ACON SUBMISSION TO

Senate Standing Committees on Community Affairs

Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

September 2021

HERE FOR HEALTH

About ACON

ACON is Australia's largest health organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

Our head office is in Sydney and we also have offices in Lismore and Newcastle. We provide our services and programs locally, state-wide, and nationally. Our services across regional NSW include counselling, care coordination, needle and syringe programs, substance support counselling, sexual health clinics, outreach, community information, and referrals.

We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected voice.

Members of Australia's sexuality and gender diverse communities experience health disparities when compared to health and wellbeing outcomes experienced by the total population. They may also face significant barriers to accessing traditional healthcare pathways.

We recognise that members of our communities share their sexual and gender identity with other identities and experiences and work to ensure that these are reflected in our work. These can include people who are Aboriginal and Torres Strait Islander; people from culturally, linguistically and ethnically diverse, and migrant and refugee backgrounds; people who use drugs; mature aged people; young adults; and people with disability.

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ACON acknowledges the Traditional Owners of the lands on which we work. We pay respect to Aboriginal Elders past, present and emerging.

Executive Summary

People in outer-metropolitan, regional and rural areas face a number of issues accessing GPs and other primary health services, especially around cost, accessibility, wait times and availability of services.

For LGBTQ communities, these issues are compounded by a lack of services able to address a range of unique and complex health needs. LGBTQ people in Australia face disparities in terms of their mental health, sexual health, rates of substance use, and cancer risk compared with the non-LGBTQ population.

There are very few LGBTQ-inclusive primary care services outside inner-city areas and an acknowledged lack of confidence and capacity of the current workforce to cater to the specific health needs of this population. Trans-affirming primary care service gaps are particularly pronounced.

These gaps result in poorer health outcomes for LGBTQ people in outer-metropolitan, regional and rural areas. Sexuality and gender diverse communities outside of the inner-city are more likely to report poorer mental health outcomes and higher incidences of harassment due to stigma and discrimination.

Significant barriers to accessing quality health services that are inclusive and knowledgeable of our health needs result in lower testing and screening rates, delays in accessing GPs, and significant ongoing health disparities. Gaps in primary care gaps are also a concern for people living with HIV and for HIV prevention.

Our research suggests there is insufficient knowledge of HIV guidelines among GPs, with particularly worrying knowledge gaps on biomedical HIV prevention options. 44% of people living with HIV (PLHIV) in regional and rural areas report having to travel more than 50km to visit their HIV doctor.

Primary health services in outer-metropolitan, regional, and rural areas must be supported, expanded, and funded to provide health care that is inclusive of LGBTQ communities and PLHIV, aware of our significant health disparities and trained to address them.

NGOs and community organisations have a role to play in healthcare delivery. ACON has developed a vision and feasibility study for a Health Centre that integrates public, private, Commonwealth and State government funding streams and integrates care in key areas of health need. The design comes from decades of experience, and a real desire to stop our people falling through cracks created by silos in the federated health system we work within.

This submission provides more detail on the health disparities experienced by our communities, and the current state of the provision of primary health services to LGBTQ communities in outer-metropolitan, regional and rural areas, as well as the role that community-based health centres can play in improving service delivery for target populations.

Recommendations

ACON makes the following recommendations to improve the provision of primary health services for sexuality and gender diverse communities in outer metropolitan, regional, and rural areas:

- **Improve access to affordable and accessible services outside of the inner-city:**
    - Continue to provide MBS-scheduled items for telehealth (including tele-mental health) so that people in outer metropolitan, regional, rural and remote communities can continue to access subsidised health care that suits their individual needs, including that from LGBTQ-specific services.
    - Increase Medicare rebates so that GPs are able to bulk-bill clients in a way that is sustainable for their health practice.
    - Ensure all people residing in Australia have access to affordable primary health services by extending Medicare access to a broader range of visa categories.
    - Find strategies to address GP retention in rural and regional areas.
- **Increase access to LGBTQ-inclusive preventative health services in regional and rural areas, especially sexual and reproductive health services, including through the development of the LGBTQ peer workforce.**
- **Integrated health care models, such as that proposed by ACON's Health Centre, are adopted across the country to ensure minimum standards for LGBTQ-inclusive health service delivery nationally. For example, ensuring**:
    - GPs and primary health services build their capacity to be inclusive of and knowledgeable about the health of sexuality and gender diverse communities
    - Health services work with community organisations to provide peer support in navigating health systems
    - Fund and incentivise inclusivity training for primary health services, including mental health services.
    - GPs are trained to deliver gender-affirming care to trans people.
- **Commit to working with community-based organisations to achieve reform in health**
- **Improve access to HIV testing, treatment and care, including through:**
    - Greater access to s100 prescribers so that people living with HIV do not have to travel as far to maintain treatment.
    - HIV education for primary care professionals and for the general public.
- **Ensure health information is inclusive of people of diverse sexualities and genders, available in multiple languages and accessible formats.**
- **Ensure health services are actively working to ensure their services are accessible, and culturally safe for Aboriginal and Torres Strait Islander people, people from culturally, linguistically and ethnically diverse and migrant and refugee backgrounds, and people of colour, including LGBTQ people within these cohorts.**

