

ACON PRE-BUDGET SUBMISSION 2022-23

January 2022





About ACON

ACON is NSW's leading 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.

We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected peer 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 we actively 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

ACON welcomes the opportunity to provide a Pre-Budget Submission. Our Submission seeks a \$12.905 million funding commitment for the forthcoming *NSW LGBTIQ+ Health Strategy* (“the draft Strategy”).

We have identified five areas within the draft Strategy that require investment to achieve the draft Strategy’s vision: education and training, mental health initiatives, addressing service access, trans health, and data collection. We have provided suggested investments for each of these of these areas: one investment over the life of the draft Strategy, one over three years, two for the first two years of the draft Strategy, and one for the first year of the Draft Strategy.

This funding represents a valuable investment for the NSW Government, as many of the draft Strategy’s outcomes align with the State Outcomes contained within the Health Cluster, and the Premier’s Priorities. Funding for initiatives to improve the health and wellbeing of LGBTIQ+ people are critical in order to improve the provision of high-quality health care in NSW and increase health equity.

It is essential to stress that the investments outlined in this submission represent an initial first step in addressing the health issues facing LGBTIQ+ communities and achieving the health outcomes outlined in the draft Strategy. Further investment will be required, over time, to ultimately achieve the vision outlined in the draft Strategy, to improve the provision of care for LGBTIQ+ people, ensuring it is high quality, safe, inclusive, and responsive.

Recommendations

\$12.905 million is needed to commence initial implementation of the forthcoming *NSW LGBTIQ+ Health Strategy*.

This is broken down as follows:

1. Education and training for NSW Health staff: \$3.685 million over the life of the Draft Strategy (five years)
2. Specific mental health initiatives for LGBTIQ+ people: \$3.42 million over three years
3. Addressing service access and service gaps for LGBTIQ+ people: \$3.3 million over two years
4. Respond to the health needs of trans people: \$2.5 million over two years
5. Improve data collection to monitor outcomes of the Draft Strategy and the health and wellbeing of LGBTIQ+ people: expert analysis is needed before this can be costed

Introduction

The focus of this Pre-Budget Submission is to seek a commitment to additional funding towards supporting the outcomes outlined in the forthcoming *NSW LGBTIQ+ Health Strategy*. LGBTIQ+ refers to lesbian, gay, bisexual, transgender, intersex, queer, and the + represents people of other diverse sexualities and genders not captured in the letters of the acronym. People of diverse sexualities and genders may use other terms to describe themselves.

To be successful, the draft Strategy needs to inspire and educate leaders of Local Health Districts, Networks, Pillars, and other entities included in the scope of the draft Strategy to take meaningful and ongoing action.

ACON understands health services are stretched, and in many areas, lack the expertise and training to deliver on the outcomes sought within the Strategy.

For this reason, ACON is providing this submission in order to support our health partners to build capacity. Without dedicated Government funding for specific programs to assist with this work, it will be difficult for Local Health Districts, Networks and Pillars to meet the expectations of the community, the Ministry and LGBTIQ+ communities within NSW.

LGBTIQ+ people in NSW face significant health disparities, and we welcome the forthcoming Strategy as a critically important opportunity to engage the NSW health system in actions that culminate in improving the health of sexuality and gender diverse people. We understand that the stage budget adopts an outcome budgeting approach, and the draft Strategy will have tangible impacts particularly on the State Outcomes contained in the Health Cluster:

1. People receive high-quality, safe care in our hospitals
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. Keeping people healthy through prevention and health promotion
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

While programs specific to LGBTIQ+ populations are also required to achieve the State Outcomes in other clusters, including Education, Premier and Cabinet, Regional NSW, and Stronger Communities, this submission will focus on securing a commitment to fund work that will directly support the *NSW LGBTIQ+ Health Strategy*.

ACON understands that being intersex is distinct from being sexuality or gender diverse. Being intersex is about sex characteristics, rather than sexual orientation or gender. As a peer-based organisation, we will stand alongside intersex people as allies, affirming their right to self-determination and supporting the work of peer-led intersex networks.

In this way, this submission does not provide comment on the funding required to achieve the milestones in the draft Strategy that relate to intersex populations and encourage the NSW government to consult with intersex organisations such as Intersex Human Rights Australia to ascertain funding commitments for these milestones.

