our objectives for this program are therefore to:

- Continue to provide up to date information and social marketing interventions on STI prevention and to sustain regular STI testing behaviours among gay men.
- Incorporate STI screening services into ACON's HIV screening service.
- Address the issue of sexually transmitted hepatitis C, in partnership with Hepatitis NSW.
- Continue to provide a sexual health and STI prevention program for lesbians and same sex attracted women.
- Develop and implement Health Outcome Strategies for sexual health and hepatitis C prevention.
- Continue to run an NSP service across all our locations.



"We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color."

Maya Angelou

(born 4 April, 1928) is an African-American author, poet and civil rights activist.

"Diversity is the one true thing we all have in common."

Anon

diversity

"I have cherished the ideal of a democratic and free society in which all persons live together in harmony and with equal opportunities."

Nelson Mandela

(born 18 July, 1918) is a South African anti-apartheid revolutionary and politician who served as President of South Africa from 1994 to 1999.

PART 2: LGBTI HEALTH*

LGBTI communities and individuals are extremely diverse and face a number of shared and distinct health issues. Although ACON recognised these issues many years ago, effective advocacy and a growing evidence base has resulted in increasing recognition in policy frameworks and some health funding streams, offering opportunities to take concrete steps to address these health disparities.

Our key priorities are focused on:

- Addressing known health disparities experienced by LGBTI communities.
- Addressing the social and other determinants that contribute to lower health outcomes.
- Delivering programs where an LGBTI specific approach is needed (e.g. domestic violence).
- Ensuring that new program grants and funding streams are aligned to ACON's existing programmatic strengths and capacity.

We will also continue to work with the broader health sector to build their capacity to work effectively with LGBTI people, through the development and delivery of tailored training programs, especially for those sectors involved in addressing identified health priorities.

There are a number of health areas that have been identified as having the most impact on the health and wellbeing of our communities and where ACON's expertise, skill sets and community

connections mean we can offer a distinct and effective service.

These areas do not preclude the development of other focus areas where opportunities for new partnerships or funding arise, but rather, outlines where ACON intends to invest its time and resources in developing programs and services, based on what is currently known about LGBTI health.

In each of these areas, to assist with the implementation and delivery of services, ACON will develop more detailed Health Outcome Strategies which will identify the following:

- Target population groups.
- The programs and services that ACON will deliver.
- The funding sources to deliver the relevant programs and services.
- Advocacy needs for responsive services and inclusive policies.
- Population specific communication strategies in relation to the health area.
- Key partnerships necessary to implement program objectives.

Over the next five years, ACON will focus on the following health areas in partnership with relevant stakeholders and communities.

**The use of the community acronym LGBTI across the evidence underpinning this section is varied due to the scope and population target of each individual research study.*

2.1 ALCOHOL & OTHER DRUGS

There are significantly higher rates of illicit drug use among gay, lesbian and bisexual people (GLB) compared to heterosexuals.

Comparisons in the National Household Drug Survey (*NDARC 2007*) show illicit drug use in the last year among GLB people to be many times higher than the rest of the population, including methamphetamine use (almost five times higher among men and more than three times higher among women), and cocaine use (three times higher among men and six times higher among women).

Alcohol use is higher among GLB men and women than heterosexuals. Lesbian and bisexual women show higher levels of risky (too frequent) alcohol consumption and binge drinking than heterosexual women (*NDARC 2012*).

ACON currently offers the following programs in this area:

- A drug treatment/counselling service addressing the needs of psycho-stimulant users.
- Harm reduction programs (such as the ACON Rovers), health promotion campaigns, and NSP and referral services.
- A co-morbidity capacity development program for the AoD and community health sector.

Over the life of this Strategy, we will seek to sustain and expand these services, develop new partnerships and extend program coverage to address problematic alcohol and drug use.

