

# **All things considered**

**Gay Men's Education Consultation 2002**

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**Gay Men’s Education Consultation**

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## Glossary

AFAO	<p>Australian Federation of AIDS Organisations</p> <p>AFAO is the peak national HIV/AIDS body representing state-based AIDS Councils, National Association of People With AIDS, Australian Intravenous League and the Scarlet Alliance, and indigenous representative and a representative from the Commonwealth Department of Health and Ageing.</p>
AIVL	<p>Australian Injecting and Illicit Drug Users League</p> <p>AIVL is the peak national body representing state-based drug user groups.</p>
ANET	<p>AFAO/NAPWA Education Team</p> <p>ANET has responsibility for developing and implementing a series of activities that supports the work of state-based gay men's and positive educators.</p>
ESG	<p>Education Strategies Group</p> <p>The ESG consists of education managers from each state/territory-based AIDS Council, representatives from National Association of People with AIDS, AIVL and the Scarlet Alliance, an Indigenous representative, and a representative from the Commonwealth Department of Health and Ageing.</p>
GES	<p>Gay Education Strategies project</p> <p>GES was an AFAO project that addressed gay men's education priorities. It was a predecessor to ANET.</p>
HAART	<p>Highly Active Antiretroviral Therapy</p>
IPON	<p>Indigenous Project Officers Network</p>
MSM	<p>Men who have sex with men</p>
NAPWA	<p>National Association of People with AIDS</p> <p>NAPWA is the national peak body representing state-based People Living with HIV/AIDS organisations.</p>
NTA	<p>National Training Agenda</p> <p>NTA is a 3 year project funded by the Commonwealth Department of Health &amp; Ageing, based at AFAO. The project has adapted the Certificate IV and Diploma of Community Services (Community Work) for educators of gay and other men who have sex with men.</p>
PIE	<p>Positive Information and Education</p> <p>PIE was an AFAO project that addressed the education priorities of people living with HIV/AIDS. It was a predecessor to ANET.</p>
PLWHA	<p>People Living with HIV/AIDS</p> <p>Scarlet Alliance</p> <p>Scarlet Alliance is the national peak body representing state-based sex worker organisations.</p>
UAI	<p>Unprotected anal intercourse</p>

## **Recommendations**

### **Recommendation 1:**

That ANET develops a strategic response to the apparent shift from “shared responsibility” to a more individualised response to HIV risk reduction among gay men, that includes the implications for education programs.

### **Recommendation 2:**

That ANET develops education programs targeting gay men who have unprotected anal intercourse with casual partners, particularly those who are adopting risk reduction strategies.

### **Recommendation 3:**

That ANET undertake to develop an education campaign/resource targeted at HIV negative gay men that aims to improve understandings of HIV treatments and the impact they have on the lives of gay men with HIV, including the impact of treatments and clinical markers in sexual practice.

### **Recommendation 4:**

That ANET, building upon the experiences of the NSW PEP awareness campaign, develops awareness and information resources on PEP for gay men that can be adapted for use in each state and territory.

### **Recommendation 5:**

That ANET, in consultation with the Education Strategies Group, reviews the current nationwide availability of up-to-date basic HIV information resources and, if a need is identified, undertakes to revise and reprint such material.

### **Recommendation 6:**

That ANET, in consultation with AIVL, conducts a literature search on gay men and drug use and reviews the effectiveness of recent drug education initiatives targeted at gay men, including those incorporated within broader education programs, with the aim of identifying gaps in such programs.

### **Recommendation 7:**

That ANET undertakes to develop a national campaign, informed by qualitative research, that is targeted at same sex attracted youth, and which may include the use of new media technologies as a central feature, which offers support for responding to issues regarding sexuality and access to appropriate youth services.

### **Recommendation 8:**

That ANET, in collaboration with key stakeholders and member organisations, develops and distributes guidelines for sexually transmitted infections screening for gay men (based on the existing NSW guidelines).

### **Recommendation 9:**

That ANET, in consultation with the Education Strategies Group, reviews the current nationwide availability of up-to-date STI information and materials and utilises these to develop a sexual health education resource for gay men.

### **Recommendation 10:**

That ANET undertakes to actively support the documentation, evaluation and dissemination of state-based activities targeting gay relationships.

### **Recommendation 11:**

That ANET conducts a national campaign on sexual agreements (including Negotiated Safety) for men with regular partners.

**Recommendation 12:**

That, given the different ways gay men now respond to HIV and education programs, ANET staff, ANET Steering Group and the Education Strategies Group continue to foster debate and discussion on the realignment of education programs and development of new education strategies to respond to this changed environment.

**Recommendation 13:**

That ANET allocates resources to work with smaller AIDS Councils to develop programs specifically targeted at gay communities residing in areas outside the major capital cities.

**Recommendation 14:**

That AFAO member organisations review the need to implement AFAO cultural diversity training programs.

**Recommendation 15:**

That ANET staff, in collaboration with the Education Strategies Group and the ANET Steering Group, work to develop a strategic framework for the development of sexual health programs.

**Recommendation 16:**

That ANET convenes a national meeting of peer educators to discuss and debate appropriate strategic directions for peer education and support programs.

**Recommendation 17:**

That ANET undertakes to research and document the use of new media technologies as an information, education and support tool, particularly giving consideration to its potential to "reach" those who are less easily reached by current education programs.

**Recommendation 18:**

That ANET works with ESG members to develop a process to improve reports back to educators.

**Recommendation 19:**

That significant papers, such as research presentations and reports from state/territory AIDS Councils and national organisations, be posted on the AFAO members' website after meetings.

**Recommendation 20:**

That ANET ensures all future publications and resources are available via the AFAO website and that ANET explores the feasibility of posting to the website older or out-of-print publications that still have utility for educators.

**Recommendation 21:**

That ANET develops a quarterly email newsletter, that includes hyperlinks to relevant websites, to communicate with educators about the work of ANET and its member organisations.

**Recommendation 22:**

That, where appropriate, ANET continues to explore the utilisation of discussion boards, chat rooms and email lists to encourage national communication and debate amongst educators.

**Recommendation 23:**

That, as already agreed at the Education Strategies Group, the development and implementation of any ANET campaign and resource be accompanied by the establishment of an advisory committee consisting of representatives from different states and territories.

**Recommendation 24:**

That ANET continues to develop implementation kits that are distributed to member organisations prior to the release of all campaigns and resources, and that consideration be given to providing member organisations with some access to ANET staff to assist in the development of local implementation plans.

