



MAPPING HIV & STI PREVENTION PROGRAMS AND ACTIVITIES  
TARGETING GAY AND OTHER HOMOSEXUALLY ACTIVE MEN IN

2005/06



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# KEY FINDINGS

- There are 36 organisations providing HIV/STI dedicated programs targeted at gay men. There is a disproportionate distribution of organisations across states and territories, with over half the organisations based in NSW and Queensland. Of the 36 organisations, 21 are non-government organisations, 13 government agencies and two universities.

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
NGOs	1	3	1	6	2	1	4	2
Government		6		3	1	1	2	
Universities				1	1			
Total	1	9	1	10	4	2	6	2

- There are 76.9 full-time equivalent positions specifically dedicated to HIV and STI prevention work with gay and other homosexually active men. Total funding for these positions was \$4,041,423. There are significant differences between the states/territories in the number of dedicated positions to this area of work.

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Dedicated positions (FTE)	2.8	29.3	2	15	8.2	1.0	7.9	6.0

- A total of \$905,029 was expended on campaigns, brochures and advertising targeting gay and other homosexually active men. Nearly half of the funds expended were by ACON in NSW. At the national level, AFAO expended a quarter of the total. The amount expended in other states and territories was significantly less by comparison.

	ACT	NSW*	NT	QLD	SA	TAS	VIC**	WA
Campaigns (\$)	21,500	543,034	0	45,000	23,195	3,300	15,500	31,500

\* Of the total NSW budget, \$428,000 are funds expended by ACON. Of these funds, \$250,000 was a special grant from NSW Health to supplement ACON's social marketing budget.

\*\* The Victorian figure in this table represents social marketing expenditure at VAC/GMHC directly funded by DHS. In addition, VAC/GMHC spent an additional \$100,650 funded from its own resources, unrestricted grants from the pharmaceutical industry and a contract with The Alfred Hospital for social marketing related to the PEP campaign.

- Just under a third of respondents (11 organisations) are providing programs and activities across all or most of the areas identified with the survey. Fourteen respondents are providing three or less programs and activities in the areas identified by the survey.

5. The most common programs and activities that were provided: include training for GPs, sexual health staff and other allied health professionals; activities to promote HIV and STI testing; group work and counselling; and activities that use community development approaches. Beats outreach is an approach that is not widely used.

6. There were 55 different types of workshops and groups run that aimed to promote and sustain safe practices among gay and other homosexually active men. Groups and workshops ran in all states and territories, except Tasmania. AIDS Councils ran 37 of the groups. Of the 55 groups running, young people, people with HIV/AIDS and groups open to any gay men, were the most common target audiences.

7. There were 39 broad groups of projects that used community development approaches. The four types of approaches generally used included: supporting GLBT groups and leaders; conducting social and support events; organisational participation in community events; and program partnerships.

8. Of the 21 organisations who reported activities to promote HIV/STI testing, 14 indicated that they ran campaigns, and seven indicated that they ran sexual health testing clinics that specifically targeted gay and other homosexually active men.

9. The internet was widely used. In most cases respondents reported that they had organisation websites that provided some specific information to gay and other homosexually active men. Nationally, and in NSW and Victoria, websites are also developed to support a particular campaign or to address a particular issue. Currently online internet outreach strategies are being trialled by a number of organisations.

10. Respondents had the opportunity to report on other activities that they undertake and which were not specified within the survey. Sex worker outreach programs were identified by respondents from four organisations. Telephone information and counselling lines were provided by AIDS Councils in three states. Indigenous programs targeted at gay and other homosexually active men were run by AIDS Councils in four states. Radio programs and other media activities were implemented by a few respondents.

	No of Orgs.
<b>VENUE LIAISE</b>	16
<b>SOPV LIAISE</b>	13
<b>BEATS</b>	6
<b>GROUP WORK</b>	22
<b>COM DEV</b>	20
<b>OTHER</b>	13
<b>HIV/STI TEST</b>	21
<b>TRAIN</b>	26
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# I. INTRODUCTION

## I.1 BACKGROUND

The Australian Federation of AIDS Organisations (AFAO) is the peak national non-government organisation representing Australia's community based response to the HIV/AIDS epidemic. AFAO's member organisations are the state and territory AIDS Councils, the National Association of People Living with HIV/AIDS (NAPWA), the Australian Injecting and Illicit Drug Users League (AIVL) and the Scarlet Alliance.

AFAO and its member organisations have been concerned that funding and programs for HIV prevention activities targeting gay and other homosexually active men have been declining. Currently, the Australian Government Department of Health and Ageing (DoHA) has no mechanism for comprehensively interrogating the range and reach of HIV/AIDS prevention programs and activities at a national level. States and territories are required to report under Public Health Outcome Funding Agreements (PHOFAs) with the DoHA. However, those PHOFA reporting indicators are currently insufficiently detailed to adequately inform and evaluate the programs at a strategic level. Moreover, the PHOFAs were deliberately designed to provide flexibility to the states and territories and only require reporting against broad performance indicators; they contain no requirement for states/territories to report against or maintain levels of funding for HIV prevention activities.

Changes to the Commonwealth and state/territory health funding and reporting structures have been of serious concern for agencies dependent on government funding to provide programs and services to marginalised groups. A number of community-based organisations across Australia have reported diminishing levels of state and territory health department funding and support to conduct HIV/AIDS prevention programs targeting gay and other homosexually active men. State and territory governments have likewise claimed that levels of funding for HIV-related services from the

Commonwealth government have diminished in real terms. The veracity of these claims have been difficult to gauge largely due to the paucity of benchmarks against which to track and measure HIV prevention education and health promotion services over the history of the HIV epidemic in Australia.

In 2001, the Australian National Council on AIDS, Hepatitis C and Related Diseases Gay Men's Health Promotion Working Group recommended that a mapping exercise be undertaken to identify and document the full range of programs and activities directed towards gay and other homosexually active men being provided by the government and non-government health sector in all Australian jurisdictions. This recommendation was in the light of recent epidemiological and behavioural data pointing to an increased vulnerability to new HIV infections among gay and other homosexually active men.

In mid-2004, after negotiations with the Intergovernmental Committee on AIDS, Hepatitis and Related Diseases (IGCAHRD), the DoHA commissioned the Australian Centre in Sex, Health and Society to undertake a mapping project of HIV health promotion programs in Australia. While the report resulting from the project was informative, in the opinion of AFAO and its member organisations, it failed to provide a sufficient level of detail required for measuring any changes in funding or activity in HIV prevention programs for gay and other homosexually active men. Consequently, AFAO negotiated with the DoHA, and with the support of IGCAHRD, to undertake a separate and more detailed mapping exercise. It is intended that the mapping exercise will occur every two or three years to measure any changes in program activities and dedicated funding over time.

## I.2 PROJECT AIMS

The aim of the project is to map HIV and STI prevention programs and activities, from July 2005 to June 2006, dedicated to targeting gay and other homosexually active men across Australia including:

- identify organisations providing such programs and activities;
- identify staffing positions, and funding for those positions, dedicated to implementing HIV and STI prevention programs among gay and other homosexually active men;
- identify the methodology, frequency and objectives of activities that are being implemented; and
- identify funding for the production of campaign materials, resources and advertising dedicated to HIV and STI prevention among gay and other homosexually active men.

The purpose of the mapping project is ultimately to assist in identifying gaps, unnecessary duplication, and/or program imbalances within the current suite of HIV and STI prevention programs targeting gay and other homosexually active men in all jurisdictions.

## I.3 PROJECT SCOPE

The mapping project focussed on HIV and STI prevention programs and activities dedicated to targeting gay and other homosexually active men. It was not intended that the project attempt to map diffuse or indirect activities that may reach some gay and other homosexually active men from time to time.



## 2. METHODOLOGY

### 2.1 QUESTIONNAIRE

The questionnaire (Appendix B) was developed by AFAO. A draft of the questionnaire was forwarded to IGCAHRD members to provide them with an opportunity to comment. Feedback was received from a number of state and territory health departments. The AFAO Education Managers Forum, consisting of representatives from state and territory AIDS Councils, the National Association of People Living with HIV/AIDS, the Injecting and Illicit Drug Users League and the Scarlet Alliance, also provided feedback on the draft survey.

The consultants then revised the draft survey based on the feedback AFAO had received.

AFAO convened an advisory committee that included representatives from health departments in Western Australia, Queensland and NSW, as well as the consultants. The advisory committee reviewed the changes and reached agreement on the final questionnaire.

The final questionnaire provides an opportunity for organisations to identify staffing positions, programs and activities that were specifically dedicated to HIV and STI prevention programs and activities targeting gay and other homosexually active men during the last financial year.