Introduction

ACON welcomes the opportunity to provide this submission regarding the provision of general practitioner and related primary health services to people in outer metropolitan, rural, and regional areas.

We make this submission particularly as it relates to the communities we serve in outer metropolitan, rural and regional NSW, and we endorse the submissions of our peak organisations, the Australian Federation of AIDS Organisations (AFAO) and LGBTIQ+ Health Australia, in providing a national perspective. We also endorse the submission of Family Planning NSW, recognising our shared commitment to reproductive and sexual health, sexuality education and health promotion.

LGBTQ communities experience disproportionately worse health outcomes compared to the general population in Australia[1] due to a number of systemic and societal factors. These disparities are, in many cases, a result of stigmatisation, discrimination and a fundamental lack of understanding about the lives and bodies of people of diverse sexualities and genders.

After decades of advocacy, ACON has seen greater recognition of the health disparities for sexuality and gender diverse people. Our communities are now considered priority populations in a number of national and state policy documents. However, this is frequently where the recognition ends, and this acknowledgement has often not translated into meaningful improvements in the availability of appropriate services and programs.

Currently, there is limited availability of LGBTQ-inclusive and integrated models of care that are specific to the needs of our communities. The general capability of health care providers to sensitively manage and respond to LGBTQ health needs is also limited. This challenge stems from various factors including negative, and at times traumatic, experiences with mainstream services and the lack of training and capacity of the existing workforce, leading to increased health service avoidance.

Fuelled by our desire to see improved health care service access and delivery for sexuality and gender diverse people – and being very cognisant of the common language expressed by both State and Commonwealth governments when it comes to reform in health – ACON has developed an integrated, person centred, multidisciplinary health care model for LGBTQ communities.

Given the relative inflexibility of State and Commonwealth government systems, the fragmented nature of the responsibilities for the system, and the connections communities form with health services that represent and are controlled by them – a community based, non-government, and highly experienced organisation can act as an ideal conduit to realising some aspirations of health care reform. In ACON's case, this will be a statewide service, dedicated to reforming health care for sexuality and gender diverse people across NSW.

There is a long-standing perception that LGBTQ people are concentrated in inner cities, however, sexuality and gender diverse people are geographically distributed in ways that mirror the general population, with an estimated 29% of sexuality and gender diverse people living in regional and remote areas.[2] Services for our communities tend to be concentrated in inner-city areas, despite this population distribution.

A lack of services leads to poorer health outcomes. LGBTQ people from rural, regional and outer suburban areas are more likely to rate their health as poor or fair than LGBTQ people from inner suburban areas, and all LGBTQ people rate their health more poorly than the general population.[3]

The added barriers to appropriate health care create significant health disparities that must be addressed. This is especially compounded for members of our communities in these areas who are trans, including Brotherboys and Sistergirls, Aboriginal and Torres Strait Islander LGBTQ people, LGBTQ people from culturally, linguistically and ethnically diverse or migrant or refugee backgrounds, and those living with a disability or chronic condition, including HIV.