Throughout this document, where we are referring to populations captured by the draft Strategy, we use the acronym LGBTIQ+. Where we are referring to specific populations captured in research, we use the acronym adopted by the researchers. When referring to the populations that ACON works with, we use sexuality and gender diverse communities, or the acronym LGBTQ.

The NSW LGBTIQ+ Health Strategy

The forthcoming Strategy provides direction for NSW Health organisations and staff to support the improvement of health and wellbeing outcomes for LGBTIQ+ people in the community, and LGBTIQ+ staff within the NSW Health system. The draft Strategy is informed by an extensive consultation process and a comprehensive needs assessment.

The draft Strategy has a vision to improve the provision of care for LGBTIQ+ people, ensuring it is high quality, safe, inclusive, and responsive. The draft Strategy outlines four strategic priorities to achieve this vision, informed by core guiding principles of human rights, access and equity, partnerships, person-centred care, and gender-affirming healthcare.

Outcome budgeting is based on similar person-centred principles, and we further encourage the NSW government to consider human rights, access, and equity when measuring success against state outcome indicators.

People of diverse sexualities and genders and members of other minority groups are often left behind when outcome-based approaches consider the population as a whole, without considering the diverse access and equity needs across the population. To effectively meet state outcomes, targeted, tailored and specific approaches are needed across NSW's diverse population.

The draft Strategy recognises the need for tailored approaches and affirms the importance of recognising the diversity of LGBTIQ+ populations. It takes an intersectional approach to achieving its aims, and the importance of co-design and lived experience is evident throughout the draft Strategy.

The draft Strategy aligns with and contributes to broader health goals in NSW, intersecting with other relevant NSW Health policies, plans, strategies, and frameworks, as well as State Outcomes reflected in the Budget Outcomes Statement.

The draft Strategy is needed because of the significant health disparities faced by LGBTIQ+ people in NSW, due to several systemic and societal factors. LGBTIQ+ people also face significant barriers to accessing healthcare, including stigma and discrimination, past poor experiences, and fear of disclosure.

These health disparities and barriers to care mean that LGBTIQ+ people are priority populations in many health strategies in NSW and Australia wide, including strategies that focus on mental health and suicide prevention, HIV, STIs, cancer, alcohol and other drugs, and preventative health.

The draft Strategy acknowledges the funding committed to the development of the ACON Health Centre in the 2021-22 budget, and we similarly welcome this commitment and recognise its significance in improving the health and wellbeing of LGBTQ people in NSW. However, to achieve other milestones in

the draft Strategy, further investment is required to make all health services high quality, safe and inclusive for people of diverse genders and sexualities.

ACON estimates that an initial investment of \$12.905 million is needed to commence the initial implementation of the draft Strategy. ACON also recommends additional consultation with intersex organisations to ascertain the investment required to achieve relevant milestones for people with intersex variations.

Recommendation one: Education and training for NSW Health staff

The issue:

The draft Strategy's Health Needs Assessment found that just 47% of LGBT people in NSW felt accepted and understood by mainstream health providers.¹

ACON's own research conducted in 2020 reveals that people of diverse genders and sexualities delay access to care out of concerns that they will be misunderstood, subjected to judgemental attitudes and their needs not met.

Two thirds of the people surveyed stated they delayed seeking health care, because of a lack of confidence that their life and health needs would be understood (33%), fear of judgement (32%), poor past experience (28%), and lack of trust (27%). For people with increased health care needs, this proportion was even higher (77% for people living with a chronic health condition, 81% for Aboriginal and Torres Strait Islander people and nearly 83% for people living with a disability).²

In a survey conducted to support the development of the draft *NSW LGBTIQ+ Health Strategy*, 38% of NSW Health staff surveyed said they were not at all confident, slightly confident, or somewhat confident in supporting LGBTI people with their health needs.³

The combination of concern from LGBTIQ+ people and the lack of confidence from frontline staff, signals an urgent need for relevant, credible, and experience-informed training, across every LHD.

Delays in seeking necessary healthcare, especially for those with chronic conditions or those more vulnerable has implications for the broader health system – hospital admissions, hospital readmissions and increasing complexities in health conditions that would be better managed if care was accessed when it was needed or recommended.