**Recommendation 25:**

That ANET, apart from briefing sheets that outline desirable evaluation activities to accompany the implementation of ANET-produced campaigns and resources, undertakes to assist more proactively in modelling the development of effective evaluation planning and implementation with member organisations.

**Recommendation 26:**

That ANET work with member organisations and the National Centre in HIV Social Research to select appropriate campaigns for inclusion in the *Gay Community Periodic Surveys* at the time each survey is developed.

**Recommendation 27:**

That ANET continue to collaborate with the National Centre in HIV Social Research to produce a biennial HIV social research and education conference and that consideration be given by the conference organising committee to provide further opportunities within the program for peer networking amongst educators.

**Recommendation 28:**

That ANET stages a series of smaller and more targeted national forums that bring educators together to debate and strategise about common issues.

**Recommendation 29:**

That ANET adopts an appropriate and broad capacity building framework to guide the development of its work.

**Recommendation 30:**

That ANET establishes and implements a demonstration project program that encourages the development of innovative education approaches, while simultaneously promoting the national trialling of innovative state-based projects.

**Recommendation 31:**

That upon the completion of the assessment of educators as part of the pilot implementation phase of the National Training Agenda project, ANET reviews the effectiveness of the project in meeting the professional development needs of educators.

**Recommendation 32:**

That ANET undertakes to:

- monitor the ongoing implementation and evaluation of NTA;
- review the recommendations of the evaluation of phase 2 of the NTA project (due July 2003).

**Recommendation 33:**

That ANET undertakes to:

- document the broad range of workforce development issues, excluding professional development training needs, that are impacting upon member organisations;
- identify the impact such issues have on education programming; and
- canvass short term and long term solutions to address identified workforce development issues.

**Recommendation 34:**

That ANET continues to produce discussion and policy papers on emerging issues and that consideration be given to the production of papers on the following topics:

- summary of research findings on post-exposure prophylaxis
- strategic positioning
- best practice
- directions for peer education and peer support programs
- community engagement strategies.

**Recommendation 35:**

That, to ensure the effective use of ANET discussion papers, all future ANET papers should include an executive summary and, where recommendations are included, they should be directed to a specific organisation. Papers should also be accompanied by a statement about the purpose of the document or an implementation plan that outlines ANET and member organisation activities to review, debate and implement the document.

**Recommendation 36:**

That ANET develops a protocol for working with member organisations to respond to reports of increased HIV notifications that goes beyond media management.

**Recommendation 37:**

That ANET's work in the development and implementation of treatment campaigns be guided by the outcomes of the Positive Information and Education Forum held in 2001.

## **1. Introduction**

### **Background**

In 1998, the Australian Federation of AIDS Organisations (AFAO) and National Association of People with AIDS (NAPWA) formed a joint education program. This joint venture, called the AFAO/NAPWA Education Team (ANET) was the result of the merging of the Gay Education Strategies (GES) project, the Positive Information and Education (PIE) Project, and the National Treatments Project.

The formation of ANET ensured the integration of education initiatives targeted at both gay men and people living with HIV/AIDS. ANET has responsibility for developing and implementing initiatives that support the education work of AFAO/NAPWA member organisations. ANET is funded by the Commonwealth Department of Health and Ageing.

Prior to the establishment of ANET, the GES and PIE project both undertook extensive interviews and workshop consultations with stakeholders to ascertain priorities. The GES Consultation Phase Report was published in October 1995 and the PIE Consultation Report was published in November 1997. Since the publication of those reports, ongoing consultation of the needs of member organisations has occurred through mechanisms such as the Education Strategies Group (ESG).

In early 2001 a national forum to review the achievement of the implementation of the PIE Consultation Report was convened and utilised as an opportunity to establish future directions. A broad consultation with educators of gay men has not been undertaken since the GES Consultation Phase report was released in 1995. However, and a gay men's education survey was conducted in 1999 by ANET.

As outlined below, a consultation process was developed and undertaken to determine priorities in gay men's education and activities required to be undertaken by ANET to support the work of gay men's educators based within AFAO member organisations.

### **AFAO/NAPWA Education Team**

ANET's objectives are articulated in its current funding agreement with the Commonwealth Department of Health and Ageing. The ANET workplan for 2001/2002 addresses the six objectives outlined within its funding agreement and utilises a variety of strategies to achieve these objectives. The objectives are as follows.

1. Consult with AFAO member organisations, researchers and other members of the partnership to determine priorities for gay men's (and people living with HIV/AIDS) education.
2. Develop campaigns and other resources to reduce HIV transmission amongst gay men.
3. Assist member organisations to implement and evaluate AFAO HIV education campaigns and to develop and evaluate local initiatives.
4. Provide a biennial HIV education conference and other opportunities for HIV educator skills development and information sharing.
5. Develop capacity of AFAO/NAPWA membership.
6. Develop, implement and evaluate campaigns to assist people with HIV with treatments decision-making and treatment regime compliance.

ANET currently has four staff positions responsible for implementation of these strategies. The positions are:

- Campaign and resources – gay men
- Campaign and resources – people living with HIV/AIDS
- Research and policy
- Capacity building.

The Editor of *Positive Living* has also been part of ANET. Negotiations are ongoing to move this position to NAPWA as outlined in AFAO's Statement of Directions 2000-2004 (pp. 11-13). The other related project that has been associated with ANET is the National Training Agenda Project. It has been a three year project (due to be completed in June 2002) that has adapted the Certificate IV and Diploma of Community Services (Community Work) for educators of gay and other men who have sex with men.

### **Aim of consultation**

The consultation process aimed to determine:

- national priority content areas for gay men's HIV Education

and

- actions ANET can undertake to support the work of educators at a local level.

### **Scope**

The consultation focused on priorities in gay men's HIV education. While the focus of ANET's work is gay men, during the consultation consideration was given to the importance of issues facing non-gay identified homosexually active men when consultation participants raised these issues. Implicit in the scope of the review was ensuring both HIV negative and HIV positive gay men's needs were addressed.

More often than not among AFAO member organisations, "education" is how staff job titles and activities are categorised. Yet it would be incorrect to assume that the work undertaken by education staff doesn't address the other areas for action as outlined in the Ottawa Charter for Health Promotion. As will become evident during this report, while education interventions remain an important focus of work they are often developed in conjunction with an array of interventions that reflect a well-developed health promotion framework.

### **Staff and timeline**

Mr Dean Murphy, ANET Research and Policy Officer, and Mr Aldo Spina, consultant, collaboratively undertook the development and implementation of the consultation process. Input into the consultation process was sought and received from the AFAO Education Strategies Group.

