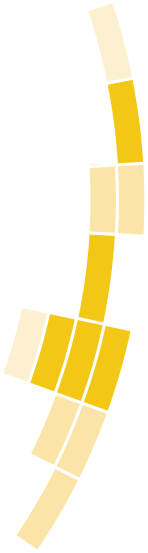
HEALTH OUTCOME STRATEGY 2017-2021
AGEING

CONTENTS

Ageing Health Outcome Strategy 2017-2021

EXECUTIVE SUMMARY



Australia is facing an ageing population. For people living with HIV (PLHIV) and lesbian, gay, bisexual, transgender and intersex (LGBTI) people, the effects of ageing manifest unevenly across our communities. This strategic framework outlines ACON's approach to addressing ageing in our communities by setting out the issues, priority areas and partnerships necessary to support the care, wellbeing and inclusion of our elders.

LGBTI people and PLHIV have unique needs in aged care. PLHIV, trans and gender diverse people and Aboriginal and Torres Strait Islander people may experience ageing earlier in life and need to plan their care ahead. Experiences of discrimination and poor treatment within aged care programs mean that many fear the consequences of being 'out' and retreat back into the closet in older age. People who have lived openly as LGBTI individuals seek programs that are inclusive and relevant to their needs.

LGBTI people often have experiences of discrimination, verbal abuse, bullying and lifetime victimisation that affect their mental health and are linked to higher rates of depression, anxiety and suicide. Social exclusion and loneliness as one ages affect a person's capacity to engage with services. Ageism, including discriminatory attitudes and stereotypes or misconceptions of older people, continues to affect older people's engagement with community and workforces.

Our LGBTI elders are anxious about financial instability, housing unaffordability and fear of losing friendships and community as a result of isolation. Financial disadvantage is impacted by discrimination in employment, particularly for trans and gender diverse people.

There remain some significant physical health issues affecting LGBTI people and PLHIV as they age, such as higher rates of tobacco, alcohol and other drug use, higher rates of cardiovascular disease and bone problems and higher rates of cervical and anal cancer. Intersex people have often survived multiple surgeries and involuntary procedures throughout their lives.

There has been recent progress to recognise the distinct service needs of LGBTI populations in policy and service delivery frameworks and a shift towards consumer-directed choice in aged-care packages. ACON continues to be a leader in this field, offering aged-care provider training, health promotion initiatives through the Living Older and Visibly Engaged (LOVE) project, regular social events including those during NSW Seniors Festival and support programs to promote social inclusion and address individual health needs (such as ACON's Community Visitor Scheme for LGBTI elders). For many years ACON has supported social groups such as Mature Aged Gays (MAG) and the Older Lesbian Gay Action group (OLGA) in the Northern Rivers. We continue to focus on consumer-directed choice in aged care and peer-led programs.

Over the life of this strategy, we will seek to bring our health promotion and community engagement experience to this field and develop healthy ageing programs addressing all of our communities, in partnership with Primary Health Networks, older people's networks and other providers. This includes programs to address social isolation, increase uptake of healthy ageing 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.

RATIONALE AND CONTEXT

The challenges facing the first generation of lesbian, gay, bisexual, transgender and intersex (LGBTI) people to be visibly "out" as they reach their senior years are occurring within the context of an overall ageing of the Australian population. Within the next forty years, the number of people in Australia aged 65–84 is projected to double, and the number aged over 85 years is projected to quadruple (Commonwealth of Australia, 2010).

A person is considered part of the ageing population and eligible for aged care when they turn 65. However, for people in our communities, including PLHIV, those with chronic health needs and people who are trans or gender diverse, ageing can become a consideration earlier and requires planning. The Australian Taxation Office, for example, allows people to access their superannuation early in limited circumstances, such as on compassionate grounds or if a person has a terminal medical condition (ATO, 2017).

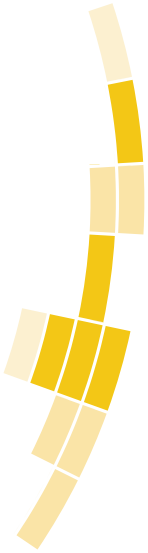
Life expectancy is significantly lower for Aboriginal and Torres Strait Islander people – 70.5 years for Indigenous men in NSW and 74.6 years for women (FaCS, 2016, p.12). The NSW Ageing Strategy recognises that ageing "starts earlier in Aboriginal communities, with many Aboriginal people experiencing age-related issues like chronic disease, financial hardship and forced retirement at 50 years or earlier" (FaCS, 2016, p. 17).

Some people between 50-65 years may be able to access packages via the National Disability Insurance Scheme but will not be eligible for aged care until they turn 65. Aged care packages are available under 65 currently for age related conditions; this will change with the rollout of NDIS.

At both federal and state level, governments have begun to consider the profound social and economic implications of these figures. The Productivity Commission's 2011 report, Caring for Older Australians, recommended an emphatic focus on consumer-directed choice in aged care, highlighting the need for the system to be overhauled so it could accommodate not only a significant increase in numbers, but also a more diverse range of seniors with a less homogenous set of requirements.

The Productivity Commission's 2011 report, Caring for Older Australians, recommended an emphatic focus on consumer-directed choice in aged care, highlighting the need for the system to be overhauled so it could accommodate not only a significant increase in numbers, but also a more diverse range of seniors with a less homogenous set of requirements.

POLICY FRAMEWORKS



The state and federal funding environment has shifted to a model of consumer-directed care, including consumer-directed packages via the Commonwealth Home Support Program (for people over 65) and the National Disability Insurance Scheme (for people under 65).

Primary Health Networks are now custodians for all Commonwealth funding for local population responses to ageing, and are therefore determining priorities across health needs. For some but not all, ageing has been identified as a priority, and for others it may be some time until they commission services. The Aged Care Healthy Grant is no longer offered, Commonwealth funding for the Community Visitor Scheme and for the transgender Over 55 Support Worker will finish at the end of June 2018, and the available funding is limited and competitive to access. While ageing policies apply to populations over 65 years of age, there remain specific needs for a proportion of our communities under 65 who may be experiencing similar issues due to health concerns or disability.

In recognition of the challenges posed by an ageing and increasingly diverse population, the Commonwealth Government embarked upon major reform of the aged care system. Under the National Health Reform Agreement (COAG 2011), it now has sole responsibility for funding and administering home and community care support services for people aged 65 years and over, as well as residential aged care services. Key principles recommended in the National Productivity Commission Inquiry into Caring for Older Australians have been adopted, such as consumer-directed care to give people greater choice and control and person-centred care designed to respect the values, preferences and expressed needs of individuals (Productivity Commission 2011, p.xi, xiv).

The Living Longer Living Better (Department of Health 2012) aged care reform package gave priority to providing more support and care in the home, better access to residential aged care, more support for those with dementia, a strengthening of the aged care workforce and improved support for people from diverse backgrounds. From this came the first National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy (Department of Health and Ageing 2012), discussed below. In July 2013, the federal government also removed the exemption under the Sex Discrimination Act for religious providers of Commonwealth-funded aged care services to refuse services on the basis of sexual orientation, gender identity or intersex status.

During the 2013 election campaign, the current federal government committed to establish a five-year Healthy Life, Better Ageing Agreement (www.liberal.org.au/our-policies). However, to date there has been no progress reported on this.

In late 2016, the Australian Government held consultations on the draft National Aged Care Advocacy Framework to support a nationally consistent approach to the delivery of advocacy services for aged care consumers and released a draft report in December 2016. A National Aged Care Advocacy Program funding round opened in early 2017.

THE NATIONAL LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) AGEING AND AGED CARE STRATEGY

The national LGBTI Ageing and Aged Care Strategy recognises that "Older LGBTI Australians have lived through a time in the nation's history when they suffered stigma, discrimination, criminalisation, family rejection and social isolation" (Department of Health and Ageing 2012, p. 4). Even in today's more accepting environment, LGBTI individuals continue to encounter discrimination ranging from overt hostility, including physical or verbal abuse, to more subtle non-inclusive behaviours and assumptions. Extensive research shows experiences of discrimination negatively impact the health and wellbeing of people in minority groups (Mollon 2012; Institute of Medicine, 2011; Frost et al. 2013; Bostwick et al. 2014; Pereira and Costa, 2016; Wright et al., 2016; Lyons et al., 2013).

The strategy is driven by principles "based on an overarching commitment to making the needs of LGBTI people understood, respected and made visible in Australia's aged care policies and programs": inclusion, empowerment, access and equity; quality and capacity building (DoHA 2012, pp. 8–11). Within the strategy's timeframe, the aim is to achieve the following goals:

- LGBTI people will experience equitable access to appropriate ageing and aged care services;
- The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people;
- Ageing and aged care services will be supported to deliver LGBTI-inclusive services;
- LGBTI-inclusive ageing and aged care services will be delivered by a skilled and competent paid and volunteer workforce;
- LGBTI communities, including older LGBTI people, will be actively engaged in the planning, delivery and evaluation of ageing and aged care policies, programs and services; and
- LGBTI people, their families and carers will be a priority for ageing and aged care research.

THE NSW AGEING STRATEGY 2016-2020

The number of people living in NSW aged 65 years and over will increase from just over 1 million people (14 per cent of the population) in 2012 to 2.3 million (24 per cent of the population) in 2050 (FaCS 2012, p.37). By 2031, 1 in 3 people will be over 50 (FaCS, 2016, p. 4).

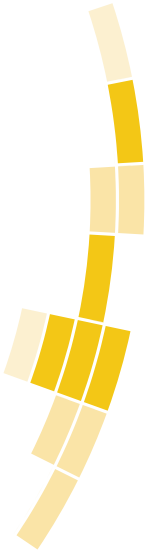
As part of its strategic approach, the NSW Ageing Strategy 2016-2020 commits to recognising the diversity of seniors and the specific needs of LGBTI older people and people with chronic disease (p.10). It recognises that supports need to be "appropriate and inclusive for the ageing LGBTI community and HIV positive older people" (FaCS, 2016, p.21), noting that "loneliness is a growing concern" and that LGBTI people "experience social isolation" (FaCS, 2016, p.33). The Strategy commits that "We will investigate ways to overcome social isolation and loneliness for those who may need more support – such as the LGBTI community" (FaCS, 2016, p.34).

The previous strategy further noted that "The next generation of gay and lesbian seniors have lived nearly all of their lives being open about their sexuality, and will continue to do so later in their lives" (FaCS 2012, p.4).

One of the action items of the previous strategy – "Host a forum to identify barriers to gay, lesbian, bisexual, transgender and intersex (GLBTI) people accessing community and aged services, and develop strategies to make the aged services sector more inclusive of the GLBTI community" (FaCS 2012, p. 28) was implemented in February 2015 in conjunction with ACON.

The ACON/FaCS LGBTI Ageing Roundtable was attended by 42 participants, including community members, service providers, policy makers and researchers. The meeting reviewed the findings of a discussion paper developed by ACON for FaCS, identified potential solutions to address the unique issues faced by older members of the LGBTI communities, and produced a list of prioritised activities by focus area.

WHAT'S DIFFERENT FOR LGBTI PEOPLE?



** 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 cited.*

FINANCIAL DISADVANTAGE

Financial stability is a concern for most ageing LGBTI people (Bayliss 2000; Finkenauer et al. 2012; GRAI 2010; MetLife 2010). Many of the participants who attended the LOVE forums (ACON 2013) voiced high levels of anxiety over their future financial security. This was especially the case for those from regional areas, transgender people and HIV-positive men. People living in the inner city were worried they would be forced out by high rents and lose social connections and ready access to services (ACON 2013). There remain pockets of cumulative disadvantage for LGBTI people and PLHIV (McDonald and Starkey, forthcoming), particularly in regional areas and outer suburbs.

New South Wales has the largest LGBTI community in Australia, with most older LGBTI people settled in Sydney and the Northern Rivers. The Northern Rivers in particular has a large population of older gay men who are HIV positive. Early in the epidemic many cashed in their super and retired to the Northern Rivers following their diagnosis. With the advent of treatment for HIV positive patients, many in this community are living longer but have limited finances.

Concerns about discrimination and its impact on workplace participation were expressed by all participants in ACON'S consultations, but especially transgender participants, who identified lifelong discrimination among those who had transitioned at a younger age as heavily impacting on employability and who continued to face overt discrimination in the workplace. This places most transgender people in a particularly challenging situation as they age, compounded by additional health issues over and above those experienced by the cisgender population (ACON 2013).

In 2012, the Household, Income and Labour Dynamics in Australia (HILDA) survey collected 15,000 responses to a newly added question about sexual identity and researchers who correlated this with labour market earnings found gay men earn about 20 per cent less than heterosexual men, while lesbians receive 33 per cent more income than heterosexual women (Sabia & Wooden 2015; Wooden 2015). The researchers' analysis suggested the penalty for gay men was connected to workforce discrimination, while the premium for lesbians was due to them working more hours.

Similarly, data from the Social, Economic, and Environmental Factor Study (SEEF), in which 697 of the 60,404 participants from NSW identified as homosexual, shows a higher proportion of homosexual men than heterosexual men had incomes under $50,000, with the difference highest among those aged 65 and over. Among women, the relationship was reversed, with a slightly higher proportion of the homosexual women reporting incomes over $80,000 than their heterosexual counterparts (Byles 2013). However, despite higher levels of education and salary, same-sex female couples often experience the impact of the gender pay gap including the impact of lower super.