2.2 MENTAL HEALTH & WELLBEING

It is well documented in research that LGBTI communities experience higher levels of psychosocial distress and that LGBTI people are at increased risk of a range of mental health issues including depression, anxiety disorders, self-harm, suicidality and suicide, much of which has been attributed to experiences or fears of discrimination and abuse (*Mays and Cochran 2001; Cochran, Sullivan and Mays 2003; Cox, Dawaele et al. 2009; Hillier, Jones et al. 2010; Pitts, Mitchell et al. 2006; Suicide Prevention Australia 2009*).

The degree to which young people from sexual minorities experience mental health issues, compared with heterosexual young people, can be significantly higher. High rates of self-harm and suicidal thoughts have been linked to ongoing harassment and violence directed at same-sex attracted young people (*Clinical Depression Guidelines, Beyond Blue 2011*).

LGBTI people are also at elevated risk of suicide. Evidence suggests that the rate of suicide attempts for LGBTI people is 3.5 to 14 times higher than for the general community while suicide and self-harm rates for same-sex attracted youth and LGBT Indigenous Australians are even higher (*Suicide Prevention Australia 2009*).

Experiences of phobia and discrimination, violence and abuse, social exclusion, and higher use of alcohol and other drugs all contribute.

ACON currently sits on a large number of advisory committees and advocates for inclusion of LGBTI issues in key mental health initiatives. We have developed a suite of community mental health literacy workshops and a service provider training package, and have a number of developing partnerships with mainstream mental health agencies. We also offer an after-hours volunteer run counselling service for the LGBTI community.

However, at present due to funding and resource constraints, we have no ongoing mental health program capacity or dedicated mental health promotion staff.

We will therefore prioritise securing funding and resources to support the delivery of our training and online resource development, sustain our engagement across the sector, continue to strengthen partnerships and develop a dedicated mental health outcome strategy to identify how we can impact positively in this area.

We will also seek to encourage and collaborate in research which helps to identify factors which support resilience among LGBTI people.

2.3 SMOKING

Smoking remains the leading cause of preventable death in NSW. Although smoking prevalence in the general population has declined significantly in the last 40 years, the *NSW Tobacco Strategy 2012 – 17* identifies certain populations as priority groups under the classification of ‘populations with continued high rates of smoking.’

Available research shows that for lesbian women, gay men and HIV positive people, smoking rates remain approximately double those of the general population, which places them firmly in this category.

Figures from the 2007 National Drug Strategy Household Survey (NDSHS) show smoking rates for the general population at 18.9%. Figures for those identifying as homosexual/bisexual are 39.5%.

In 2010 rates fell respectively to 17.5% in the general population and 34.2% for homosexual/bisexual populations. In the NDSHS sample, gay women and men (not reported by gender) were twice as likely to smoke and, among smokers, were twice as likely to report smoking daily, compared to the heterosexual women and men in the sample (*AIHW 2011*).

Descriptive and small studies of transgender health also suggest high rates of smoking.

The *HIV Futures* study surveys people with HIV across Australia every two years. Between 2002 and 2009 reported smoking rates dropped from 54.6% to 42.3%. This remains an alarmingly high rate compared to 17.5% of the general population.

While rates of smoking have dropped slightly among gay and bisexual men and people with HIV, the SWASH (Sydney Women and Sexual Health) survey shows that high rates of smoking among lesbians and same sex attracted women have not altered over the previous six years.

Over the life of this strategy, we will continue to monitor rates of smoking, including through the SWASH survey; advocate for more inclusive general smoking prevention services; and seek funding to use our considerable social marketing expertise to identify and address the current high rates of smoking in our communities.

2.4 HOMOPHOBIC & TRANSPHOBIC VIOLENCE

Violence and harassment experienced by LGBTI people is higher than that experienced in the general community. Most GLBT individuals (up to 85%) will experience instances of violence and/or harassment and all live with the likelihood of it occurring (*You Shouldn't Have to Hide to Be Safe 2003*). An actuality and threat of homophobic/transphobic violence is part of GLBT people's day-to-day lives (*Coming Forward 2008*).

