

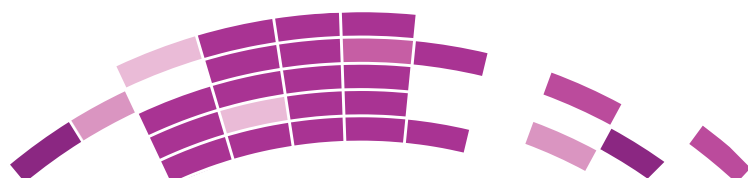


# SEXUAL HEALTH ACTION PLAN 2017-2021



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Sexual Health: Action Plan 2017-2021



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## RATIONALE AND CONTEXT

*ACON has over three decades of experience working with communities to improve their sexual health. While initially the sole focus of this work was HIV, it was quickly recognised that a more holistic framework to address gay men's sexual health was needed.*

Sexual health is an important yet under-recognised aspect of people's general wellbeing. The sexual lives of Australians vary significantly both between and within subpopulations (Richters et al., 2014) and this has implications for supporting good health for individuals and for public health.

While acknowledging that not all people experience sexual desire and attraction (Asexuality Visibility and Education Network, 2017), for those that do, sexual attraction is an inherent aspect of their lives and in many cases is an underpinning drive towards developing relationships and partnerships.

The World Health Organisation (2006) currently uses the following working definition of sexual health:

*"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity... For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."*

Often the focus of sexual health activities is on the prevention of sexually transmissible infections (STIs) (NSW Health, 2016), however, this needs to occur within the broader framework.

STIs in NSW have been on the increase for some time and disproportionately affect some members of LGBTI communities (NSW Health, 2016a).

While comprehensive data exists for gay men, there is more limited data for lesbian women, and specific data for people with a trans experience is extremely limited due to poor data collection systems (PASH.tn, 2016). Therefore existing data that appears to include people with trans experience is not likely to be representative.

People with transgender or gender diverse experience identify with a diverse range of sexual orientations, have a variety of different bodies and engage in many different types of sexual behaviours. Thus risks vary accordingly and different strategies will be required for different segments within the trans and gender diverse community. As transgender experience is not well collected in the health system, is difficult to know with any accuracy the rates of STIs experienced by this part of our community.

Intersex people can be same-sex attracted or have transgender experience, as with other members of the community (OII Australia, 2017). Intersex people continue to be subjected to unnecessary and harmful medical interventions as babies or through adolescence and these procedures cause both physical and emotional effects later in life. Intersex status is not collected in sexual health settings, so information on STIs is not able to be determined. Additionally, broader sexual health needs of intersex people need to be considered and currently lack visibility.

ACON has over three decades of experience working with communities to improve their sexual health. While initially the sole focus of this work was HIV, it was quickly recognised that a more holistic framework to address gay men's sexual health was needed. ACON's work has become more sophisticated over time, situating sexual health in the broader context of people's lives – requiring work in areas such as mental health, drug and alcohol use, safety and inclusion. Similarly, as ACON committed itself to working to advance the health of our communities more broadly, the organisation's work in sexual health has become more inclusive of lesbian and other same sex attracted women, transgender people, and others that identify with the LGBTI community, while acknowledging that further work is required in this regard.

Through a variety of modalities, including engagement and social marketing, peer education, counselling and community development, ACON has a range of programs, services, skills and capacities to deploy in order to improve the sexual health of our communities. Over the life of this Action Plan, ACON will monitor its progress, seek new funding opportunities to expand our service offerings, as well as advocate for greater inclusion of LGBTI people within mainstream services.

This Action Plan sits within ACON's broader set of strategic documents. It compliments and intersects with our HIV Action Plan and our suite of health outcome strategies. As such, it should be noted that HIV is not the primary focus of this Action Plan. ACON's HIV Action Plan 2013-2018 guides this area of work. Where relevant this document refers across to the HIV Action Plan to ensure that intersections are addressed. ACON is aware that in the context of the changing landscape in relation to biomedical approaches to HIV prevention (particularly Undetectable Viral Load and Pre-Exposure Prophylaxis) our work with our communities in the area of sexual health will need to be responsive and prominent.



## POLICY FRAMEWORKS

This Action Plan articulates a commitment to continue areas of programmatic and service delivery, as well as ambitions for expansion over the coming years. The latter is contingent on securing additional funding and new partnerships.

Hepatitis C (HCV) is not typically thought of as a sexually transmissible infection (Hepatitis Australia, 2016), however there is increasing evidence that it can be transmitted through sexual activity, particularly between gay men with HIV (Midgely et al, 2017). The positioning of HCV in the Action Plan positions ACON's responsibility around this health issue in the context of sexual health. ACON acknowledges the leadership role in NSW on this issue belongs to others (particularly Hepatitis NSW and NUAA) and that other stakeholders (for example, Positive Life NSW, Local Health Districts) also have an important set of responsibilities.

Importantly, this Action Plan reflects our longstanding partnership approach with researchers, clinicians, policy makers and our communities. ACON acknowledges that our contribution to the population level outcomes outlined in the framework provided within this Action Plan will often be partial, and much depends on the actions of many others to realise our goals in this area of health.

*While comprehensive data exists for gay men, there is more limited data for lesbian women, and specific data for people with a trans experience is extremely limited due to poor data collection systems (PASH.tm, 2016).*

*Government policy frameworks typically focus on public health interventions to reduce the transmission and impact of STIs. This action plan is informed by a number of Government policies and strategies at both the State and National levels.*

The NSW STI Strategy 2016-2020 has the goals of reducing the number of gonorrhoea and syphilis infections and reducing the burden of disease from chlamydia. It refers to gay and homosexually active men as a priority population. In addition it seeks to sustain the low rates of STIs for sex workers, sustain the virtual elimination of congenital syphilis and maintain high coverage of the HPV vaccine. Lesbian, bisexual and queer women, trans or gender diverse people and intersex people are not listed as priority populations in this strategy.