In the UnitingCare Ageing LGBTI survey, 17 per cent of participants reported that they were financially disadvantaged (UnitingCare 2013, p. 20). Of the 312 LGBTI Outrageous Ageing survey participants, 12 per cent said they were worried about their financial or work situation into the future and reported a need to ensure that services are affordable (Hughes and Kentlyn 2014).

HOUSING

In a secondary data analysis of an Australian study about LGBT ageing, nearly two-thirds of the sub-sample of 371 gay men and lesbians identified the lack of LGBT-specific accommodation as one of their main concerns (Hughes 2009). Two related items, concern about being alone in older age and being able to maintain social networks and friends, were reported by 59 per cent and 43 per cent of respondents. Nearly 40 per cent were concerned about not feeling a part of the LGBT community and about the lack of respect for older people in the LGBT community (Hughes 2009).

Access to secure and affordable housing in supportive neighbourhoods was a significant concern for many participants in the LOVE Project Consultation Report (ACON 2013). While this is a concern that is shared by many older Australians, the issues of homophobia and transphobia, social isolation and access to services add a further layer of concern for LGBT elders.

Data from the SEEF study, while not definitive, shows a greater proportion of gay men still renting, both before and after the age of 65 (Byles 2013). Rental housing is, by its nature, an unstable form of housing and participants who were renting were anxious for more security. Many older LGBTI people cannot afford private rental property, particularly those with disability or complex needs. There remain extremely long waiting lists for community housing and because inner-city social housing stock is depleted, LGBTI elders and PLHIV are

being pushed further out away from community services, specialised health services and community connections (Kolstee and Burford, 2015).

MENTAL HEALTH AND SOCIAL ISOLATION

Overall, the mental health of Australian LGBTI people is worse than the national average, with higher rates of depression, anxiety, self-harm and suicide. The Private Lives 2 national survey (Leonard et al. 2012) found that on the K10 scale of psychological distress LGBT participants scored an average of 19.59, which is considerably higher than the national average of 14.5. Particularly high levels of psychological distress were reported by transgender people, with an average K10 score of 23.2; bisexual women at 21.8 and bisexual men at 20.5 (Leonard et al. 2012).

The SEEF data indicate that diagnoses of depression and anxiety are more common in homosexuals than heterosexuals (Byles 2013). The HIV Futures 8 study has also found that PLHIV experience poorer mental/emotional wellbeing than the general population, with more than half being diagnosed with a mental health condition at some point in their life (ARCHS, 2016). In a nationwide online survey of Australian gay men over 40, HIV-positive men were more likely to report treatment for a mental health condition than HIV-negative men (Lyons, Pitts and Grierson, 2012). For the gay liberation generation, some experience a loss of gay community and perceive that younger generations under-appreciate the struggles they had endured (Lyons et al., 2015).

In Australia, data on mental well-being of gay men aged 40 years and above was measured in the second wave of the national survey LifeTimes. Only 45% reported having a lot of support in their life, while 36% were living alone. A majority believed the general public's feelings toward gay men were not positive and around a quarter reported experiences of discrimination in the past 12 months related to their sexual orientation. A majority also reported little or no connection with the gay community.

Research from the USA has also found poorer mental health among lesbian and bisexual women over 50 and that lifetime victimisation, financial barriers to health care and limited physical activity accounted for poor general health and depression among LGB adults. In particular financial hardship, such that LGB elders were unable to access primary health care, was associated with almost a two and a half times risk of depression (Fredriksen-Goldsen et al. 2013; Hoy-Ellis and Fredriksen-Goldsen 2016). In addition, internalised ageism and internalised homophobia can contribute to high levels of depression (Wight et al. 2015, 2016). Respondents with depression were significantly more likely to have endured violence and victimization due to homophobia (Jenkins Morales et al. 2014).

From the UK, studies have also found higher rates of depression and anxiety (Semlyen et al. 2016), related to loneliness, lack of community connectedness and barriers to social services (McParland and Camic 2016).

These well-documented mental health disparities are linked by many to experiences of homophobic and transphobic abuse and discourses. Depression and social isolation are mutually enforcing and social isolation emerged as a significant issue for LOVE project participants (ACON 2013). In general, LGBTI seniors experience higher rates of loneliness and social isolation than their non-LGBTI counterparts (Fokkema & Kuyper 2009; Hughes & Kentlyn 2014; Wallace et al. 2011).

Both the academic literature and anecdotal evidence point to the widespread isolation of LGBTI older people, especially in areas outside concentrations of visible LGBTI community. The Outrageous Ageing survey found that mental health issues and psychological distress were significantly more likely to be experienced by those not in a relationship, those living alone, those reporting greater loneliness and by A majority believed the general public's feelings toward gay men were not positive and around a quarter reported experiences of discrimination in the past 12 months related to their sexual orientation. A majority also reported little or no connection with the gay community.

LOVE Project participants (ACON 2013) expressed the view that LGBT communities and venues are not inclusive of older people, leaving older LGBT people stranded between a community where they may feel safe but are generally overlooked and undervalued, and one where they may find a common interest but are wary of being met with judgemental or discriminatory attitudes.

PHYSICAL HEALTH

The LGBT population has higher rates of tobacco, alcohol and drug use than non-LGBT people (Guasp 2011; Justice 2010; King & McKeown 2003; Leonard et al. 2012; Ogier 2011). A recent meta-analysis found that in LGB populations the risk for alcohol and other substance dependence over 12 months was 1.5 times higher compared to heterosexual people. Lesbian and bisexual women (LBW) were particularly at risk of substance dependence (King et al. 2008). This could be in response to stressors such as verbal abuse, bullying and social exclusion; it could also be a reflection of LGBT cultural norms (ACON 2013).

Nonetheless, lifestyle risk factors such as these, along with lack of exercise and lower screening rates, have specific implications for health and wellbeing within particular subgroups. For instance, HIV-positive men have higher rates of cancer, cardiovascular disease and bone problems. There is evidence that the prevalence and severity of these ailments is impacted not only by HIV status and antiretroviral treatment toxicity, but also by risk behaviours, such as AOD-use, smoking and lack of exercise, common among HIV-positive people (Justice 2010; Helleberg et al. 2014, 2015).

Similarly, higher rates of breast, cervical and ovarian cancers among lesbian and bisexual women are associated with higher rates of smoking and lower rates of cancer screening (Cochran et al. 2001).

Some lesbian participants in the LOVE Project Consultation Report identified obesity as a problem for their community, suggesting it may be linked to defiance of normative expectations about femininity and desirability (ACON 2013).

Older transgender participants spoke about having particular health issues relating to endocrinology, surgery with poor functional outcomes, dilation frequency and bone density (ACON 2013).

An Intersex Ageing and Aged Care Project was conducted by the Australian Research Centre in Sex, Health and Society at La Trobe University in collaboration with Organisation Intersex International Australia to document the experiences and needs of older intersex people (Latham and Barrett, 2015). Morgan Carpenter notes that ageing intersex people have often 'survived medicalisation' and may be left with trauma, diminished sexual function, infertility, osteoporosis,

The LGBT population has higher rates of tobacco, alcohol and drug use than non-LGBT people.

Older transgender participants spoke about having particular health issues relating to endocrinology, surgery with poor functional outcomes, dilation frequency and bone density.

WHAT'S DIFFERENT FOR LGBTI PEOPLE...

The LGBT population has higher rates of tobacco, alcohol and drug use than non-LGBT people.

and 'epistemic injustice' following a lifetime of involuntary surgeries, hormones and sterilisation with absent psychological support. Intersex people may continue to experience 'isolation, shame, secrecy and trust issues' (Carpenter, 2015).

PEOPLE LIVING WITH HIV

The proportion of Australian adults with HIV and who are over 55 years is estimated to increase from 25.3% of all PLHIV in 2010 to 44.2% in 2020. The greatest proportion of these people is older gay men: the median age of gay men with HIV has increased by 1 year of age for each two calendar years since the mid-1980s. The number of gay men over 60 years of age living with HIV has been increasing by 12% per year since 1995 (Jansson and Wilson 2012; Murray, McDonald and Law 2009). Large observational studies and national registry systems suggest that life expectancy for PLHIV, who are receiving care and effective treatment in high income countries such as Australia, has almost normalised to close to that of the population average (Siddiqi et al. 2016; Smit 2015; May 2016; Marcus 2016; May 2014; Lohse 2016).

Even with the remarkable improvement in HIV-associated mortality, HIV infection continues to have health effects for PLHIV. It induces a state of chronic systemic inflammation, which is diminished, but not eliminated, by effective treatment (Nasi et al. 2016). Even in treated HIV infection, immunological changes, as measured by a range of markers of inflammation, occurring during ageing are associated with increased risks of cardiovascular events (Duprez, Neuhaus and Kuller 2012), obesity (Koethe et al. 2013), diabetes (Brown et al. 2010), cognitive decline (Cohen, Seider and Navia 2015), bone disease (Bolland, Grey and Reid 2014; Ofotokun, McIntosh and Weitzmann 2012; Hoy 2015) and non-AIDS defining cancers (Patel et al. 2008, Brickman and Palefsky 2015) collectively these are termed Serious Non-AIDS Events (SNAEs) (Hearps et al. 2014; Hearps, Schafer, and Landay 2016). Many older PLHIV have immune system markers which are characteristic of much older persons in the general public (Ndumbi, Gilbert and Tsoukas 2015; Nasi et al 2014; Tsoukas 2014) this phenomenon is termed immune ageing or immunosenescence.

PLHIV experience accentuated ageing: an increased risk of diseases associated with ageing. PLHIV have increased risks of traditional geriatric symptoms including multi-morbidity (Havlik, Brennan and Karpiak 2011; Guaraldi et al. 2011, 2015), polypharmacy (Marzolini et al. 2011; Gleason, Luque and Shah 2013); frailty (Kooij et al. 2016; Althoff et al. 2014; Leng and Margolick 2015; Brothers et al. 2014), as well as HIV-associated neurocognitive disorders (HAND) (Crum-Cianflone et al 2013; Hellmuth et al. 2014; Grill and Price 2014; Sacktor and Robertson 2014) and diminished quality of life and mental health (Slater et al. 2013; Rueda, Law and Rourke 2014).

Service providers who participated in the LOVE Project Consultation Report were very concerned about neurocognitive disorders, particularly when discussed in the context of social isolation and other predisposing factors (ACON 2013). There is evidence that HIV exacerbates age-associated cognitive decline. However, Cohen et al. note that it remains an open question 'whether this interaction directly affects neurodegenerative processes, accelerates normal cognitive aging, or contributes to a worsening of other comorbidities that affect the brain in older adults' (Cohen, Seider and Navia, 2015).

LGBTI seniors who have neurocognitive disorders may have lost the capacity to assess when and where it is safe to disclose their sexuality or sex or gender history and may require additional protection in aged-care services (Barrett, 2008). Fear of poor treatment from service providers can increase reliance on intimate partners to meet care needs and this can compound social isolation (Barret, 2015).

In 2015, Positive Life NSW conducted a community survey among PLHIV about their concerns and experiences of HIV associated neurocognitive disorders (HAND) and identified key areas for resource development to assist PLHIV, healthcare workers, service providers, employers and significant others to talk about HAND (Crawford, 2015).

Reduced social relationships, loneliness, and poorer mental health can have flow-on effects in physical health of older LGBT individuals.

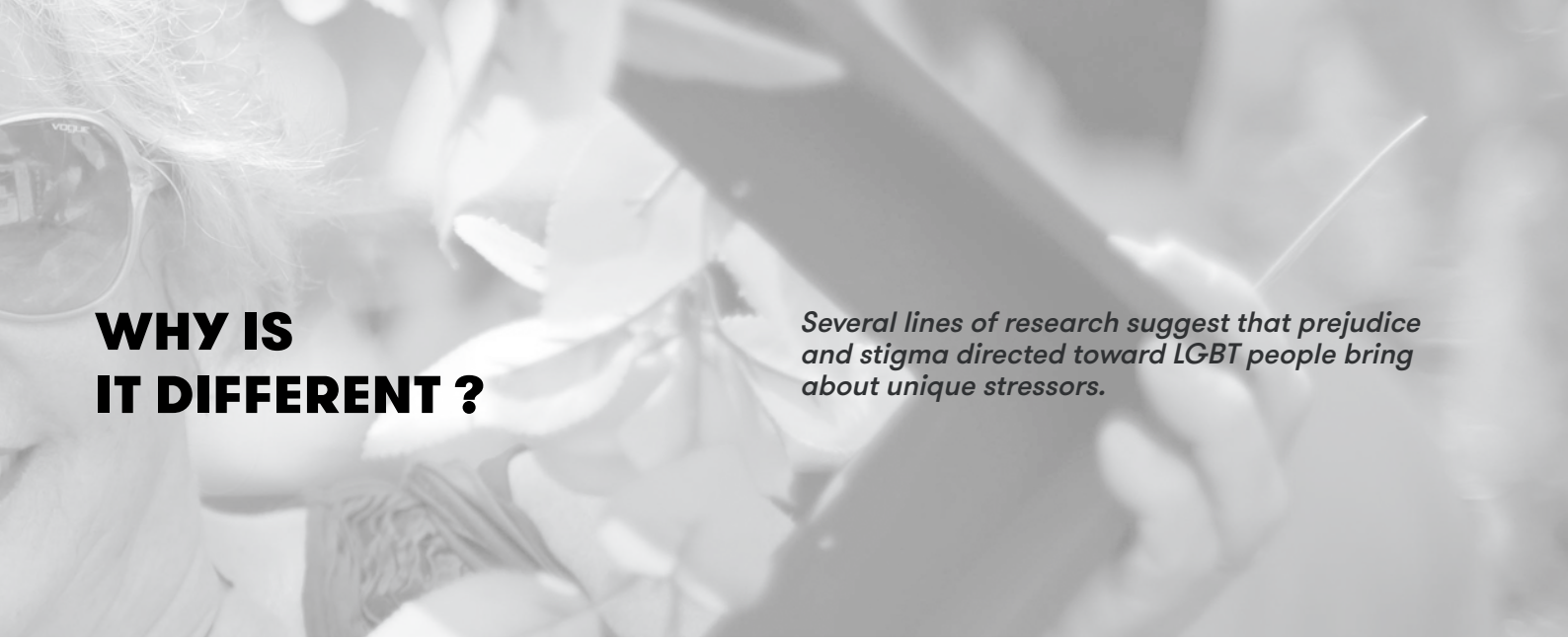
STIGMA AND MINORITY STRESS

LGBT physical health may be exacerbated by factors associated with life-long stigma, isolation and trauma occasioned by homophobia and transphobia. Several lines of research suggest that prejudice and stigma directed toward LGBT people bring about unique stressors. These stressors amongst general populations are associated with adverse health outcomes including mental disorders (Meyer 2003) and increasingly recognised physical health deficits (Meyer and Frost 2013, Frost et al. 2015). Reduced social relationships, loneliness, and poorer mental health can have flow-on effects in physical health of older LGBT individuals.

