



Special Commission of Inquiry into Healthcare Funding

Submission Number: 70
Name: ACON
Date Received: 31/10/2023

ACON SUBMISSION TO

The Special Commission of Inquiry into Healthcare Funding

October 2023



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.

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. 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 migrant and refugee backgrounds; people who use drugs; mature aged people; young adults; and people with disability.

Contact

Nicolas Parkhill

Chief Executive Officer

(T) – [REDACTED]

(E) – [REDACTED]

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

Introduction

ACON welcomes The Special Commission of Inquiry into Healthcare Funding. Our submission broadly responds to Terms of Reference C, *The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW*; as well as incidental information relating to other Terms of Reference of the inquiry.

ACON provides health initiatives and health promotion for sexuality and gender diverse people in NSW. Our services are in extremely high demand and run at low cost to the consumer and government. We are an integral part of the NSW health system, providing services for LGBTQ+ people across NSW in partnership with a range of health organisations, including across NSW Health – the Ministry of Health, the Cancer Institute of NSW, and LHDs across the State.

These partnerships recognise the importance of health equity. The importance of supporting community-led health delivery, especially in the development of preventative health, health promotion, and in the delivery of peer-led services, is acknowledged in NSW. Embedded in these partnerships is the recognition that community organisations know the best ways to reach the communities they are part of, and improve health outcomes and health equity, especially where there are populations that face unique health challenges and barriers to accessing traditional health pathways.

LGBTQ communities experience disproportionately worse health outcomes compared to the general population in Australia¹ due to a number of systemic and societal factors. These disparities are, in many cases, a result of stigma, 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. LGBTQ+ people are recognised as a priority population across many State and federal Health Strategies. The *NSW LGBTIQ+ Health Strategy 2022-2027* provides a framework for NSW Health to provide high quality, safe, and inclusive health services for all LGBTIQ+ people in NSW. The positive change we have seen since the Strategy was implemented is in the early stages, but cannot be understated, and must continue.

Other Strategies based on health issues (including HIV, STIs, cancer, mental health and suicide prevention), geographical regions (including rural and regional NSW), and other population groups (including Aboriginal and Torres Strait Islander people, older people, women, men, and people from culturally and linguistically diverse backgrounds) all recognise the unique needs of sexuality and gender diverse people, and the need for tailored health promotion, programming and services to apply an equitable framework and improve health outcomes for all people in NSW.

The NSW Health system, and by extension, its funding, is complex and overlaps with many state government portfolios and budgets. There is no centralised coordination of these arrangements in the NSW Government, however, there are impressive examples of leadership being shown at the Ministry, local district and specialist organisation levels. This – more localised or specialised – leadership is to be supported, as it is often informed by long term relationships and partnerships.

Preventative health and models that consider the social determinants of health have significant crossover with a broad range of government portfolios, including community services, justice, transport

and infrastructure, and education. Understanding the cost benefit or cost effectiveness of health programs and services is complex, requires a long-term, intergenerational lens, and needs to be understood across a number of portfolios and jurisdictions.² Changes to programs and funding models within NSW government entities will have an impact more broadly, and those impacts cannot be solely measured by economic analysis.

For these reasons, this submission strives to demonstrate there is a significant benefit derived from community-led organisations, such as ACON, working in partnership with NSW Health, to deliver outcomes that improve health equity over the long-term in NSW.

The submission leverages key case studies that demonstrate the value of NSW Health working in partnership with community-led organisations to reach people with the highest need, and better address health equity. These partnerships, while an investment in the short term, are cost-effective over the long term at improving health outcomes in NSW, improving NSW Health service delivery, reducing the burden on acute services, and delivering high quality and tailored health care in NSW.

C) The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW

ACON has worked in partnership with NSW Health and other partners to deliver a world-leading response to HIV for almost 40 years. NSW Health works in close partnership and provides funding to ACON to deliver outcomes articulated in successive HIV and STI Strategies. Across decades, ACON has delivered world leading health promotion, community development and peer-led preventative and community health initiatives that improve health outcomes for LGBTQ+ people.

Further, ACON has provided a value for money and nuanced array of services for the NSW Government by providing tailored and targeted services for people that need them most. With comparatively smaller budgets, ACON has delivered a significant return, enhanced capacity, and delivered values based health care from the NSW Health budget over decades.