The project commenced in mid-January 2002 and concluded by late May 2002. The project aimed to conclude by late May so that its findings could be presented at the HIV, Hepatitis and Related Diseases Social Research and Education Conference (28-31 May 2002). Consultation workshops and interviews were scheduled to run from late February to mid-March. The discussion board was operational by February. By late April a draft report was circulated for further comment.

## **Methodology**

The project aimed to provide opportunity for educators based at AFAO member organisations to input into the consultation process. It did not endeavour to undertake a broad consultation with non-member stakeholders.

Educators were presented with a number of mechanisms to provide input. Consultation workshops were offered in most capital cities, with the exception of Hobart and the Australian Capital Territory. The workshops ran for approximately three hours. A structured program was developed and utilised to encourage the input of all participants and to promote discussion (see Appendix A).

Education managers at AIDS Councils assisted in scheduling the workshop and ensuring all relevant staff members were invited to attend. In some states, managers felt it was appropriate to invite educators of other organisations who work closely with the AIDS Council. Workshop participants, and educators who had been unable to attend the workshops, were also invited to submit written submissions to the review.

All workshops sessions were audio taped, in addition to both facilitators taking notes. Consultation participants were guaranteed confidentiality. A small number of quotes have been used in this report to illustrate certain points. These quotes have been de-identified to protect confidentiality.

Key education staff in Hobart and the Australian Capital Territory were offered the opportunity to participate in the consultation by telephone interview or email correspondence. The interviews covered the same terrain as the consultation workshops, albeit in a slightly different manner. In Queensland, three educators gave input into the consultation workshop via teleconference during the Brisbane workshop.

In addition to the workshops, an internet-based discussion forum on the AFAO members' site was also established to encourage further debate on some of the issues raised throughout the consultation process. It was hoped that some of the more conceptual notions that underpin education work would be debated. Unfortunately the discussion board proved not to be a successful mechanism. During the consultation a range of reasons were put forward as to why staff were reluctant to use it. The reasons included unfamiliarity with use of a discussion board, low level of technological skills, difficulty and confusion obtaining a login password, lack of time, and preference for "live" discussion. The experience with the discussion board did prove to be insightful and the use of such a facility by ANET for future activities, as well as the use of other new media technologies, is discussed later in the report.

The data obtained throughout the consultation were analysed by common themes. In some areas there was a high degree of agreement within states and across the nation, at other times there was some divergence. Where important comments were made but where there was not widespread agreement, these have been noted.

The final mechanism for feedback into the consultation process was the distribution of a draft report of the findings of the consultation process. The draft report was circulated to managers and they were asked to ensure an appropriate process for providing organisational feedback. Based on the feedback from the draft report, a final report was produced.

## **Consultation input**

The consultation process was developed and undertaken after seeking the views of the ESG, consisting of fourteen members. Both the consultation process and priorities in gay men's education were discussed by the ESG.

Excluding the ESG, as most members of the ESG also attended state-based consultation workshops, consultation workshops and interviews involved the participation of 51 people.

Breakdown by state/territory is as follows:

ACT	4 people
New South Wales	8 people
Northern Territory	4 people
Queensland	10 people
South Australia	9 people
Tasmania	1 person
Victoria	4 people
Western Australia	12 people

Consultation participants all came with different perspectives and experiences in HIV/AIDS. The positions titles of those who attended the consultation reflect the broad range of participants. The position titles of those who participated included:

- Branch Coordinator
- Campaign Planner
- Community Developer Manager
- Community Educator
- Counsellor
- Education Manager
- Enhance Care Project Officer
- Executive Director
- Gay and Lesbian Officer
- Health Educator
- Health Promotion/Education Manager
- HIV Services Manager
- Indigenous Worker
- Manager, Indigenous Services
- Mental Health Promotion Officer
- Outreach/Venue Officer
- Peer Educator
- Positive Educator
- Positive Services Officer
- Sex Worker Officer
- Support and Information Officer
- Support Officer
- Treatments Officer
- Volunteer
- Youth Educator
- Education Officer
- PLWHA Support Worker

### **Report structure**

The following part of the report is divided into two separate sections.

*Section Two* outlines priorities in gay men's education. These include priorities related to content, context and education methodology.

*Section Three* outlines strategies and activities ANET to consider undertaking to support the work of state-based educators. These activities are organised under the six objectives outlined in the current ANET workplan.

## 2. Priority issues for gay men's education

The consultation process aimed to determine the national priority issues for gay men's education over the coming years. During the consultation, participants were encouraged to nominate any issues they believed were relevant to their work. While there were quite a number of shared issues that emerged in each state and territory, and these are addressed below, it is important to also note that the issues nominated as high priorities often tended to be quite different between the states and territories. Given that each AFAO member organisation operates in a different community and organisational environment, it should perhaps be no surprise that local priorities vary substantially.

While it is important to ensure local priorities are addressed, ANET is most interested in common issues facing member organisations. Addressing these commonalities will ensure ANET's work can have maximum utility and impact across the nation.

Throughout the consultation organisational type issues (eg. staff professional development, staff recruitment) were often nominated as priorities in gay men's education. These issues are discussed in section three.

The following section has been categorised into:

- sex, drugs, HIV and sexual health;
- contextual issues; and
- education methodology.

### 2.1 Sex, drugs, HIV and sexual health

#### Unprotected Anal Intercourse and Risk

Since 1996, there has been an increasing trend in the proportion of gay men reporting occasions of unprotected anal intercourse (UAI) with casual partners. Data from the *Gay Community Periodic Surveys* conducted in Sydney, Melbourne, Brisbane and Perth show evidence of small but statistically significant increases in UAI with casual partners. Also, data from *Male Call 96* and the *2000 Male Out Survey* indicate an increase in UAI with casual partners among gay community-attached men and their non community-attached counterparts across all regions.

Table 1: Men engaging in unprotected anal intercourse with casual partners in the *Gay Community Periodic Surveys*, based on all the men who participated, 1998-2000 (NCHSR 2001, Aspin 2001).