Alongside considerations such as social relationships is the effect of on-going, chronic ('toxic') stress. There is now converging evidence from multiple population-based studies across different countries that chronic adversity (e.g., employment and financial pressures, feelings of stress or isolation, childhood adversity) is linked to physiological wear and tear on the stress responsive regulatory systems, promoting multisystem dysregulation, early disease or mortality (Epel and Lithgow 2014).

LGBTI individuals and communities are exposed to excess stress related to a variety of stigma-related experiences that stem from their sexual minority status: prejudice-related stressful life events such as being subject to violence and 'hate' crimes, deprived of rights enjoyed by others or subject to harassments; everyday discrimination including microaggressions and slights; expectations of rejection regardless of actual discriminatory circumstances; the psychosocial and cognitive burden associated with negotiating "outness" and the self-devaluation inherent to internalised homophobia. These are common to many social minorities; however, the last two are unique to LGBTI persons. There is a growing body of evidence that such minority stress is associated with both mental and physical health outcomes (Lick et al., 2013).

In addition to ongoing chronic stress associated with minority status, multiple early victimisation (traumatic) experiences, including bullying, abuse, mental illness and incarceration, may constitute additional risk factors for poorer physical health outcomes in LGBT persons (Andersen et al. 2015).



WHY IS IT DIFFERENT ?

Several lines of research suggest that prejudice and stigma directed toward LGBT people bring about unique stressors.

BARRIERS TO INCLUSIVE AGED CARE SERVICES

Discrimination against LGBTI people remains pervasive in Australia, occurring across multiple everyday environments and recurring across the life course. It ranges from exclusion and verbal abuse to actual physical violence (Horner 2013). Particular subgroups likely to experience abuse, violence and social exclusion at more acute levels include transgender or gender diverse people, CALD LGBTI people, and Aboriginal and Torres Strait Islander LGBTI people. For these groups, this discrimination can occur on multiple grounds simultaneously and accumulates across the life course to negatively impact on social connectedness, health and wellbeing (Horner 2013).

Fear of discriminatory or insensitive treatment within aged care services is a major concern of LGBTI people. The desire for inclusive and appropriate services that allow LGBTI people to "be themselves" in old age was strongly expressed in ACON's consumer focus groups (2013). There is evidence in the literature of HIV stigma in retirement settings, which may necessitate social marketing campaigns (Guidry, Urbano, & Yi 2011) and in some cases, health care infrastructure is ill-equipped to handle the unique treatment and care needs of HIV-positive older adults, requiring policy changes (Cahill and Valadéz, 2013). For instance, some aged care services have been found to discriminate against gay men clients by recoiling from physical contact in the belief that they will contract HIV (Barrett 2008).

Intersex people report being fearful of poor treatment, feeling like an exhibit or having to educate staff when being showered in aged care facilities (Latham and Barrett, 2015). LGBTI people can be at risk of not receiving care or being provided substandard care that does not meet their needs, in addition to being vulnerable to elder abuse. A barrier particular to CALD and LBGTI communities is the stigma attached to disclosing abuse to services or outsiders and lack of awareness of rights and where to go for assistance.

The Australian Law Reform Inquiry into Elder Abuse specifically recognises LGBTI populations as vulnerable to abuse (ALRC, 2016) and the Seniors Rights Service notes the need for further research and national statistical data on the scope and depth of elder abuse in Australia (Seniors Rights Service, 2016). Forms of abuse can include threatening to evict someone or refusing them admission, denying them visitors, prohibiting public affection or having cultural memorabilia on display, preventing partners from participating in medical decision-making, non-consensually 'outing' a person's gender, sexuality, intersex

Health care infrastructure is ill-equipped to handle the unique treatment and care needs of HIV-positive older adults, requiring policy changes.

status or HIV status, forbidding someone to dress according to their gender, or blackmail, financial exploitation or neglect and social isolation (LOVE Project, 2015).

Cisgenderism in service provision, including pathologising of people's gender expression, characterising it as problematic, or treating them as disordered, continues to affect people's experiences of and engagement with health services, particularly as they age (Ansara, 2015).

A survey of 212 LGBTI people in NSW conducted by UnitingCare (2013) found 25 per cent strongly agreed or agreed with the statement: "I have had difficulties accessing health and/or aged care services because of prejudice about my sexuality/gender." However, almost twice as many (47 per cent) strongly disagreed or disagreed, while 30 per cent said they were unsure or that the question was not applicable. Only 14 per cent of the survey respondents were 65 or older. There remains a residential aged care gap for people between 50-65.

The LOVE Project Consultation (ACON 2013) reported that as well as fearing discrimination in services, LGBT people were concerned about the scarcity of non-religious service providers; being out with service providers; staff training needs and standards; the availability of LGBT staff; home visitor schemes; and the effectiveness of current training for service staff.

Uniting Care remains the only Rainbow Tick provider. The Rainbow Tick accreditation involves a thorough process that, while highly beneficial and impactful, can be costly and time consuming and may be out of reach for some providers. Some may even advertise a rainbow flag without developing appropriate internal processes, policies and training. The shift to consumer-directed care packages means that individuals can shop around for LGBTI inclusive providers. However these gaps in the accreditation system, lack of information about which services are inclusive, and confusion about eligibility mean it can be a complex and difficult system for older LGBTI people to navigate. My Aged Care remains the Hub for all services with a website and phone line for referrals, however it does not include LGBTI specific information to date. Without an adequate search navigator, people face challenges when seeking LGBTI friendly and culturally competent services.

The Department of Health and Aging has specific LGBTI Community Visitors Scheme contracts for each state. The site also provides information on how to find an LGBTI inclusive service.

"I have had difficulties accessing health and/or aged care services because of prejudice about my sexuality/gender."

Uniting Care remains the only Rainbow Tick provider.

Some may even advertise a rainbow flag without developing appropriate internal processes, policies and training.

WHY IS IT DIFFERENT ...

LGBT people were concerned about the scarcity of non-religious service providers;

LGBTI clients often do not have planning ahead documents in place such as Wills, Power of Attorney and Guardianship documents.

If a person passes away without a Will then their estate falls under the intestacy provisions of NSW. It is likely their estate would not be left to the people of their choosing.

For LGBTI people because their 'chosen family' of friends may be the most important element of their support network.

LEGAL OBSTACLES TO PLANNING AHEAD

The need for LGBTI people to arrange wills, enduring power of attorney, advance health care directives and enduring guardianship is accentuated by limited formal recognition of same-sex relationships, as well as the possibility of experiencing discrimination, loss of dignity and inappropriate care as end of life approaches (GRAI 2010; Lienert, Cartwright, & Beck 2010).

Legal mechanisms of protection are especially pertinent for LGBTI people because their 'chosen family' of friends may be the most important element of their support network (Muraco & Fredriksen-Goldsen 2011). However, friends do not have the capacity to make decisions on behalf of the person they are caring for unless they have been granted guardianship and power of attorney.

Planning the end of their life is also an area of interest for ageing LGBTI people. In the LOVE Project consultation forums, people expressed concerns about misinterpretation of a person's wishes regarding property, burial, and medical care, particularly among transgender people. Transgender participants raised the issue of being misgendered in burial. To prevent this, specific legal documentation is required, which is available from the NSW Department of Family and Community Services' (FaCS) Planning Ahead Tools website.

LGBTI people often do not have planning ahead documents in place such as Wills, Power of Attorney and Guardianship documents. This can be problematic as the person may have certain wishes, such as how they want their funeral conducted, which may not be respected by family members in the absence of a Will setting out their instructions to their executor. It is also problematic as the person has not legally articulated who they would want to make decisions for them if they lost capacity of became unwell and this can give rise to disputes between the person's partner and family members. If a person passes away without a Will then their estate falls under the intestacy provisions of NSW. It is likely their estate would not be left to the people of their choosing. This discriminatory conduct against LGBTI people has induced a wariness about revealing abuse within relationships of trust and by other non LGBTI family members.

A HOLISTIC APPROACH

Several frameworks have been developed which can inform policy and programmatic development for healthy ageing in LGBTI people and PLHIV (Chambers et al. 2014; Halkitis et al. 2015). Halkitis et al. 2015 have published a holistic conceptual framework to capture the complexities of ageing in gay men, which includes exploration of macro-level factors (eg: residential neighbourhood, health care provider accessibility); meso-level factors (eg: civic and social engagement, housing instability); and traditional micro-level, or individual characteristics (eg: psychosocial burdens; sociodemographic characteristics, social integration, support and networks). Research also demonstrates the value of resilience-focused interventions that assist LGBTI people to build resilience to stigma-related stress (Lyons, 2015).

SPECIALIST SERVICES AND PEER SUPPORT

Funding for specialist LGBTI services is essential so our ageing communities can access peer-led services. ACON continues to do successful targeted health promotion with our elders. The LOVE Project creates better conversations and improved social engagement with our older LGBTI community members, facilitating greater social connectivity, improving social inclusion and evolving services to meet their needs. Our Community Visitor Scheme has been successful in reducing social isolation by providing company and friendship of Volunteer Visitors who make regular, one-on-one home visits or visits to residential aged care facilities and participate in joint activities.

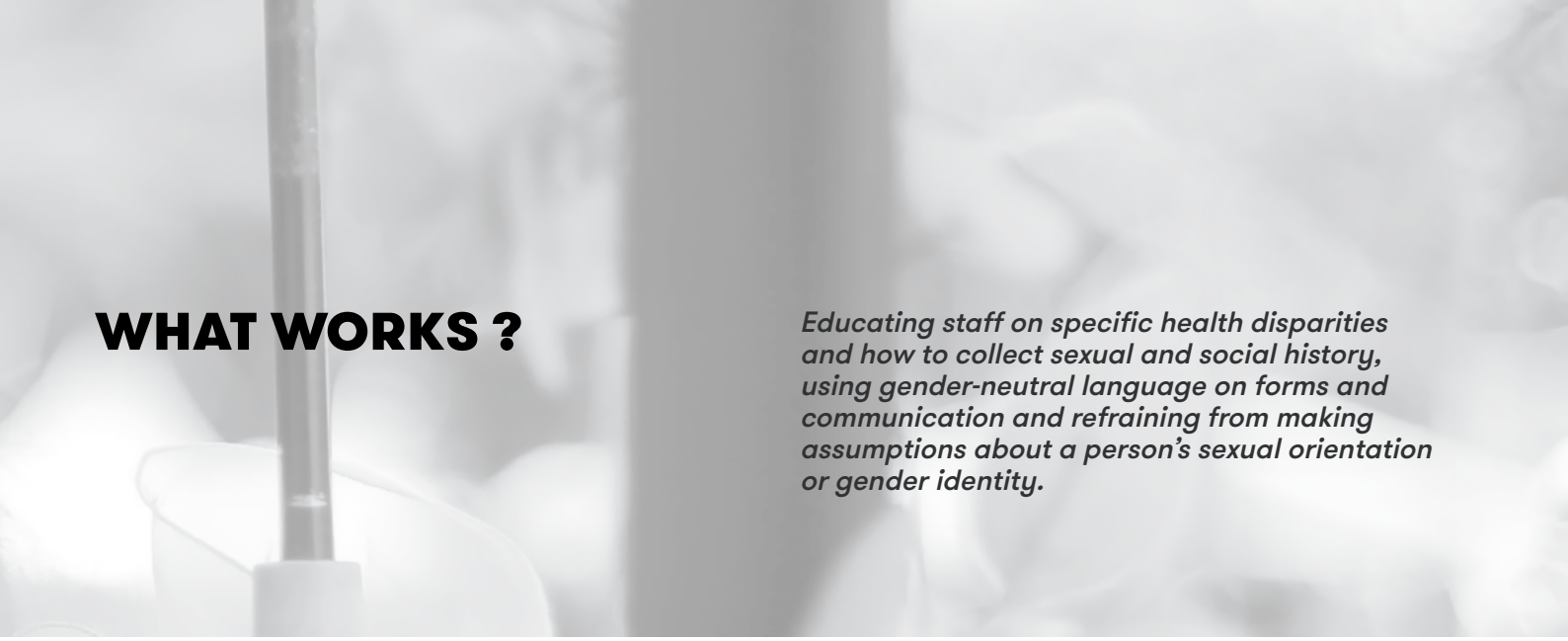
ACON's meal service and Positive Life's Peer 2 Peer provide opportunities for social connection and informal peer support over a relaxed meal. These services also provide an important communication point to older PLHIV to hear about initiatives and support options.