Increasing the capacity of mainstream providers to respond to the specific health needs of LGBTIQ people would therefore have a positive impact on the State Outcomes pertaining to health promotion, preventative health, care in the community, and care in hospital settings.

The solution:

Healthcare providers are better equipped to respond to the needs of LGBTIQ+ patients when they have the skills to do so. Health professionals in NSW believe that further training, including via face-to-face modalities, is needed to ensure greater competence when treating LGBTIQ+ clients, with less than a third of survey respondents believing that their current knowledge of LGBTI health needs was sufficient for their work.⁴

Enhanced capacity to respond to the needs of people of diverse genders and sexualities will reduce some of the barriers to accessing healthcare, allowing for quality, safe and inclusive healthcare at all levels of the system. Findings from *Private Lives 3*, Australia's largest survey of LGBTIQ people in Australia demonstrate that 75% of respondents would be more likely to access a service that had been accredited as LGBTIQ-inclusive.⁵

ACON offers a range of training solutions and inclusion programs to strengthen inclusive and affirming practice of health service providers, increasing their capacity to deliver tailored, inclusive, and affirming services to sexuality and gender diverse communities, including content specific to the needs of Sistergirls, Brotherboys and First Nations LGBTQ+ communities.

Based on ACON's funding models and the need for a range of learning options that include face to face, eLearning and remote delivery, it is estimated that an investment of \$3.685 million is needed to roll out training across the 15 LHDs and 1 affiliated health organisation in NSW over the five-year life of the strategy. This figure represents an investment of \$250,000 for education and training for each metro LHD and Specialty Network, \$200,000 for each regional LHD, and a \$5000 travel budget per regional LHD.

This ensures the identification of specific learning needs, an audit of existing training options within NSW Health to develop and implement comprehensive LGBTQ inclusivity and affirming practice training, Communities of Practice, and ongoing development for senior leadership teams of every LHD and clinical leads across priority health areas, including mental health, sexual and reproductive health, social services, pathology, endocrinology, and drug and alcohol services.

Following this, a roll out of learning solutions for all NSW Health staff, including clerical, project, and clinical staff for the remaining life of the Strategy will be required. ACON's needs assessments for LGBTQ+ related training continue to identify trans-affirming practice as the number one priority for health professionals seeking to improve their understanding of and practice with LGBTQ+ clients.

Responsible parties:

The NSW Ministry of Health holds primary responsibility for auditing and improving training opportunities. To provide comprehensive, co-designed training, this work will need to be conducted in conjunction with:

- LGBTIQ+ people and community organisations, including non-government organisations
- NSW Health staff, including LGBTIQ+ staff and allies
- All NSW Health organisations
- External training providers

The outcomes:

Investment in education and training will support the development of a more responsive workforce, able to adapt to the needs of sexuality and gender diverse communities and therefore better achieve the vision of the draft Strategy. In addition, the state outcomes aspire that, within NSW health, “our people and systems are continuously improving to deliver the best health outcomes and experiences”. Part of this includes access to world-leading education and training.

Estimated cost: \$3.685 million over five years
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Recommendation two: Specific mental health initiatives for LGBTIQ+ people

The issue:

People from sexuality and gender diverse communities experience mental distress and suicidality at rates much higher than the general population, and trans people, Aboriginal and Torres Strait Islander people, and people with a disability or long-term health condition disproportionately carry that burden.⁶

LGBTIQ people are almost 20 times more likely than the general population to have considered suicide in the last 12 months, and more than 10 times more likely than the general population to have attempted suicide in the same period.⁷ In the largest survey of LGBTQA+ young people aged 14-21, 71% of trans respondents reported considering suicide in the last 12 months, and 14% had attempted suicide in the same period.⁸

The solution:

Evidence indicates that these concerning statistics may be improved by addressing stigma and discrimination within society and in health services, promoting resilience and other strategies of prevention, and providing timely access to tailored, sensitive and affirming mental health care.⁹

There is a growing body of evidence that suggests access to that gender affirmation, including social, medical and legal forms of affirming one’s gender, and connection to community have a substantial effect on trans people’s wellbeing and is a strong protective factor against suicidality.¹⁰

As mental health care is provided at both a state and federal level, the draft Strategy focuses especially on initiatives within NSW Health’s systems to reduce the burden of mental distress experienced by sexuality and gender diverse communities.