### 2.2 DATA COLLECTION

The questionnaire was distributed to AIDS Councils and state/territory health departments in early August. State and territory health departments were asked to complete the data collection process by the end of September.

The consultants held face-to-face meetings in October 2006 with AIDS Councils in each state and territory to complete the questionnaire, except in the Northern Territory where a phone interview occurred and in NSW where the NSW Department of Health organised the collection of the data from ACON.

State and territory health departments facilitated data collection from other agencies by distributing the questionnaire to agencies that they fund and, in some cases, other organisations they deemed appropriate. The health departments received completed questionnaires. The consultants then met with state and territory health departments to collect and review the questionnaires that had been completed.

As required, the consultants followed up organisations who had completed questionnaires when clarifications were needed.

### 2.3 LIMITATIONS OF THE QUESTIONNAIRE

The questionnaire only identified staffing positions that were dedicated to HIV and STI prevention with gay and other homosexually active men. This means that staffing positions who may work with and target a number of priority populations groups, including gay and other homosexually active men, are not included. However, if they ran programs that specifically target gay and other homosexually active men, the questionnaire was able to capture this activity.

The survey was unable to capture the 'depth' of activities. If respondents identified that they provide a 'systematic program' of activities then their information was included within the report. However, respondents are likely to have had different interpretations of what constitutes a 'systematic program'. For example, for some an annual stall at a community fair day and other similar activities may not constitute a systematic program of outreach, but for others it may have.

There was some inconsistency in regards to the organisations who completed the questionnaire. For example, a number of sexual health services completed the questionnaire in some states, such as Queensland and NSW, but not in other states/territories. Likewise, while some state and territory PLWHA organisations completed the questionnaires others did not see it as relevant.

The 36 responses excluded organisations who provided a 'nil response' or where the information they provided was not relevant to the primary focus of this project (e.g. dedicated positions or specific programs targeted at gay and other homosexually active men).

In some cases different services and programs staff from the same organisation completed separate questionnaires. Where this is known to have occurred they have been counted as one response.

As most respondents, excluding AIDS Councils, self-completed the questionnaire, there are some different interpretations of the questionnaire. There were different interpretations of what constitutes a program 'specifically' targeted at gay and other homosexually active men. Some interpreted this to mean that the program was exclusively targeted at gay and other homosexually active men, others interpreted this slightly more broadly. For example, many respondents considered groups and events targeted at the gay, lesbian, bisexual, transgender (GLBT) community to be 'specifically' targeted at gay men. In the analysis, we have attempted to apply consistency to the inclusion of information from different respondents.

An analysis of responses to question 10 of the questionnaire has not been included within this report, as this was beyond the scope of the project. However, a summary of the activities nominated by respondents has been included within the appendix (Appendix D).

# 3. RESULTS: ORGANISATIONS PROVIDING PROGRAMS

## 3.1 ORGANISATIONS

Thirty-six organisations throughout Australia are providing HIV and STI prevention programs and activities specifically targeted at gay and other homosexually active men. Over half of these organisation are based in NSW and Queensland.

Twenty-one organisations are non-government organisations. Thirteen organisations are government agencies including area health services, sexual health services, community health services, etc. The remaining two organisations are universities. It is not surprising that the majority of organisations are non-government organisations, given the important role affected communities have played in shaping the response to HIV in Australia.

In most states and territories, government agencies and non-government organisations are involved in program delivery targeted at gay and other homosexually active men. The involvement of government agencies is strongest in NSW, reflecting the involvement of area health services in program delivery.

Of the thirty-six organisations running programs specifically targeted at gay and other homosexually

active men, just under a third implement 7 to 10 of the activities identified within the survey (see Appendix A). This group includes most AIDS Councils, as well as some other non-government organisations with dedicated positions such as SWOP and PLWHA in NSW.

Approximately a quarter of organisations implement 4 to 6 of the activities identified within the questionnaire. This group includes most of the NSW area health services.

The remaining organisations identified that they provide a small number of dedicated activities. Most frequently the services they provided were training to health care professionals. Often the other activities they provided included either promoting HIV testing regularly to gay and other homosexually active men, or offering counselling services. This often reflected that respondents mandate is primarily to provide training or that their core business in reference to gay and other homosexually active men is HIV/sexual health service provision. Other organisations, not captured by the description above, have often been funded to provide specific programs and services to specific sub-groups of gay and other homosexually active men.

Table 1: Number and type of organisations

State/territory	Total	Type of organisation
<b>ACT</b>	1	1 Non-government organisation
<b>NSW</b>	9	3 Non-government organisations
		6 Government agencies
<b>NT</b>	1	1 Non-government organisation
<b>QLD</b>	10	6 Non-government organisations
		3 Government agencies
		1 University
<b>SA</b>	4	2 Non-government organisations
		1 Government agency
		1 University
<b>TAS</b>	2	1 Non-government organisation
		1 Government agency
<b>VIC</b>	6	4 Non-government organisations
		2 Government agency
<b>WA</b>	2	2 Non-government organisations
<b>National</b>	1	1 Non-government organisation

Table 2: Number of activities implemented by organisation

7 to 10 Activities	4 to 6 Activities	3 Activities or Less
1. AACACT	1. AFAO	1. AH&SHL
2. ACON	2. CAN	2. FPQ
3. ACSA	3. GSAHS	3. FPWA
4. CAHS	4. HNEAHS	4. GAMMA
5. NSCCH	5. NTAHC	5. NAHS
6. PLWHA NSW	6. RhED	6. QPP
7. QAHC	7. SSWAHS	7. QulHN
8. SESIAHS	8. SWAHS	8. SAHS
9. SWOP	9. TasCAHRD	9. SHS
10. VAC/GMHC	10. TSS	10. SQWISI
11. WAAC	11. YFS	11. The Alfred
		12. UA
		13. UQ
		14. UnitingCare Wesley

### 3.2 DEDICATED POSITIONS

There were 76.9 full-time equivalent (FTE) positions specifically dedicated to HIV and STI prevention work targeting gay and other homosexually active men. Total funding for these positions was \$4,041,423.

Nineteen organisations have dedicated positions. The majority of the dedicated positions are based in state and territory AIDS Councils (a total of 49.8 FTE). NSW was the state with the most dedicated positions; 29.3 FTE, followed by Queensland with 15 FTE.

Variations between states and territories are significant. Given the disproportionate impact of HIV in NSW, it is not surprising that it has the most number of dedicated staffing positions. QAHC in Queensland has the highest number of dedicated positions for any state/territory AIDS Councils.

AIDS Councils in South Australia (5.2 FTE), Victoria (6.0 FTE) and Western Australia (6.0 FTE) have a fairly similar number of dedicated positions.

There are three dedicated positions (2.4 FTE), whose primary focus is working with male sex workers. These positions are based at SWOP in NSW (1 FTE), RhED in Victoria (0.9 FTE) and ACSA in SA (0.5 FTE).

There are 7.5 FTE Aboriginal and Torres Strait Islander Project Officers dedicated to working with gay and other homosexually active men. This includes 1.0 FTE at ACON in NSW and NTAHC in the Northern Territory, 0.5 FTE at WAAC in WA, and 5.0 FTE Aboriginal Project Officers at QAHC in Queensland.

Table 3: Dedicated staffing positions

State/territory	Total FTE	FTE	Funding (\$)	Organisation
<b>ACT</b>	2.8	2.8	136,000	AACACT
<b>NSW</b>	29.3	13.8	607,402	ACON
		3.5	253,000	NSCCH
		3.0	139,503	PLWHA
		1.0	39,025	SWOP
		4.0	217,000	SEIAHS
		2.0	148,700	SSWAHS
		2.0	140,000	SWAHS
<b>NT</b>	2.0	2.0	97,000	NTAHC
<b>QLD</b>	15.0	13.0	698,165	QAHC
		2.0	85,820	QPP
<b>SA</b>	8.2	5.2	229,281	ACSA
		3.0	155,000	Second Story
<b>TAS</b>	1.0	1.0	62,700	TasCAHRD
<b>VIC</b>	7.9	1.0	52,900	CAN
		0.9	55,000	RhED
		6.0	336,927	VAC/GMHC
<b>WA</b>	6.0	6.0	288,000	WAAC
<b>National</b>	4.7	4.7	300,000	AFAO
<b>Total</b>	76.9	76.9	\$ 4,041,423	

Notes:

1. Medical positions whose primary focus is the provision of clinical services were not included in the above figures.
2. Counsellors were included if organisations nominated that their focus was HIV prevention.
3. Positions whose primary focus is the provision of care and support services were not included in the above figures, although these positions may do some HIV/STI prevention work.