These programs are crucial because research shows that men who report having support from friends, family or a partner (in that order) generally scored higher on positive mental health (Lyons et al. 2013, 2016). Psychological distress was less likely if men were receiving emotional support, practical support, or had a sense of belonging (Lyons, 2015). Mindfulness can attenuate the impact of discrimination on the mental health of middle-aged and older gay men (Lyons, 2016). Other factors which provide some protective effect against the incidence of depression include physical activity (reduced risk of depression by 40%), social support (reduced risk by 55%) and larger social networks (reduced risk by 15%) (Fredriksen-Goldsen et al. 2013).

Another study found that men were psychologically healthier if they were employed full-time, had a higher income, were in a relationship, received greater social support, had many close friends, felt connected to the gay community, believed the public felt positively toward their group and had not experienced discrimination in the past year (Lyons, Pitts and Grierson, 2013).

Another example of a specialist service is the Gender Centre's Over 55 Project which operated 2013-2017 however no longer has funding. The worker supporting clients, aged over 55, in negotiating Housing, Centrelink, medical, aged care, legal services amongst others and additionally increased the capacity of other service providers to respond to the needs of older transgender people.

Research shows that men who report having support from friends, family or a partner (in that order) generally scored higher on positive mental health.



WHAT WORKS ?

Educating staff on specific health disparities and how to collect sexual and social history, using gender-neutral language on forms and communication and refraining from making assumptions about a person's sexual orientation or gender identity.

CAPACITY BUILDING AND TRAINING

Capacity building of mainstream services, including inclusivity and sensitivity training, is necessary to improve the experiences of LGBTI people and PLHIV. Aged care services can provide culturally competent health care to LGBTI people through a range of steps, not only by displaying LGBTI friendly symbols but also by educating staff on specific health disparities and how to collect sexual and social history, using gender-neutral language on forms and communication and refraining from making assumptions about a person's sexual orientation or gender identity (Butler et al., 2016).

ACON provides LGBTI inclusive service delivery in the workplace for aged care sector workers and organisations. The National LGBTI Health Alliance's Silver Rainbow aged care projects include LGBTI aged care awareness training to staff as well as educating service providers and policy makers about implementing the LGBTI Ageing and Aged Care Strategy. Silver Rainbow is a mandated program to emerge from the aged care reforms and ACON is auspiced to provide face-to-face and online training in NSW. Beyond Blue have developed a resource kit targeting depression and anxiety among older LGBTI Australians recommending person-centred care, open-mindedness and non-discrimination.

High staff turnover, particularly in residential aged care, continues to impact on training provided, and therefore continuing education is necessary in the aged care sector on LGBTI cultural awareness and competent service provision.

DATA COLLECTION

In order to effectively understand the health needs of LGBTI elders, properly worded sexuality and gender indicators must be utilised across routinely collected clinical data, research data sets and all other key health related data sets. The exclusion of these questions makes LGBTI elders invisible and perpetuates the health disparities observed in our communities. Clearer recognition of LGBTI elders as a priority population group is required to ensure that the health disparities that exist between our communities and the broader population are addressed.

ACCESS TO INFORMATION

As part of the LOVE Project, ACON provides factsheets on topics relevant to ageing LGBTI people, including health screens, prescription drugs, legal tips, dementia, social connection, and fitness and exercise. The LGBTI Health Alliance has produced two resources to assist older LGBTI people in finding the best care for them, a factsheet on 'Choosing an LGBTI Inclusive Ageing and Aged Care Service' (Silver Rainbow Project, 2016) and a video on 'Navigating the Maze in Aged Care' to explain the financial processes associated with the transition to residential aged care (Summitcare, 2015). The Seniors Rights Service have also developed a Q&A booklet for the top ten legal issues to consider for older LGBTI people to assist in planning for ageing.

ACON provides factsheets on topics relevant to ageing LGBTI people, including health screens, prescription drugs, legal tips, dementia, social connection, and fitness and exercise.

HOW WILL ACON RESPOND?

This Strategy sets out how we can assist older PLHIV and LGBTI people to prepare and make informed choices, to minimise the negative impacts of ageing, promote healthy ageing and increase the capacity of the ageing sector to understand and effectively respond to the needs of older LGBTI people.

ACON's expertise in health promotion and engagement with LGBTI communities provides a strong basis for working with mainstream ageing organisations and state and federal government departments.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training and advocacy and awareness raising. ACON is a key strategic partner for others seeking to engage with the LGBTI communities.

Partnerships and advocacy to address structural determinants of ageing and health disparities are key elements of this Strategy. It should therefore be noted that ACON's contribution to the population level outcomes in the framework can only ever be partial and much depends on the actions of many other stakeholders and decision makers.

We will however hold ourselves accountable for achieving concrete objectives identified in the attached table, which we believe can contribute significantly to this ultimate goal, given adequate resourcing and the support of key partner organisations.

THE AREAS IN WHICH WE BELIEVE WE CAN MAKE THE MOST IMPACT IN THE SHORT TERM ARE:

- Sustaining our current unique health promotion and community engagement initiatives within the LOVE Project and documenting their impact to make our learning available to the wider sector.
- Encouraging broader sector capacity building to assist health and aged care services to be LGBTI inclusive and responsive to the needs of LGBTI people as they age and access support services.
- Advocating for appropriate inclusion of LGBTI population in relevant research and policy frameworks.
- Promoting consumer-directed-care initiatives under the Aged Care Road Map including informing system changes and pursuing opportunities to educate and assist older LGBTI people to navigate and select LGBTI inclusive service providers.
- Providing ongoing delivery of client support services with the Community Support Network and the ACON Café lunches for people living with HIV, the Community Visitors Service addressing social isolation, as well as counselling and care coordination services.

ACON's LOVE Project has received funding from the Australian Government and NSW Family and Community Services, with small grants from local governments for specific events. However, since July 2016, there has been no sustainable funding source. Additionally ACON receives funding from the Australian Government to deliver the LGBTI Community Visitors Scheme. A number of client services are funded by NSW Ministry of Health for people living with HIV and affected by HIV and are accessed by older LGBTI people include counselling, care coordination and the Community Support Network.

Much of this Strategy remains unfunded at the present time. Activities which are funded are largely without a stable funding source. ACON will monitor funding opportunities as they arise and work with partners to deliver on this Strategy as and when opportunities arise. Dedicated funding is required to continue the work of the LOVE Project and for new service development to meet the needs of specific sub groups including people living longer term with HIV as they age, those at risk of cancers, affected by neurocognitive disorders and transgender people.

Fig 01 Program logic: Ageing Health

OBJECTIVES, STRATEGIES AND ACTIVITIES

The following tables represent the strategies and activities ACON can currently deliver independently and/or in partnership (P), within the current resource and funding limitations in this health area. Additional activities that ACON aims to implement throughout the life of this Strategy, but that are contingent on securing additional funding, are outlined in Appendix A.

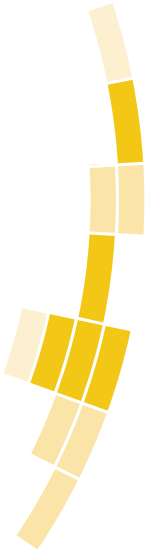
LEGEND FOR FOLLOWING TABLES

Items in yellow: current activities delivered within current funding and resources

Items in blue: priority new activities delivered within current funding and resources

(P): activities delivered in partnership

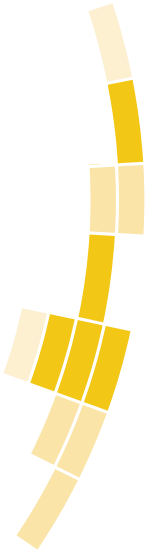
OBJECTIVE ONE



Increased awareness of health and wellbeing issues related to ageing.

STRATEGIES	ACTIVITIES
1.1 Develop (in partnership) a range of targeted activities, interventions and or resources to develop health literacy in at-risk populations.	***1.1.1*** In partnership with relevant services, develop tailored information and resources to address health and psychosocial needs for older LGBTI people living across NSW in key health areas e.g. cancer, mental health, neurocognitive disorders.
	1.1.2 Include information on how to appropriately identify symptoms, and respond appropriately, to early signs of dementia and neurocognitive disorders in community, group and individual client programmes.
	1.1.3 Increase the type and amount of healthy ageing and referral information through web based and other information portals e.g. LOVE website and newsletters.
1.2 Advocate for funding for targeted health promotion initiatives for high risk older LGBTI communities.	***1.2.1*** Scope health promotion initiatives and actively pursue funding and partnerships to address needs of populations with high health disparities and specific needs e.g. PLHIV, transgender people.
1.3 Develop health campaigns and health promotion initiatives to specifically target high risk older LGBTI communities.	***1.3.1*** Improve the information available to older LGBTI people and people with HIV on ageing and other comorbidities through the LOVE Project e.g. mental health, alcohol and other drugs, neurocognitive issues, early onset ageing for people with HIV.
	1.3.2 Seek to partner with mainstream ageing and health organ isations to include LGBTI people in health promotion campaigns and resources e.g. cancer, dementia and neurocognitive mental health, elder abuse etc.

OBJECTIVE TWO



Increased knowledge, skills and confidence of people to reduce the negative impacts and foster healthy ageing.

STRATEGIES	ACTIVITIES
2.1 Develop health promotion campaign and resources for ageing healthily with HIV.	***2.1.1*** Include ageing with HIV on LOVE and other ACON websites. Embed older LGBTI people with HIV into health promotion and prevention messages into all ACON community education programs, campaigns and publications.
	2.1.2 Include older LGBTI people with HIV in consultations, images and roll out, in ACON health promotion program development plans, processes, campaigns and publications.
	2.1.3 Advocate for inclusion of older LGBTI people with HIV in mainstream activities and campaigns e.g. mental health, dementia and neurocognitive disorders, cancer.
2.2 Increase awareness of older LGBTI people of legal rights and services e.g. power of attorney, wills and probate, guardianship.	***2.2.1*** Increase access to legal information and support by promoting legal support services such as Seniors Rights and Legal Aid. (P)
	2.2.2 Raise awareness of elder abuse and domestic and family violence and support services available.

OBJECTIVE TWO ...

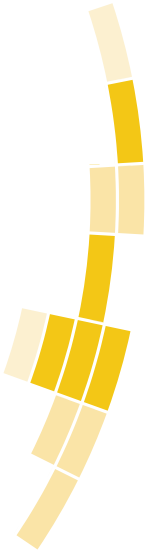
STRATEGIES	ACTIVITIES
2.3 Reduce social isolation experienced by older HIV positive and LGBTI people.	*2.3.1* Facilitate volunteer visits through the Community Visitors Scheme.
	2.3.2 Continue providing meal services for people living with HIV to eat, connect and find support, information and referrals.
	2.3.3 Promote available services supporting community connection and investigate partnership opportunities e.g. HACC and community transport.
	2.3.4 Establish a network (physical and online) which offers the opportunity for older LGBTI people, including those living with HIV, to connect and link to support/information services.
	2.3.5 Support community groups (including those living with HIV) to establish and flourish e.g. Mature Aged Gays (MAG), Older Lesbian, Gay Association (OLGA), Older Women's Network.

STRATEGIES	ACTIVITIES
2.4 Provision of services that support the general health of LGBTI populations including those with HIV and other chronic conditions e.g. counselling, case coordination, AOD and referral services.	**2.4.1** Provide care coordination services to assist older LGBTI people to access and utilise health services including consumer directed packages.
	2.4.2 Investigate funding opportunities with Medicare, NDIS and consultancy/ brokerage to provide LGBTI inclusive support services.
	2.4.3 Develop mechanisms that support older LGBTI people experiencing health difficulties to engage meaningfully in community, education, employment and other activities.
	2.4.4 Provide in-home support for people with HIV, support Community Visitors Scheme. Pursue opportunities including partnerships within rural and regional areas.
	2.4.5 Investigate and develop innovative care coordination and collaboration models in conjunction with Local Health Districts, Divisions of General Practice, key General Practices and other service providers.

OBJECTIVE TWO ...

STRATEGIES	ACTIVITIES
2.5 Foster peer support options for older LGBTI people and people with HIV with health needs.	**2.5.1** Work with consumer-led organisations and advisory groups to support older LGBTI and HIV peer support networks, groups and communities of care.
	2.5.2 Support community groups to establish and flourish.
	2.5.3 Maximise the participation of older LGBTI people/peers in the development of health programs and services.
	2.5.4 Facilitate Self-Management groups to provide peer support, linkage to services and psycho education to build knowledge, skills and confidence of older LGBTI people to manage health conditions and access services.

OBJECTIVE THREE



Increased knowledge and skills of mainstream and ACON services to respond appropriately to LGBTI ageing issues.

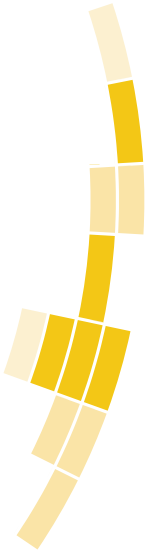
STRATEGIES	ACTIVITIES
3.1 Increase the capacity of mainstream health and aged care service providers to meet the needs of LGBTI and HIV positive people.	***3.1.1*** Develop and/or facilitate appropriate LGBTI and HIV cultural awareness training to ageing and health care workers with full day, three-hour and online fee-for-service training packages through ACON's Training and Consulting team.
	3.1.2 Encourage and advocate for a service and employment culture that values rights and diversity of existing and potential LGBTI clients and people with HIV. Through ACON Pride Inclusion Programs advise and assist health, human service and other organisations to develop, implement and evaluate appropriate policies and procedures.
	3.1.3 Increase the number, type and location of LGBTI and HIV aware ageing and support referral options and service providers – particularly in regional and rural locations.
	3.1.4 Develop a diverse photo stock for internal use in LGBTI ageing initiatives and on-selling.