Currently, ACON's core funding agreement with NSW Health is our NSW Ministry of Health Non-Government Organisation Funding Agreement. The activities included in this funding agreement are:

- Prevent HIV and STI among gay and bisexual men and other men who have sex with men (GBMSM).
- Normalise HIV and STI testing and increase access for GBMSM.
- Support rapid access to treatment to maximise health outcomes for GBMSM and promote treatment as prevention.
- Reduce stigma and discrimination as a barrier for GBMSM in accessing HIV and STI prevention, testing and treatment services.

- Lead innovative policy development and represent the perspective of GBMSM in policy and research.
- Prevent the transmission of blood-borne viruses by increasing access to sterile injecting equipment.
- Manage accommodation services at 414 Elizabeth Street, Surry Hills, and storage and parking at Holt Street, Surry Hills.

This section will highlight some key examples of the success of ACON's partnerships with NSW Health, within this core funding agreement, and in our other partnerships with NSW Health.

The HIV partnership and its role in NSW's response to mpox

The response to HIV in NSW has been characterised by a partnership model, which is credited with NSW's success in responding effectively to the epidemic. The partnership model was pioneered in Australia and has been lauded internationally, has demonstrated innovation, agility and partnership between governments, clinicians, epidemiological and social researchers, and community organisations, working together to understand and respond to HIV.^{3,4} It has been a key feature of the response since the early days of the HIV epidemic in NSW and continues to this day.

It was this existing partnership that enabled us to mobilise and maximise benefit from new prevention technologies (such as PrEP) but also effectively respond to outbreaks – such as mpox (monkeypox) in NSW, effectively preventing any significant spread.

Very soon after the emergence of HIV in NSW, links between governments, community organisations, affected communities, clinicians and researchers were established.⁵ The Commonwealth and NSW Governments invested in peer education and community development programs for gay and bisexual men, people who inject drugs and sex workers, including the distribution of condoms and injecting equipment. The early success of the response to HIV in NSW is widely attributed to these investments.⁶ Many jurisdictions overseas did not leverage partnerships in the same way that we did in Australia and as a result were far less successful in responding to HIV.^{7,8}

The strong partnership in NSW meant key stakeholders were engaged with the community, informed about epidemiological trends and behaviours and provided with the right tools and resources, with all players in the partnership having a critical role in effectively responding to HIV.⁹

Our partnership has always been characterised by its responsiveness to evidence. Over the decades our HIV prevention, care and support work has always responded to the way the epidemic has evolved, including through changes in biomedical interventions, populations most at risk, and the effectiveness of messaging.

Working in partnership with the NSW Ministry of Health, and research leaders such as the Kirby Institute NSW, ACON engaged community to develop an understanding of new evidence about the effectiveness of Pre-exposure Prophylaxis (PrEP). We partnered in a bold real world research trial to roll out PrEP as quickly as possible to those at risk of HIV, driving down the spread of HIV toward the virtual elimination of HIV transmission. Through ACON's connection with community, health promotion expertise and peer based workforce, NSW enrolled 10,000 people on the EPIC-NSW trial and years on, we are seeing the enormous preventative impact of this work. NSW is now seeing the lowest transmission rates in our history.

Another example of the significance of ACON's work with NSW Health organisations is more recent. In 2022/23, significant outbreaks of mpox were successfully prevented through the prompt actions of the NSW Ministry of Health, ACON and the HIV partnership, leveraging this network to quickly create effective community messaging, engage communities in vaccination programs, and undertake research to understand the best ways to respond.

The response to the mpox outbreak demonstrates the strong relationship between these partners, the ability to pivot to address emerging health issues impacting HIV affected communities, and our success in communicating effectively to our communities.

These long-term partnerships demonstrate their immeasurable value in situations like these, where we were able to mobilise around a new issue and rapidly prevent a significant outbreak in NSW.

CanWe: ACON's Cancer Programs

After three years of one-off, grant based work, ACON secured a multi-year funding agreement with the Cancer Institute of NSW in 2019/2020 to enable longer term engagement with community and more efficient planning to harmonise efforts to minimise the impact of cancer, and promote increased screening participation and cancer risk reduction within LGBTQ+ populations in NSW.

In a partnership that rivals the early examples of HIV, the work and learning is two way – benefiting the implementation of the NSW Cancer Plan. Our cancer programs include health promotion campaigns, engagement and messaging for people of diverse sexualities and genders, and these are people who have not been included or represented in mainstream efforts.