NSW HIV Strategy 2016-2020 is relevant to the prevention of sexually transmissible infections and HCV as it has a significant focus on prevention tools such as condoms and regular HIV testing which typically occurs within the context of comprehensive sexual health testing.

The current policy settings in NSW are leading to the rapid uptake of pre-exposure prophylaxis (PrEP) and this is already having an impact on STI rates among gay men.

The Third National STI Strategy 2014-2017 lists gay men and other men who have sex with men as a priority population. As with the NSW Strategy, other members of LGBTI communities are not specifically mentioned. The goals of this Strategy are to reduce the transmission of, and morbidity and mortality caused by STIs, and to minimise the personal and social impact of the infections.

There are a number of relevant Acts that impact on the implementation of effective responses to sexual health in NSW including: NSW Public Health Act 2010, NSW Crimes Act 1900, NSW Work Health and Safety Act 2011 and the Drug Misuse and Trafficking Act 1985.



## WHAT'S DIFFERENT FOR LGBTI PEOPLE?

Sexual relations within LGBTI communities are highly diverse, with many occurring within frameworks that mirror the general population, while others build sexual and romantic relationships in a myriad of other ways.

The Sydney Women and Sexual Health Survey (SWASH), a biennial survey addressing same-sex attracted women's general and sexual health (Mooney-Somers et al., 2014), provides regular data on how relationships are changing within these communities and the Sydney Gay Community Periodic Survey (SGCPS), an annual Sydney-based survey focuses on gay and other homosexually active men's sexual behaviours (Hull et al., 2016).

There are very limited sources of information on the sexual health needs of trans or gender diverse people, who are likely to have responded to these surveys but are typically invisible within the datasets. Upcoming changes to the SGCPS will ensure greater visibility of gay men with trans experience in that data set.

As can be seen by the complex nature of the survey results from people identifying as women in the SWASH 2016 (Mooney-Somers et al., 2017) study, sexual health work with women needs to embrace diverse sexual experiences, risks and identities – for example:

- 73.2% of women had reported sex with another woman in the previous 6 months and 25.3% reported more than one sexual partner.
- The sexual practices women reported in the last 6 months were diverse, including digital stimulation and penetration, oral sex, and the use of sex toys, most commonly for vaginal sex but also for anal sex.
- 17.9% of women reported S/M dominance/bondage' (i.e. sadomasochism or slave-mistress encounters) in the last 6 months, with 7.7% indicating that this involved blood play.
- 67% of women reported being in a regular relationship, predominantly with another woman, but also smaller numbers with men or in relationships with poly/multiple partners.

- 13% of women reported sex with a heterosexual man (predominantly those who identified as heterosexual or queer) in the last 6 months, while 9.3% of women reported having sex with a gay or bisexual men, of which 14% was condomless.
- 11% of women indicated that they had ever injected drugs.

Findings from the 2016 Sydney Gay Community Periodic Survey (Hull et al., 2016) include:

- Equal numbers of community attached men reporting sex with only one primary partner as reporting sexual relationships with both a primary partner and casual partners.
- 38.9% of gay men who have casual partners report some condomless sex.
- There are changing patterns of where gay men go to find romantic or sexual partners, with a significant change towards online websites and apps over the last ten years.
- 88.9% of HIV positive men and 77.1% of HIV negative gay men report some form of STI test in the previous 12 months.
- 18.5% of HIV positive men and 2.9% of HIV negative men report any injecting of drugs in the previous 6 months

There have been significant increases in HIV testing in NSW with – 108% more testing occurring to March 2017 compared with testing numbers in 2014 (MoH, 2017). Much of this increase has been testing by gay and other men who have sex with men, and these HIV tests typically occur in the context of a full STI check-up. The increase has been the greatest among men considered at highest risk of HIV acquisition which will typically correlate with those at highest STI risk. In 2016, the introduction of PrEP will have contributed to these increases; however the trend began prior to this (MoH, 2017).



## WHAT'S DIFFERENT FOR LGBTI PEOPLE?

There are many contextual factors—individual, interpersonal, and structural/societal factors — affecting the sexual health, HIV and HCV risk of trans and gender diverse populations (OHTN, 2010).

In 2016, 17% of respondents to the SG-CPS reported having been diagnosed with an STI in the previous 12 months (Hull et al., 2016). Of these, over 80% report disclosing this to their sex partners (“partner notification”) so they can be tested, and usually treated as contacts at the initial consultation.

In the Australian Survey of Health and Relationships (Grulich et al., 2014) men and women who identified as homosexual had higher levels of sexual health knowledge than heterosexuals, while those that identified as bisexual, had knowledge at levels between these two groups.

There are many contextual factors—individual, interpersonal, and structural/societal factors— affecting the sexual health, HIV and HCV risk of trans and gender diverse populations (OHTN, 2010). At the individual level these can include whether individuals have undertaken any surgical or hormonal treatments, higher rates of mental health issues, misperceptions or low perceived risk of HIV, fear of rejection by sexual partners. At the interpersonal level, there can be higher rates of violence in the home, challenges with disclosure of trans or gender diverse status and complex gender and power dynamics. At the structural/societal level, there are high rates of stigma and discrimination and barriers to employment and to services.

There is a considerable body of international literature on the impact of these contextual factors on the sexual health of trans and gender diverse populations, particularly as it relates to transgender women (Baral et al., 2013). Australian specific studies are lacking in detail in this regard, however, it is not unreasonable to expect some factors are shared in our local context.

Intersex people can have diverse sexualities as well as transgender experience. In addition to the intersection of intersex status, sexuality and gender identity, the sexual health of intersex people can also be impacted by involuntary or coerced surgeries can cause complications for sexual health, as can experiences of stigma and discrimination.