	1998	1999	2000
Sydney	Total sample 18.2 Fair Days 12.7 Consistent sites 23.2	Total sample 18.5 Fair Days 12.5 Consistent sites 27.3	Total sample 23.0 Fair Days 14.5 Consistent sites 31.9
Melbourne	13.4	-	16.6
Brisbane	14.0	14.7	18.4
Perth	11.8	-	18.1
Adelaide	14.1	12.1	-
Canberra	-	-	14.3

In almost every state and territory increases in UAI with casual partners was raised as an important issue for gay men's education. However, what should or could be done about it was by no means clear, especially in light of the fact that, with the exception of Victoria, HIV notifications have not increased alongside changes in behaviour. Exactly how much of this UAI is a risk for HIV transmission is unknown because at least some of it is occurring between seroconcordant partners who negotiate this practice. However, the increasing acceptance of this practice, and the adoption

of risk reduction strategies, may also increase pressure on HIV positive men to either disclose to casual partners or to take responsibility for preventing HIV transmission. On the other hand, we know that a reason HIV positive gay men are adopting risk reduction strategies – particularly “strategic positioning” (the adoption of insertive and receptive roles during anal intercourse) – is to circumvent disclosure in casual sex situations. Data from the *2000 Male Out Survey* indicate that HIV negative men largely expect disclosure from HIV positive casual sexual partners yet a large percentage also reported that they would avoid sex with casual partners who are HIV positive (Van de Ven 2001). As noted by the authors of that report, this produces little incentive for disclosure in such situations.

In some states disclosure is seen as difficult, with possibly adverse consequences for HIV positive men. This is exacerbated by different state laws pertaining to the responsibility of positive people to disclose their HIV status to sexual partners. Such contexts have meant that a great deal of thought has gone into how to implement ANET’s recent *No worries?* campaign. Queensland for example was expecting a backlash because of the established (public) condom culture that has contributed to a silence in relation to UAI. Also, it should be noted that campaigns encouraging disclosure of HIV status are actually in contradiction to previous education policy, and also recent campaigns conducted by state-based organisations, such as QuAC’s *You don’t have to divulge to indulge* campaign.

The findings of the *touch wood, everything will be OK: gay men’s understandings of clinical markers in sexual practice* (Rosengarten 2000) report suggested that there was a division developing between HIV positive and HIV negative men in terms of understandings of risk and that “HIV (known or self-assumed) negative gay men are not well informed of clinical markers including viral load testing and its implications for reduced or nil infectivity.” As a result, it seems that “HIV positive and (known or self-assumed) negative gay men may be engaging in sexual practices on the basis of different assumptions and knowledge about serostatus, responsibility and risk.”

This study also showed HIV positive gay men were employing individual risk reduction strategies when engaging in anal sex, including anal sex without condoms. Rosengarten’s study, alongside subsequent analyses of quantitative studies also showed that one such strategy was the use of insertive/receptive positions based on serostatus for unprotected anal sex.

Historically, the basic assumption underpinning gay men’s education in Australia was that individual behaviour is influenced by “peer” or “community” norms ie. normative processes. The current framing of individualised risk reduction strategies locates behaviour at an individual level – divorced from communal and normative processes – suggests a “privatised” notion of HIV experience. However, in terms of strategic positioning there are also potent “peer” processes occurring. Education needs to focus on these processes rather than concentrating on risk assessment and management alone.

To respond to changes in gay men’s sexual practice, the Education Strategies Group (ESG) developed the following resolution, which was passed by the AFAO general meeting in April 2001:

*"That the AFAO/NAPWA Education Team works towards development of a harm minimisation/risk reduction model that incorporates UAI and recognises flexibility as to serostatus and circumstance."*

The resolution was developed from a combination of recommendations from the HIV educators’ conference held in May 2000. The resolution was developed because of a number of changing factors occurring nationally in HIV education. These were described as:

- *The current epidemiological and social research data continues to demonstrate a need to examine the direction and methodology of prevention work with gay men.*
- *There is an increasingly diverse range of decisions in relation to HIV prevention being made by gay men reflecting very different positioning of HIV in gay men's lives.*
- *Apparent emergence of personal HIV risk reduction strategies other than condom use among some gay men.*

- *Strategies and interventions targeting the different ways in which gay men, both HIV positive and HIV negative, have positioned HIV prevention, sexual behaviour and condom use in their lives need to be recognised and addressed in ways that adopt harm reduction principles.*
- *The scale of interventions that are required to make an impact on the epidemic are difficult to achieve within the current level of financial resourcing for gay and other homosexually active men's HIV/AIDS education.*

The support of the AFAO membership was viewed as essential because it provided educators around the country with the opportunity to work with new strategies that are operating within a nationally consistent framework.

The resolution provided a political and organisational commitment to:

- *Trial innovative strategies, including controversial strategies.*
- *Determine the outcomes of prevention programs on the basis of evidence;*
- *Reinforce within gay communities that condom use is the safest way to prevent HIV;*
- *Provide gay men with an accurate perception of the current realities of living with HIV and of the place of HIV in different gay men's lives;*
- *Discuss openly and non-judgmentally the use of HIV risk reduction strategies other than condom use and the information on which these strategies are based, particularly in sexual subcultures where risk reduction strategies are most common; and*
- *Discuss openly motivations that contribute to some gay men's actions about condom use in both relationships and casual sex.*

There were concerns expressed during the consultations that despite the resolution (above) which indicated a significant shift in policy, there was some confusion about what this actually meant in practice. Some also felt that this shift had not been well communicated to the AFAO membership – especially those that worked in education at a grass roots level – and for many people the first they knew about it was when they saw the materials or background paper associated with the *No worries?* campaign. Some thought that the policy implications of the resolution were only becoming articulated during the development of social marketing campaigns such as *No worries?*, and this was an inadequate process. It was also suggested that such debates, although active in member organisations, are not necessarily being conducted elsewhere, particularly within the broader HIV/AIDS sector, and that there was a need to ensure other organisations and their constituencies are made aware of and understood this change.

It was also noted during the consultation that there has been a shift away from didactic, single message-based campaigns in response to the increasing complexity of the epidemic, and that this made education also more complex.

It seems clear that, consistent with AFAO's resolution, ANET should more clearly articulate the implications of the resolution for education practice and explore the most effective ways of promoting discussion by gay men of risk reduction strategies in casual settings.

**Recommendation 1:**

**That ANET develops a strategic response to the apparent shift from "shared responsibility" to a more individualised response to HIV risk reduction among gay men, that includes the implications for education programs.**

**Recommendation 2:**

**That ANET develops education programs targeting gay men who have unprotected anal intercourse with casual partners, particularly those who are adopting risk reduction strategies.**

**HIV negative men's understandings of living with HIV**

A strong, though controversial, argument put forward in a number of workshop consultations, was that a campaign was needed to tell HIV negative gay men about the reality of living with HIV – in

particular the side effects of antiretroviral treatment – to deter them from high risk behaviours. It was felt that at the moment many HIV negative gay men knew little, or very little realistic information, about the health issues that people with HIV deal with and that they had an overly-optimistic view of the impact of combination treatments.