Within the partnership approach, ACON provides equity and inclusion support for work across multiple teams within the Cancer Institute. ACON provides expert advice that ensures communications, services, and prevention and health promotion initiatives are safe and inclusive of our communities, and the needs of LGBTQ+ people are deeply embedded within the Cancer Institute's work.

ACON's mutually beneficial partnership with the Cancer Institute of NSW is critical to achieving the aims of the NSW Cancer Plan and the NSW LGBTIQ+ Health Strategy. The partnership allows for our communities, who face unique barriers to cancer screening and disproportionate rates of cancer-risk behaviours (including the consumption of alcohol and tobacco^{10,11}) to access preventative health initiatives that are specifically tailored to their needs.

Evaluations of our value for money campaigns consistently demonstrate high recall of intended messages among the target audience. Our recent 'Own It' cervical screening campaign prompted immediate action and positively impacted future screening intentions. It was highly motivating, especially among people aged 25-35, for the target audience to engage in cervical screening.

ACON's 'Own It' campaign successfully targeted a diverse audience, ensuring inclusivity for LGBTQ+ communities within cervical screening and prevention campaigns. It engaged both LGBTQ+ and heterosexual audiences, with a distinct preference observed among LGBTQ+ survey respondents. This achievement serves as an important reminder to mainstream service providers that LGBTQ+ inclusivity can be effectively incorporated into general audience campaigns by carefully considering the best approach and fostering partnerships with LGBTQ+ community-led organisations.

a[TEST]

a[TEST] is ACON's rapid HIV testing service, delivered in partnership with Sydney Sexual Health Centre (SSHC), the NSW Ministry of Health. The service has been in operation since 2013, and combines an ACON peer educator and a sexual health nurse to collaborate and deliver rapid HIV testing and STI screening. The service anchors testing in a culturally appropriate community setting for GBMSM. ACON provides peer educators, promotions, and community engagement, while SSHC provides clinical governance, nursing staff and proven HIV testing expertise.¹²

In 2020, the Kirby Institute evaluated the service from 2015-2019 and found that while it accounts for about 1.3% of HIV tests in NSW, the service accounted for 13.4% of all HIV diagnoses among MSM in NSW. The service was found to be highly successful at engaging clients born overseas, and people who had never been tested for HIV or were last tested over 12 months ago. All surveyed clients (n=638) said they would recommend a[TEST] to a friend, and 98% were satisfied with their experience.

The evaluation demonstrates that the service is highly effective at encouraging infrequent or never-testers to engage in HIV and STI screening, and highly effective at reaching at-risk populations of gay and bisexual men.

When Rapid HIV testing was trialled in NSW, early evaluations found that the cost per test at a community site (\$114.15 per patient) was only slightly higher than at a central sexual health clinic (\$105.37 per patient; GP clinics were the most costly at \$197.94 per patient), however, with a higher observed HIV test positivity, community-based clinics were cost effective to the health system when considering cost per infection detected (\$5,936.06 per infection at the community site; \$11,163.00 per infection at the central sexual health clinic).¹³

These evaluations have demonstrated that a[TEST] is an effective model at encouraging GBMSM to come forward for regular HIV testing, effectively improving health outcomes in NSW.¹⁴

ACON Health Centre

The NSW Government recently funded ACON to open an LGBTQ+ Health Centre, and this allocation of resources will represent a substantial opportunity to improve access to preventative and community health for LGBTQ+ people in NSW.

As a community-controlled organisation, ACON has considerable experience working with mainstream health organisation partners to deliver peer-led, community-based clinical services that specifically meet the needs of LGBTQ people.

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 integrated, community based health – ACON is in the process of implementing, in partnership with long-term mainstream health partners, an integrated, person centred, multidisciplinary health care model for LGBTQ communities.

After many years of discussion, a business case, and a detailed feasibility study, the 'ACON Health Centre' (working title) has received funding from the NSW Government as part of *NSW's LGBTIQ+ Health Strategy*. This project would not be possible without this funding, nor without the support of our

partners across the health system, including Sydney LHD, Central Eastern Sydney Primary Health Network, St Vincent's Health Network Sydney, NDARC and the Kirby Institute.



ACON has drawn together experienced and respected partners who share the vision for this service, and together, we are embedding a community focus in our partnership as we work to overcome barriers in the system (e.g. funding, incentivisation, federated health system management) to deliver an integrated service tailored to NSW's LGBTQ+ communities.

The integrated care model seeks to provide care most needed by LGBTQ+ people, within a space created for LGBTQ+ people. The model and its comprehensive, scaled approach to service integration for LGBTQ+ people is unprecedented in Australia.