There is limited information on the specific needs and experiences of LGBTI Aboriginal and Torres Strait Islander peoples. In the Goanna study (Ward et al, 2014) of young Aboriginal and Torres Strait Islander people, 8% of men reported being gay or bisexual and 8% of women reported being lesbian or bisexual. Less than 1% of the sample indicated that they were

transgender. No information was collected on the proportion of Aboriginal people who are intersex.

In this study, young gay Aboriginal men had an HIV prevalence of 13% compared to 4% of heterosexuals, while lesbians had an HIV prevalence of 8% compared to 4% of their heterosexual counterparts. Information on STI knowledge and STI diagnosis was not disaggregated by sexual identity, however STI knowledge was high in the overall cohort. Between 70% and 80% of respondents reported having had an STI by their mid-20s.

People with HIV have relatively high rates of HCV coinfection, at 12.8% (Petoumenos et al., 2005). Much of this is likely related to the higher levels of injecting drug use (IDU) seen in this community (Hull et al., 2016). HCV transmission through sex is thought to be low risk, however in recent years there have been a number of men who have reported acquiring Hepatitis C through sexual contact. Hepatitis NSW has updated information on their fact sheets and website to reflect this small, yet growing, area of research. Coinfection with these two conditions can cause greater health complications (Hepatitis Australia, 2016), however, as people with HIV are typically well engaged in care they are likely to rapidly benefit from the newly-available HCV treatments.

In the SG-CPS, 61% of gay men report using recreational drugs in the previous 12 months (Hull et al., 2016). The most common were amyl (42%), marijuana (30%) and ecstasy (23%). 18.7% used drugs for the purpose of sex. 4.1% of gay men had injected drugs in the previous 12 months, with HIV positive men being over represented in this at 18%.

In 2013 a cross sectional survey of gay men found a prevalence of 12% for HCV, however, people with HIV were over represented in the sample and recruitment was targeted towards places where sexually adventurous men are active which would likely lead this to be an overestimate of the true prevalence (Hopwood, Lea and Aggleton, 2014).



## WHY ARE THINGS DIFFERENT?

Experiences of stigma, discrimination and inequality can play a detrimental role in the ability of individuals and groups to maintain good sexual health (World Health Organisation, 2015). In order to ensure that people are able to attain a high level of sexual health, it is important that human rights issues are addressed, and this remains a key concern for the LGBTI community, particularly people with transgender experience and for people with intersex variations.

Discrimination and the fear of discrimination can cause people to less commonly disclose their sexual practices to healthcare providers which can reduce the quality of services that they receive (World Health Organisation, 2015). LGBTI people who use drugs or who are HIV positive or have HCV can experience multiple and intersecting layers of stigma and discrimination which can impact on their sexual health.

Lack of knowledge about the specific needs of LGBTI populations in sexual health settings can also lead to negative consequences, such as LGBTI people feeling uncomfortable, not disclosing personal information or having difficulties trusting health professionals.

The majority of young people do not receive adequate sexuality, relationship or safe sex education within schools and there has been very little improvement since 1998 (Hillier, et al., 2010). LGBTI youth, over 18 years of age, have unique sexual health needs. These must be understood in the context of the often stressful process of “coming out”.

Sexual cultures among communities of sexual minorities developed in different contexts to those of their heterosexual, cisgendered counterparts, although are still impacted by these broader social norms. It could be contended that following the silence and hidden nature of these relationships until a few decades ago, openness about sexuality and the creation of new forms of relating is a reaction to this. The full legal recognition and respect of the relationships within these communities is paramount to ensuring good overall health for LGBTI communities (Wight et al, 2013; Hatzenbuehler et al., 2012; Hatzenbuehler et al., 2014; Kertzner, 2012).

For some, an initial period of sexual liberation in the 1960s, 70’s and 80s was tempered for gay men by the impact of HIV which hit this community particularly intensely. This introduced a significant amount of fear and anxiety about sexual relations, which persist to this day. It has also led to gay men’s sexual health being scrutinised and analysed in great detail, but primarily from

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*LGBTI people feeling uncomfortable, not disclosing personal information or having difficulties trusting health professionals.*

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## WHY ARE THINGS DIFFERENT?

By contrast, sex between women remains much less visible and less well understood.

the perspective of HIV prevention and sometimes in a way that seeks to restrict and bring relationships in the gay community into conformity with those among heterosexuals. Currently, in the age of increasing HIV prevention options, including PrEP, a new sexual freedom is emerging among some men, which brings new challenges including the need to increase regular STI testing and the development of new community level discourses around sexual health.

By contrast, sex between women remains much less visible and less well understood. In part this may be attributable to the reduced risk of HIV for this group, which meant that sexual health and other issues were not the subject of research effort, clinical expertise or service development. There has also likely been an aspect of misogyny in this whereby women's sexuality hasn't been explored except to the extent with which it interacts with heterosexual male sexuality. This lack of understanding and enquiry has persisted, resulting in a relative lack of programs and services to address sexual health needs of women in our communities. Over time, bespoke research and peer-led efforts have been made to ensure that lesbian, bisexual and other same sex attracted women's sexuality and sexual health has increased visibility, expertise and understanding.

This is mirrored in a lack of specific services for trans and gender diverse people. While there is significant research internationally, it is focused primarily on HIV, and there is very little data available in general in Australia. Broader sexual health needs are being articulated by advocates in lieu of other data and these voices need to be respected and given space to be heard.

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*Efforts have been made to ensure that lesbian, bisexual and other same sex attracted women's sexuality and sexual health has increased visibility, expertise and understanding.*

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## WHAT WORKS?

Health promotion and peer education are effective methodologies for responding to sexual health, acknowledging that sexual behaviours are influenced by a range of factors, at personal, community and structural (including resources) levels.