These comments have perhaps been influenced by a number of different factors. There has certainly been a lot of discussion about the decreasing visibility of HIV and people with HIV and the impact this may have on assessments of risk. In addition, it has been suggested that young gay men may not know many people living with HIV, and that this may also have an impact on perceptions of risk, and subsequently on behaviour. Calls for campaigns to illustrate “what it’s really like to be HIV positive” have also been made by public figures in Australia, notably in Victoria.

A third element in this push is recent debates in the US, particularly San Francisco, about the portrayal of PLWHA in a way that “glamorises” HIV in direct-to-consumer marketing of HIV treatments by pharmaceutical companies. In 2001, San Francisco AIDS activists and the city’s department of public health lobbied the Food & Drugs Administration to insist that companies tone down the sexual nature of the ads, and also replace images that are “not generally representative of patients with HIV”. Such images are claimed to be misleading because they imply greater efficacy than demonstrated by substantial evidence or minimise the risks associated with HIV drugs. (It should be noted that direct-to-consumer pharmaceutical advertising does not occur in Australia.)

One possible interpretation of the comments made in the consultation process about HIV reality campaigns is that there is a desire for a fear-based campaign to motivate HIV negative gay men to avoid HIV infection. However this would be at odds with what is known to be good practice in social marketing in general, let alone in an HIV education campaign specific to (HIV negative) gay men. Writing on this subject in 1996, Parnell summarised three important reasons against the use of fear-based messages:

- i) *messages, any messages, are not sufficient on their own to induce behaviour change;*
- ii) *the behaviours of concern to social marketers, at least the sorts of behaviours of concern in this discussion paper, are engaged in again and again, so no single use of fear-based messages, even if their outcome was unambiguous, would result in sustainable or adaptable behaviour change; and*
- iii) *it is not consistent with the need for consumer orientation: most of those who suggest use of fear-based messages indicate that they believe this will work to motivate others; social marketers would question whether they have ever heard anyone indicate that they themselves would benefit from a dose of fear. (Parnell 1996)*

A more considered approach to this issue is to explore in more detail what people mean when they are suggesting educational interventions that focus on “the reality of living with HIV”. (In addition to the cautionary note above it is worthwhile noting that talking about such a “reality” suggests a singular or universal experience of being HIV positive, which we know is not the case.)

We do *not* believe that people who work in the field are seriously proposing fear-based campaigns. What may be appropriate however is a campaign or education intervention targeting HIV negative men exploring some of the changes that have occurred for HIV positive gay men in the post-treatments period. These changes include altered notions of longevity and “infectivity”. This was articulated in the Rosengarten report referred to previously (Rosengarten 2000). In relation to the issue being addressed here, the report recommends that HIV policy and education needs to address:

- *the workings of different knowledges and assumptions by men of different serostatus engaging in UAI with regular discordant partners and casual partners of unknown serostatus;*

- *difficulties that may be experienced by HIV (known or self-assumed) negative gay men in articulating their sexual practices in relation to risk and the potential this may have for maintaining condoms in anal intercourse; and*
- *lack of knowledge of HIV (known or self-assumed) negative gay men of HIV positive health issues in the context of HAART, including the practice of pos/pos unprotected anal intercourse.*

During the consultation, it was acknowledged that any such campaign, even if targeted at HIV negative gay men, would need to consider the way it would be read by a diverse range of HIV positive gay men. It was emphasised that the only way to undertake such initiatives was to ensure it was HIV positive gay men whose "voices" were heard in the campaign, and that HIV positive men would need to be actively involved in the development of the campaign. Such a campaign would necessarily include discussion of the assumptions of disclosure held by HIV negative men and the way in which this places responsibility of preventing HIV transmission on HIV positive men.

### **Recommendation 3:**

**That ANET undertake to develop an education campaign/resource targeted at HIV negative gay men that aims to improve understandings of HIV treatments and the impact they have on the lives of gay men with HIV, including the impact of treatments and clinical markers in sexual practice.**

### **Post-Exposure Prophylaxis**

Nearly every state and territory has procedures and policies in place to support the use of post-exposure prophylaxis (PEP) for risk incidents in non-occupational settings. Some states and territories have developed their own guidelines. Others are adopting or the national guidelines on post-exposure prophylaxis published by ANCAHRD in July 2001.

Australian Capital Territory, New South Wales, Queensland and Victoria all have guidelines in place for the provision of PEP for non-occupational exposures to HIV. Western Australia does not yet have guidelines in place but is in the process of developing some and planning for implementation. The Northern Territory is also in the process of adopting the national guidelines published by ANCAHRD. In Tasmania the Royal Hobart Hospital provides non-occupational PEP on a case-by-case basis but there are no state guidelines. Although a state policy on non-occupational PEP has been developed in South Australia it has not been implemented, however, PEP is available.

With PEP now available in most states and territories, there was an acknowledgment of the need to ensure that gay men were made aware of: 1) what it is; 2) its availability for non-occupational exposures to HIV; and 3) how to access it. So far NSW is the only state to develop and implement a campaign to raise awareness of PEP amongst gay men. In a post-campaign survey, 18.6 percent (n=311) reported seeing the campaign. Of these, over two thirds (68.6 percent, n=210) reported that PEP was available now (unpublished data, NSW Health).

Although there has been some concern in the past that PEP would lead to an increase in risk behaviours among gay men, results from studies in Sydney and San Francisco show that those who know about PEP are no more likely to report high risk behaviour and that those who access PEP do not necessarily report ongoing high risk behaviours in the future.

The San Francisco study found that in contrast to fears about an increase in exposures to HIV, at 12 months follow-up 72 percent of those who had presented for PEP showed a decrease in high risk behaviour for HIV, compared to 14 percent who reported no change and 14 percent whose high risk behaviour increased (Martin 2001). Also, according to Waldo, those who knew about PEP were no more likely to engage in risk behaviour than those who did not know about it (Waldo 2000).

A recent analysis of the relationship between knowledge of PEP and sexual behaviour was undertaken by Nakamura et. al. based on data from the February 2001 Sydney Gay Community Periodic Survey (Nakamura 2001). A majority of men (60 percent) reported that they had “never heard” of PEP. Of the HIV-negative men surveyed, 46 (2.9 percent) reported that they had taken PEP at some time. A univariate analysis showed an association between awareness of the availability of PEP and reporting any anal sex with casual partners. However, there was no association between knowledge of PEP and any *unprotected* anal sex with casual partners.