OBJECTIVE THREE ...

STRATEGIES	ACTIVITIES
3.2 Increase the network of health providers, employers and other organisations that are culturally appropriate, and aware of the perspective needs, and experiences of older LGBTI and HIV positive people.	*3.2.1.* Build the capacity of aged care and health services to respond to older LGBTI people through ACON's Training and Consulting e.g. Rainbow Tick, fee-for-service training.
	3.2.2 Maintain participation in Northern Rivers and Sydney Metro Interagencies and investigate ageing interagencies in other areas and the potential to provide support to increase LGBTI inclusivity.
	3.2.3 Promote membership of ACON's Pride Inclusion Programs with health and aged care services to increase inclusive practice and capacity to work with older LGBTI people and communities.
	3.2.4 Investigate a program for aged care service providers pre Rainbow Tick to develop and recognise LGBTI inclusive service options i.e. 'Rainbow Star'.

STRATEGIES	ACTIVITIES
3.3 Increase utilisation and reach of social media to include older LGBTI and HIV positive people.	*3.3.1* Develop a social media strategy for ageing programs.
	3.3.2 Explore partnership opportunities to link or provide technology training to increase computer and internet literacy.
	3.3.3 Advocate and work with My Aged Care and other government and non-government organisations to identify LGBTI inclusive preferred providers e.g. Aged Care Assessment Teams (ACAT) to enable older LGBTI people to make informed decisions about service providers.
	3.3.4 Facilitate and maintain positive relationships and referral networks in metropolitan and regional office catchments - with relevant Local Health Districts mental health teams, Primary Health Networks, community managed/non-government ageing organisations, primary care and private providers.

OBJECTIVE FOUR

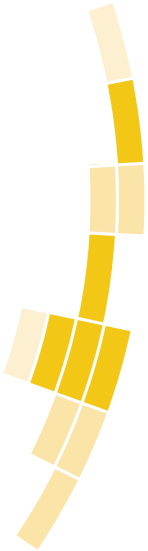


Increased recognition of the specific needs of older LGBTI populations in health and community related policy frameworks.

STRATEGIES	ACTIVITIES
4.1 Establish and support partnerships to advocate for increased recognition of older LGBTI populations in health and community related policy; and increased inclusion of LGBTI indicators in related research.	**4.1.1** Work with researchers and research institutes to determine the range of health research and other data collection tools in which to include sexuality and gender indicators e.g. Australian Bureau of Statistics, Australian Institute of Better Welfare, Sax Institute 45 Up.
	4.1.2 Liaise with government, research institutes and peak bodies and advocate for the inclusion of LGBTI specific issues in mainstream research and program development.
	4.1.3 Advocate and raise awareness of financial disadvantage and housing pressures faced by older LGBTI people i.e. NCOSS, Housing NSW, Community Housing providers, peak bodies.
4.2 Partner with key ageing and health related organisations to improve the routine collection of LGBTI related ageing and health service use data.	**4.2.1** Advocate for the inclusion of gender and sexuality indicators routinely used in research and national data collection.
	4.2.2 Identify research projects relevant to older LGBTI health needs.

STRATEGIES	ACTIVITIES
4.3 Establish and support partnerships to advocate for positive addressing of LGBTI stigma and discrimination, and the creation of inclusive environments e.g. aged care services and workplaces.	**4.3.1** Continue to deliver LGBTI inclusivity aged care training to aged care providers and health services through fee-for-service training and consulting, Rainbow Tick.
	4.3.2 Identify opportunities to advocate in partnership for promotion of LGBTI Inclusive preferred services in consumer-directed-packages and My Aged Care.
4.4 In partnership with relevant agencies, advocate for quality research into ageing health issues for ACON's communities.	**4.4.1** Develop a communication and marketing plan in relation to key research findings and gaps.
	4.4.2 Advocate for the health needs of older LGBTI communities to key government and health leaders. Participate in state and national opportunities to advocate for the inclusion and acknowledgement of LGBTI people's and people with HIV's health needs.

OBJECTIVE FIVE



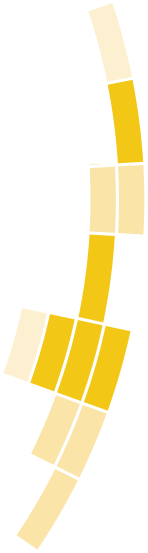
Increased knowledge of factors impacting on LGBTI ageing populations and of effective interventions to reduce the negative impacts of ageing and promote healthy ageing.

STRATEGIES	ACTIVITIES
5.1 Build on the evidence base for LGBTI ageing needs and responses.	**5.1.1** Partner with researchers to conduct exploratory research into the resilience factors which facilitate healthy ageing in LGBT populations.
5.2 Investigate and contribute to the development of a research network and collaborative projects on older LGBTI and people with HIV's health and wellbeing.	**5.2.1** Seek partnership opportunities with research institutes and advocate for sexuality and gender indicators.

GOALS AND POTENTIAL ACTIVITIES

ACON aims to implement throughout the life of this Strategy, these additional goals and potential activities. These are contingent on securing additional funding.

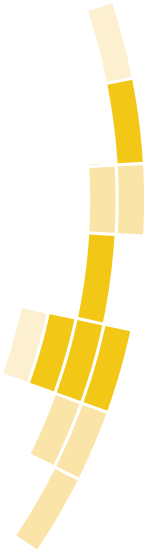
GOAL ONE



Increased awareness of health and wellbeing issues related to ageing.

STRATEGIES	ACTIVITIES
1.1 Develop and promote a range of targeted activities, initiatives, interventions, and/or resources for at need populations: 1. People experiencing neurocognitive issues 2. Transgender people 3. People with complex health needs 4. Socially isolated people	***1.1.1*** Secure funding and partnerships for working with LGBTI people with dementia and neurocognitive disorders e.g. Australian and NSW government. (P)
	1.1.2 Secure funding and partnerships for programs to meet the specific needs of older transgender people. (P)
	1.1.3 Increase awareness of older LGBTI people of aged care planning including legal rights and services e.g. power of attorney, wills and probate, guardianship In partnership develop and distribute legal information resources. (P)
	1.1.4 Support mainstream CVS providers across NSW to provide LGBTI inclusive services.

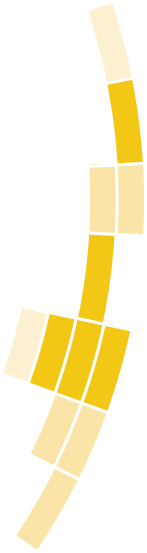
GOAL TWO



Increased knowledge, skills and confidence of people to reduce the negative impacts and foster healthy ageing.

STRATEGIES	ACTIVITIES
2.1 Develop health promotion campaign and resources for ageing healthily with HIV.	*2.1.1* Develop a healthy ageing campaign and resources to promote positive ageing and provide current research. (P)
	2.1.2 Partner with research institutes to undertake research on HIV and ageing. (P)
	2.1.3 Develop self-management groups specific to ageing and HIV.
2.2 Increase knowledge and access of older LGBTI and positive people to support and aged care services.	*2.2.1* Expand individual counselling services for older LGBTI people and PLHIV experiencing complex health needs including navigating client directed care systems.
	2.2.2 Expand Care Coordination services to establish an ageing navigator service to assist LGBTI people and PLHIV preparing for ageing access client directed care services.

GOAL THREE



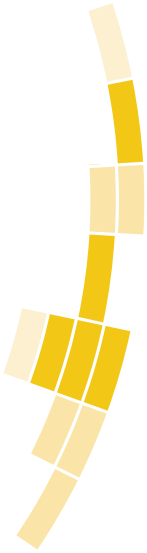
Increased knowledge and skills of mainstream and ACON services to respond appropriately to LGBTI ageing issues.

STRATEGIES	ACTIVITIES
3.1 Partner with key mainstream health organisations to implement mainstream campaigns within older LGBTI communities.	*3.1.1* Develop specific LGBTI campaigns for older people in response to identified health needs e.g. mental health, cancer awareness, dementia and neurocognitive disorders, elder abuse.
	3.1.2 Develop a health campaign to address ageism in the community, celebrating the positive contribution of older LGBTI people.
3.2 Provision of services that support the general health of LGBTI populations including those with co-existing issues including and chronic conditions e.g. counselling, case coordination, AOD and referral services.	*3.2.1* Expand the LOVE Project online with web based, webinars, online forums and other information portholes.
	3.2.2 Expand Community Support Network home-based support services to broader older LGBTI and PLHIV communities e.g. homecare provider through self-directed care packages.
	3.2.3 Increase access to counselling, care coordination support and home based support for older LGBTI people in regional and rural areas e.g. Medicare, NDIS and consultancy/brokerage to provide LGBTI inclusive support services.

GOAL THREE ...

STRATEGIES	ACTIVITIES
3.3 *Improve the coordination, integration and continuity of aged care and health services for older LGBTI and HIV positive people.*	**3.3.1** Develop innovative care coordination and collaboration models in conjunction with Local Health Districts, Divisions of General Practice, key General Practices and other service providers. (P)
3.4 *Establish a network (physical and online) which offers the opportunity for older LGBTI people to connect and link to support/information services.*	**3.4.1** Establish a program for aged care service providers pre Rainbow Tick to develop and recognise LGBTI inclusive service options i.e. 'Rainbow stars'
	3.4.2 Develop a registry to assist older LGBTI people relocating.
3.5 *Increase the capacity of mainstream health and aged care services to effectively respond to health needs of older LGBTI and HIV positive people.*	**3.5.1** Develop and market learning packages to build the capacity of mainstream ageing and health services to increase awareness of needs for older LGBTI people through ACON's Training and Consulting team.

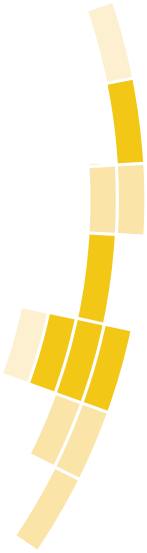
GOAL FOUR



Increased recognition of the specific needs of older LGBTI populations in health and community related policy frameworks.

STRATEGIES	ACTIVITIES
4.1 Increase the evidence base and policy recognition of LGBTI health needs.	**4.1.1** Conduct research projects relevant to older LGBTI health needs e.g. cancer, neurocognitive disorders, ageing and HIV. (P)
4.2 Establish and support partnerships to advocate for positive addressing of LGBTI stigma and discrimination, and the creation of inclusive environments e.g. aged care services and workplaces.	**4.2.1** Develop a program that supports health and aged care services to meet minimum standards in promoting themselves as a LGBTI Inclusive services e.g. Rainbow Star.
	4.2.2 Encourage membership and attendance to relevant Aged Care Interagencies especially rural/regional.

GOAL FIVE



Increased knowledge of factors impacting on LGBT ageing population and of effective interventions to reduce the negative impacts of ageing and promote healthy ageing.

STRATEGIES	ACTIVITIES
5.1 Review de-identified client presentation and other ACON data to ascertain the issues, needs and outcomes for clients presenting to ACON's counselling and care and service coordination support services.	**5.1.1** Conduct analysis of de-identified client presentations and outcomes to publish research papers. (P)
5.2 Establish and support partnerships to advocate for positive addressing of LGBTI stigma and discrimination, and the creation of inclusive environments e.g. aged care services and workplaces.	**5.2.1** Review de-identified client presentation and other ACON data to ascertain the issues, needs and outcomes for client's presenting to ACON's counselling and care and service coordination support services.
	5.2.2 Literature review within Australia and comparable countries.
	5.2.3 Conduct a study surveying older LGBTI people and service providers on ageing planning and support needs and experiences of health systems.

PRINCIPLES

Over the life of this Strategy, our commitment to ageing will be underpinned by the following principles:

RECOGNISING DIVERSITY AND PROMOTING INCLUSIVITY

ACON acknowledges and celebrates diversity within our communities, both between and within the identity groups included in the LGBTI acronym. Although often referred to collectively, it is important to note the diversity of each person who identifies under the LGBTI acronym, whose experiences vary as does the extent to which their identities are central to their self definition, their level of affiliation with other LGBTI people and their rejection or acceptance of societal stereotypes and prejudice (Meyer, 2001).These differences need to be taken into account in undertaking research and building targeted, effective interventions. As such, different strategies and different approaches may need to be taken to ensure that messaging and targeting is relevant to each key sub-population.

It is important to note here that intersex is not a category of sexual or gender identity. People who are intersex may identify as women, men, gay, lesbian, bisexual, heterosexual, transgender, or any number of other sexual and gender identities. ACON will therefore engage with intersex organisations such as OII Australia, to support their efforts on behalf of intersex populations. We will also try to ensure that research conducted for this Strategy asks about the intersex status of participants, thus potentially building the foundations of an evidence base about LGBT intersex people.

EVIDENCE BASED

In addition to honouring the individual needs of our clients, we will ensure our programs and services reflect a good practice approach and where possible, delivered and promoted within an evidence-based framework. This will entail actively engaging with and monitoring emerging research on effective interventions, as well as seeking research partners to work with us in developing, trialling and evaluating potential interventions.