People living in rural and regional areas have lower rates of STI testing[4] and cervical cancer screening.[5] Our communities in particular face barriers to testing and screening, because stigma and discrimination can result in past poor experiences of care, and also lead to fears of fully disclosing to health workers. This is particularly compounded for Aboriginal and Torres Strait Islander members of our communities, who face additional barriers to testing and sexual health services.[6]

In addition, the mental health of sexuality and gender diverse people living outside of major cities is extremely concerning, especially the mental health of trans people, including Sistergirls and Brotherboys. Data from *Private Lives 3*, Australia's largest survey of LGBTQIA+ people, indicates that almost half of its participants who live outside of inner cities experienced suicide ideation in the last 12 months.[7]

This figure is even higher for young LGBTQA+ people aged 14-21. *Writing Themselves in 4*, Australia's largest survey of LGBTQA+ young people indicates that almost two-thirds of participants in rural/remote areas reported experiencing suicidal ideation in the last 12 months.[8]

In both studies, these rates are higher than those living in inner cities, and it is trans people who disproportionately carry this burden. Gender affirming care for trans people is a protective factor against suicidality, and is therefore extremely important to provide Australia-wide.[9] LGBTQ people living in inner cities report higher rates of accessing both LGBTQ-inclusive services and any mental health service, suggesting the great need for tailored mental health services outside of inner-city areas to address these concerning statistics.[10]

These health disparities point to the need for inclusive regional mainstream services, and community-controlled services that can operate across a broad geographical area through innovations like telehealth. Our response to the relevant terms of reference (a, c and d) of this inquiry are detailed below.

(a) The current state of outer metropolitan, rural and regional GPs and related services

People living in rural and regional areas are twice as likely to delay a visit to a GP due to cost,[11] are more likely to be unable to access their preferred GP, more likely to wait longer than acceptable for a GP, and less likely to be covered by private health insurance, than those in the inner-city.[12]

Feedback from ACON's research, programs and services tells a similar story: our communities generally find it difficult to access inclusive services that are welcoming, knowledgeable about our health needs, affordable, and accessible, and this is further exacerbated outside of the inner-city. This creates further barriers to accessing care, longer wait times for inclusive services, and poorer health outcomes for our communities.

Our clients have told us harrowing stories:

"I only wanted my bloods taken but I spent 20 minutes hearing how my parents must be killing themselves [over my gender affirmation]"

"Based off the lack of support for my concern and the judgment from my GP, I feel my concerns are maybe a 'me' problem, not a legitimate health problem other GPs would listen to and hear me out for"

"In the past I have been denied the help I have requested for sexual health"

"I know a gender diverse person who tried to get a mental health care plan but instead just got interrogated about their gender expression and we ended up taking them to the mental health unit"

"It's scary to reach out for help especially when the people you're reaching out to don't know what it's like to be queer."

Our staff in regional areas recount similar stories:

"A young gay man went to a doctor for a PrEP script, Dr had never heard of it, so opened the consult door and asked another doctor in the waiting room about the drug. The consult door was then left open, and everyone in the waiting room could see the client and knew what they were there for."

"An endocrinologist said a patient's gender experience (trans person) is due to a hormone imbalance associated with a medical condition and they just need to lose weight."

"A local victim of crimes (VOC) counsellor told an adult bisexual woman that her sexuality is a result of the crimes committed against her as a child."

"An older lesbian woman went to the GP for cervical screening. Had disclosed to the GP that she was with a cisgender female partner of more than 15 years and that they were monogamous. After having trouble inserting the speculum the Dr recommended that the woman get some oestrogen cream to use in the future and said 'it will make it easier for men to have sex with you'."

"GPs not requesting appropriate STI screening tests. A gay man asked for full sexual health screening, including anal swab. The GP's request to lab did not include anal or throat swabs, and the lab only reluctantly changed the form to include these."

ACON's Pride in Health and Wellbeing Programs outlines the key concerns for our communities outside of the inner-city:

> There is significantly less choice of service providers in regional and rural communities, and the only choice within the nearest town may not be an affirming service, causing the person to choose to avoid care, not disclose or to travel further incurring additional cost and time constraints. There is also less LGBT-specific services offered outside metropolitan areas, once again requiring gender and sexuality diverse people to travel or use mainstream services that may not be inclusive or educated in their specific health needs.[13]

Why LGBTQ people delay access to primary care

Research conducted by ACON provides insights into the experiences, challenges and barriers faced by LGBTQ people accessing healthcare in regional, rural and remote areas, as well as their overall health and wellbeing. In 2020, we surveyed 581 people of diverse genders and sexualities across NSW, including 184 people living in regional, rural and remote NSW, representing 32% of total respondents.