Social marketing engagement has been a cornerstone of the response to HIV and sexual health over the last several decades. Current social marketing requires the production of a range of tailored messages, which are distributed through a range of channels. Given increased competition for attention online, it is important that campaign and social marketing strategies have impact and cut through for the intended audience.

Engaging with the reality of the diverse sexual lives of our communities is essential in order for ACON to be seen as authoritative and authentic. Taking an empowering, 'sex positive' approach also allows for greater engagement – historical approaches based on fear or shame have shown to be counterproductive and conducive to avoidance behaviour. ACON's experience is that it is also important to provide sexual information applicable to the context of people's lives where other influences such as drug and alcohol use, mental health issues, feelings of inclusion and safety, and experiences of domestic and family violence impact on sexual health decisions, attitudes and behaviours. This realistic approach also empowers action.

At a global level, the United Nations Population Fund (UNFPA) has released a guide to comprehensive HIV and STI programming for men who have sex with men which includes the key, relevant modalities of community empowerment, condom and lubricant distribution, targeted health care delivery, including through community-based, peer-led interventions and the involvement of community in health planning (United Nations Population Fund, 2015).

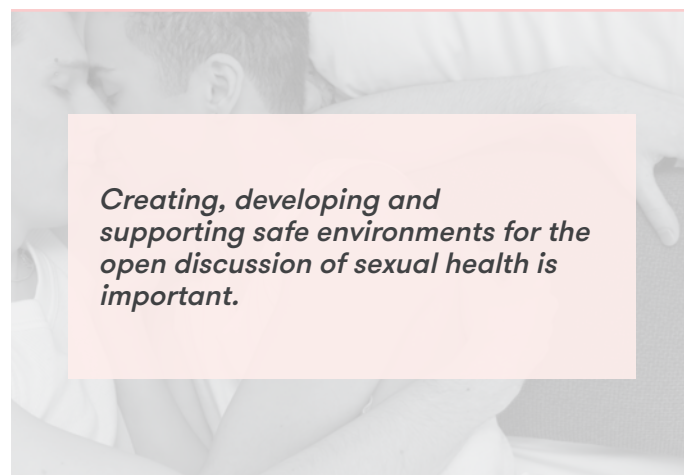
Creating, developing and supporting safe environments for the open discussion of sexual health is important as there remain significant taboos and some parts of community find it difficult to generate and operate these spaces. As mentioned above, fear-based interventions are less likely to be effective as they may produce maladaptive responses (Hastings, Stead & Webb, 2004) and attitudinal and behavioural skills arguments have been found to have greater impact (Albarracin et al, 2005).

Sexual health testing and treatment services in NSW have been reinvigorated in recent years with express and community-based

services successfully engaging with gay men and other men who have sex with men (Knight et al, 2015). Innovative models that take STI testing to sexual settings can also have an impact with key populations (Bennet et al, 2016). Similar models can be modified and expanded for other populations and this work requires additional focus and resource. Current risk assessment based criteria for HCV testing among gay men also appear to be effective (Lockwood, Gray & Selvey, 2017).

Working in partnership with coalitions such as the STI Gay Men's Action Group (STIGMA) which includes local sexual health services, public health surveillance units and other non-government organisations, has enabled ACON to significantly expand the reach and impact of STI prevention, testing and treatment programs to gay men. Women's sexual health in NSW has been advanced by the work ACON has done through 'Claude' – an initiative of the Sexually Adventurous Women's project. However this work requires expansion and broadening to engage lesbian and same sex attracted women.

Homophobia, biphobia and transphobia remain important barriers to creating safe spaces in health promotion and clinical service delivery. Although many sexual health services are reasonably advanced in the acceptance of LGBTI communities as a general concept, there remains significant stigma and a lack of understanding of particular identities, genders and practices within our communities in the broader health sector. Transphobia is a particular concern which requires urgent remedy.



*Creating, developing and supporting safe environments for the open discussion of sexual health is important.*

# WHAT WORKS? HOW WILL ACON RESPOND?

ACON's strengths are in health promotion, engagement and social marketing, community mobilisation and development, peer education, capacity building, service delivery, service provider training, advocacy and research support.


## HOW WILL ACON RESPOND?

ACON's expertise in health promotion and engagement with LGBTI communities and people living with HIV provides a strong basis for responding to the sexual health needs of our communities. ACON has incorporated sexual health into its HIV prevention, care and support services for many decades, focusing predominantly on gay men. More recently, innovative health promotion and education programs have engaged sub populations of women, for examples the 'I love Claude' project. This experience and expertise positions the organisation well to expand and focus on the topic for our whole community.

ACON's strengths are in health promotion, engagement and social marketing, community mobilisation and development, peer education, capacity building, service delivery, service provider training, advocacy and research support. ACON is the leading strategic partner for others seeking to engage with LGBTI communities in NSW, particularly for sexual health.