The development of a national PEP information resource for gay men could build upon the experiences of NSW in implementing the PEP awareness campaign. Such a campaign will need to take account of different access issues in each state and territory.

**Recommendation 4:**

**That ANET, building upon the experiences of the NSW PEP awareness campaign, develops awareness and information resources on PEP for gay men that can be adapted for use in each state and territory.**

**Basic HIV Information**

Reiterating and reinforcing basic HIV information was viewed as an important ongoing task. For some this just meant ensuring older HIV information pamphlets that explained HIV, transmission, testing, and risk practices were reprinted and always available. Others felt there was a need to ensure broader campaigns that reminded gay men, and particularly those who have recently become sexually active or attached to the gay community, about the need to practise safe sex. Still others felt that it was important to ensure simple “saturation messages” constantly reminded gay men about the need to practise safe sex. Others, however, disputed whether this sort of approach was actually effective.

While ensuring basic HIV resources, with updated sections on post-exposure prophylaxis and treatments, are always available remains important, the development of campaigns that provide basic HIV information and promote sex safe needs more thought. Research continually shows that among gay men, including young men, knowledge of how to prevent HIV transmission is very high. The continued lack of response such safe sex campaigns tend to receive from gay men, however, suggests that exactly how to target this basic HIV information needs careful consideration.

The recognition of the need to provide ongoing basic HIV information has led to the AIDS Council of NSW developing a practice of always running basic reinforcement campaigns in parallel with campaigns that look at address risk reduction strategies.

**Recommendation 5:**

**That ANET, in consultation with the Education Strategies Group, reviews the current nation-wide availability of up-to-date basic HIV information resources and, if a need is identified, undertakes to revise and reprint such material.**

**Drug education**

States and territories raised different priorities in relation to drug education with gay men. Most suggestions related to illicit recreational drug use and tended to focus on the need to provide accurate information. Some of the information and education needs identified included:

- how HIV and hepatitis C transmission can be avoided when injecting drugs;
- known interactions between HIV treatments and recreational drugs; and
- interactions between anti-depressants and HIV treatments.

Some research into the patterns and culture(s) of drug use among gay men in Australia has been conducted. Specifically, two studies by the National Centre in HIV Social Research *Using and 'the scene': Patterns of drug use among Sydney gay men*, and *Drug use and gay men* are of interest for developing appropriate education for gay men.

ANET has recently updated and reprinted an information brochure on interactions between antiretrovirals and other drugs – including recreational drugs, antidepressants, Viagra, methadone, etc. – for people with HIV. The internet-based ANET campaign called *sexinqueerplaces*, which will be simultaneously implemented across the country, also deals with recreational drug use in a dance party context, as did the ANET “parties” campaign of 2001. It would be valuable therefore to evaluate both *interactions and dangerous liaisons* and *sexinqueerplaces* with a specific focus on drug education messages.

It was felt by some that very few recent education initiatives had been targeted at gay men who inject drugs and that greater effort needs to occur in this area. Discussion of gay men’s alcohol use was not explicitly raised during the consultation.

**Recommendation 6:**

**That ANET, in consultation with AIVL, conducts a literature search on gay men and drug use and reviews the effectiveness of recent drug education initiatives targeted at gay men, including those incorporated within broader education programs, with the aim of identifying gaps in such programs.**

**Young gay men**

Young gay men continue to be an important target audience for education, as well as an important site of inquiry in terms of behaviour, identity, understandings and responses to the epidemic and relationship to gay community. While there is no epidemiology or social research data that indicates young gay men may be at greater risk of HIV infection or have lower levels of HIV transmission knowledge, it is important that program planners don’t become complacent about ensuring ongoing education with this population group.

Two notable resources have been developed for young MSM over the past few years. A national campaign developed by AFAO, targeting same sex attracted youth (*Who am I?; Who do I tell?*) was implemented in 1999 and at the time of writing this report was still the most popular download from the AFAO website. A sexual health guide for young gay men (*out there!*) was produced in 1998, and reprinted in 2001, by the Australasian College of Sexual Health Physicians in conjunction with AFAO.

Many consultation participants acknowledged the need to continue to ensure regular campaigns were implemented that targeted a new generation of young gay men. Many felt it was time another campaign was developed and implemented. Such campaigns were seen as needing to provide basic information on HIV (or where to access that information) and offer support for issues associated with coming out, including linking them to appropriate services.

In developing a gay youth campaign some informants emphasised the need to ensure that it drew on qualitative research that investigates how a new generation of young gay men understand the world, their sexuality, gay identity and HIV transmission, as well as their patterns of social and sexual behaviour. A particular area of research could also be the impact changes to new media technologies have had on increasing access to information and enabling greater contact with other like-minded young people.

Unlike previous youth campaigns, it may be appropriate to shift away from approaches that have utilised traditional media, such as posters and advertisements, and explore how to more effectively exploit new media technologies and existing information and entertainment websites that same sex attracted young people may access. Such a campaign may be developed in close collaboration not only with peer education youth groups but other existing internet support sites (eg. Mogenic).

During the consultation, some participants in the workshops also emphasised the importance of ensuring education campaigns were also targeted at older “gay” men who were also just beginning to engage in sex with other men. Despite some suggestions that material targeting newly sexually active young gay men could also target other new homosexually active men, it seems unlikely that the issues to be covered, or indeed the relevant imagery, would be the same

for both groups. Given that most of the comment during the consultation was received in relation to young gay men, no specific recommendation has been made in relation to developing specific resources for other newly homosexually active men.

**Recommendation 7:**

**That ANET undertakes to develop a national campaign, informed by qualitative research, that is targeted at same sex attracted youth, and which may include the use of new media technologies as a central feature, which offers support for responding to issues regarding sexuality and access to appropriate youth services.**

**Testing**

Implicit or explicit in many education campaigns and policies related to gay men (eg. negotiated safety and harm reduction approaches to anal sex without condoms) is knowledge of current HIV status, and by implication, regular HIV testing. Yet there is a perception that gay men are currently being tested for HIV less frequently than earlier in the epidemic and that some gay men were not getting tested at all – an example was given of a rise in one state of an increase in the number of people being diagnosed with HIV after presenting with an AIDS-defining illness. A concern was also raised that perhaps some younger gay men are testing as a result of inappropriate concerns about risk.