The above table only represents positions identified by organisations as dedicated to HIV prevention with gay and other homosexually active men. In some cases, there are different understandings around whether a staffing position is primarily dedicated to HIV prevention, for example health promotion officers or peer education positions working with

people with HIV. Many area health services in NSW and Queensland reported that while gay and other homosexually active men are a priority for HIV health promotion staff, the positions are not dedicated positions.

## 4. RESULTS: TYPES OF PROGRAMS

### 4.1 VENUE LIAISON

Sixteen organisations reported regular liaison with venues frequented by gay and other homosexually active men. Eight of these organisations were state and territory AIDS Councils, who play a key role in venues liaison. Liaison with venues occurs across all states and territories.

In NSW, area health services play an active role in venues liaison. Area health services reported that this often occurs in collaboration or partnership with the AIDS Council.

In larger cities venues liaison occurs at least monthly, and quite frequently it was reported that it occurs weekly or fortnightly.

In rural and regional areas where such venues do not exist, regular liaison occurs with social groups that organise gay dances, gay nights, or other social events. Such events are often scheduled monthly or quarterly. Liaison occurs when events are scheduled.

#### **Venues outreach**

Three AIDS Councils also identified that they undertake outreach to venues where the target audience is venue patrons. The focus is primarily on campaign promotion and/or resource distribution, raising the profile of the organisation and/or providing opportunities for verbal engagements with patrons. VAC/GMHC undertakes weekly outreach to SOPVs. ACON implements outreach every two to three months, and as required to gay dance parties. QAHC implements outreach at least once every month.

### 4.2 SEX ON PREMISES VENUES

Thirteen organisations reported regular liaison occurs with sex on premises venues (SOPVs) frequented by gay and other homosexually active men in all states and territories (except Tasmania and Northern Territory where no such SOPVs exist).

Respondents reported weekly or fortnightly liaison, in some cases monthly liaison was reported.

AIDS Councils play a key role in SOPV liaison. In Queensland and NSW, area health services often play an active role in venues liaison in partnership with AIDS Councils.

Regular liaison with sex on premises venues is often framed by formal agreements between SOPVs, AIDS Councils and health department/area health services.

A Code of Conduct or Memorandum of Understanding (MOU) exists in four of the six states and territories where there are SOPVs frequented by gay and homosexually active men. This includes ACT, NSW, SA, and Victoria. In all cases compliance or reviews of the agreements occur anywhere between three times a year to yearly. Compliance with the agreement is advertised in all cases, except in the ACT. It is not advertised in the ACT, as the MOU is an agreement between the signatories.

**Table 4: Code of conduct agreement with SOPVs**

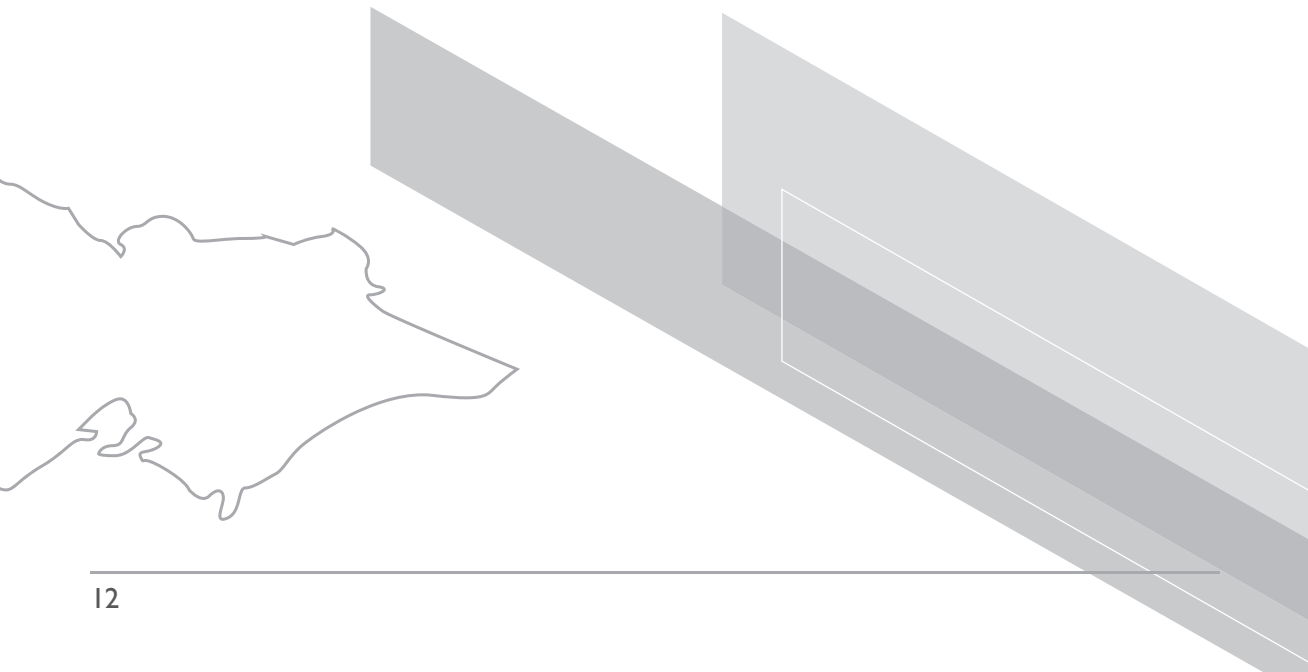
	<b>ACT</b>	<b>NSW</b>	<b>NT</b>	<b>QLD</b>	<b>SA</b>	<b>TAS</b>	<b>VIC</b>	<b>WA</b>
Agreement	•	•	N/A		•	N/A	•	
Annual review (or more)	•	•			•		•	
Advertised		•			•		•	

In Western Australia there is no formal code of conduct or MOU. However, there is an agreement with WAAC to run fortnightly sexual health clinics in each venue. In Queensland, a specific health and safety policy for SOPVs has been developed that includes many of the elements of a code of conduct. A process of sex venue accreditation is currently being developed.

While the questionnaire did not specifically ask about training in this area, QAHC and ACSA indicated that they provided six-monthly or annual training to SOPV managers and staff.

### **Touch Screen Kiosk**

Hunter New England Area Health Service installed a stand alone screen kiosk at a local SOPV. The kiosk delivers an interactive health promotion CD resource. The Sex in Queer Places CD was developed by AFAO. The kiosk also incorporates a touch-screen survey. User data provides a picture of the demographics and STI testing patterns of patrons and will inform future work.



## 4.3 BEATS OUTREACH

Regular visits to gay beats is limited in most jurisdictions. Six organisations reported regular beats outreach.

Regular beats outreach occurs in Illawarra (weekly by ACON, every second week by SESIASH) and SSWAHS in NSW, Brisbane (two or three times per month by QAHC) and Cairns (monthly by QAHC), Adelaide (three times per week by ACSA) and Darwin (weekly by NTAHC). Another seven organisations reported that occasionally they undertake some beats outreach.

Eleven organisations reported that they undertake activities to create a supportive environment to facilitate harm reduction strategies and to ensure appropriate health information is available. Frequently this involves liaison with local council and/or police.

Table 5: Program of beats outreach

State/Territory	Organisation	Program	Frequency
<b>ACT</b>	AACACT	Limited	Three times
<b>NSW</b>	ACON	Yes	Weekly in Illawarra
	NSCCH	Limited	Limited in North Sydney
	SWOP	Limited	Twice – response to request
	SESIASH	Yes	Every second week – Illawarra
	SSWAHS	Yes	Twice yearly visits to list of active beats
<b>NT</b>	NTAHC	Yes	Weekly
<b>QLD</b>	CAHS	Limited	As part of time limited projects
	QAHC	Yes	2 or 3 times per month – Brisbane; SC – ad hoc; Townsville – ad hoc; Cairns – monthly
<b>SA</b>	ACSA	Yes	Three session per week
<b>VIC</b>	CAN	Limited	Ad hoc
	VAC/GMHC	Limited	Sporadic
<b>WA</b>	WAAC	Limited	Responsive

Table 6: Liaison with local councils and police

State	Organisation	Liaison	Liaison
<b>ACT</b>	AACACT	Yes	Government agency – permission to display materials
<b>NSW</b>	HNEAHS	Ad hoc	Local council
	NSCCH	Yes	Police and local council to ensure ads are in public toilets
	SWOP	Yes	Local councils
	SSWAHS	Yes	Condom awareness posters displayed in LGA
	SWAHS	Yes	Police and local council
<b>NT</b>	NTAHC	Yes	Police
<b>QLD</b>	CAHS	Yes	Collaboration with QAHC displaying health information in toilets
	QAHC	Yes	Regular liaison with police, local council, beat users
<b>SA</b>	ACSA	Yes	Collaboration with SA Police and local council
<b>VIC</b>	CAN	Yes	Users, local councils, police
<b>WA</b>	WAAC	Yes	Local council, police

The table above should not be taken as a complete 'map' of activities in this area. The questionnaire did not specifically ask about liaison and other activities related to beats, so there may be more widespread activity occurring than indicated above.