The most common types of homophobic/transphobic violence reported in *Private Lives 2* (2012) included verbal abuse, harassment, threats of physical violence and written abuse.

Rates of almost all types of physical and non-physical abuse were higher for transgender males and females compared to lesbians and gay men (*Private Lives 2, 2012*).

The health and wellbeing impacts of homophobia (including verbal, sexual and/or physical victimisation and abuse) are associated with higher rates of depression, more depressive symptoms, poorer mental health and higher rates of suicide.

LGBTI young people are more likely to experience physical and verbal abuse with fewer skills or resources to address it resulting in disproportionate impacts (*Avoid the Harm – Stay Calm 2010*).

Young people who experienced homophobic abuse and/or violence felt less safe at school and home; are more likely to self-harm or show suicidal behaviour; show higher prevalence of depressive symptoms; have increased rates of STIs; are more likely to smoke, use drugs and/or alcohol and are likely to concurrently experience more than one of these impacts (*You Shouldn't Have to Hide to Be Safe 2003*), (*Writing Themselves In Three 2010*), (*NSW Suicide Prevention Strategy 2010 – 2015*).

ACON currently offers an Anti-Violence Project, seeking to reduce violence against all our communities, support people who have experienced violence, and work with relevant authorities to create safer public environments. ACON also co-ordinates IDAHO activities across the state and runs social marketing campaigns, such as the highly successful *This Is Oz* website, to increase awareness of and reduce homophobia.

Over the life of this strategy we will continue to develop new programs and services to address homophobic and transphobic violence as well as extend the reach of current programs.

2.5 HEALTHY AGEING & AGED CARE

While there is limited research currently available on the specific health issues facing older LGBTI people, the available literature shows that older LGBTI people have higher levels of mental health issues, social isolation and smoking rates than comparable heterosexual cohorts.

There are also some significant differences in physical health issues, such as anal and cervical cancer rates, between our communities and in relation to non-LGBTI populations. Older LGBTI people are more likely to be closeted than younger LGBTI people and more likely to be without support and socially isolated than their heterosexual counterparts.

Research suggests that, until recently, LGBTI people were 'invisible' within many aged care programs and services and many feared the consequences of being 'out' and the potential for discrimination to occur.

However, this situation is changing rapidly as more and more people who have lived openly as LGBTI individuals reach retirement and seek programs and services that are inclusive and relevant to their needs.

Recent progress has also been made to recognise the distinct service needs of LGBTI populations in policy and service delivery frameworks, and there is a high level of interest in capacity building to meet the needs of older LGBTI people across the aged care sector. In addition, older LGBTI people themselves have become more visible and assertive and taken advantage of the internet and social media to build supportive networks and social groups, challenge

ageism in LGBTI communities and address discrimination and other issues.

ACON has engaged in significant advocacy in this field over many years, and currently offers aged care provider training for the ageing sector. We also run a number of social events during Seniors Week, and have for many years supported MAG, a social support group for mature age gay men. We are also engaged in a service needs analysis of older LGBTI people for the NSW Office for Ageing.

Over the life of this strategy, we will seek to bring our social marketing, health promotion and community engagement experience to this field and develop healthy ageing programs addressing all of our communities, in partnership with Medicare Locals, older people's networks, and other providers. This includes programs to address social isolation, increase uptake of health promoting behaviours, and to support self-management skills and capacity for self-advocacy.

We will also continue to support sector capacity building through training and partnerships to deliver services and interventions.

2.6 DOMESTIC & FAMILY VIOLENCE


LGBTI people are just as likely to experience domestic violence and abuse as heterosexuals, but are less likely to find support services that meet their specific needs. They are also less likely to identify domestic and family violence (DFV) in relationships, report it to Police, or seek support from mainstream DFV services.