Recent analyses seem to suggest that there is no dramatic shift in frequency of testing among gay men, and that among HIV negative men those most at risk of HIV infection are those most likely to present for HIV testing. Given the importance of HIV testing in gay men's decision making around condom use, it is important that HIV testing practices continue to be monitored.

The increasing rates of sexually transmitted infections (STIs) among gay men was also raised as an issue during consultation workshops. This attentiveness to STIs partially reflects the shift to a broader health focus, rather than just a single disease focus, that many member organisations have undergone, but it also reflects a concern regarding how STIs may facilitate HIV transmission. For HIV positive gay men, STIs can cause an increase in viral load, and the symptoms of STIs may also be more severe and may also take longer to treat. Some interesting work in this area has been undertaken by the STI and Gay Men Action Group (STIGMA) in NSW which recently developed screening guidelines for gay men.

**Recommendation 8:**

**That ANET, in collaboration with key stakeholders and member organisations, develops and distributes guidelines for sexually transmitted infections screening for gay men (based on the existing NSW guidelines).**

**Recommendation 9:**

**That ANET, in consultation with the Education Strategies Group, reviews the current nation-wide availability of up-to-date STI information and materials and utilises these to develop a sexual health education resource for gay men.**

**Living with HIV**

Education around living long term with HIV was highlighted in the consultation process. However, what this referred to specifically, apart from the need to incorporate issues such as treatment fatigue and treatment breaks (structured or otherwise), was not well articulated. Little data was provided that enabled the recommendation of specific strategies for ANET to undertake.

It was also suggested that gay men who have recently been diagnosed with HIV (including those who have recently seroconverted) have specific needs that are perhaps not being currently addressed across the country. The Genesis project at ACON provides a possible model for peer education and support among these men. It was also noted that there is no specific current resource that is targeted at recently diagnosed gay men.

Concurrent with the development of this document, ANET is developing a discussion document on positive education that will explore issues related to the education needs of people with HIV and hopefully address the issues that were not able to be more fully canvassed within this consultation process.

### **Relationships**

Negotiating (or “navigating”) relationships was identified as an important issue, as well as being an important point of contact between gay men and AIDS Councils. In the consultation meetings in NSW and Victoria, in particular, the needs of HIV negative men in serodiscordant relationships were highlighted.

The periodic surveys provide ongoing data on HIV risk management in regular relationships. Of those in *seroconcordant* relationships, approximately 70 percent have agreements to have only safe sex (including Negotiated Safety agreements and 100 percent condom use). Among those in *serononconcordant* relationships (including relationships where the partners were of different or unknown serostatus), only about 40 percent have agreements to have safe sex only.

The first year of the Health in Men (HIM) cohort study, which includes HIV negative men only, provides data on condom use and safe sex agreements with regular partners. Of men who had anal intercourse with a regular partner (n=265), 24 percent had only protected anal intercourse, 33 percent reported both protected and unprotected anal intercourse, and 43 percent only unprotected anal intercourse with that partner. The proportion who engaged in both protected and unprotected anal intercourse was close to one-third, even for men with positive partners. Shorter (more recent) relationships were associated with low levels of always-unprotected anal intercourse, and longer ones with low levels of always-protected anal intercourse. Inconsistent condom use may represent for some a transition between always-protected and always-unprotected condom use. (Crawford 2002)

It should be noted too that a large proportion of gay men who recently seroconverted believe they acquired HIV from a regular sexual partner, which further emphasises the importance of relationships as an important and appropriate site of education interventions. Also, the practice of strategic positioning is most evident among this group, which suggests that considered risk reduction strategies are commonly practised among men in serodiscordant relationships.

Throughout the nation, a range of different strategies have been employed to work with gay men in seroconcordant and serodiscordant relationships, but there often remained scant knowledge about such initiatives among other member organisations. ANET can assist in ensuring such work is well documented, evaluated and that findings are broadly disseminated.

#### **Recommendation 10:**

**That ANET undertakes to actively support the documentation, evaluation and dissemination of state-based activities targeting gay relationships.**

#### **Recommendation 11:**

**That ANET conducts a national campaign on sexual agreements (including Negotiated Safety) for men with regular partners.**

## **2.2 Contextual issues**

### **“Engaging” with gay men**

The issue of “re-engaging” gay men with HIV education arose frequently during the consultations. Most consultation participants acknowledged that it is not a recent phenomenon but an issue that has persisted since the mid-nineties, if not earlier. Evidence cited that illustrated this phenomenon are a decreasing attendance AIDS Councils and a decreasing interest in education campaigns generally. Many reasons have been proposed as to why there is a lack of engagement. These include: high levels of safe sex knowledge, effective treatments for people with HIV/AIDS, low

levels of seroprevalence, low rates of seroconversions, "message fatigue", and a general sense that the priority attached to HIV/AIDS has decreased for many individuals and communities.

It has also been proposed that "gay" as a unifying experience and identity has completely changed. As mentioned in the section on young gay men, there is little current social research about what it means to be "gay" and the patterns of connections especially for younger men. However, there is a strong sense that the meanings of identity, as well as social patterns and connections, have altered in quite fundamental ways.

"AIDS" can no longer be seen as the cultural construct unifying "gay" communities in a response to it that it was. Indeed, a lot of effort was done to disentangle "AIDS" and "gay" in the mid to late 1990s. However, this may have gone too far. So, "gay does not equal AIDS" may have become a fantasy that "gay does not include AIDS". The fragmented meanings of community, gayness, and AIDS now make social marketing and communication very difficult.

While ANET has attempted to tackle this issue and the changing position of HIV in gay men's lives in previous campaigns (eg. *"Getting things in focus"*), there seems to be little belief that such an approach is appropriate or effective. In fact, many consultation participants also expressed a dislike for the term "re-engagement" as it suggested that educators were telling gay men they needed to engage with HIV and education campaigns, when this may not be relevant or appropriate.

For many AFAO member organisations, the issue of gay men's engagement has been addressed within education programs by acknowledging that programs need to address the broad health needs of gay men, even if they do not immediately appear to be directly related to HIV. This is consistent with a health promotion approach, where the goal is ensuring general health and wellbeing rather than just an absence of disease. An example is the "coffee sessions" conducted in Canberra in which the theme is generated in advance through discussion on email lists.

Another approach also taken is working with existing gay community organisations, groups and infrastructure, using a community development or capacity building approach, to increase the communities overall ability to respond to HIV and other health issues.