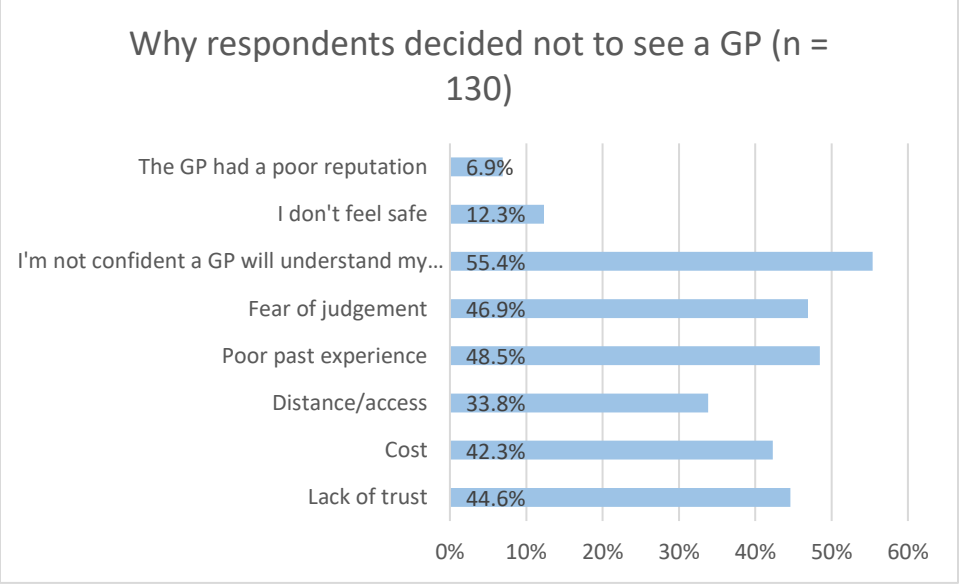
Of those responding to the survey who lived in regional, remote or rural NSW, 51% were gay or lesbian, 19% were bisexual, 18% were queer, 9.2% were straight and 3% identified as something else. 53% were female, 33% were male, 11% were non-binary and 3% identified as another gender. Of the total respondents, 24% were transgender (male, female or non-binary). 9% of respondents were Aboriginal and 1% were Aboriginal and Torres Strait Islander.

The percentage of survey respondents living with a disability was 24%. This is slightly higher than the percentage of the general Australian population living with a disability, with a prevalence rate of 18%.[14] 44.8% of survey respondents were living with a chronic condition, which is comparable to the general Australian population, who experience chronic conditions at a rate of 47.3%.[15]

Analysing the data from regional participants demonstrates a delay in accessing care, and a strong preference for inclusive and knowledgeable services.

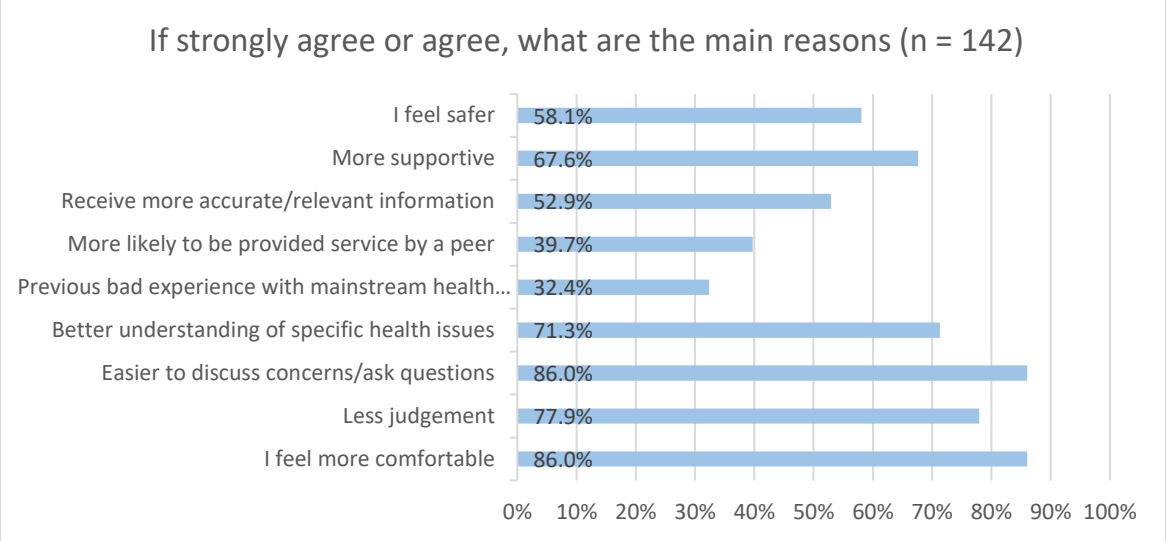
Concerningly, 70.3% of regional, rural and remote survey respondents indicated that they had decided to not see a GP when they needed to, compared to 61% of respondents living in greater Sydney.