Some LGBTI people may require specialist support while others are more likely to prefer to access mainstream DFV services. Key evidence states that up to one in three LGBTI people have experienced DFV in their current or previous relationship (*Private Lives 2006, Fair's Fair 2006*).

There is no dedicated data for trans* and intersex people, although our work with partner organisations (e.g. the Gender Centre, OII Australia) demonstrates that there is a need for research on gender diverse and intersex people's experiences of DFV.

ACON currently has a LGBTI DFV service which builds the capacity of the mainstream DFV sector to meet our communities' needs, raises awareness of DFV amongst our communities and provides referral services.

Over the life of this strategy, we intend to sustain and strengthen this role to ensure increased awareness of and service access for those who have experienced violence in relationships.



“Let us remind ourselves of those things we believe make Australia truly great: our harmonious multicultural society and our respect for each other, our culture of a fair go, our spirit of equality and our humane commitment to those in strife.”

David de Kretser

(born 27 April, 1939) is an eminent Australian medical researcher and a former Governor of Victoria from 2006 to 2011.

equality

“As long as I have any choice, I will stay only in a country where political liberty, toleration, and equality of all citizens before the law are the rule.”

Albert Einstein

(14 March 1879 – 18 April 1955) was a German-born theoretical physicist who developed the general theory of relativity, one of the two pillars of modern physics.

“Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood she lives in; the school or college he attends; the factory, farm, or office where she works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere.”

Eleanor Roosevelt

(11 October 1884 - 7 November 1962) was the longest-serving First Lady of the United States, holding the post from 1933 to 1945, and nicknamed the “First Lady of the World” in tribute to her human rights achievements.

PART 3: ADVOCACY & SOCIAL INCLUSION

ACON has long recognised the importance of structural and environmental factors as important determinants of health outcomes for our communities. It is now well established that experiences of discrimination, violence, abuse and social exclusion are significant determinants of poorer health outcomes for individuals and communities.

Conversely, supportive legal environments and policy frameworks can lead to better individual outcomes and enable the development, delivery and implementation of effective health promotion interventions.

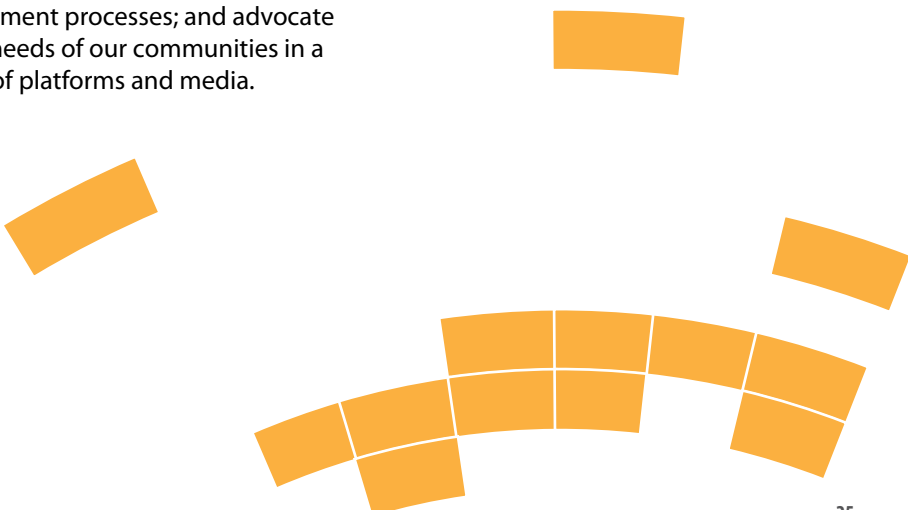
ACON has always dedicated resources to advocacy to ensure appropriate legal and social environments are established which support our HIV and LGBTI health programs.

To this end, we participate in a large number of decision making forums and advisory bodies, bringing the voice of communities to the table; engage with government enquiries and policy development processes; and advocate for the needs of our communities in a variety of platforms and media.