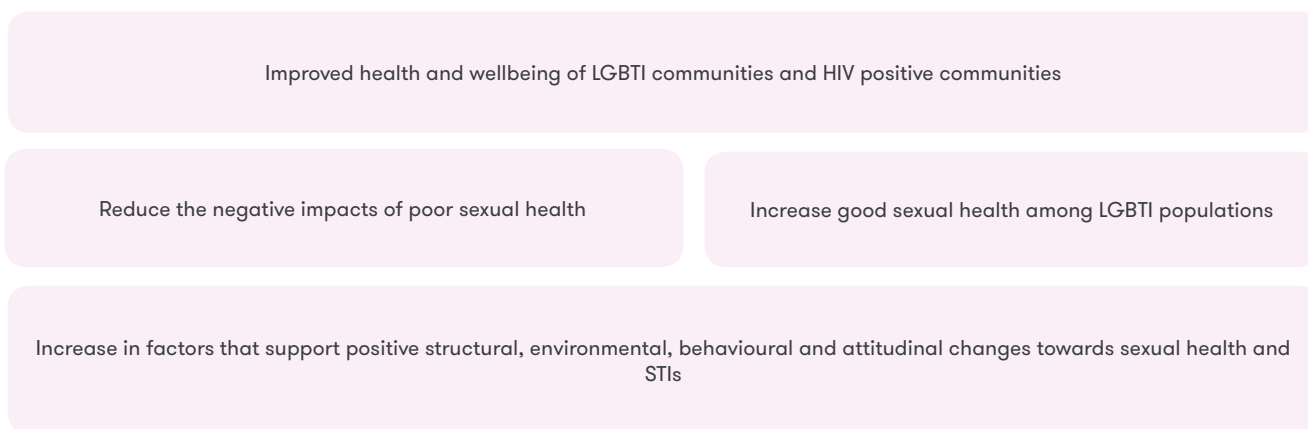
The program logic provided in this Action Plan outlines our approach to addressing disparities among our communities. In this table, a set of potential activities are outlined that we believe will assist in reaching shared goals of improved health and wellbeing of LGBTI communities and particularly, people living with HIV. The areas in which this Action Plan conceives will make the most impact are:

- Increasing specific sexual health information through our online and social marketing engagement efforts, peer engagement activities and in community venues;
- Strengthen our sexual health content in our peer education service offerings targeting sub populations including young gay men, Asian gay men, sexually adventurous men and women, and other lesbian, bisexual and other same sex attracted women;
- Sustain current and explore new opportunities for peer-led sexual health testing services, in conjunction with STIGMA, local sexual health services and Family Planning NSW;
- Communicate, investigate and be responsive to potential changes in STI rates and safe sex cultures arising from the adoption of new biomedical approaches to HIV prevention;
- Raise awareness, strengthen program and service delivery, and advocate for the needs of lesbian, bisexual and other same sex attracted women in relation to sexual health – including testing services, community engagement and mobilisation, and clinician education;
- Raise awareness, strengthen program and service delivery, and advocate for the needs of trans and gender diverse people, and people with transgender experience, who typically receive poor sexual health care;
- Increase the provision of HCV prevention information for targeted populations within our communities at increased risk through sexual transmission;

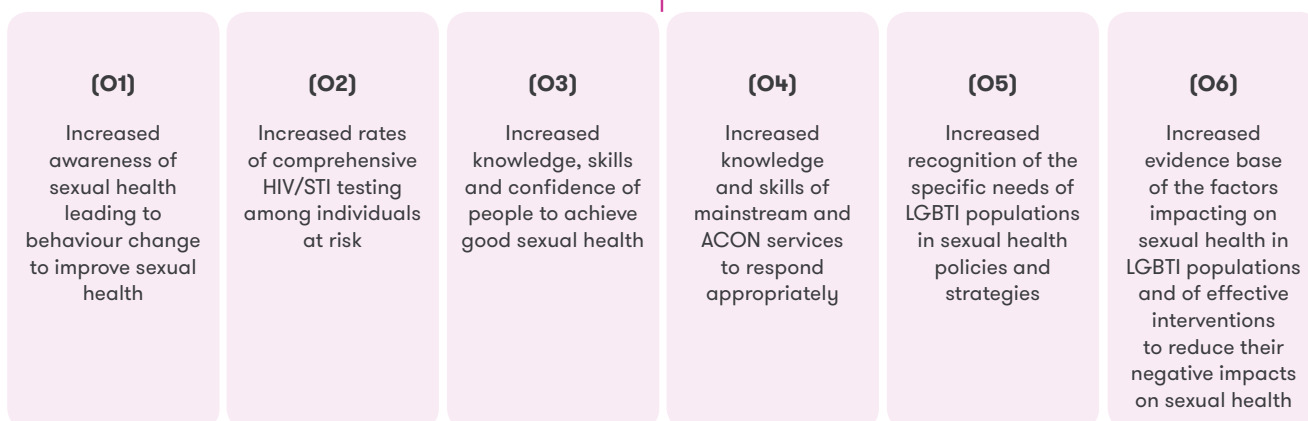


*engagement and social marketing,  
community mobilisation and  
development, peer education,  
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service provider training, advocacy  
and research support*