STATE-WIDE APPROACH

As a state wide community based organisation, our aim is to provide programs and services to people across NSW. We do this through our offices located in Sydney, the Hunter and 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. We will continue to allocate resources where they will have the greatest population level impact and ensure our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

"NO WRONG DOOR" POLICY

While ACON can only offer a limited range of direct services and will focus on individuals who identify as LGBTI, we aim to build robust referral relationships to ensure that no one approaching us for help is turned away, but is referred on to an appropriate service. Wherever possible, we will endeavour to provide supported referrals where this is sought by the person who has contacted us.

PEER SUPPORTED AND CONSUMER INFORMED

ACON has a long history of developing and delivering effective and engaging peer led HIV health promotion and support programs and mobilising volunteers and communities to extend the reach and impact of programs. These are core values and apply equally to all our programs and interventions. ACON's programs are consumer informed and run by peers. We intend to sustain and support these approaches across all our LGBTI health programs, including our aged care programs.

PERSON CENTRED APPROACH

ACON's services will be person centred. We acknowledge the importance of allowing people the opportunity to self-determine the care that best suits their needs and preferences. A person centred approach allows a person to have greater control over their own lives and decisions, promotes individual directed services and supports consumer choice about the types and delivery of services.

AN INTERGENERATIONAL RESPONSE

ACON recognises the importance of having older people visibly embedded into our society and communities. Generations before us have paved the way through political and social struggles, suffering stigma, violence and incarceration to bring about legislative, policy, cultural and attitudinal changes. LGBTI people have much to learn from the wisdom and stories of LGBTI elders, including those with a long lived experience with HIV, and a role to play in overcoming ageism. We have a responsibility to take care of and pay respect to our elders, without whom we would not be here today.

PARTNERSHIPS

ACON recognises that it is not a specialist aged health provider. We see ourselves as part of an integrated aged care system, working in partnership with older LGBTI people and their support networks, private health practitioners, NGOs and public aged care services. This Strategy builds on the partnerships that ACON already has within our community and in the aged care sector.

We continue to have strong relationships with Commonwealth Government, who fund our Community Visitor Scheme, and NSW Family and Community Services (FaCS), who fund our Living Older Visibly and Engaged (LOVE) project.

FaCS have funded ACON to deliver our social event Afternoon Delight as part of NSW Senior Festival for the last nine years. NSW City Councils continue to fund ongoing community events, workshops and programs, such as the LGBTIQ 55+ shared luncheon, Ageing Well and Making New Connections. In 2017 ViiV Healthcare have funded a 12 month program of metropolitan and regional self-management groups for HIV and Ageing to assist people manage their health. We have a long-term ongoing relationship with the Seniors Rights Service.

We consult with Alzheimer's NSW, who have devloped a video resource supporting LGBTI people who are living with dementia. We coordinate the LGBTI Sydney Metro Interagency Network. A number of other partners have been part of a content advisory group on community engagement and preparing LOVE project factsheets, including but not limited to The Albion Centre, Positive Life NSW, Bobby Goldsmith Foundation, Uniting Care, the HIV Outreach Team, the Seniors Rights Service and the Gender Centre. The Gender Centre run the Over 55 Support Project, supporting clients over 55 in negotiating Housing NSW, Centrelink, medical aged care, legal services, Dress for Success and other service providers.

The relationships and partnerships developed with professional and community groups during this project continue to be nurtured, and may offer a number of opportunities into the future. ACON's current partnership approach with other health services and community based organisations assists clients navigate appropriate service options. This is very relevant to our work with HIV positive clients, who may have comorbidity issues and needs, including at time of diagnosis.

POPULATIONS

ACON's historical strengths lie in working with gay men, lesbians, and people living with HIV. Our priority populations in terms of ageing also include PLHIV, trans and gender diverse people, Aboriginal and Torres Strait Islander LGBTI people, Culturally and Linguistically Diverse LGBTI people, LGBTI people who live in residential aged care, and LGBTI people living in greater Sydney, the Blue Mountains, Illawarra, Hunter region and Northern Rivers.

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

Our engagement with 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 that our communities share.

There remains a lack of research and gap in programmatic work to meet the needs of older bisexual people. We will also continue to work in partnership with specialist Aboriginal and CALD service providers to ensure that the needs of Aboriginal and CALD LGBTI people are able to be met. We will continue to work with our regional and rural partners including Aboriginal Medical Services and Settlement Services.

IMPLEMENTATION

The Strategy above outlines a comprehensive response and is contingent on appropriate funding and partnerships becoming available over the life of this Strategy. Nonetheless, ACON has some internal capacity and programs to continue to meet the needs of our communities, and this Strategy will commence with a focus on strengthening and continuing services able to be offered within current funding constraints.

However, much of this Strategy remains unfunded at the present time. ACON will monitor funding opportunities as they arise and work with partners to deliver on this Strategy as and when opportunities arise. If, over the course of this Strategy, ACON is successful is securing additional funding for targeted aged care programs, we will prioritise the work outlined within the strategies and activities table in this document.

MONITORING AND EVALUATION

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review. This enables us to consistently evaluate interventions and programs as they are implemented.

The nominated objectives are areas where ACON can feasibly measure the impact of our work. We will conduct a midterm review in order to assess the extent to which its objectives have been realised and to adjust our immediate priorities in the light of the progress made to date.

At the conclusion of this Strategy, the data collected from all contributing programs and projects will be reviewed and evaluated in order to determine the extent to which we have achieved the outlined objectives.

REFERENCES

ACON (AIDS Council of NSW) 2013, LOVE Living Older Visibly and Engaged Consultation Report – Service Needs and Preferences of Older Lesbian, Gay, Bisexual and Transgender people in NSW, www.loveproject.org.au

Agénor M. The Epidemiology of Cancer by Sexual Orientation and Gender Identity. [Chapter 8] 2015 in: Cancer and the LGBT Community: Unique Perspectives from Risk to Survivorship. New York: Springer. doi: 10.1007/978-3-319-15057-4_8

Althoff KN, Jacobson LP, Cranston RD, Detels R, Phair JP, Li X, Margolick JB; Multicenter AIDS Cohort Study (MACS). Age, comorbidities, and AIDS predict a frailty phenotype in men who have sex with men. J Gerontol A Biol Sci Med Sci. 2014 Feb;69(2):189-98. doi: 10.1093/gerona/glt148.

Althoff KN, McGinnis KA, Wyatt CM, Freiberg MS, Gilbert C, Oursler KK, Rimland D, Rodriguez-Barradas MC, Dubrow R, Park LS, Skanderson M, Shiels MS, Gange SJ, Gebo KA, Justice AC; Veterans Aging Cohort Study (VACS). Comparison of risk and age at diagnosis of myocardial infarction, end-stage renal disease, and non-AIDS-defining cancer in HIV-infected versus uninfected adults. Clin Infect Dis. 2015 Feb 15;60(4):627-38. doi: 10.1093/cid/ciu869.

Andersen JP, Zou C, Blosnich J. Multiple early victimization experiences as a pathway to explain physical health disparities among sexual minority and heterosexual individuals. Soc Sci Med. 2015 133:111-9. doi: 10.1016/j.socscimed.2015.03.043

Ansara, Y. G. (2015), Challenging cisgenderism in the ageing and aged care sector: Meeting the needs of older people of trans and/or non-binary experience. Australasian Journal on Ageing, 34: 14–18. doi:10.1111/ajag.12278

Australian Law Reform Commission. 2016. Elder Abuse: Issues Paper 47. Australian Government.

Barrett, C. 2008, My People: A project exploring the experiences of gay, lesbian, bisexual and intersex seniors in aged-care services, Matrix Guild Victoria Inc. and Vintage Men Inc.

Barrett, C., Crameri, P., Lambourne, S., Latham, J. and Whyte, C. (2015), Understanding the experiences and needs of lesbian, gay, bisexual and trans Australians living with dementia, and their partners. Australasian Journal on Ageing, 34: 34–38. doi:10.1111/ajag.12271

Bayliss, K. 2000, 'Social Work Values, Anti-Discriminatory Practice and Working with Older Lesbian Service Users', Social Work Education: The international journal, Vol. 19, Iss. 1, pp. 45-53.

Blosnich JR, Hanmer J, Yu L, Matthews DD, Kavalieratos D. Health Care Use, Health Behaviors, and Medical Conditions Among Individuals in Same-Sex and Opposite-Sex Partnerships: A Cross-Sectional Observational Analysis of the Medical Expenditures Panel Survey (MEPS), 2003-2011. Med Care. 2016 54(6):547-54. doi: 10.1097/MLR.0000000000000529.

Boehmer U, Cooley TP, Clark MA. Cancer and men who have sex with men: a systematic review. Lancet Oncol. 2012 13(12):e545-53. doi: 10.1016/S1470-2045(12)70347-9

Boehmer U, Miao X, Maxwell NI, Ozonoff A. Sexual minority population density and incidence of lung, colorectal and female breast cancer in California. BMJ Open. 2014 4(3):e004461. doi: 10.1136/bmjopen-2013-004461.

Boehmer U, Ozonoff A, Miao X. An ecological approach to examine lung cancer disparities due to sexual orientation. Public Health. 2012 126(7):605-12. doi: 10.1016/j.puhe.2012.04.004

Bolland MJ, Grey A, Reid IR. Skeletal health in adults with HIV infection. Lancet Diabetes Endocrinol. 2015 Jan;3(1):63-74. doi: 10.1016/S2213-8587(13)70181-5.

Bostwick WB et al. 2014 Discrimination and Mental Health Among LGB Adults in the US. Am J Orthopsychiatry. 84(1): 35–45. www.ncbi.nlm.nih.gov/pmc/articles/PMC4144327/

Brickman C, Palefsky JM. Cancer in the HIV-Infected Host: Epidemiology and Pathogenesis in the Antiretroviral Era. Curr HIV/AIDS Rep. 2015 Dec;12(4):388-96. doi: 10.1007/s11904-015-0283-7.

Brothers TD, Rockwood K. Biologic aging, frailty, and age-related disease in chronic HIV infection. Curr Opin HIV AIDS. 2014 Jul;9(4):412-8. doi: 10.1097/COH.0000000000000070.

Brown R, McNair R, Szalacha L, Livingston PM, Hughes T. Cancer Risk Factors, Diagnosis and Sexual Identity in the Australian Longitudinal Study of Women's Health. Womens Health Issues. 2015 25(5):509-16. doi: 10.1016/j.whi.2015.04.001

Brown TT, Tassiopoulos K, Bosch RJ, Shikuma C, McComsey GA. Association between systemic inflammation and incident diabetes in HIV-infected patients after initiation of antiretroviral therapy. Diabetes Care. 2010 Oct;33(10):2244-9. doi: 10.2337/dc10-0633.

Burkhalter JE, Hay JL, Coups E, Warren B, Li Y, Ostroff JS. Perceived risk for cancer in an urban sexual minority. J Behav Med. 2011 34(3):157-69. doi: 10.1007/s10865-010-9296-2

Burkhalter JE, Margolies L, Sigurdsson HO, Walland J, Radix A et al. The National LGBT Cancer Action Plan: A White Paper of the 2014 National Summit on Cancer in the LGBT Communities. LGBT Health. 2016 3(1): 19-31. doi:10.1089/lgbt.2015.0118.

Butler, M, et al. 2016. Improving Cultural Competence to Reduce Health Disparities. Comparative Effectiveness Reviews, No. 170. www.ncbi.nlm.nih.gov/books/NBK361118/#ch3

Byles, J. 2013, Factors Influencing Health for the Older LGBTI Person: A SEEF perspective, University of Newcastle, presentation.

Cahill S. Valadéz R. 2013 Growing Older With HIV/AIDS: New Public Health Challenges. Am J Public Health. 103(3): e7–e15 www.ncbi.nlm.nih.gov/pmc/articles/PMC3673522/

Carpenter, M. 2015. Intersex and Ageing. Intersex Australia. Accessed at https://oii.org.au/28385/intersex-and-ageing/ on 29 March 2017.

Chambers LA, Wilson MG, Rueda S, Gogolishvili D, Shi MQ, Rourke SB; Positive Aging Review Team. Evidence informing the intersection of HIV, aging and health: a scoping review. AIDS Behav. 2014 Apr;18(4):661-75. doi: 10.1007/s10461-013-0627-5.

COAG (Council of Australian Governments) 2011, National Health Reform Agreement www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf

Cochran SD, Björkenstam C, Mays VM. Sexual Orientation and All-Cause Mortality Among US Adults Aged 18 to 59 Years, 2001-2011. Am J Public Health. 2016 106(5):918-20. doi: 10.2105/AJPH.2016.303052

Cochran SD, Mays VM. Mortality risks among persons reporting same-sex sexual partners: evidence from the 2008 General Social Survey-National Death Index data set. Am J Public Health. 2015 105(2):358-64. doi: 10.2105/AJPH.2014.301974.

Cochran SD, Mays VM. Risk of breast cancer mortality among women cohabiting with same sex partners: findings from the National Health Interview Survey, 1997-2003. J Womens Health (Larchmt). 2012 21(5):528-33. doi: 10.1089/jwh.2011.3134

Cochran, S.D., Mays, V.M., Bowen, D., Gage, S., Bybee, D., Roberts, S.J., Goldstein, R.S., Robison, A., Rankow, E.J., & White, J.C. 2001, 'Cancer-Related Risk Indicators and Preventive Screening Behaviors among Lesbians and Bisexual Women', American Journal of Public Health, Vol. 91, pp. 591-597.