This can include upscaling the peer workforce and care coordination services and increasing access to mental health and suicide prevention services by people of diverse genders and sexualities through targeted interventions.

ACON's Health Centre Feasibility Study demonstrated that \$634,000 per year is needed to pilot a state-wide model for peer navigation to improve access to mental health and suicide prevention services. This cost covers 6 additional staff, a manager and five peer workers, and travel and office costs. To measure success, this program should be piloted for at least three years, representing an investment of \$1.9 million.

An additional \$400,000 over three years is needed to create targeted interventions and prevention initiatives for sexuality and gender diverse communities, including resilience building resources and workshops.

Trans-specific mental health initiatives are also required, given the elevated rates of suicidality experienced by this population. Based on funding provided to ACON by the Mental Health Commission of NSW to pilot a trans peer navigation program, \$600,000 is required to upscale this program across NSW for three years. \$520,000 is needed for peer education and resilience building programs for the same three-year period, covering two workshops annually, and access to Recognise and Respond training.

Responsible parties:

The NSW Ministry of Health holds primary responsibility for mental health initiatives outlined in the draft Strategy. These initiatives will need to be conducted in conjunction with:

- LGBTIQ+ people and community organisations, including non-government organisations
- All NSW Health organisations
- PHNs and primary care providers

The outcomes:

It is a Premier's priority and a State Outcome Indicator to reduce the rate of suicide deaths in NSW by 20% by 2023. It is critical that the mental health needs of people from sexuality and gender diverse communities are addressed, both because this is life-saving work for an already vulnerable community, but also to meet the outcomes and priorities of the NSW government.

Estimated cost: \$3.42 million over three years
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Recommendation three: Addressing service access and service gaps for LGBTIQ+ people

The issue:

As outlined earlier in this document, LGBTQ people frequently delay access to care. This is due to several complex and overlapping factors that can be addressed in part by improving the education and training of health professionals, but also requires targeted interventions to address fears of misunderstanding, stigma and discrimination, cost, health literacy, and other factors that contribute barriers to accessing health services among sexuality and gender diverse communities.

The barriers to accessing health services differ within populations of LGBTIQ people. For example, lesbian, bisexual and queer women with a cervix have typically low rates of presenting for cervical screening, and trans people with a cervix have even lower rates of cervical screening.¹¹

In NSW in 2020, more overseas-born men who have sex with men were diagnosed with HIV than Australian-born men.¹² Gay Asian men have significant health disparities compared to Australian-born MSM, due to several complex, layered and multi-factorial reasons, including structural barriers such as Medicare ineligibility, intersecting layers of stigma and discrimination, and a lack of culturally competent services.¹³

In addition, there is a long-standing perception that LGBTIQ 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.¹⁴ Services for our communities tend to be concentrated in inner-city areas, despite this population distribution, leading to lower self-rated health.¹⁵

The solution:

It has long been established that community-based organisations are very strongly placed to respond to complex health issues because of their depth of knowledge of the issues and unique position of trust within the community.¹⁶ Peer-staffed and trauma-informed services improve access to preventative care, such as cervical screening among trans people with a cervix, as is the case of ACON's CheckOut clinic.¹⁷

Furthermore, between 2015-2019, ACON's peer-based HIV testing service a[test] provided 1.3% of the total HIV tests in NSW but identified 13.4% of all new cases of HIV among gay and bisexual and men who have sex with men (GBMSM) and nearly one in five (19.9%) of total cases of HIV among GBMSM born overseas, indicating the effectiveness of the peer model.¹⁸

A key solution for the issue of access and service gaps was therefore committed to in the 2021-22 budget: funding for the ACON Health Centre. This funding will go a long way to ensure that community-based services are able to address some barriers to accessing health services, however, more commitment is needed to ensure that these barriers are minimised across the health system and throughout the state.

Furthermore, the ongoing funding ACON receives for its health promotion and preventative health initiatives, especially with regard to HIV, is an example of an extremely successful funding model in reducing service access gaps in NSW for sexuality and gender diverse communities.

However, specialist services and clinicians who have expertise in LGBTIQ+ healthcare are in short supply in NSW. While efforts to educate and build the capacity of mainstream services will make a difference over time, immediate steps are required to strengthen access to expertise across the State. GPs and clinicians working in the NSW Health system need support from clinicians and clinics where there is more expertise. Cost effective healthcare delivery is an important consideration for our health system, and as such, digital approaches to healthcare offer a way of sharing expertise and maximising the access to clinicians with experience across the State.