The Health Centre will utilise a peer workforce and provide primary care alongside specialist services such as mental health, gender affirming healthcare, alcohol and other drug support, sexual health, selected cancer screening and pathology services for LGBTQ+ people. The Centre presents a unique opportunity for integrated treatment research and outcome evaluation, along with clinical placements, and training.

We anticipate the Centre will open in mid-2024. The service will require out-of-pocket costs from a majority of consumers in order to sustain itself, but it is a unique opportunity for LGBTQ+ people to access the preventative care they need in an affirming setting, offering an opportunity to reduce the burden on the NSW Health system, especially in acute settings.

The service would not have been possible without the initial funding from the NSW Government, and the support from Sydney LHD, St Vincent's Health Network Sydney and the Central and Eastern Sydney PHN. The clinical and other support is crucial to delivering the integrated model of care we strive to provide. It is a worthwhile investment and one that was estimated in the 2021 Feasibility Study to deliver more than \$5 benefit for every \$1 the NSW Government provides up front.¹⁵ While financial and inflationary pressures are impacting the model, the commitment from all partners is to establish a service that meets the needs of the LGBTQ+ community and reduces the burden on NSW Health services in time.

I) Any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.

Per our correspondence with Special Counsel Patrick Mullane on 10 October 2023, we understand that the Terms of Reference have a closer connection to the operations of NSW Health, however, we wish to make comment on matters reasonably incidental to the TOR.

The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW

Funding of NSW Health services has not always been able to effectively support equitable and accessible care to all people in NSW. The *NSW LGBTIQ+ Health Strategy* has recognised that there currently exist significant barriers for LGBTQ+ people to access mainstream services that are safe, inclusive and affirming, and contains clear targets to ensure service equity and accessibility improves.¹⁶

As this submission notes, partnership delivers significant value. Incentivised partnerships is an important lens through which the NSW Government could look to the future. Trusted and skilled community organisations, working together with clinically expert and diverse health organisations delivers great value – a[TEST] and our Cancer Programs work are two key examples.

Amplification of strengths is necessary to overcome equity deficits, necessary to reach populations not engaging currently, and those in combination will deliver a reprieve from never-ending escalation in health service demand into the future.

As a state-wide organisation, we know access to services varies greatly across NSW, and this is especially the case for services that are safe and inclusive for our communities. 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.¹⁷ This is an issue for the NSW Rural and Regional Health Strategy.

A lack of services leads to poorer health outcomes. LGBTQ people from rural, regional and outer suburban areas face different barriers than those in the inner city. They 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.¹⁸

People living in rural and regional areas have lower rates of STI testing¹⁹ and cervical cancer screening.²⁰ 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.²¹

Funding across NSW Health and community settings needs to be distributed equitably, in a manner that recognises needs can be uneven for different populations.

Furthermore, funding of NSW community health services needs to be sustainable in order to ensure equitable and accessible care into the future. Many NGO services, including ACON's, are resourced by short-term funding agreements. While the longevity of these agreements is both acknowledged and appreciated, long-term health outcomes require long-term funding commitments which in turn, leads to long term community engagement.

We recommend that NSW Health based Funding Agreements should be in place for a minimum of 5 years, rather than the current practice of 3 years and that, at a minimum and consistently, they are indexed to appropriately match inflation so as to ensure community organisations do not incur a real loss of income.

The existing governance and accountability structure of NSW Health

The governance and accountability structures of NSW Health deliver localised expertise, and beyond that, ACON will not comment.

However the probity rules can, at times, contribute to the complexity of funding arrangements that overburden limited resources. The need to reapply for time consuming grant rounds for successful programs is not always consistent with sustainable, specialist, community managed services.

Short term, grant based funding leads to insecure or short-term planning which is fundamentally inefficient. Funding arrangements that allow community-based organisations to properly plan work alongside Government efforts offer value for money and deeper engagement with marginalised community. Partnership approaches are not ‘purchaser provider’ based, they need to deliver greater understanding and ingrained partnership in action.

To this end, NSW Health can and should leverage its partnerships where appropriate to outsource particular kinds of activity (e.g. health promotion) and care. While it is essential that NSW Health continue to strive to provide high quality, safe and inclusive acute care for the people of NSW, the examples highlighted earlier in this submission demonstrate the value of outsourcing some of its services to community-led organisations who know how to effectively reach and engage with the populations they work with.