In addition to the activities listed above, VAC/GMHC identified that they provide peer education training to beats users. There is, however, no formal volunteer beats outreach program. The ACSA beats outreach program is undertaken by the outreach worker with the assistance of a team of trained beat outreach volunteers.

## 4.4 WORKSHOPS AND GROUPS

Respondents provided information on 55 different types of workshops and groups that ran in 2004-2005 which specifically aimed to promote and sustain safe sex and safe injecting practices among gay and other homosexually active men.

With the exception of Tasmania, groups and workshops ran in all states and territories. In most states and territories a diverse range of workshops were offered.

Community based organisations are the main providers of such groups. AIDS Councils were responsible for running 37 of the groups. Other key community based organisations included People Living with HIV/AIDS in NSW, who ran groups in partnership with ACON targeted at people with HIV/AIDS; The Second Story in South Australia who ran groups for young same sex attracted men; the Youth and Family Service who ran groups for GLBT young people in Queensland; GAMMA in Victoria who ran a monthly group for bisexual men; and QPP in Queensland who ran groups for people with HIV/AIDS.

There is more limited involvement from other agencies. In NSW, three area health services were involved in running groups, as was one area health service in Queensland.

The frequency with which such groups were run varied. Groups that were ongoing and open to new members tended to meet fortnightly or monthly. In some of the large metropolitan centres, such as Victoria and NSW, new workshops might begin every 4-6 weeks.

Other workshops tend to run less frequently or in response to demand. This often means they only ran a few times per year:

#### Of the 55 types of programs that ran:

- 15 were targeted at young people;
- 3 were targeted at older gay men;
- 13 were open to any interested gay men;
- 4 were specifically targeted at men from culturally and linguistically diverse backgrounds (three targeted men from Asian backgrounds);
- 3 were for people in sero-discordant relationships;
- 10 were for people living with HIV/AIDS;
- 3 were for Indigenous people;
- 1 group was for gay men using alcohol and other drugs who are using AOD services;
- 1 group focussed on same sex domestic violence; and
- 1 workshop was for sex workers.

Where respondents provided workshop objectives, it is apparent that much HIV/STI education occurs in the context of addressing health issues in the broader context of gay men's lives, as well as focussing on facilitating social connectedness and support.

Approximately half of the workshops targeting young people were targeted at same sex attracted young people, the other half were targeted exclusively at young gay men.

Many of the workshops targeted more generally at gay men often focussed on specific topics. Topics included relationships, anal health care, and sex.

The workshops targeted at people living with HIV/AIDS included groups for recent sero-converters, as well as groups more generally focused on providing support for people with HIV. They also included sessions focussed on particular topics.

#### STIGMA Story Dialogue Project

The STIGMA project ran three structured dialogue workshops with gay men using alcohol and other drugs who access AOD support services. The workshops focused on facilitating community narratives of GLBT consumers experience in interacting with AOD services. The aims of the workshops were to increase health care worker understanding of drug service access needs for GLBT consumers, and to increase the capacity of AOD services to respond to such needs.

## 4.5 COUNSELLING

The map of counselling services available to promote and sustain safe behaviours among gay and other homosexually active men is incomplete.

The questionnaire could have benefited from a separate question asking respondents to identify what HIV/STI prevention counselling services are available, rather than making reference to counselling in a question that many respondents interpreted as mainly asking about workshops and groups (question 3d).

Twelve organisations provided information indicating that counselling to promote and sustain safe behaviours is available. In most cases counselling services were available on a daily basis. In a few cases access to counselling was limited to two to three days per week. Counselling was available through AIDS Councils and other community based organisations, sexual health services/area health services, and through a telephone counselling service.

## 4.6 COMMUNITY DEVELOPMENT APPROACHES

Twenty organisations reported using community development approaches and community based events as a way of empowering the gay community to address their health needs in relation to HIV and STIs. Apart from area health services in NSW and Second Story in SA, in all other states and territories this work is undertaken by non-government organisations.

Of the 39 broad groupings of projects identified, the target audience, not surprisingly, for most of these activities was nominated as the GLBT community. A few were more specifically targeted at people with HIV/AIDS, same sex attracted young people, sex workers, or Indigenous people

Generally, the community development approaches and activities that occur can be broadly grouped into four types.

- *Support GLBT groups and leaders* – The form of support can include financial support, physically housing groups, providing infrastructure support, providing a venue for meetings, education and training, and assisting with the creation of resources, policies or funding applications.
- *Social and support events* – The focus of such activities is often to facilitate connectedness amongst sub-populations, building peer support and supporting the development of community norms that promote general health and well-being.
- *Organisational participation at community events* – This occurs at fair days, dances, social events and other important community events. It often involves stalls or staging entertainment-educational activities at such events.
- *Program partnerships* – Are often formal collaborations between a range of organisations. Membership and the remit of these partnerships vary.

Activity in this area was frequently reported as ongoing.

### Bfriend

Bfriend is a program of UnitingCare Wesley Adelaide, providing support for people of all ages who are wondering about their sexuality and/or people who are newly identifying as same sex attracted. Bfriend links people up with trained volunteers who can then provide continuing support. Any parent who has found out that their son or daughter is same sex attracted can be supported by a parent volunteer. This support is also available for other family members who want to understand and support their relative.

Other ways that Bfriend offers help is through regular groups, quarterly forums and separate monthly social gatherings for women and men.

## 4.7 TESTING

Twenty-one respondents identified that they conducted regular campaigns or other activities to advocate HIV and STI testing by gay and other homosexually active men. Specifically targeted activities occurred in all states and territories.

Of these 21 respondents, 14 indicated that they ran campaigns that promoted STI and HIV testing to gay and other homosexually active men. Campaigns included pamphlets, print and radio advertisements, websites and other related social marketing activity.

Four of the eight New South Wales respondents identified that they were a partner of the STIGMA group. STIGMA has developed and promoted guidelines for GPs on HIV and STI testing among gay and other homosexually active men, as well as implemented a range of specific campaigns and resources, as well as the 'www.whytest.org' website.

Seven respondents identified that that they ran sexual health testing clinics that are specifically or exclusively targeted at gay and other homosexually active men. Some did this in addition to campaigns, others indicated that this was their main strategy.

The sexual health clinics were targeted at gay and other homosexually active men and/or were outreach clinics at specific locations that were accessible to gay men, such as at sex on premises venues. The clinics were normally run in partnership with the local AIDS councils.

Three respondents identified that they advocated for sexual health testing through their daily practice, including through the provision of referrals or through in-house promotional activities. It's likely that all thirty-six respondents advocated for HIV and STI testing as part of their daily practice, but did not identify this in response to the question.

### **Hepatitis A and Hepatitis B Voucher Project**

Free Hepatitis A and Hepatitis B vaccination vouchers were handed out to young gay men and patrons of SOPVS as part of a new campaign by ACON and South Eastern, Central and Northern Sydney Area Health Services. The project aimed to promote testing and vaccination among gay and other homosexually active men.

## **4.8 USE OF INTERNET**

The internet is widely used to provide STIs prevention and health promotion information to gay and other homosexually active men.

Twenty-one organisations reported that they have websites that provide information to gay and other homosexually active men. These organisations tend to be those that are implementing substantial HIV and STI prevention programs targeted at gay and other homosexually active men. The websites normally include information on HIV/AIDS and sexual health, as well as the programs and services that are available.

Nationally, and in NSW and Victoria, websites are produced to support a particular campaign or to address a particular issue. For example in NSW the 'www.whytest.org.au' website, developed by the STIGMA partnership, specifically addresses STI testing.

There have been some innovative attempts to extend the use of the internet beyond just the provision of information. A few organisations have developed websites that provide information and education in the context of facilitating online communities and support. See example below.

### **www.xtribe.net.au**

XTRIBE is an interactive site produced by the Victorian AIDS Council. The website is for men who have sex with men or those who wish to gain more knowledge about safe sexual practices with another man. Users can also participate in various on-line communities hosted by XTRIBE.

Online internet outreach strategies are currently been trialled by a range of organisations. Most AIDS Councils are currently participating in a trial online outreach project.