The most commonly reported reason for not seeing a GP is a lack of confidence in a GP's ability to understand their life and health needs. Other reasons for not seeing a GP are provided in the figure below.



39% of regional, rural and remote survey respondents indicated that they had a health concern they were not seeking help with, while 77% strongly agreed or agreed that they were more likely to access health care services from a provider that specialised in care for sexuality and gender diverse people.

The most commonly reported reasons for this preference were that they would feel more comfortable, they would find it easier to discuss concerns, and would feel less judgement. Other answers are provided in the figure below.



This data, drawn from our health centre feasibility study, reflects the concerns we have heard from communities engaging in our programs, particularly around the need for inclusive, knowledgeable services that are affordable, accessible, respectful and confidential.

Inclusive and welcoming services

Members of our communities in outer metropolitan areas are least likely to feel accepted at a health service, followed by those in regional or rural areas.[16] However, accessing an LGBTI-friendly service is a priority.[17] Data from the Australian Workplace Equality Index demonstrates a clear mismatch of inclusion efforts in regional areas as compared to inner cities, which means even fewer services for our communities to choose from in their local areas.[18]

Feeling connected to the community is positively associated with resilience, psychological well-being, and better access to support.[19] There are many reasons our communities may be drawn to regional and rural areas, despite a less visible community. For example, despite geographical barriers to accessing treatment, people living with HIV in rural and regional areas report higher quality of life than those living in the inner city (though those living in outer metropolitan areas report the lowest quality of life).[20]

Aboriginal and Torres Strait Islander people typically report better social and emotional wellbeing when connected to country.[21] It is important to note that many Aboriginal and Torres Strait Islander members of our communities struggle to feel welcome simultaneously in Aboriginal and Torres Strait Islander communities and LGBTQ communities, due to the systemic nature of racism and discrimination, which has added implications for their health.[22]

However, because safe and inclusive services are concentrated in inner-cities, LGBTQ people living outside of these areas lack visibility, and a lack of inclusive services, which reduces community connection and the resilience it provides.

It is common for community members to report experiences of health care providers making assumptions about, or pathologising their identity, resulting in inadequate and even traumatising care.

Services need to be understanding of the intersections of our communities as well. It is not enough for a service to be LGBTQ-inclusive, if, for example, it is not also culturally safe for Aboriginal and Torres Strait Islander communities or culturally, ethnically and linguistically diverse communities. Services in regional areas often lack in-language resources and access to interpreters,[23] and those that do are not necessarily LGBTQ-inclusive or accredited.

There is a need for both new, person-centred service models, and capacity building within existing services. Person centred care is what ACON excels at, because we work for and are part of, the communities we serve.

Knowledge and training

A major reason many services don't feel welcoming or inclusive is because they lack the necessary knowledge and training to provide health care services to our communities. GPs surveyed for ACON's Pride Training programs demonstrated a lack of knowledge or previous LGBTQ-inclusivity training.

Furthermore, there are often issues of retention in regional community services, including health care and other services like police, which means that trained and knowledgeable service providers frequently re-locate.[24]

A lack of knowledge about our communities is directly related to patients being less likely to access relevant HIV and STI testing, cancer screening, and other forms of preventative health care. Peer-staffed services are a successful model in this space because of the access to welcoming, inclusive, knowledgeable staff with lived expertise that they provide.

Conversely, members of our communities report that GPs lack knowledge around gender-affirming care, prescribing PrEP, and cervical and STI screening for our communities. One client provided this testimonial:

> *"I went to the [name removed] Health Service for the results of a previous sexual health test and a prescription for PrEP. My appointment was with Dr [name removed]. Dr [name removed] was happy to provide my results; however, they did not know what PrEP was. I explained that it was a pre-exposure prophylaxis to reduce the risk of HIV and they informed me that they vaguely remembered reading an article about it a few months prior but they were not aware of the current literature surrounding the drug. They advised that they were unable to prescribe me PrEP and only the Sexual Health Clinic are able to do this. I challenged her on this as I knew that GPs could prescribe PrEP but they insisted that they could not and offered to write me a referral to the sexual health clinic instead."*