Cohen RA, Seider TR, Navia B. HIV effects on age-associated neurocognitive dysfunction: premature cognitive aging or neurodegenerative disease? Alzheimers Res Ther. 2015 Apr 6;7(1):37. doi: 10.1186/s13195-015-0123-4.

Commonwealth of Australia, 2010, Australia to 2050: Future Challenges. The 2010 Intergenerational Report Overview www.archive.treasury.gov.au/igr/igr2010/Overview/pdf/IGR_2010_Overview.pdf

Crawford, D. 2015. Developing resources to assist people living with HIV Associated Neurocognitive Disorder (HAND). Positive Life NSW.

Crum-Cianflone NF, Moore DJ, Letendre S, Poehlman Roediger M, Eberly L, Weintrob A, Ganesan A, Johnson E, Del Rosario R, Agan BK, Hale BR. Low prevalence of neurocognitive impairment in early diagnosed and managed HIV-infected persons. Neurology. 2013 Jan 22;80(4):371-9. doi: 10.1212/WNL.0b013e31827f0776.

Daniels, H and Butkus, Renee. 2015. Lesbian, Gay, Bisexual and Transgender Health Disparities: Executive Summary of a Policy Position Paper from the American College of Physicians. Annals of Internal Medicine. 163(2):135-137. www.annals.org/article.aspx?articleid=2292051

DoHA (Department of Health and Ageing) 2012, National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy, https://www.dss.gov.au/sites/default/files/documents/08_2014/national_ageing_and_aged_care_strategy_lgbti_print_version.pdf

Duprez DA, Neuhaus J, Kuller LH, Tracy R, Belloso W, De Wit S, Drummond F, Lane HC, Ledergerber B, Lundgren J, Nixon D, Paton NI, Prineas RJ, Neaton JD; INSIGHT SMART Study Group. Inflammation, coagulation and cardiovascular disease in HIV-infected individuals. PLoS One. 2012;7(9):e44454. doi: 10.1371/journal.pone.0044454.

Eliason MJ, Ingraham N, Fogel SC, McElroy JA, Lorvick J, Mauery DR, Haynes S. A systematic review of the literature on weight in sexual minority women. Womens Health Issues. 2015 25(2):162-75. doi: 10.1016/j.whi.2014.12.001

Eliason MJ. Chronic Physical Health Problems in Sexual Minority Women: Review of the Literature. LGBT Health. 2014 1(4):259-68. doi: 10.1089/lgbt.2014.0026

Epel ES, Lithgow GJ. Stress biology and aging mechanisms: toward understanding the deep connection between adaptation to stress and longevity. J Gerontol A Biol Sci Med Sci. 2014 69 Suppl 1:S10-6. doi: 10.1093/gerona/glu055

FaCS (Family and Community Services) 2012 NSW Ageing Strategy, www.adhc.nsw.gov.au/__data/assets/file/0011/257276/1282_ADHC_NSW-AgeingStrategy_WEB.pdf

Finkenauer, S., Sherratt, J., Marlow, J., & Brodey, A. 2012, 'When Injustice Gets Old: A systematic review of trans ageing', Journal of Gay and Lesbian Social Services, Vol. 24, Iss. 4.

Fokkema, T., & Kuyper, L. 2009, 'The Relation between Social Embeddedness and Loneliness among Older Lesbian, Gay, and Bisexual Adults in the Netherlands', Archives of Sex Behavior, Vol. 38, pp. 264-275.

Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Balsam KF, Mincer SL. Disparities in health-related quality of life: a comparison of lesbians and bisexual women. Am J Public Health. 2010 100(11):2255-61. doi: 10.2105/AJPH.2009.177329

Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Muraco A, Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. Am J Public Health. 2013 103(10):1802-9. doi: 10.2105/AJPH.2012.301110

Fredriksen-Goldsen KI, Kim HJ, Barkan SE. Disability among lesbian, gay, and bisexual adults: disparities in prevalence and risk. Am J Public Health. 2012 102(1):e16-21. doi: 10.2105/AJPH.2011.300379

Fredriksen-Goldsen KI, Kim HJ, Shiu C, Goldsen J, Emlet CA. Successful Aging Among LGBT Older Adults: Physical and Mental Health-Related Quality of Life by Age Group. Gerontologist. 2015 55(1):154-68. doi: 10.1093/geront/gnu081

Fredriksen-Goldsen KI, Muraco A. Aging and Sexual Orientation: A 25-Year Review of the Literature. Res Aging. 2010 32(3):372-413.

Frost DM et al. 2013 Minority stress and physical health among sexual minority individuals. J Behav Med. 38(1):1 www.columbia.edu/~im15/papers/frost-lehavot-meyer-in.pdf

Frost DM, Lehavot K, Meyer IH. Minority stress and physical health among sexual minority individuals. J Behav Med. 2015 38(1):1-8. doi: 10.1007/s10865-013-9523-8

Gleason LJ, Luque AE, Shah K. Polypharmacy in the HIV-infected older adult population. Clin Interv Aging. 2013;8:749-63. doi: 10.2147/CIA.S37738.

GRAI (GLBTI Retirement Association) & Curtin Health Innovation Research Institute, Curtin University 2010, We Don't Have Any of Those People Here: Retirement accommodation and aged care issues for non-heterosexual populations, GRAI, Perth.

Grill MF, Price RW. Central nervous system HIV-1 infection. Handb Clin Neurol. 2014;123:487-505. doi: 10.1016/B978-0-444-53488-0.00023-7.

Guaraldi G, Brothers TD, Zona S, Stentarelli C, Carli F, Malagoli A, Santoro A, Menozzi M, Mussi C, Mussini C, Kirkland S, Falutz J, Rockwood K. A frailty index predicts survival and incident multimorbidity independent of markers of HIV disease severity. AIDS. 2015 Aug 24;29(13):1633-41. doi: 10.1097/QAD.0000000000000753.

Guaraldi G, Orlando G, Zona S, Menozzi M, Carli F, Garlassi E, Berti A, Rossi E, Roverato A, Palella F. Premature age-related comorbidities among HIV-infected persons compared with the general population. Clin Infect Dis. 2011 Dec;53(11):1120-6. doi: 10.1093/cid/cir627.

Guaraldi G, Zona S, Brothers TD, Carli F, Stentarelli C, Dolci G, Santoro A, Beghetto B, Menozzi M, Mussini C, Falutz J. Aging with HIV vs. HIV seroconversion at older age: a diverse population with distinct comorbidity profiles. PLoS One. 2015 Apr 13;10(4):e0118531. doi: 10.1371/journal.pone.0118531.

Guasp, A. 2011, Lesbian, Gay and Bisexual People in Later Life, Stonewall, London.

Guidry, J.A., Urbano, L., & Yi, O. 2011, 'HIV and Aging: Emerging issues in the HAART era', LGBTQ Policy Journal, Harvard Kennedy School, Cambridge. www.hkslgbtq.com/wp-content/uploads/2014/11/LGBT_3-14-11_Final-110.pdf

Halkitis PN, Kapadia F, Ompad DC, Perez-Figueroa R. Moving toward a holistic conceptual framework for understanding healthy aging among gay men. J Homosex. 2015;62(5):571-87. doi: 10.1080/00918369.2014.987567.

Halkitis PN, Kapadia F, Ompad DC, Perez-Figueroa R. Moving toward a holistic conceptual framework for understanding healthy aging among gay men. J Homosex. 2015;62(5):571-87. doi: 10.1080/00918369.2014.987567

Havlik RJ, Brennan M, Karpiak SE. Comorbidities and depression in older adults with HIV. Sex Health. 2011 Dec;8(4):551-9. doi: 10.1071/SH11017.

Hearps A C, Schafer K, High K, Landay A. HIV and Aging: Parallels and Synergistic Mechanisms Leading to Premature Disease and Functional Decline. Advances in Geroscience. 2016 [Book Ch 17 p. 509-50] doi: 10.1007/978-3-319-23246-1_17

Hearps AC, Martin GE, Rajasuriar R, Crowe SM. Inflammatory co-morbidities in HIV+ individuals: learning lessons from healthy ageing. Curr HIV/AIDS Rep. 2014 Mar;11(1):20-34. doi: 10.1007/s11904-013-0190-8. Review. PubMed PMID: 24414166.

Hellmuth J, Milanini B, Valcour V. Interactions between ageing and NeuroAIDS. Curr Opin HIV AIDS. 2014 Nov;9(6):527-32. doi: 10.1097/COH.0000000000000104.

Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010 7(7):e1000316. doi: 10.1371/journal.pmed.1000316

Holt-Lunstad J, Smith TB. Loneliness and social isolation as risk factors for CVD: implications for evidence-based patient care and scientific inquiry. Heart. 2016 102(13):987-9. doi: 10.1136/heartjnl-2015-309242

Horner, J. 2013, In Their Own Words: Lesbian, gay, bisexual, trans* and intersex Australians speak about discrimination, NSW Gay and Lesbian Rights Lobby, Sydney.

House JS, Landis KR, Umberson D. Social relationships and health. Science. 1988 241(4865):540-5.

Hoy J. Bone Disease in HIV: Recommendations for Screening and Management in the Older Patient. Drugs Aging. 2015 Jul;32(7):549-58. doi: 10.1007/s40266-015-0279-4.

Hoy-Ellis CP, Fredriksen-Goldsen KI. Lesbian, gay, & bisexual older adults: linking internal minority stressors, chronic health conditions, and depression. Aging Ment Health. 2016 [online Apr 6] doi: 10.1080/13607863.2016.1168362

Hughes, M. & Kentlyn, S. 2014, Report of the Survey of the Health and Wellbeing of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Older People in NSW, 2013-2014, Evergreen Life Care and Southern Cross University, West Gosford and Bilinga.

Hughes, M. 2009, 'Lesbian and Gay People's Concerns about Ageing and Accessing Services', Australian Social Work, Vol. 62, Iss. 2, pp. 186-201.

Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. 2011 The health of LGBT people: Building a foundation for better understanding. www.ncbi.nlm.nih.gov/books/NBK64806/

Jansson J, Wilson DP. Projected demographic profile of people living with HIV in Australia: planning for an older generation. PLoS One. 2012;7(8):e38334. doi: 10.1371/journal.pone.0038334.

Jenkins Morales M, King MD, Hiler H, Coopwood MS, Wayland S. The Greater St. Louis LGBT Health and Human Services Needs Assessment: an examination of the Silent and Baby Boom generations. J Homosex. 2014 61(1):103-28. doi: 10.1080/00918369.2013.835239.

Justice A.C. 2010, 'Ageing with Complex Chronic Disease: The wrinkled face of AIDS', The Body Pro, www.thebodypro.com/content/art58052.html

King M, Semlyen J, Tai SS, Killaspy H, Osborn D, Popelyuk D, Nazareth I. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. BMC Psychiatry. 2008 8:70. doi: 10.1186/1471-244X-8-70

King, M. & McKeown, E. 2003, 'Mental Health and Quality of Life of Gay Men and Lesbians in England and Wales', The British Journal of Psychiatry, Vol. 183, pp. 552-558.

Koethe JR, Dee K, Bian A, Shintani A, Turner M, Bebawy S, Sterling TR, Hulgan T. Circulating interleukin-6, soluble CD14, and other inflammation biomarker levels differ between obese and nonobese HIV-infected adults on antiretroviral therapy. AIDS Res Hum Retroviruses. 2013 Jul;29(7):1019-25. doi: 10.1089/AID.2013.0016.

Kolstee, J. Burford, E. 2015. 'The Mental Wellbeing Impact of Relocation on Older LGBT People in NSW'. Health in Difference Conference. 9th National LGBTI Health Conference.

Kooij KW, Wit FW, Schouten J, van der Valk M, Godfried MH, Stolte IG, Prins M, Falutz J, Reiss P; AGEhIV Cohort Study Group. HIV infection is independently associated with frailty in middle-aged HIV type 1-infected individuals compared with similar but uninfected controls. AIDS. 2016 Jan;30(2):241-50. doi: 10.1097/QAD.0000000000000910.

Legarth RA, Ahlström MG, Kronborg G, Larsen CS, Pedersen C, Pedersen G, Mohey R, Gerstoft J, Obel N. Long-Term

Mortality in HIV-Infected Individuals 50 Years or Older: A Nationwide, Population-Based Cohort Study. J Acquir Immune Defic Syndr. 2016 Feb 1;71(2):213-8. doi: 10.1097/QAI.0000000000000825.

Latham, JR. Barratt, C. Appropriate bodies and other damn lies: Intersex ageing and aged care. Australasian Journal on Ageing. Volume 34. Issue S2. October 2015. Pages 19–20.

Leng SX, Margolick JB. Understanding frailty, aging, and inflammation in HIV infection. Curr HIV/AIDS Rep. 2015 Mar;12(1):25-32. doi: 10.1007/s11904-014-0247-3.

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 GLBT Australians, Monograph Series Number 86, the Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

Lick DJ, Durso LE, Johnson KL. Minority Stress and Physical Health Among Sexual Minorities. Perspect Psychol Sci. 2013 8(5):521-48. doi: 10.1177/1745691613497965.

Lienert, T., Cartwright, C., & Beck, K. 2010, The Experiences of Gay, Lesbian, Bisexual, and Transgender People around End-of-Life Care: Scoping study report, Southern Cross University

Lohse N. The road to success. Long-term prognosis for persons living with HIV in Denmark - time trends and risk factors. Dan Med J. 2016 Feb;63(2). pii: B5210.