## **4.9 CAMPAIGNS AND RESOURCES**

Respondents to the questionnaire were asked to provide details of the funding expended for the production of specific campaign materials, brochures and advertising to promote HIV and STI prevention among gay and other homosexually active men.

A total of 14 organisations reported spending \$905,029 in the last financial year. Nearly half of this of this amount was from funds expended by ACON (\$428,000). The Australian Federation of AIDS Organisations expended nearly a quarter of the total amount. Generally the amount expended by other AIDS Councils was significantly less in comparison to that expended by ACON and AFAO. PLWHA NSW (\$85,034) had the most expenditure after ACON. This includes the costs of publishing their bi-monthly magazine, *Talkabout*. They were followed by QAHC (\$45,000), WAAC (\$31,500), and then ACSA (\$23,195).

Apart from in NSW and to a lesser extent Queensland, in most other states there were no other organisations, apart from the AIDS Council, expending funds to specifically produce HIV and STI prevention resources for gay and other homosexually active men.

The questionnaire asked respondents to indicate whether governmental approval is required for the production of campaign materials and resources. Government approval is required in NSW, Queensland, and South Australia.

### [www.whytest.org](http://www.whytest.org)

The STIs in Gay Men's Action Group (STIGMA) developed the *whytest* website as a part of a campaign to promote STI testing. The website enables users to inform partners they have had an STI by sending them a postcard or SMS. It also has a function that enables users to register to be sent an email or SMS reminder when they are due for a sexual health check-up.

## 4.10 TRAINING

Twenty-six organisations reported that they provided regular training or update courses on trends in HIV and STI transmission to general practitioners/physicians with significant gay and other homosexually active men clientele, sexual health clinic personnel, and/or counsellors and other health professionals working with gay and other homosexually active men.

### Of the 26 organisations who provided training:

- 16 organisations provided training to general practitioners/physicians;
- 17 organisations provide training to sexual health clinic personnel;
- 15 organisations provided training to counsellors and other allied health professionals.

Table 7: Campaigns and resources

State/Territory	Funding	State/Territory	Funding
<b>ACT</b>		<b>SA</b>	
AACACT	21,500	ACSA	23,195
<b>NSW</b>		<b>TAS</b>	
ACON*	428,000	TasCAHRD	3,300
HNEAHS†	Unspecified	<b>VIC</b>	
PLWHA	85,034	VAC/GMHC	15,500
SESAHS	15,000	<b>WA</b>	
SSWAHS	15,000	WAAC	31,500
<b>QLD</b>		<b>National</b>	
CAHS†	Unspecified	AFAO	222,000
QAHC	45,000		
YFS†	Unspecified		

\* Of the \$428,000 ACON expended in 2005-06, \$250,000 was a special grant from NSW Health to supplement ACON's social marketing budget.

† Respondents provided information on funding source, rather than actual amounts of funding for campaigns and resources.

In addition to the 15 organisations identified as providing training to allied health professionals, a number of organisations identified that they have also provided training to nursing and medical students, drug and health care worker, and the HIV sector.

At a minimum most organisations indicated that training is provided on an annual basis. More commonly most indicated that it occurs between two or three times a year.

Much of the information provided by respondents on the nature of the training or update courses was incomplete. Where information was provided it is apparent that in some cases:

- the 'training' was informal;
- the 'updates courses' were presentations at existing committee and interagencies;
- the training relevant to HIV/STIs prevention occurred as one part of HIV/AIDS training courses;
- the training was student placements in the workplace; and
- the training was the regular in-service professional development sessions.

### **STIs Roadshow**

To assist in redefining the role of HIV educators and the community sector, AFAO ran a series of state/territory workshops, in collaboration with AIDS Councils and PLWHA groups, for HIV educators, GPs, HIV specialists and sexual health clinic staff throughout late 2005 and 2006. The workshops provided an opportunity to explore the implications of STIs for the policy and health promotion programs of member organisations.

## 4.1 | OTHER ACTIVITIES

Twelve of the 36 respondents nominated additional information on programs and activities focussed on HIV and STI prevention among gay and other homosexually active men.

### Sex worker outreach

Four sex worker organisations/projects identified that they undertake regular outreach specifically targeted at male sex workers. This occurs in NSW, Victoria, South Australia and Queensland (although SQWISI in Queensland is no longer in operation). Outreach includes visiting brothels, street outreach and proactively contacting private workers

### Telephone lines

Three organisations ran telephone lines targeted at gay and other homosexually active men. Telephone lines were run by QAHC in Queensland, WAAC in Western Australia and ACSA in South Australia. The lines provide information, support and referral.

### Radio programs and other media activities

In Queensland and Victoria, QAHC and VAC/GMHC respectively, used community radio to promote health messages to gay and other homosexually active men. VAC/GMHC has a weekly radio show, Well Well Well, on Joy FM, and have also developed a gay soap opera for radio (see box below). In addition to QAHC regularly using community radio, a QAHC article appears monthly in the local GLBT newspaper:

#### Secret Life of Arse

VAC/GMHC has developed a radio play as a way of promoting the safe sex message in a humorous and entertaining way. Each episode addresses a different issue. The radio show is an attempt to present HIV prevention information to the target audience in a way that is engaging. The program is broadcast on community radio.

## Sub-populations

In addition to the workshops and groups previously identified that are targeted at sub-populations of gay and other homosexually active men, ACON and NSCCH identified that in partnership they specifically target sexually adventurous gay men. They do this by ensuring campaigns relevant to these groups are displayed in appropriate locations and through the development of culturally specific resources.

QAHC in Queensland runs an Indigenous program targeted at gay men, sistergirls and people living with HIV/AIDS. The program includes education forums, resources, referrals, advocacy, public policy and training. NTAHC in the Northern Territory also runs an Indigenous Program targeted at sistergirls and gay men. The program includes retreats, counselling, resilience training, emotional support and support accessing health and welfare services.

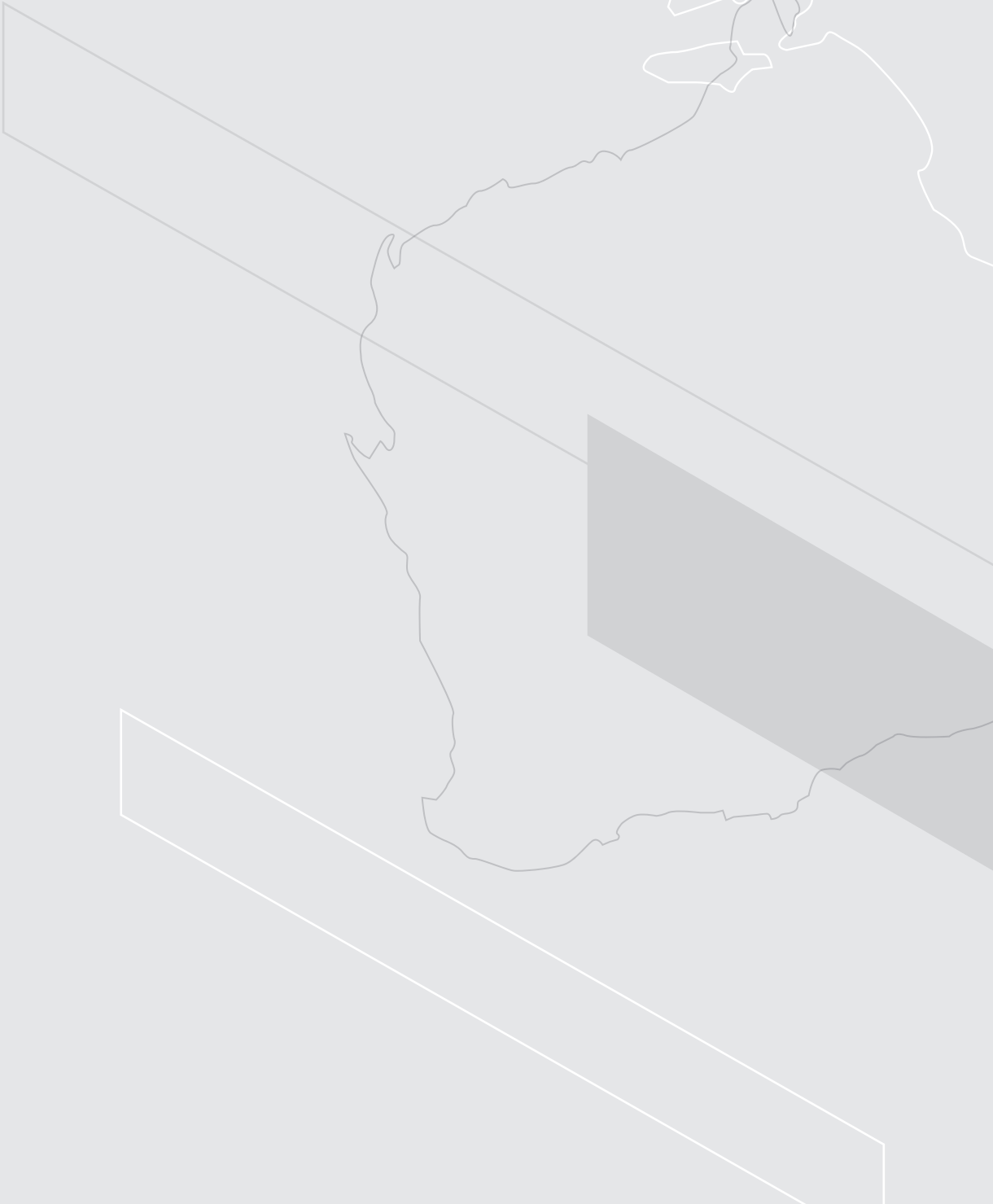
### Programs not specifically targeted at gay and other homosexually active men