In addition to not being provided adequate medical advice and care, this client faced inappropriate questions at odds with relevant guidelines[25] and ethical conduct[26]:

> *"When writing the referral, they were unsure of the details to include. This resulted in a very poorly worded referral which read 'Thank you for seeing [name removed], age [removed], he is a homosexual and he is looking for PrEP'.*

After handing me the referral, Dr [name removed] then asked if they could ask me a few questions. These were invasive questions about my sexuality:

'how long have you been homosexual for?',

'do you believe you were born gay or is it something you chose?',

'have you ever tried being with a girl?',

'have you ever been attracted to girls?'

'Do you remember being attracted to girls as a child?'."

Such experiences often result in trauma for the community members and act as a deterrent for accessing care in the future.

In the 2020-21 financial year, ACON's Hunter branch delivered inclusivity training sessions to 46 services. Greater funding for training and inclusion via ACON's Pride Training and Pride Inclusion Programs, as well as the capacity-building integrated into the Health Centre model, and other similar Rainbow Tick accreditation programs across the country would help address some of these knowledge gaps and the barriers they create.

Costs and accessibility

Because of the Medicare Rebate freezes, very few GPs are able to provide bulk-billed services, and this is particularly apparent where there are fewer services in more rural and remote areas. Furthermore, there is less funding available for regional and rural services, with one study suggesting that within mental health care, for every $1 spent on Medicare in metro areas, only 77c is spent in rural areas, and just 10c in remote areas.[27]

44% of people living with HIV in regional and rural areas report having to travel more than 50km to visit their HIV doctor.[28] Access to s100 prescribers is limited outside of the cities, especially in remote parts of the country.

The lack of services that are inclusive and knowledgeable of the health needs of sexuality and gender diverse people, coupled with the lack of services more broadly, means that cost and accessibility continue to create barriers to effective health care.

One way to mitigate some of these barriers is through the continued provision of Medicare-rebated telehealth services. Research both in Australia[29] and around the world has indicated that telehealth is an important intervention for vulnerable populations, including LGBTQ people.[30] Telehealth provides access to friendly and inclusive services, without the barrier of geographical distance.

Telehealth has been especially valuable in providing mental health care for our communities, with 46% of ACON's counselling services in the year to August 2021 provided via telehealth. In addition to mental health, telehealth is a valuable service for those requiring essential follow-up care, including those accessing sexual and reproductive health services. Feedback from ACON's communities indicates that telehealth is especially important for trans clients accessing vital gender-affirming care.

Of course, Medicare-subsidised telehealth cannot and should not be the only solution. It is important that people outside of cities are able to access inclusive and affirming health care in person. It is not

enough to transplant a city model of health care onto a regional or rural area via telehealth without thought or care for the particular circumstances of being part of a regional community.

Furthermore, not all members of our communities are able to access Medicare, so other subsidised options need to be explored for the Medicare ineligible. Finally, access to digital infrastructure that can provide for telehealth is limited outside of cities, especially in more remote parts of Australia.

Telehealth must be part of a blended solution to the lack of adequate health care for LGBTQ people who live outside of the inner city.

Concerns around privacy, stigma and discrimination

There is evidence to suggest that members of our communities in rural or regional areas are less likely to disclose their identities than those in inner cities, including to friends,[31] their regular GP,[32] and to health services more broadly.[33] This can be due to a fear of homophobia or transphobia, stigma and discrimination,[34] as well as concerns around privacy and confidentiality in smaller communities.[35]

Young LGBTQA+ people living outside of inner-city areas are more likely to report experiences of harassment,[36] and people in same-sex relationships in areas where stigma is more prevalent visit the GP less often, use more medication to treat mental ill-health, and are more likely to report having a disability or receiving support payments.[37]

Experiences of marginalisation and stigma, as well as nondisclosure of sexuality, can exacerbate health concerns (particularly regarding mental health) and discourage health service seeking behaviour, adding to the existing barriers to accessing appropriate primary health care in these regions. This is particularly important for people living with, and people at risk of, HIV, due to the prevalence of HIV-related stigma, and its impact on testing, treatment, and quality of life.[38]

Other issues that impact access to quality health services

Sexuality and gender diverse people living outside of the inner-city are more likely to experience **homelessness**,[39] and people living with HIV outside the inner city are more likely to report experiencing financial stress.[40] This can compound health issues and increase barriers to accessing services.