There is an opportunity to strengthen and better support healthcare delivery for LGBTIQ+ people in NSW through telehealth and other digital health care technologies. Key priorities of NSW Health include delivering more care in communities and closer to home – these goals require more investment in virtual healthcare delivery.

In addition to better access to inclusive services, interventions to improve health literacy are needed to encourage greater health seeking behaviour among sexuality and gender diverse communities, so that service gaps can be addressed at both the service and consumer level.¹⁹

It is estimated that in addition to the funding committed to the ACON Health Centre, improved education and training for NSW Health Staff and the ongoing funding ACON receives to implement its successful targeted HIV health promotion and testing initiatives, an additional \$2.6 million over two years is required to develop an integrated, capacity building state-wide model to increase service access, \$200,000 is required to develop interventions to improve health literacy, and \$500,000 is needed for research projects that seek to better understand service gaps.

The \$2.6 million integrated, capacity building state-wide model was costed in the Health Centre Feasibility Study and involves 11 FTE staff members: a manager, five peer workers and five capacity building coordinators that can work digitally and in person.

This model offers capacity building (training, advice, care-coordination) and integration by development of relationships across community and health organisations, referral networks and in some cases, SLAs in order to upscale access to health services particularly in regional and remote NSW.

Responsible parties:

All NSW Health organisations are responsible for addressing service gaps and improving access to services. These initiatives will need to be conducted in conjunction with:

- LGBTIQ+ people and community organisations, including non-government organisations

- Research partners
- NSW Ministry of Health
- Primary Health Networks (PHNs) and primary care providers

The outcomes:

The fourth outcome of the health cluster of the budget relates to “keeping people healthy through prevention and health promotion” which is seen as critical in order to promote public health, help people manage their own health, and promote equitable health outcomes.

Improving access to care and addressing service gaps through measures additional to community health services and education and training is therefore critical to achieving the vision of the draft Strategy.

Estimated cost: \$3.3 million over two years

Recommendation four: Respond to the health needs of trans people

The issue:

ACON’s consultations with the community and relevant health care professionals during our feasibility study for the Health Centre highlighted that there is a severe lack of gender affirming healthcare services for trans people – binary and non-binary.²⁰

An Australian survey of the sexual health of trans people found that 56% of participants rated their access to gender affirming care as ‘OK’, ‘poor’ or ‘non-existent’.²¹ Where provided, there are often long wait times, and high costs of services for trans people mean that even where accessible, it can be difficult to use the services for additional reasons.²²

In rural and regional NSW, this shortage of service access is severe. In the development of our Health Centre Feasibility Study, ACON spoke 62 people from regional and rural NSW, from both LGBTQ communities and health care professionals. A separate consultation was also conducted with seven clinicians engaged in gender affirming health care across Australia.

All groups consulted reported a severe lack of access to services, an almost total absence of referral pathways for their clients, concerns about burnout for those engaged in this type of health care, and an urgent need for more to be done to create service models for trans people.

In addition, the suspension of elective surgeries during successive waves of COVID outbreaks in NSW further hinders the ability of trans people who are seeking affirmation surgery to receive the lifesaving care they require.²³

This lack of access to care is extremely concerning, particularly given the previously outlined growing body of evidence that confirms that access to gender affirmation is a strong protective factor against suicidality.

A recent study from a large sample of trans people in the US found that access to gender affirming hormones, for those that desired this kind of care, greatly reduced suicidality, and increased mental health. This was especially pronounced for those that were able to access gender affirming hormones as adolescents.²⁴

More is needed to address the health needs of trans people, who, in addition to this lack of access to affirming care, and the concerning rates of mental distress and suicidality, also face additional health needs, including appropriate care when undergoing cancer screening, STI tests, access to alcohol and other drug services, and improved social and other wellbeing services.²⁵

Trans people are particularly impacted by stigma and discrimination as a factor in delaying access to health care.

The solution:

Many of the solutions to increasing access to this kind of care are also outlined in recommendation three. However, ACON estimates an additional \$2.5 million over two years is needed specifically to respond to the health needs of trans people.