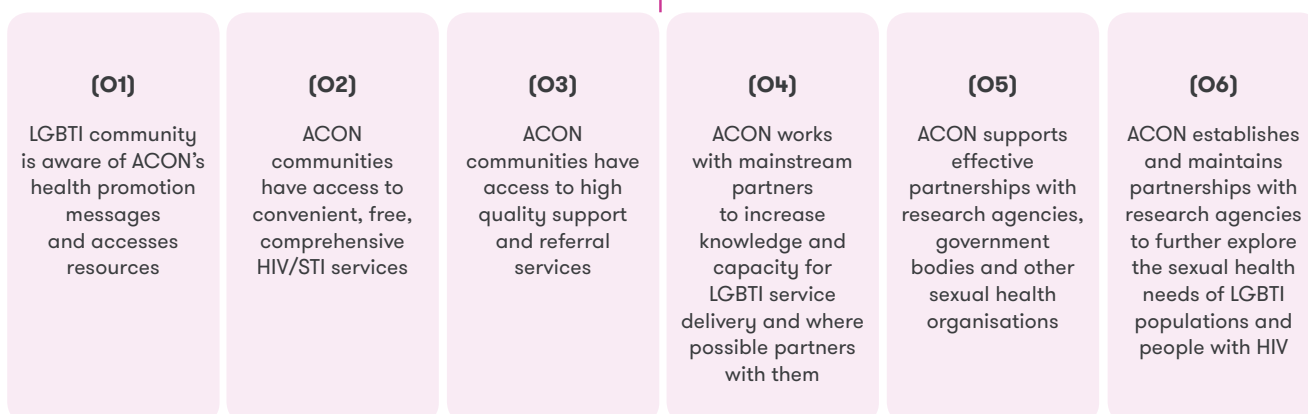
## COMMUNITY IMPACT



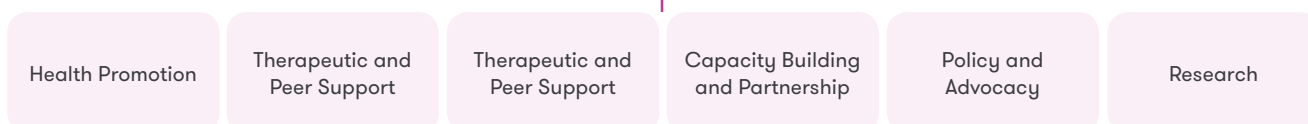
## MEDIUM TERM OUTCOMES



## SHORT TERM OUTCOMES



## ACON SERVICE MIX







# OBJECTIVES, STRATEGIES AND ACTIVITIES

## IMPLEMENTATION

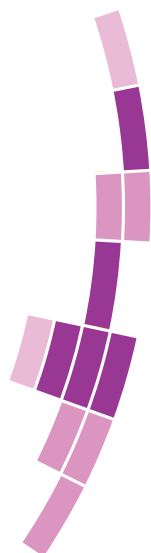
This Action Plan outlines a comprehensive response, reflecting a mix of initiatives that are actionable within existing capacity, as well as those that are ambitions contingent on appropriate funding and partnerships being secured over the life of the Plan.

It is acknowledged that the overwhelming majority of ACON’s existing resources are weighted towards cisgendered gay men. Some of the work outlined below has very limited or no funding: seeking the necessary resources and partnerships will require prioritisation to redress this imbalance.

The following table represents the strategies and priority activities that ACON will seek to action independently and/or in partnership – either within current resource and funding capacity or through efforts to secure new funding, partnerships and enhanced capacity.



# GOAL ONE



*Increased awareness of sexual health leading to behaviour change to improve sexual health*

## STRATEGIES

## ACTIVITIES

### 1.1

Provide community-level education and information on sexual health and STIs through social marketing activities

#### 1.1.1

Develop state-wide campaigns in partnership with STIGMA and LHDs that promote testing and treating STIs, complemented by 'outbreak' campaigns addressing individual STIs (Chlamydia, Gonorrhoea, Syphilis, LGV, Shigella) and HCV

#### 1.1.2

Promote messaging relating to testing and treating STIs, particularly for those on PrEP and for PLHIV

#### 1.1.3

Promote condom use and other protective equipment (e.g. gloves) as effective STI prevention strategies

#### 1.1.4

Develop messages, information, engagement and dissemination strategies that increase awareness of STIs, and sexual health behaviours, amongst lesbian and same sex attracted women

#### 1.1.5

Drive social media engagement on STI prevention and treatment, integrated with HIV messaging

#### 1.1.6

Work with LHDs where possible to implement targeted local campaigns, in partnership to address local issues

#### 1.1.7

Develop nuanced messages and information that reflects changes in safe sex cultures and community norms in the context of new biomedical HIV prevention options, based on clinical and research evidence and community engagement

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## STRATEGIES

## ACTIVITIES

### 1.2

Address sexual transmission of HCV

#### 1.2.1

Update existing content (including workshop content) and programmatic information to address the sexual transmission of HCV

#### 1.2.2

Provide updated and relevant information to sub-populations more at risk of HCV such as sexually adventurous LGBTI people

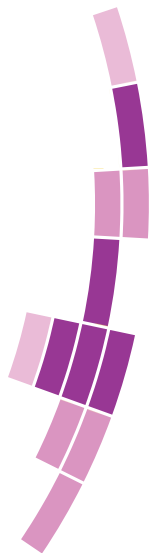
## GOAL TWO



*Increased rates of comprehensive sexual health testing*

STRATEGIES	ACTIVITIES
<b>2.1</b> Implement peer-based, comprehensive HIV and sexual health testing services in NSW	<b>2.1.1</b> Continue to provide comprehensive sexual health testing at a[TEST] services in Sydney
	<b>2.1.2</b> Implement short term, event based sexual health testing services at LGBTI events (e.g. Tropical Fruits in Lismore)
	<b>2.1.3</b> Provide STI testing services for lesbian, bisexual and other same sex attracted women as part of ACON's cervical cancer screening program
	<b>2.1.4</b> Work with clinical partners so that all ACON operated sexual health testing services are inclusive of people with trans experience
<b>2.2</b> Implement models of HCV testing with immediate linkage to care and treatment	<b>2.2.1</b> Implement and promote HCV screening via phase 2 of the NSW dried blood spot testing initiative
	<b>2.2.2</b> Work specifically with Sexually Adventurous Men and PLHIV to increase awareness of HCV testing, treatment options and where appropriate facilitate access to services

## GOAL THREE



*Increased knowledge, skills and confidence of people to achieve good sexual health*

### STRATEGIES

### ACTIVITIES

#### 3.1

Develop and integrate sexual health promotion initiatives into ACON group, digital and individual programs

#### 3.1.1

Provide accurate and up to date information on sexual health & HCV through peer-based education programs, online and through social marketing activities

#### 3.1.2

Prioritise the provision of information on sexual health through outreach programs to licensed venues and SOPVs, through ACON's regional outreach program, and sexually adventurous men's project.