Family violence is also an issue of concern in rural areas, equally among sexuality and gender diverse communities in these areas. Research tells us that the majority of LGBTQ+ people who experience sexual, domestic and family violence (SDFV) do not disclose their experience. However, when LGBTQ+ people do report their experiences of violence, they are more likely to do so to a health and wellbeing service provider than a specialist domestic and family violence service. Data from Private Lives 3 indicates that 18.7% of respondents who reported experiencing DFV reported their most recent experience to a counselling service or psychologist, compared to just 2.3% of respondents who reported to a domestic or family violence service.[41]

Health and wellbeing services must be trauma-informed and inclusive and safe for LGBTQ+ people. If LGBTQ+ do not feel safe accessing services or disclosing their identity, they will not disclose their experiences of sexual, domestic and family violence (SDFV). This hampers identification and earlier intervention with people in need.

(c) The impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional access to quality health services

Evidence from our services in the regions suggests that COVID-19 has had an impact on wait times for all health services, especially for sexual health testing and mental health services. Our mental health and care coordination services, including telehealth services delivered from Sydney, are currently reporting their longest ever wait times. Sexual health clinics are operating with skeletal staff as many health care workers are seconded assist in the COVID-response.

Border closures due to the COVID-19 pandemic have had a major impact on the border communities we service, especially at the NSW/QLD border, but also the NSW/Victoria border. These communities report difficulty accessing specialist services over the border, as well as increased stress caused by the confusing restrictions and increased interactions with police, with whom our communities have historically had difficult relationships.[42] Some community members have reported having to temporarily relocate in order to receive care, away from family and community, further increasing the stress of the pandemic and of receiving health care for serious illness.

(d) Any other related matters impacting outer metropolitan, rural, and regional access to quality health services

ACON's Health Centre

As outlined in the introduction, ACON has developed an integrated, person centred, multidisciplinary health care model for LGBTQ communities, to bridge the gaps in our health systems that allow vulnerable populations to fall through the cracks.

As a community-based organisation, we are able to play an essential role in health care delivery in order to address some of the urgent health needs this submission has addressed. The ACON Health Centre will provide services to people outside of the metropolitan area through telehealth services, shared care arrangements, and clinician to clinician advice.

During the consultations with rural and regional communities and health care providers to inform the Health Centre, there was a clear need for the Centre to play a role in both system and individual support. Consistent feedback included the need for the Centre to build capacity within, and connection between, local health care providers; provide targeted peer support to assist with system navigation and retain them in care.

Based on the clear and pressing needs of our rural and regional communities outlined in this submission, we have put forward two enhanced state-wide service model options. These models improve support provided to clients, and strengthen networks and referrals between clinicians and services across the State. In summary, these two enhanced state-wide service model options are:

A. Supported state-wide model: in line with the way many LGBTQ people navigate health services (sharing information between community networks), the value demonstrated by peer workforces in the HIV and mental health sectors (among others), and ACON's own experience – this enhancement to state-wide access leverages the importance of peer workers to connect with community, support and assist service connection, access and retention in care. This model provides direct peer support for rural and regionally based community members and clients of the Centre, along with some capacity to provide advice and support for local health providers across rural and regional NSW (whether they be GPs, NGOs, Local Health Districts and others).

B. Integrated, capacity building state-wide model: in addition to the benefits described in the approach above (A), this approach combines the need for peer leadership and support for clients, with a more structured, formal role to provide for capacity building and focus on building networks, knowledge, skills and confidence in the rural and regional health workforce. This approach would deliver expertise, training and advice, support local care-coordination, assist with referral network identification and the establishment of local relationships. This model also includes the provision of Safe Access Points to enable marginalised and at-risk LGBTQ people who need a safe place from which to access care and support from the ACON Health Centre, a peer worker or both.

The benefits of investing in these enhancements and a stronger state-wide approach to service provision include improved connection and engagement with local services, and provide a vital enhancement to the current capacity of the workforce to deliver culturally sensitive care that caters for the needs of LGBTQ communities in areas that currently report very poor access to health care services.

The rollout of this model will aid the current state of primary health services for LGBTQ people in outer metropolitan, rural and regional NSW. Adopting a similar approach in other states with other community-controlled NGOs would assist in addressing the concerns we have outlined in this submission nationwide.

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