Beyond the scope of this mapping exercise was examining programs that are not directly targeted at gay and other homosexually active men. However, some programs were identified where the focus was primarily on creating a supportive environment for gay and other homosexually active men and, more broadly, the GLBT community.

QAHC in Queensland, supports quarterly meeting of GLBT community and health workers. It also provides consultancy advice, through participation on interagencies and committees, to other health services. Additionally, it publishes two newsletters a month targeted at health care workers and community workers.

YFS, also in Queensland, supports monthly meetings of parents and friends of gays and lesbians. By supporting the family of gay men they are hoping to create a community that supports gay men.

# APPENDICES



# APPENDIX A: SUMMARY OF PROGRAMS

Summary of programs that were implemented by respondents											
	Staff (Q2)	Venue Liaise (Q3a)	SOPV Liaise (Q3b/ Q4)	Beats (Q3c)	Group work/ Counselling (Q3d)	Com dev (Q3e)	Other (Q3f)	HIV test (Q5)	Train (Q6)	WWW (Q7)	Funds camp & ads (Q9)
<b>ACT</b>											
AACACT	•	•	•		•	•		•	•	•	•
<b>NSW</b>											
ACON	•	•	•	•	•	•	•	•	•	•	•
GSAHS					•		•	•	•		
HNEAHS			•			•		•	•	•	•
NSCCH	•	•			•	•	•	•	•	•	
PLWHA	•	•	•		•	•		•		•	•
SESIAHS	•	•	•	•	•	•		•	•	•	•
SSWAHS	•				•	•		•	•	•	•
SWAHS	•	•	•	•		•			•		
SWOP	•	•			•	•	•	•	•	•	
<b>NT</b>											
NTAHC	•	•		•	•	•	•				
<b>QLD</b>											
CAHS		•	•		•			•	•	•	•
FPQ									•		
NAHS		•	•						•		
QAHC	•	•	•	•	•	•	•	•	•	•	•
QPP					•	•					
QuiHN						•			•		
SAHS								•			
SQWISI							•				
UQ									•	•	
YFS					•		•	•			•
<b>SA</b>											
ACSA	•	•	•	•	•	•	•	•	•	•	•
TSS	•				•	•		•			
UA								•			
Wesley						•					
<b>TAS</b>											
SHS					•				•		
TasCAHRD	•	•				•		•	•	•	•
<b>VIC</b>											
The Alfred									•	•	
AH&SHL					•				•	•	
CAN	•	•	•		•		•		•		
GAMMA					•				•	•	
RhED	•				•		•	•	•	•	
VAC/GMHC	•	•	•		•	•	•			•	•
<b>WA</b>											
FPWA						•		•	•		
WAAC	•	•	•		•	•	•	•	•	•	•
<b>National</b>											
AFAO	•							•	•	•	•

## APPENDIX B: MAPPING INSTRUMENT



### **MAPPING HIV AND STI PREVENTION PROGRAMS AND ACTIVITIES TARGETING GAY AND OTHER HOMOSEXUALLY ACTIVE MEN**

ACTIVITIES FROM JULY 2005- JUNE 2006

#### **INTERVIEW QUESTIONNAIRE**

1. **Name of organisation. Please include contact name, email and phone number.**
  
2. **Please list dedicated positions for 2005-2006:**
  - a. List the positions (full-time to half-time only), including the position title and a brief description of key activities that are specifically dedicated to HIV and STIs prevention work targeting gay and other homosexually active men.
  - b. List the funding for each of these positions.
  
3. **Were the following programs carried out by your organisation during 2005-2006:**
  - a. A systematic program of regular liaison with venues (e.g., bars, nightclubs) frequented by gay and other homosexually active men, for the purpose of having these venues display and promote up-to-date HIV and STIs prevention awareness information targeting gay and other homosexually active men (safe sex, injecting drug use).

*Yes/No? Frequency? Comments?*
  - b. A systematic program of regular liaison with sex on premises venues (e.g., gay saunas, sex clubs) and/or businesses where sex occurs (e.g., sex video and sex aid shops), frequented by gay and other homosexually active men, with the aim of having these venues promote up-to-date HIV prevention and STIs awareness information targeting gay and other homosexually active men (display safe sex messages, ensure availability of condoms & lube, display safe injecting drug use messages).

*Yes/No? Frequency? Comments?*
  - c. A systematic program of regular visits to gay "beats" (e.g., parks, toilets) on a regular basis with the aim of locating in these venues up-to-date safe sex messages targeting gay and other homosexually active men.

*Yes/No? Frequency? Comments?*
  - d. A systematic program of activities (e.g., peer education type group sessions, one-on-one counselling, group workshops) specifically aimed to promote and sustain safe sex and safe injecting practices among gay and other homosexually active men, and information regarding recreational drug use (including alcohol) and links with sexual practice. (Note: please list each activity and provide information about availability.)

*Yes/No? Frequency? Target audience? Objectives? Brief Description?*

e. A systematic program of activities that use community development approaches and community based events/activities (e.g., supporting gay and lesbian community organisations, community arts projects) as way of empowering the gay community to address their health needs in relation to HIV and STIs.

*Yes/No? Frequency? Target audience? Objectives? Brief Description?*

f. Any other systematic program of activities (not already identified above) and/or dedicated positions promoting HIV and STI prevention to specific sub-populations of gay and other homosexually active men:

*Yes/No? Frequency? Target audience? Objectives? Brief Description?*

**4. Were gay and other homosexually active men's HIV and STIs prevention activities targeting sex-on-premises venues conducted by your organisation during 2005–06, and if so:**

- i. are they based on a protocol or code of conduct;
- ii. which organisation/s approved or developed the protocol or code of conduct
- iii. how frequently is conformity with this protocol or code monitored; and
- iv. is conformity with this protocol or code advertised in these venues and in associated publicity?

**5. Did your organisation conduct regular campaigns or other activities to advocate HIV and STIs testing as part of sexual health monitoring by gay and other homosexually active men during 2005-2006?**

*Yes/No? Frequency? Brief description?*

**6. Did your organisation provide regular training/update courses on trends in HIV and STIs transmission during 2005-06, prevention and social impact for:**

- i. general practitioners and other physicians with significant gay and other homosexually active men clientele;
- ii. sexual health clinic personnel; or
- iii. counsellors and other health professionals working with gay and other homosexually active men

*Yes/No? Frequency? Brief description?*

**7. Did your organisation utilise the Internet to provide HIV and STIs prevention and health promotion information to gay and other homosexually active men?**

*URL address? Brief description?*

**8. What is the geographic reach of each of the above activities/programs? (e.g., State-/Territory-wide, limited to specific cities, geographic regions, limited to area health service boundaries, etc.).**

**9. Please give details of funding provided for the production of specific campaign materials, brochures and advertising to promote HIV and STIs prevention among gay and other homosexually active men.**

(Note: Please provide brief details of development protocols, approval requirements and targeted distribution strategies).

**10. Other activities, not previously outlined, that you believe are relevant. Include activities or programs that:**

- a. Are HIV/STI prevention programs or activities not specifically targeted at gay and other homosexually active men, but where they are identified as one of the key target populations.
- b. Are programs or activities targeted primarily at gay and other homosexually active men but that have a focus broader than just prevention.
- c. Are broader health promotion programs or activities targeted at a more general audience, but where gay and other homosexually active men are identified as one of the key target populations.