#### 3.1.3

Ensure trans and gender diverse people's information needs are reflected in peer education programs

#### 3.1.4

Investigate and trial innovative digital engagement strategies to increase awareness and engagement from specific sub-populations about sexual health

#### 3.2

Deliver quality interventions for community members who present for sexual health services

#### 3.2.1

Implement peer-led interventions to support the holistic sexual health needs of our communities

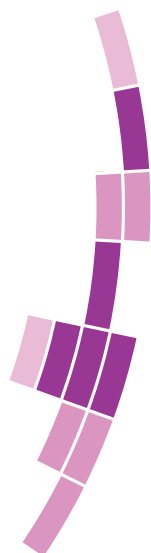
#### 3.2.2

Undertake initiatives and activities in settings where sex occurs or is sought

#### 3.2.3

Provide safe sex packs and health promotion materials through venues, and our sexually adventurous programs (Claude and Hard Hard)

## GOAL THREE ...

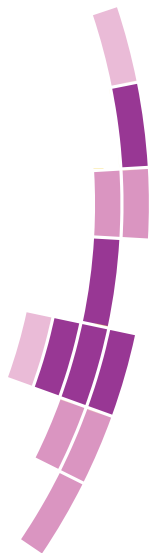


*Increased knowledge, skills and confidence of people to achieve good sexual health*

STRATEGIES	ACTIVITIES
<b>3.3</b> Provide sub-population relevant services for different parts of community	<b>3.3.1</b> Implement programs with people who are sexually adventurous with a focus on testing and treatment
	<b>3.3.2</b> Develop initiatives and messages to increase awareness of and responses to the sexual health of lesbian, bisexual and other same sex attracted women
	<b>3.3.3</b> Utilising community development frameworks, build knowledge of sexual health among populations with diverse backgrounds, particularly those newly arrived in Australia
	<b>3.3.4</b> Provide peer-led HIV and sexual health services for Aboriginal and Torres Strait Islander peoples, while ensuring all programs are inclusive
	<b>3.3.5</b> Leveraging off existing work in HIV, explore the development of more specific sexual health services for people with trans experience



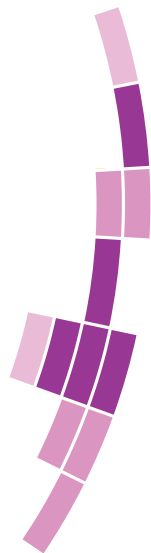
## GOAL FOUR



*Increased knowledge and skills of mainstream and ACON services to respond appropriately*

STRATEGIES	ACTIVITIES
<b>4.1</b> Deliver LGBTI cultural sensitivity training to mainstream services	<b>4.1.1</b> Continue to offer and promote LGBTI sensitivity training to mainstream sexual health services
<b>4.2</b> Work with GPs and sexual health specialists to support and improve sexual health of LGBTI communities	<b>4.2.1</b> Continue to offer ACON's outreach care coordination service to high HIV case load GP's across NSW
	<b>4.2.2</b> Work in partnership with STIGMA to deliver training and education tools to support sexual health services, and general practitioners and practice nurses to deliver comprehensive and appropriate STI services; including: <ul style="list-style-type: none"> <li>• The Gay-Friendly GP List</li> <li>• The GP Visit Letter</li> <li>• GP Safe Pack distribution</li> <li>• 'Becoming More Gay-Friendly in Your Practice' Online Learning Module (OLM)</li> </ul>
	<b>4.2.3</b> Work in partnership with STIGMA to update and distribute the STIGMA STI Testing Guidelines
	<b>4.2.4</b> Explore a partnership with GP NSW or similar organisation to understand and address lesbian, bisexual and other same sex attracted women STI education for GPs
	<b>4.2.5</b> Work across regions to engage with, and deliver training and resources to, regional and rural health services and service providers

## GOAL FOUR ...

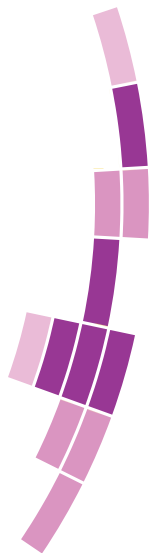


*Increased knowledge and skills of mainstream and ACON services to respond appropriately*

STRATEGIES	ACTIVITIES
<b>4.3</b> Provide sexual health training to community venues	<b>4.3.1</b> Maintain partnerships with community venues, particularly through the Playzone program, to provide education, training and resources
	<b>4.3.2</b> Train venue staff to increase their sexual health knowledge and ability to have informed interactions with LGBTI people
<b>4.4</b> Work with PHNs and other services to develop health pathways appropriate to sexual health and HCV for our communities	<b>4.4.1</b> Assist with mapping and referral processes for local areas to ensure that our community receives appropriate care
	<b>4.4.2</b> Support PHNs to analyse the information needs of service providers in their geographic regions, including GPs and other services – to support the aims expressed within this Plan

STRATEGIES	ACTIVITIES
<b>4.5</b> Improve knowledge of sexual health needs of people with transgender experience	<b>4.5.1</b> Ensure ACON programs are equipped to meet the specific needs of trans and gender diverse members of community
	<b>4.5.2</b> Support peer-led transgender and gender diverse organisations to advocate on the needs of their community
<b>4.6</b> Improve knowledge of sexual health needs of intersex people	<b>4.6.1</b> Ensure ACON staff and programs are equipped to meet the specific needs of intersex members of the community
	<b>4.6.2</b> Support peer-led intersex organisations to advocate on the needs of their community

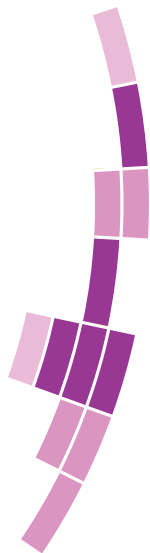
## GOAL FIVE



*Increased recognition of the specific needs of LGBTI populations in sexual health policies and strategies*