The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, and

Current education and training programs for specialist clinicians and their sustainability to meet future needs,

The NSW LGBTIQ+ Health Strategy has identified education and training around LGBTIQ+ inclusivity as a key action under its first strategic priority, to deliver high quality, safe, inclusive and responsive healthcare.

The majority of LGBTQ people seeking healthcare seek out mainstream services, and 75% of respondents would be more likely to access a service that had been accredited as LGBTQ-inclusive.²² It is therefore not enough to better resource LGBTQ community organisations, but rather it is necessary to build capacity within the mainstream sector as well. LGBTQ people seeking support must receive appropriate, inclusive and safe care wherever they go, because it improves their health outcomes.

Inclusive service delivery for LGBTQ communities is the notion that providers cannot just rely on recognising a person as LGBTQ and modify their service to the client at the point of care. Rather, LGBTQ inclusion in services requires providers and decision makers to establish universal policies, systems and processes that establish and demonstrate inclusion for LGBTQ people accessing services.²³

There is a growing understanding that LGBTQ inclusion means going beyond a basic level of awareness or training; it requires a wide-ranging strategy for systemic change and service system re-design.²⁴ Inclusion for LGBTQ people also needs to be applied across the entire NSW Health system to guarantee

consistency to ensure that negative experiences are avoided. This benefits not just LGBTQ communities, but LGBTQ NSW Health employees are also provided a safer workplace as a result.

As outlined in our examples, central to the success of community-led organisations in a number of health interventions is the role that peers play in this work.²⁵ Peers are uniquely placed to work from a position that understands substance use from a complex number of intersecting and overlapping factors, including identities, lived experience, and health needs.²⁶

Peers are a cost-effective way to provide safe and inclusive care across the health system, provided that peers are provided with support to thrive in their work environments. The peer workforce needs to be professionalised – including providing professional development and supervision/mentoring opportunities, as well as adequate recognition and remuneration that acknowledges the inherent value and benefit of lived experience and peer labour, clearer job descriptions and boundaries.²⁷

Peers also need mental health support,²⁸ and policies to address unconscious or conscious power imbalances in the workforce.²⁹ Furthermore, integration of service models is necessary to effectively integrate, peer, clinical and allied health approaches. Peer integration training is required for managers and other staff to effectively integrate peers into service and treatment models and recognise and celebrate the unique approaches to working with clients that different workers, from peer to clinical, bring.

New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation

Our submission has already highlighted the importance of partnerships in delivering multi-agency service delivery, and the ACON Health Centre will be a gold-standard example of incorporating peers into an integrated, innovative, multi-agency model of care. This model brings together clinical and workforce innovation to deliver person-centred, LGBTQ+ care in NSW. It will also seek to provide statewide care through digital and telehealth innovations.

Local Health Districts and Networks that deeply understand and support community engagement are not uniform across NSW. There are examples of Districts that have demonstrated long-term commitment to their local communities – and these should be looked at as best practice.

We would further commend the funding and partnership innovation demonstrated by the NSW Cancer Institute – this partnership offers a strategic, effective and mutually beneficial example of how more organisations can work towards improved health outcomes for LGBTQ+ and other marginalised people within NSW.