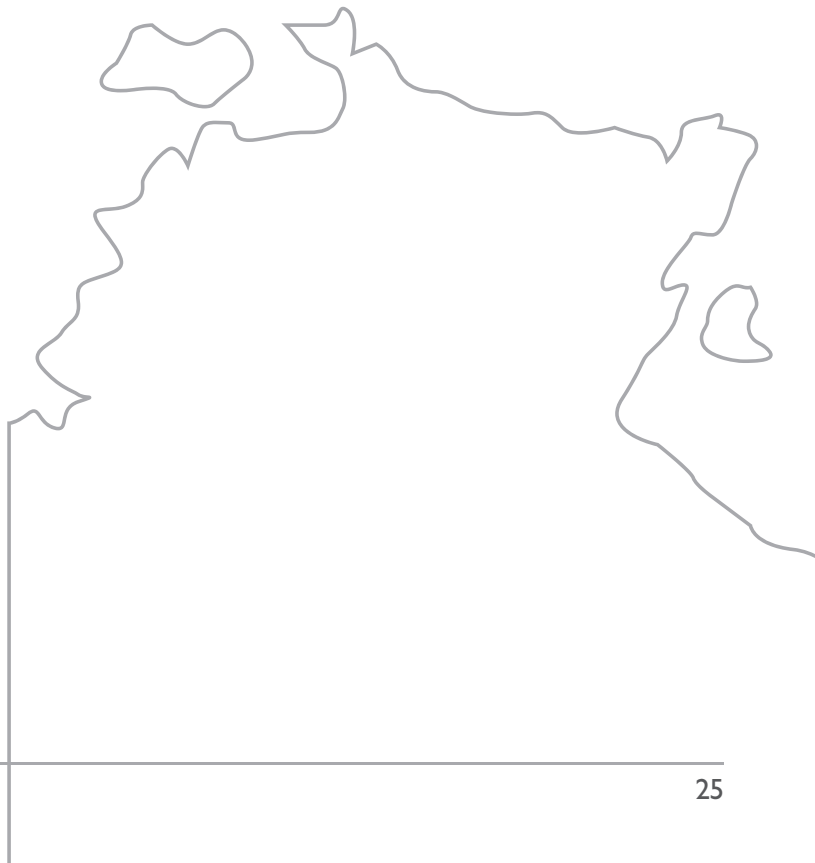
<i>Frequency?</i>	<i>Target audience?</i>	<i>Objectives?</i>	<i>Brief Description?</i>
<i>Number of gay and other homosexually active men reached?</i>			<i>Geographic reach?</i>

For the purposes of this mapping project, it is not necessary to provide descriptions of diffuse or indirect activities that may reach some gay and other homosexually active men from time to time.

**STATE/TERRITORY HEALTH DEPARTMENTS**

Please list agencies receiving State/Territory Health Department funding to carry out specific HIV and STI prevention activities targeting gay and other homosexually active men.

Is there any other information regarding gay and other homosexually active men targeted HIV and STIs prevention activities you are able to provide that is not covered elsewhere in this questionnaire? If so, please provide details.



# APPENDIX C: RECOMMENDED CHANGES TO QUESTIONNAIRE

## General comments

1. Questions are wordy and could be simplified. Questions could be reworded so they ask solely about methodology, rather than also attempt to identify the purpose.
2. Some projects are implemented in a partnership between agencies. The questionnaire needs to seek such information.
3. There is no question on the advocacy and consultancy/advice services offered by many respondents.

## Changes to existing questions:

4. Question 1 – The questionnaire should explicitly state that one questionnaire should be completed for each organisation. Respondents could be asked to indicate what type of organisation they are (e.g. area health service, NGO).
5. Question 2b – This question was misinterpreted by some. The question needs to be reworded to clarify that information is being sought on the monetary cost to the organisation of staffing positions, rather than the source of funding.
6. Question 3b & 4 – These questions can be combined as they both relate to SOPVs.
7. Question 3c – This question could be expanded to include strategies designed to create a more supportive environment (e.g. liaison with local councils and police).
8. Question 3d – Two separate questions could be posed to avoid confusion. One could focus on the use of group work, the other on the provision of counselling services
9. Question 3e – This question could benefit from the provision of some sub-definitions of the type of community focussed event, for example:
  - i. outreach at community venues, events or groups
  - ii. supporting existing GLBT groups (physical/financial/skills development)
  - iii. conducting or facilitating establishment of social/support events
10. Question 5 – Organisations could be explicitly asked if they provided clinical services that aim to specifically promote HIV/STI testing among gay and other homosexually active men.
11. Question 6 – Respondents could be asked to provide information on all relevant training they provided.
12. Question 7 – Information could be requested on online outreach strategies, or strategies that use the internet and other new media technologies (such as SMS) in an interactive way, rather than just websites developed.
13. Question 9 – To provide a more complete picture, respondents should be asked to list the campaigns they developed and implemented over the period, as well as the funding available for the production of resources (identifying recurrent and one-off funding). A sub-question could be asked on other media strategies used, apart from the development of printed resources/advertisements.

## APPENDIX D: SUMMARY OF OTHER ACTIVITIES

Question 10 of the questionnaire invited respondents to nominate other activities, not previously outlined, that they believe are relevant. They were invited to include programs that:

- Are HIV/STI prevention programs or activities not specifically targeted at gay and other homosexually active men, but where they are identified as one of the key target populations.
- Are programs or activities targeted primarily at gay and other homosexually active men but that have a focus broader than just prevention.
- Are broader health promotion programs or activities targeted at a more general audience, but where gay and other homosexually active men are identified as one of the key target populations.

Below is a summary of the activities reported by respondents in response to question 10. In some cases, responses to question 10 were more appropriately included within report and so are not listed below. This was to ensure consistency with the information provided by other respondents.

Agency	Program	Objectives and/or description	Frequency	Audience	Gay men reached
<b>NSW</b>					
<b>ACON</b>	Safe sex packs	Distribution of safe sex packs at gay identified parties. Safe Sex Sluts distribute safe sex resources at all parties	Ongoing	Gay party goers Metro Sydney	
	Hugs and Karumah discussion groups (Hunter Branch)	PLWHA social support and education groups aiming to increase health maintenance, protective factors and improve health literacy			
	Social Support Group (Illawarra Branch)	Provision of social support and sexual health information	Fortnightly	Gay men with HIV in Shoalhaven and Illawarra	



Agency	Program	Objectives and/or description	Frequency	Audience	Gay men reached
<b>GSAHS</b>	Resource development	Localised resource. Partnership involving 30 services. 2,000 copies distributed in Snowy Mountains, 1500 at Young	2005-06	Visiting populations	
	Venue checks	Safe sex poster development for toilets in Snowy Mountain venues		Visiting populations	
	Safe sex, no regrets campaign	Package for GPs, mail out to NGOs, media release, partnership with GP workers to encourage young people to attend GPs			
	Condom and lubricant distribution	Distributed to youth services, needle and syringe program, NGOs		Snowy Mountains	
	PLWHA Discrimination Survey	Results published in local newspaper		50 health care workers	
	Diversity workshops	Creating a supportive environment, reducing bullying of same sex attracted youth, transgender students and staff 250 young people attended		High school students	
<b>NSCCH</b>	Needle and syringe program – health interventions	<ul style="list-style-type: none"> <li>• To increase knowledge and raise awareness about HIV and STIs</li> <li>• To promote the need for regular sexual health testing</li> <li>• To promote the services of the local sexual health clinic</li> <li>• Conducted monthly health intervention prompts in the needle and syringe program</li> <li>• Each month has a focus, for 2 months this year it was sexual health</li> </ul>	Couple times per year	Injecting drug users	Not known

Agency	Program	Objectives and/or description	Frequency	Audience	Gay men reached
<b>NSW</b>					
<b>NSCCH</b>	Outreach	<ul style="list-style-type: none"> <li>To conduct testing for STIs</li> <li>Outreach, including STI testing, conducted at yearly NAIDOC event</li> </ul>	Once a year	Aboriginal people	Not known
	World Condom Day	<ul style="list-style-type: none"> <li>To raise awareness of chlamydia</li> <li>To encourage regular sexual health testing</li> <li>To encourage the use of condoms</li> <li>Series of media articles and outreach to popular nightclubs to coincide with World Condom Day</li> </ul>	Targeted activities in Feb/March	General population	Not known
	Sexual Health Week 05 and 06	<ul style="list-style-type: none"> <li>To work with individuals, groups and communities within NSCCH (Southern Sector) to promote sexually healthy choices among priority population groups for sexual health promotion</li> <li>To provide a number of small grants to community organisations and local governments to further promote the aims of SHW</li> <li>To promote health services relevant to sexual health across NSCCH (Southern Sector)</li> </ul>	Annual		
		<ul style="list-style-type: none"> <li>To create supportive environments for affirming sexual and gender diversity</li> <li>To create supportive systems for affirming sexual and gender diversity</li> <li>To develop an LGBT competent workforce</li> <li>To maintain and improve the health status of NSCCH gay, lesbian, bisexual, transgender and intersex populations by providing workforce development opportunities for employees; by developing and implementing policy explicitly naming homophobia and heterosexism in health care settings; by seeding community development project to promote visibility of LGBT networks and by producing research critically exploring the nature of heterosexism in public health care settings</li> </ul>	2003-2005	Health employees of NSCCH	