Over the life of this strategy, we will:

Continue to engage with these processes.

- Increase our work in the area of advocacy to support the effective implementation of new HIV prevention technologies.
- Advocate for inclusion of our communities in major health and social data sets and research projects.
- Continue to improve the inclusion and the positive lived experiences of LGBTI employees within Australian workplaces via education, benchmarking and targeted initiatives through our Pride in Diversity Program.
- Continue to work with the broader health sector to build their capacity to work effectively with LGBTI people and people with HIV, through the development and delivery of tailored training programs.



"All fixed set patterns are incapable of adaptability or pliability. The truth is outside of all fixed patterns."

Bruce Lee

(27 November 1940 – 20 July 1973) was a Chinese American martial artist, actor and filmmaker.

adaptability

"We cannot direct the wind, but we can adjust the sails."

Dolly Parton

(born January 19, 1946) is an American singer-songwriter, multi-instrumentalist, actress, author, and philanthropist.

"The most powerful natural species are those that adapt to environmental change without losing their fundamental identity which gives them their competitive advantage."

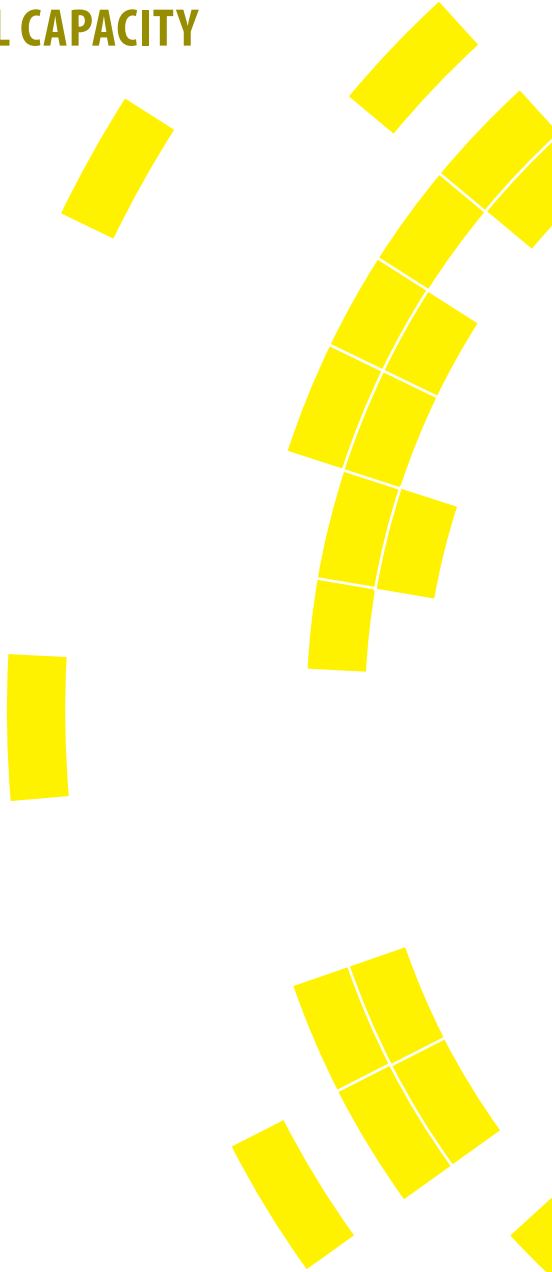
Charles Darwin

(12 February 1809 – 19 April 1882) was an English naturalist who first proposed the theory of evolution.