This includes:

- Strengthening health system awareness and understanding of the trans experience and the rights of trans people
- Expanding peer-led resilience and wellbeing initiatives such as ACON's programs Trans Vitality and Yarn it Up
- Removing gender affirming surgery as a discretionary item in the NSW Elective Surgery and Wait List Policy and enabling access to surgery at a minimum of four LHDs in NSW
- Improving and expanding access to trans-affirming and gender affirming information, resources, and referrals to ACON's programs TransHub and P4T (trans peer navigator pilot)
- Bolstering trans-affirming and gender-affirming training programs for the health system workforce including training on establishing trans-affirming workplaces and delivering trans-affirming practice for Sistergirls, Brotherboys and binary and non-binary trans people
- Developing consistent, systemic, and co-designed guidelines, referral pathways and resourcing that enables trans-affirming practice and integrated informed consent gender affirming healthcare into community health, AOD, sexual health, Justice Health, fertility services and public health settings
- Developing specific and specialist programs and services for Sistergirls and Brotherboys, and further establishing evidence-informed care designed specifically for trans young people, their families, and local communities.

Responsible parties:

The NSW Ministry of Health holds primary responsibility for improving the response to the health needs of trans people within the NSW Health system. These initiatives will need to be conducted in conjunction with:

- Trans people and community organisations, including non-government organisations
- All NSW Health organisations
- Trans and Gender Diverse Health Service – Hunter New England LHD and Sydney Children’s Hospitals Network
- PHNs and primary care providers
- Business and private sector health organisations

The outcomes:

A whole system approach to improve access to care for trans young people, their families, and trans adults will have a demonstrable outcome on the health and wellbeing of trans people, including Sistergirls and Brotherboys, some of the most vulnerable members of our communities.

In turn, this investment will have a substantial impact on reducing suicidality, the quality of care for trans people both in hospitals and in the community, and improving outcomes related to preventative health and health promotion.

Estimated cost: \$2.5 million over two years

Recommendation five: Improve data collection to monitor outcomes of the draft Strategy and the health and wellbeing of LGBTIQ+ people

The issue:

Data about sexuality or gender experience is not routinely collected by health services in NSW. This means that despite evidence to suggest increased health disparities experienced by LGBTIQ+ people, there are complexities in determining a definitive description of the issues being experienced by the community, and the health experiences of LGBTIQ+ people remain largely invisible or are miscategorised, such as women being diagnosed with HIV in NSW are recorded as men if they are trans.

The needs assessment completed in the development of the draft Strategy further raised numerous concerns relating to capturing data on sexuality and gender experience.

The highlighted data gaps include incomplete or outdated intake forms and a reticence among health professionals to request personal questions (particularly if they did not receive training in using appropriate language).²⁶ In addition, there are gaps in key data sources such as the Census.

The solution:

Robust data collection, locally relevant LGBTIQ+ health research and evidence is critical to design and implement data-driven and evidence-based health initiatives that can improve LGBTIQ+ communities' health outcomes.

Similarly, data and research are fundamental in the ongoing monitoring and evaluation of initiatives supported by the draft Strategy in order to measure their success against the Draft Strategy's aims and vision.²⁷

Because of the complex nature of NSW Health's data systems, ACON cannot accurately provide a figure for the investment required to begin to improve routine data collection in line with the two-step gender collection model of the 2020 ABS Standards on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables.

Before a costing can be established, ACON recommends that the in the first year of the draft Strategy, the Ministry of Health:

- Establish an expert advisory group, consisting of Network leads, LHDs, community members and researchers to audit data collection across the health system
- Conduct expert data analysis to understand the gaps
- Develop a strategy to provide a road map to data reform

Once the strategy has been developed, significant investment will be required to implement it in subsequent years of the draft Strategy.

Responsible parties:

The NSW Ministry of Health holds primary responsibility for ensuring data collection is improved across all health services. These initiatives will need to be conducted in conjunction with:

- LGBTIQ+ people and community organisations, including non-government organisations
- Research partners
- All NSW Health organisations
- ABS and the Australian Government
- Business and private sector health organisations

The outcomes:

Improving data collection allows for a more accurate representation of outcome monitoring across the draft Strategy. It is crucial that quality improvement is ensured, and the NSW government is continuously improving our health systems for the best health outcomes for everyone in NSW in order to meet State Outcome five of the health cluster.

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