Lyons A, Pitts M, Grierson J. Factors related to positive mental health in a stigmatized minority: an investigation of older gay men. J Aging Health. 2013 25(7):1159-81. doi: 10.1177/0898264313495562

Lyons A, Pitts M, Grierson J. Exploring the psychological impact of HIV: health comparisons of older Australian HIV-positive and HIV-negative gay men.AIDS Behav. 2012 Nov;16(8):2340-9.doi: 10.1007/s10461-012-0252-8

Lyons A. Resilience in lesbians and gay men: A review and key findings from a nationwide Australian survey. Int Rev Psychiatry. 2015;27(5):435-43. doi:10.3109/09540261.2015.1051517.

Lyons A. Social Support and the Mental Health of Older Gay Men: Findings From a National Community-Based Survey. Res Aging. 2016 38(2):234-53. doi: 10.1177/0164027515588996

Lyons, A. (2016). Mindfulness attenuates the impact of discrimination on the mental health of middle-aged and older gay men. Psychology of Sexual Orientation and Gender Diversity, 3(2), 227.

Lyons A, Hosking W, Rozbroj T. Rural-urban differences in mental health, resilience, stigma, and social support among young Australian gay men. J Rural Health. 2015 Winter;31(1):89-97. doi: 10.1111/jrh.12089

LOVE Project (2015). The Facts: Elder Abuse and Domestic Violence. ACON. www.loveproject.org.au/wp-content/uploads/2016/01/LOVE_factsheet_Elder_Abuse_02.pdf

Lyons, A., Croy, S., Barrett, C., & Whyte, C. (2015). Growing old as a gay man: how life has changed for the gay liberation generation. Ageing and Society, 35(10), 2229-2250.

Marcus JL, Chao CR, Leyden WA, Xu L, Quesenberry CP Jr, Klein DB, Towner WJ, Horberg MA, Silverberg MJ. Narrowing the gap in life expectancy between HIV-infected and HIV-uninfected individuals with access to care. J Acquir Immune Defic Syndr. 2016 Mar 29.

Marzolini C, Back D, Weber R, Furrer H, Cavassini M, Calmy A, Vernazza P, Bernasconi E, Khoo S, Battegay M, Elzi L; Swiss HIV Cohort Study Members. Ageing with HIV: medication use and risk for potential drug-drug interactions. J Antimicrob Chemother. 2011 Sep;66(9):2107-11. doi: 10.1093/jac/dkr248.

Massachusetts Department of Public Health. The Health of lesbian, gay, bisexual and transgender (LGBT) persons in Massachusetts: A survey of health issues comparing LGBT persons with their heterosexual and non- transgender counterparts. July 2009. URL: www.mass.gov/eohhs/docs/dph/commissioner/lgbt-health-report.pdf

McDonald, T. Starkey, R. 2017 (forthcoming). Cumulative Disadvantage in Ageing. Discussion Paper for NSW Ministerial Advisory Committee on Ageing.

McParland J, Camic PM. How do lesbian and gay people experience dementia?. Dementia (London). 2016 [online May 9] doi: 10.1177/1471301216648471

McParland J, Camic PM. Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature. J Clin Nurs. 2016 [online May 11] doi: 10.1111/jocn.13251

MetLife Mature Market Institute 2006, Out and Aging: The MetLife study of lesbian and gay baby boomers, Metropolitan Life Insurance Company, New York.

Meyer IH, Frost DM. Minority stress and the health of sexual minorities. [Chapter 18] in: CJ Patterson & AR D'Augelli (Eds.) Handbook of psychology and sexual orientation. 2013. New York, NY: Oxford University Press. doi: 10.1093/acprof:oso/9780199765218.003.0018

Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 2003 129(5):674-97

Mollon, L. 2012, 'The Forgotten Minorities: Health disparities of the lesbian, gay, bisexual and transgendered communities', Journal of Health Care for the Poor and Underserved, Vol. 23, No. 1, pp. 1-6.

Muraco, A. & Fredriksen-Goldsen, K. 2011, 'That's What Friends Do: Informal caregiving for chronically ill midlife and older lesbian, gay, and bisexual adults', Journal of Social and Personal Relationships, Vol. 28, Iss. 8, pp.1073-92 www.ncbi.nlm.nih.gov/pmc/articles/PMC4013093/

Murray JM, McDonald AM, Law MG. Rapidly ageing HIV epidemic among men who have sex with men in Australia. Sex Health. 2009 Mar;6(1):83-6. PubMed PMID: 19254497.

Nasi M, De Biasi S, Gibellini L, Bianchini E, Pecorini S, Bacca V, Guaraldi G, Mussini C, Pinti M, Cossarizza A. Aging and inflammation in patients with HIV infection. Clin Exp Immunol. 2016 May 20. doi: 10.1111/cei.12814. [

Nasi M, Pinti M, De Biasi S, Gibellini L, Ferraro D, Mussini C, Cossarizza A. Aging with HIV infection: a journey to the center of inflammAIDS, immunosenescence and neuroHIV. Immunol Lett. 2014 Nov;162(1 Pt B):329-33. doi: 10.1016/j.imlet.2014.06.012.

Ndumbi P, Gilbert L, Tsoukas CM. Comprehensive evaluation of the immune risk phenotype in successfully treated HIV-infected individuals. PLoS One. 2015 Feb 3;10(2):e0117039. doi: 10.1371/journal.pone.0117039.

Ofotokun I, McIntosh E, Weitzmann MN. HIV: inflammation and bone. Curr HIV/AIDS Rep. 2012 Mar;9(1):16-25. doi: 10.1007/s11904-011-0099-z.

Ogier, A. 2011, 'HIV and Ageing: Is it premature?', Positive Living, 1 September, www.napwa.org.au/pl/2011/09/hiv-and-ageing-is-it-premature

Patel P, Hanson DL, Sullivan PS, Novak RM, Moorman AC, Tong TC, Holmberg SD, Brooks JT; Adult and Adolescent Spectrum

of Disease Project and HIV Outpatient Study Investigators. Incidence of types of cancer among HIV-infected persons compared with the general population in the United States, 1992-2003. Ann Intern Med. 2008 May 20;148(10):728-36.

Pereira h Costa PA. 2016. Modeling the impact of social discrimination on the physical and mental health of Portuguese LGB people. Innovation Eur J Soc Sci Res. 29(2): 205-17 www.researchgate.net/publication/295540566_

Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra.

Rueda S, Law S, Rourke SB. Psychosocial, mental health, and behavioral issues of aging with HIV. Curr Opin HIV AIDS. 2014 Jul;9(4):325-31. doi: 10.1097/COH.0000000000000071.

Sabia, J. J. & Wooden, M. 2015, 'Sexual Identity, Earnings, and Labour Market Dynamics: New Evidence from Longitudinal Data in Australia', Melbourne Institute Working Paper Series Working Paper No. 8/15, www.melbourneinstitute.com/downloads/working_paper_series/wp2015n08.pdf

Sacktor N, Robertson K. Evolving clinical phenotypes in HIV-associated neurocognitive disorders. Curr Opin HIV AIDS. 2014 Nov;9(6):517-20. doi: 10.1097/COH.0000000000000102.

Semlyen J, King M, Varney J, Hagger-Johnson G. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. BMC Psychiatry. 2016 16:67. doi: 10.1186/s12888-016-0767-z.

Seniors Rights Service. 2016. Submission to Australian Law Reform Commission Inquiry into Elder Abuse. Sydney. Accessed www.seniorsrightsservice.org.au/wp-content/uploads/2016/12/SRS_ElderAbuse_LAW-REFORM-COMMISSION-INQUIRY_2016.pdf on 3 April 2014.

Siddiqi AE, Hall HI, Hu X, Song R. Population-Based Estimates of Life Expectancy After HIV Diagnosis: United States 2008-2011. J Acquir Immune Defic Syndr. 2016 Jun 1;72(2):230-6. doi: 10.1097/QAI.0000000000000960.

Silver Rainbow Project (June 2016) Choosing an LGBTI Inclusive Ageing & Aged Care Service

Australia. National LGBTI Health Alliance www.lgbtihealth.org.au/wp-content/uploads/2016/07/Silver-Rainbow-FACT-SHEET-1.pdf.

Simoni JM, Smith L, Oost KM, Lehavot K, Fredriksen-Goldsen K. Disparities in Physical Health Conditions Among Lesbian and Bisexual Women: A Systematic Review of Population-Based Studies. J Homosex. 2016 [online Apr 13] doi: 10.1080/00918369.2016.1174021

Slater LZ, Moneyham L, Vance DE, Raper JL, Mugavero MJ, Childs G. Support, stigma, health, coping, and quality of life in older gay men with HIV. J Assoc Nurses AIDS Care. 2013 Jan-Feb;24(1):38-49. doi: 10.1016/j.jana.2012.02.006.

Slavin, S., Elliott, J., Fairley, C., French, M., Hoy, J., Law, M., & Lewin, S. 2011, 'HIV and Ageing: An overview of an emerging issue', Sexual Health, Vol. 8, Iss. 4, pp. 449-451.

Smit M, Brinkman K, Geerlings S, Smit C, Thyagarajan K, Sighem Av, de Wolf F, Hallett TB; ATHENA observational cohort. Future challenges for clinical care of an ageing population infected with HIV: a modelling study. Lancet Infect Dis. 2015 Jul;15(7):810-8. doi: 10.1016/S1473-3099(15)00056-0.

Summitcare (05 July 2015) Income and assets assessment for aged care home costs in Australia

https://www.youtube.com/watch?v=EgbUCRBG5hk. Accessed on 3 April 2017.

Steptoe A, Kivimäki M. Stress and cardiovascular disease: an update on current knowledge. Annu Rev Public Health. 2013 34:337-54. doi: 10.1146/annurev-publhealth-031912-114452

Suglia SF, Sapra KJ, Koenen KC. Violence and cardiovascular health: a systematic review. Am J Prev Med. 2015 48(2):205-12. doi: 10.1016/j.amepre.2014.09.013

UnitingCare Ageing 2013, LGBTI Survey: Findings, UnitingCare Ageing, Sydney.

US Institute of Medicine. Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. 2011. The health of lesbian, gay, bisexual, and transgender people : building a foundation for better understanding. Washington, DC: National Academies Press. URL: www.ncbi.nlm.nih.gov/books/NBK64806/

Valanis BG, Bowen DJ, Bassford T, Whitlock E, Charney P, Carter RA. Sexual orientation and health: comparisons in the women's health initiative sample. Arch Fam Med. 2000 (9):843-53.

Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart. 2016 102(13):1009-16. doi: 10.1136/heartjnl-2015-308790

Wallace, S.P., Cochran, S.D., Durazo, E.M., & Ford, C.L. 2011, The Health of Aging Lesbian, Gay and Bisexual Adults in California, UCLA Center for Health Policy Research, Los Angeles.

Wender R, Sharpe KB, Westmaas JL, Patel AV. The American Cancer Society's Approach to Addressing the Cancer Burden in the LGBT Community. LGBT Health. 2015 [online Nov 5] doi: 10.1089/lgbt.2015.0089

Wight RG, Harig F, Aneshensel CS, Detels R. 2016. Depressive Symptom Trajectories, Aging-Related Stress, and Sexual Minority Stress Among Midlife and Older Gay Men: Linking Past and Present. Res Aging. 38(4):427-52. doi: 10.1177/0164027515590423

Wight RG, LeBlanc AJ, de Vries B, Detels R. Stress and mental health among midlife and older gay-identified men. Am J Public Health. 2012 102(3):503-10. doi: 10.2105/AJPH.2011.300384

Wight RG, LeBlanc AJ, Meyer IH, Harig FA. Internalized gay ageism, mattering, and depressive symptoms among midlife and older gay-identified men. Soc Sci Med. 2015 147:200-8. doi: 10.1016/j.socscimed.2015.10.066

Wooden, M. 2015, 'How being a gay man or lesbian impacts on your earning power', The Conversation, March 31, www.theconversation.com/how-being-a-gay-man-or-lesbian-impacts-on-your-earning-power-39523

SYDNEY (HEAD OFFICE)

414 Elizabeth Street, Surry Hills NSW 2010

P: (02) 9206 2000 Fax: (02) 9206 2069

Freecall: 1800 063 060

E: acon@acon.org.au

www.acon.org.au

HUNTER

129 Maitland Road, Islington NSW 2296

P: (02) 4962 7700 Fax: (02) 4927 6485

Freecall: 1800 063 060

E: hunter@acon.org.au

NORTHERN RIVERS

27 Uralba Street, Lismore NSW 2480

P: (02) 6622 1555 Fax: (02) 6622 1520

Freecall: 1800 063 060

E: northernrivers@acon.org.au

REGIONAL OUTREACH

Southern & Far West NSW

P: (02) 9206 2114

E: regionaloutreach@acon.org.au

COFFS HARBOUR OUTREACH

P: (02) 6651 6017 Fax: (02) 6651 4688

Freecall: 1800 063 060

E: mnc@acon.org.au

PORT MACQUARIE OUTREACH

P: (02) 6584 0943 Fax: (02) 6583 3810

Freecall: 1800 063 060

E: mnc@acon.org.au

PHOTOS

Courtesy Richard Hedger

ACON STRATEGIC PLAN 2013-2018

HIV ACTION PLAN 2013-2018

LGBTI HEALTH OUTCOME STRATEGIES

Smoking

Mental Health and Wellbeing

Alcohol and Other Drugs

Community Safety and Social Inclusion

Domestic and Family Violence

Healthy Ageing and Aged Care

Sexual Health and Hep C Prevention

acon
HERE FOR HEALTH