PART 4: ORGANISATIONAL CAPACITY

In order to effectively deliver our programs to clients and communities while maintaining our commitments to funders and staff, and ensure organisational sustainability, ACON will:

- Ensure our infrastructure and systems enable staff to effectively deliver programs and services, including to rural and remote NSW.
- Investigate and implement new partnerships, service models and social enterprise approaches to diversify our funding base.
- Explore opportunities to grow discretionary revenue through fundraising and fee for service models.
- Continue to invest in building our data collection, analysis, evaluation and knowledge management capacity.
- Build the research capacity of our staff through seeding grants and partnerships with academic institutions.
- Continue to build our presence, capacity and effectiveness in the digital space, increasing our reach and impact.



LIST OF REFERENCES

- Australian Institute of Health and Welfare. (2008). *2007 National Drug Strategy Household Survey*. Canberra: Australian Institute of Health and Welfare.
- Beyondblue. (2010). *Clinical practice guidelines: Depression in adolescents and young adults*. Melbourne: Beyondblue.
- Cochran, S., Sullivan, J., & Mays, V. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61.
- Cox, N., Dawaele, A., Vanden Berghe, W., & Vincke, J. (2009). Acculturation strategies and mental health in gay, lesbian, and bisexual youth. *Journal of Youth and Adolescence*, 39(10), 1199-1210.
- Farrell, J. & Cerise, S. (2006). *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships*. Brookvale, NSW: Headland Press.
- Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010). *Writing themselves in 3: The third national study of the sexual health and wellbeing of same sex attracted and gender questioning young people*. Monograph series No. 78. Melbourne, Australian Research Centre in Sex, Health and Society, La Trobe University.
- House of Representatives Standing Committee on Family, Community, Housing and Youth. (2010). *Avoid the harm - stay calm: Report on the inquiry into the impact of violence on young Australians*. Canberra, Australia: Parliament of Australia.
- Leonard, W., Mitchell, A., Patel, S., & Fox, C. (2008). *Coming forward: The underreporting of heterosexist violence and same sex partner abuse in Victoria*. Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.
- Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. & Barrett, A. (2012) *Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Monograph Series Number 86. Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.
- Mays, V., & Cochran, S. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91(11), 1869-1876.
- NSW Attorney General's Department. (2003). *'You shouldn't have to hide to be safe': A report on homophobic hostilities and violence against gay men and lesbians in New South Wales*. Sydney: NSW Attorney General's Department.
- NSW Department of Health. (2010). *NSW suicide prevention strategy 2010–2015: A whole of government strategy promoting a whole of community approach*. North Sydney: NSW Department of Health.
- NSW Ministry of Health. (2012). *NSW HIV Strategy 2012–2015: A new era*. North Sydney: NSW Ministry of Health.
- Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of GLBTI Australians*. Melbourne: Gay and Lesbian Health Victoria and the Australian Research Centre in Sex Health and Society, La Trobe University.
- Ritter, A., Matthew-Simmons, F., & Carragher, N. (2012). *Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: A review of the literature*. Drug Policy Modelling Program Monograph No. 23. Sydney: National Drug and Alcohol Research Centre (NDARC).
- Suicide Prevention Australia. (2009). *Position statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities*. Leichhardt, NSW: Suicide Prevention Australia.
- World Health Organization. (1986). *Ottawa Charter for Health Promotion*. Geneva, Switzerland: World Health Organization.

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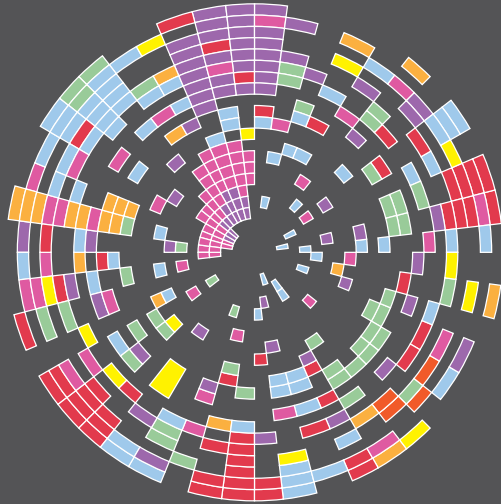
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