Agency	Program	Objectives and/or description	Frequency	Audience	Gay men reached
	Community Grants Project	<ul style="list-style-type: none"> <li>To support local communities abilities to improve their health status specifically in relation to sexual health and blood borne viruses</li> <li>To develop strategies which build and strengthen community partnerships</li> <li>To improve the health literacy of people living in NSCCH</li> <li>This program aims to fund a range of community-based organisations and NGOs in NSCCH to enhance their activities that promote sexual health and well being</li> </ul>	Annual	Amongst identified state/national target populations as well as the general community	Unknown
<b>PLWHA</b>	World AIDS Day Art Festival	<ul style="list-style-type: none"> <li>Partnership with SESIAHS, SSWAHS, NSCCAHS</li> <li>Developed the website with SESIAHS</li> <li>Organised an exhibition of positive people's visual and written narratives at Kirribilli Neighbourhood Centre</li> <li>Contributed to the content and design of promotional material</li> </ul>	2005		
	Positive Decisions Exp	<ul style="list-style-type: none"> <li>Aimed to address the overall health and well being of HIV positive people living in the community</li> <li>Session workshops were run over the 2 days of the Expo, at which there were 34 registered attendees, 12 service providers and support workers, 8 staff members from Centrelink</li> </ul>			
<b>NSW</b>					
<b>SESAHS</b>	The C Project	<ul style="list-style-type: none"> <li>Aims to increase awareness of chlamydia and testing as well as access to sexual health youth clinic</li> <li>Chlamydia self-testing pilot project</li> </ul>	March 06- Feb 07	Young people 16-24	
	Safe sex, no regrets				
	Word AIDS Day activities	<ul style="list-style-type: none"> <li>Aims to acknowledge people living with HIV/AIDS and raise awareness about HIV/AIDS</li> </ul>	Once a year	General public including gay and other homosexually active men	

Agency	Program	Objectives and/or description	Frequency	Audience	Gay men reached
<b>SESIAHS</b>	Safe summer survival	<ul style="list-style-type: none"> <li>Peer project. Partnership with WAYS youth service. Outreach at youth events festivals and dance parties. Aims to increase youth sexual health awareness, STI testing and safe sex behaviours</li> </ul>	Yearly Nov-Feb over summer	Young people <24 in Sydney's eastern suburbs	
	Fair Day partnerships approach				
<b>SSWAHS</b>	Safe sex, no regrets	<ul style="list-style-type: none"> <li>The program participated in the second round of the NSW Health Safe Sex, no regrets campaign</li> <li>Distributed materials to local services</li> </ul>	2005-2006	Gay and other homosexually active men were a key target population	
	Survey GPs	<ul style="list-style-type: none"> <li>Survey conducted with GPs in inner-west of Sydney to determine 'sexual health' friendly GPs for inclusion on sexual health clinic referral list</li> </ul>			
<b>QLD</b>					
<b>CAHS</b>	Counselling	<ul style="list-style-type: none"> <li>Individual counselling and support</li> <li>Clinical psychologist provides weekly sessions to address clinical/psychological issues, health issues, work issues and sexual health issues – related to client's individual goals for therapy</li> </ul>	Weekly	Sex workers	Not Commonly
<b>FPQ</b>		<ul style="list-style-type: none"> <li>Promote sexual health, safe sex, etc</li> <li>Range of education programs, health promotion activities, information material</li> </ul>	Regularly	Young people (in and out of schools), correctional facilities	Not counted specifically
		<ul style="list-style-type: none"> <li>Program content includes: relationships, decision making, puberty, personal safety, accepting diversity</li> </ul>	Regularly	School students, tertiary studies, correctional facilities, youth not in school setting	Not counted specifically
<b>SQWISI</b>	Health and Safety Workshop (online)	<ul style="list-style-type: none"> <li>General health and safety</li> <li>Includes male sex workers and health</li> <li>People get a certificate at the end of the workshop</li> </ul>	Ongoing	Sex workers	Unknown

Agency	Program	Objectives and/or description	Frequency	Audience	Gay men reached
<b>TAS</b>					
<b>SHS</b>	Counsellor/ Educator	<ul style="list-style-type: none"> <li>• Referrals from nurses and other services, self referral</li> </ul>			25%
<b>VIC</b>					
<b>The Alfred</b>	Provision of non-occupational post exposure prophylaxis	<ul style="list-style-type: none"> <li>• Statewide centralised non-occupational post exposure prophylaxis service</li> </ul>	24 hours, 365 days	At risk groups for HIV	
<b>WA</b>					
<b>WAAC</b>	Keep It Safe Summer	<ul style="list-style-type: none"> <li>• Promotion of safe sex and reducing alcohol and drug use</li> <li>• Targeted at Big Day Out, Leaver and Orientation days</li> <li>• Always have gay staff helping out</li> </ul>	Annual	Young people – school leavers	Under 10%
	Public speaking	<ol style="list-style-type: none"> <li>1. Facts – HIV and STi transmission</li> <li>2. Stigma and discrimination</li> <li>3. Personal perspectives</li> </ol>	Regularly	Secondary school students – some community groups and universities	Under 10%
	Needle and syringe program	Fixed site and outreach Provide condoms to sex workers	Ongoing	People who use drugs	Unknown
	HIV positive services	Support for people with HIV: Including chronic disease self-management, Quit smoking, Life Coaching, Treatment Update	Regularly	Positive people	
<b>National</b>					
<b>AFAO</b>	Notions of Health	<ul style="list-style-type: none"> <li>• To encourage and support PLWHA to lead healthy lives, reducing the risk of illness and death, and enhancing quality of life</li> <li>• Full colour insert in, or special issues of, Positive Living, featuring stories of 6 PLWHA who have made changes in their lives towards adopting one or a number of strategies for healthier living</li> </ul>	2005-06	PLWHA	

# ABBREVIATIONS

AACACT	AIDS Action Council of the ACT
ACSA	AIDS Council of South Australia
AFAO	Australian Federation of AIDS Organisations
AH&SHL	AIDS Hepatitis and Sexual Health Line
AIVL	Australian Injecting and Illicit Drug Users League
AOD	alcohol and other drugs
CAHS	Central Area Health Service
CAN	Country Awareness Network Victoria
DoHA	Australian Government Department of Health and Ageing
FPQ	Family Planning Queensland
FPWA	formerly Family Planning Western Australia
FTE	full time equivalent
GAMMA	Australian Bisexual Men's Association
GLBT	gay, lesbian, bisexual, transgender
GP	general practitioner
GSAHS	Greater Southern Area Health Service
HNEAHS	Hunter New England Area Health Service
IGCAHRD	Intergovernmental Committee on AIDS, Hepatitis and Related Diseases
NAHS	Northern Area Health Service
NAPWA	National Association of People Living with HIV/AIDS
NSCCH	North Sydney Central Coast Health
NTAHC	Northern Territory AIDS and Hepatitis Council
PHOFA	Public Health Outcome Funding Agreement
PLWHA	People Living with HIV/AIDS
QAHC	Queensland Association for Healthy Communities
QPP	Queensland Positive People
QuiHN	Queensland Injectors Health Network
RhED	Resourcing Health and Education in the Sex Industry
SESIAHS	South East Sydney Illawarra Area Health Service
SHS	Sexual Health Service
SOPV	sex on premises venue
SQWISI	Self Health for Queensland Workers in the Sex Industry
SSWAHS	Sydney South West Area Health Service
STIGMA	Sexually Transmitted Infections in Gay Men Action Group
STIs	sexually transmitted infections
SWAHS	Sydney West Area Health Service
SWOP	Sex Worker Outreach Project
TasCAHRD	Tasmanian Council of AIDS, Hepatitis and Related Diseases
TSS	The Second Story Youth Health Service
UA	Department of General Practice, University of Adelaide
UQ HIV & HCV	Education Projects, School of Medicine, The University of Qld
VAC/GMHC	Victorian AIDS Council/Gay Men's Health Centre
WAAC	Western Australian AIDS Council
YFS	Youth and Family Service Logan City