STRATEGIES	ACTIVITIES
<b>5.1</b> Advocate for increased recognition of LGBTI populations in sexual health related policy and for the routine collection of sexuality, gender, and intersex data among key sexual health services	<b>5.1.1</b> Partner with key sexual health clinics and other services to improve the routine collection of LGBTI related data
	<b>5.1.2</b> Establish and support partnerships to advocate for the increased recognition of, and responses for, lesbian, bisexual and other same sex attracted women and people with a trans experience
	<b>5.1.3</b> Advocate for full range of equipment to be available for distribution through peer networks

## GOAL SIX



*Increased evidence base of the factors impacting on sexual health in LGBTI populations and of effective interventions to reduce negative impacts of sexual health*

STRATEGIES	ACTIVITIES
<b>6.1</b> Seek to work in partnership with researchers to undertake sexual health research	<b>6.1.1</b> Engage systematically with researchers to identify opportunities for collaboration, whether within the context of HIV or separately
	<b>6.1.2</b> Partner with research centres to improve the understanding of the context within which sexual transmission of HCV occurs
	<b>6.1.3</b> Consider partnering with STIGMA to develop research projects that provide in-depth analysis of STI surveillance data
<b>6.2</b> Monitor rates of STI infection in LGBTI communities	<b>6.2.1</b> Participate in existing forums such as the NSW HIV and STI Strategies Implementation Committees to access and interpret the latest data
	<b>6.2.2</b> Continue to support existing research such as SWASH and SGCPs
	<b>6.2.3</b> Advocate for better collection of gender information so that the needs of people with trans experience is better understood
	<b>6.2.4</b> Work in partnership with STIGMA and the NSW Public Health Unit to monitor STIs



## GOAL SIX CONT...



*Increased evidence base of the factors impacting on sexual health in LGBTI populations and of effective interventions to reduce negative impacts of sexual health*

### STRATEGIES

### ACTIVITIES

#### 6.3

Work with researchers to improve shared knowledge of effective interventions

#### 6.3.1

Seek partnerships with researchers to evaluate the impact of ACON's sexual health programs

#### 6.3.2

Develop a discussion paper on the data and debate about syphilaxis trials and consider advocacy and community education arising from this work

# POPULATIONS

*ACON's historical engagement with people from LGBTI communities means that we have experience in connecting with, and providing health services that are meaningful to, these populations, especially for gay men around HIV and STI prevention.*

Some of this expertise may vary when it comes to the broader health issues affecting LGBTI people, and specific sub-populations within our communities. This is why it is important that we partner with other health and community organisations, research and clinical groups, and peer leaders that have the technical and social expertise to help us effectively respond.

Where the evidence suggests disproportionality in health outcomes for the LGBTI people with following diverse backgrounds:

- Aboriginal and Torres Strait Islander people
- Culturally and Linguistically Diverse (CALD) people
- Trans and gender diverse people
- People with disability.

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, and any number or combination of other sexual and gender identities.





## DIVERSITY

Working with LGBTI communities means identifying and addressing common issues that impact on the community as a whole, as well as recognising the diverse range of experiences and health disparities that may affect individual groups disproportionately, therefore, needing to provide a more tailored and targeted approach.

In order to deliver effective and culturally relevant health services, ACON acknowledges the importance of recognising diversity within each community group under the LGBTI community acronym.

This means acknowledging that experiences of cultural, sexual, sex, and gender diversity vary, as does the extent to which an LGBTI identity is central to self-definition and community affiliation, including how experiences of social stereotypes and prejudice across these social determinants can impact on health outcomes (Meyer 2001, p. 856).

These differences need to be taken into account when building targeted and effective public health interventions. As such, ACON will utilise different strategies and approaches to ensure that messaging and targeting is relevant to each key sub-population

## EVIDENCE BASED

Evidence based responses are essential in maintaining the effectiveness of our work and the trust of our communities and funders. ACON maintains close and collaborative ties with key research centres within Australia and incorporates new evidence and research into strategic, organisational and program planning.

In addition to honouring the individual needs of our clients, we will ensure that our programs and services reflect good practice and, where possible, are 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.

*ACON acknowledges the importance of recognising diversity within each community group under the LGBTI community acronym.*

*Evidence based responses are essential in maintaining the effectiveness of our work and the trust of our communities and funders.*

# PRINCIPLES



Over the life of this Action Plan, our commitment to improving sexual health and preventing HCV in LGBTI communities will be underpinned by the following principles:

## STATEWIDE 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 regional outreach program and our offices located in Sydney, the Hunter Region, and the Northern Rivers.

We will continue to allocate resources where they will have the greatest population level impact and ensure that our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

*We will continue to allocate resources where they will have the greatest population level impact...*

## ‘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.

*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.*

## PARTNERSHIPS

Working in partnership is integral to ACON's success in delivering effective programs across the diversity of our communities, as well as our ability to deliver a state wide reach of these programs.

Maintaining and building partnerships involves collaborating with key partners including communities, governments, NGOs, sexual health coalitions such as STI Gay Men's Action Group (STIGMA) and the CALD Gay Men's Action Group, healthcare providers and researchers to maximise the inclusiveness and relevance of health promotion strategies.

## 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. In relation to this Action Plan, we will assess the extent to which its objectives have been realised during the course of its intended time span, and adjust our immediate priorities in the light of the progress made to date.

At the conclusion of this Plan, the data collected from all contributing programs and projects, and periodic reviews, will be reviewed and evaluated in order to determine the extent to which we have effectively implemented the Plan.







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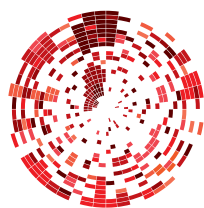
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## ACON STRATEGIC PLAN 2013-2018



## HIV ACTION PLAN 2013-2018



## LGBTI HEALTH OUTCOME STRATEGIES