REFERENCES

- ¹ Australian Institute of Health and Welfare. (2018). *Australia's Health 2018: Lesbian, gay, bisexual, transgender and intersex people*. Retrieved from: <https://www.aihw.gov.au/getmedia/61521da0-9892-44a5-85af-857b3eef25c1/aihw-aus-221-chapter-5-5.pdf.aspx>
- ² Ananthapavan, J., Moodie, M., Milat, A., Veerman, L., Whittaker, E., & Carter, R. (2021). A cost–benefit analysis framework for preventive health interventions to aid decision-making in Australian governments. *Health research policy and systems*, 19, 1-23.
- ³ Kippax, S., Stephenson, N., Parker, R.G. & Aggleton, P. (2013). Between individual agency and structure in HIV prevention: Understanding the middle ground of social practice. *American Journal of Public Health*, 103(8),1367–1375
- ⁴ Kippax, S. & Stephenson, N. (2012). Beyond the distinction between biomedical and social dimensions of HIV: Prevention through the lens of a social public health. *American Journal of Public Health*, 102, 789-99.
- ⁵ Mindel, A. & Kippax, S. (2013). A national strategic approach to improving the health of gay and bisexual men: experiences from Australia, in Aral et al (ed.), *The new public health and STD/HIV Prevention*, Springer, Sydney NSW
- ⁶ Kwon, J. A., Anderson, J., Kerr, C. C., Thein, H. H., Zhang, L., Iversen, J., ... & Wilson, D. P. (2012). Estimating the cost-effectiveness of needle-syringe programs in Australia. *Aids*, 26(17), 2201-2210..
- ⁷ Gupta, G., Parkhurst, J., Odgen, J. & Aggleton P. (2008). Structural approaches to HIV prevention. *The Lancet*, 372(9649), 764-774.
- ⁸ Mindel, A. & Kippax, S. (2013).
- ⁹ Brown, G., O'Donnell, D., Crooks, L. & Lake, R. (2014). Mobilisation, politics, investment and constant adaptation: lessons from the Australian health-promotion response to HIV. *Health Promotion Journal of Australia*, 25, 35-41.
- ¹⁰ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
- ¹¹ Norman, T., Power, J., Rule, J., Chen, J., & Bourne., A. (2022). *HIV Futures 10: Quality of life among people living with HIV in Australia (monograph series number 134)*. Australian Research Centre in Sex, Health and Society, La Trobe University. doi: 10.26181/21397641
- ¹² Chan C, Patel P, Johnson K, Vaughan M, Price K, McNulty A, Templeton D, Read P, Cunningham P and Bavinton BR. (2020). *Evaluation of ACON's community-based a[TEST] HIV and STI testing services, 2015-2019*. Kirby Institute, UNSW Sydney: Sydney, Australia
- ¹³ Keen P, Jamil MS, Callander D, Conway DP, Guy R on behalf of the NSW Rapid HIV Testing Evaluation Framework investigators, (2016) *NSW Rapid HIV Testing Evaluation Framework Final Report 2016*. The Kirby Institute, UNSW, Sydney NSW 2052.
- ¹⁴ Leitinger, D., Ryan, K. E., Brown, G., Pedrana, A., Wilkinson, A. L., Ryan, C., ... & Stoové, M. (2018). Acceptability and HIV prevention benefits of a peer-based model of rapid point of care HIV testing for Australian gay, bisexual and other men who have sex with men. *AIDS and Behavior*, 22, 178-189.
- ¹⁵ ACON (2021). *NSW LGBTQ Health Centre: Feasibility Study*. Sydney: ACON.
- ¹⁶ NSW Health (2022). *The NSW LGBTIQ+ Health Strategy 2022-2027*. Available: <https://www.health.nsw.gov.au/lgbtiq-health/Publications/lgbtiq-health-strategy.pdf>
- ¹⁷ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University, p. 22
- ¹⁸ Hill et al (2020), p. 115
- ¹⁹ NSW Health (2019) *NSW Sexually Transmissible Infections Strategy 2016-2020: Jan to June 2019 Data Report*. Sydney: NSW Health.
- ²⁰ Cancer Institute NSW (2018). *Cancer control in New South Wales: Statewide Report, 2017*. Sydney: Cancer Institute NSW
- ²¹ Delhomme, F., Baiocchi, M., Bradfield, L., Brown, K., Draper, A., Leha, J., Moffitt, T., Smith, J., Sparks, M., Wimbis, J., Ward, J. (2019) HIV in the NSW Aboriginal and Torres Strait Islander population. Sydney: ACON.
- ²² Hill et al. (2020), p. 60

²³ Carman, M., Rosenberg, S., Bourne, A. & Parsons, M. (2020) *Research Matters: Why do we need LGBTIQ-inclusive services?*. Melbourne: Rainbow Health Victoria.

²⁴ Carman, M. et al. (2020)

²⁵ Molyneux, A., Delhomme, F., Mackie, B. (2021) *It's Who We Are: Exploring the Role, Impact and Value of Peers*. Sydney: ACON.

²⁶ Bedi, A., Sewell, C., & Fitzpatrick, C. (2020). Peer-led education may be an effective harm reduction strategy for men who have sex with men engaging in 'chemsex'. *International journal of STD & AIDS*, 31, 392-393.

²⁷ Du Plessis, C., Whitaker, L., & Hurley, J. (2020). Peer support workers in substance abuse treatment services: A systematic review of the literature. *Journal of Substance Use*, 25(3), 225-230.

²⁸ Molyneux, A., Delhomme, F., Mackie, B. (2021) *It's Who We Are: Exploring the Role, Impact and Value of Peers*. Sydney: ACON.

²⁹ Skinner et al. (2021).