**Recommendation 12:**

**That, given the different ways gay men now respond to HIV and education programs, ANET staff, ANET Steering Group and the Education Strategies Group continue to foster debate and discussion on the realignment of education programs and development of new education strategies to respond to this changed environment.**

**Mental health**

Nearly every member organisation, though in quite different ways, has broadened its focus to include addressing the mental health issues faced by gay men. This issue has emerged because of an increasing sense that more clients have a mental health issue, high rates of depression amongst people with HIV, a perceived increase in depression amongst gay men, and an increasing acknowledgment of the high rates of youth suicide.

Two broad and common approaches to address mental health issues are: 1) working with existing mental health services to ensure they are accessible and can meet the needs of gay men, including people with HIV; and 2) providing counselling sessions to those gay men in need (though sometimes these services act as an assessment and referral service or offer a limited number of sessions before referral must occur).

For some, it has become important to move beyond just dealing with mental health illness when they arise, and towards promoting good mental health generally. Mental health issues are also considered by many to be relevant to addressing transmission of HIV as they are seen as potential cofactors.

In line with AFAO’s Statement of Directions 2000-2004, “AFAO will focus its response on HIV while retaining respect for the contexts within which affected communities experience HIV.”

**Smaller states and territories**

As stated earlier, there is an increasing divergence among states and territories about priority issues as organisations respond to the different environments within which they work. One important difference is how gay communities have and continue to respond to HIV differently.

Results from the 2000 Male Out Survey suggest that geographic location may be a factor in the assessment of HIV risk among gay men. Men living in a capital city were less likely to have engaged in UAI with a casual partner than men living in a major regional centre, who in turn were less likely to have engaged in UAI with a casual partner than those living in smaller cities and towns or rural/remote areas.

Table 2: UAI with casual partners by areas of residence (Van de Ven 2001)

	Capital city	Major regional centre	Smaller city / town / rural / remote
Any UAI	22.6	27.7	33.0

This survey also found that rural men who attend sex venues are more than twice as likely to have UAI with casual partners than men who don’t use sex venues. Of rural men 48 percent of those using sex venues reported UAI with casual partners in the last six months. Of the men who didn’t use a sex venue only 22 percent reported UAI with casual partners in the same period. The survey does not provide data on whether UAI takes place at sex venues.

These data suggests that both place of residence and place in which sex occurs influence whether men believe themselves to be at risk of HIV infection. There is therefore a need for further investigation into the “spatiality” of risk. Spatial construction of risk should also be considered in the design of interventions. Also highlighted was the need for mapping the mobility of men who have sex with men, including the dynamic socio-sexual relations where mobility of men who have sex with men may contribute to a change in HIV incidence.

One recurring theme in the consultations was the views and attitudes expressed to people with HIV outside Melbourne and Sydney. While beliefs and attitudes are not seen as universal in other cities, there was a general sense that the commonality was a lack of significant numbers of visible HIV positive gay men. This is not a new issue as the Gay Education Strategies report in 1995 also outlined the visibility of HIV positive gay men as an important difference between communities (Duffin 1995 p.40).

Where the issue seems to have gained some increased importance is in the belief that such attitudes are important not only in terms of discrimination within the community but also in how they impact upon the increasing practice of safe sex negotiation. Campaigns that address negotiation and strategic positioning may require a different focus in cities where attitudes differ towards the obligations of people with HIV during sexual encounters.

In light of the differences that occur between communities, the Gay Education Strategies Project allocated funds to some smaller centres to run social marketing campaigns that could address issues specific to local communities. There was strong support for this to occur again, though there was a preference for ANET to produce campaigns in collaboration with relevant member organisations rather than shift production responsibility to the member organisations. There was no agreement on the focus of such a campaign, although as just noted, the issue of attitudes towards people with HIV and the impact this has on safe sex negotiation was a common theme.

**Recommendation 13:**

**That ANET allocates resources to work with smaller AIDS Councils to develop programs specifically targeted at gay communities residing in areas outside the major capital cities.**

**Cultural diversity**

The issue of cultural diversity emerged in almost all consultation meetings. Comments on this issue fell into four separate areas: 1) increasing policy development on diversity; 2) the need to localise campaigns in relation to cultural diversity; 3) ensuring education programs targeted a culturally diverse audience and 4) furthering skills development in cultural sensitivity awareness.

During the consultation, there was consistent acknowledgment that when viewed collectively, ANET campaigns were seen to effectively target diverse groups of gay men, although in some states and territories most campaigns were seen as inappropriate for indigenous gay men.

In relation to points one, three and four, ANET has previously developed and implemented a cultural awareness program and developed a sensitivity training package in conjunction with VAC/GMHC. The training package is available to member organisations but has not been widely implemented. In addition, a training package aimed at reducing discrimination against indigenous gay men and sisters within AIDS Councils has recently been developed by AFAO as an addition to the *We're family too* indigenous anti-discrimination campaign.

**Recommendation 14:**

**That AFAO member organisations review the need to implement AFAO cultural diversity training programs.**

**General health and well-being**

As already acknowledged, many AFAO member organisation have increasingly shifted away from a single disease focus to addressing the broader health needs of gay men, and working towards the more general goal of ensuring good health and well-being rather than just the absence of disease. This is not to suggest that all HIV education programs should now address broader health issues, but that the work that occurs takes place within a broader framework.

This change has developed differently in each organisation and has been promoted by different environmental, cultural and organisational factors including:

- growing recognition of mental health issues in terms of its impact on people with HIV and prevention education, but also in a health issue in its own right;
- increasing rates of sexually transmitted infections;
- ensuring HIV education issues are positioned in a broader health promotion program in the belief that it will make such issues more salient;
- demands by funding bodies to ensure related health issues for gay men are also addressed; and
- ensuring longevity for community organisation infrastructure and expertise that has developed as a result of HIV funding.

The articulation of this change has resulted in many member organisations relatively rapidly adopting or revising existing programs to address the myriad health related issues for gay men. For example, during the consultation, issues that arose frequently and were nominated as important included tackling homophobia among health care workers, addressing issues of racism and ageism within the gay community, addressing homophobia within the general community, promoting positive images of gay male sexuality, and addressing the value gay men and gay communities attach to particular types of body image. As already outlined, issues such as mental health are now being more frequently addressed by many member organisations.

With such a shift taking place, ANET can play a role articulating and developing strategic frameworks that can guide the development of this work (as has already been suggested in the

area of mental health). With an increasing focus on addressing sexually transmitted infections, this work could benefit from being positioned within a broader and well-articulated framework of promoting the sexual health needs of gay men. Such a framework could outline the goals of such an approach, the rationale behind such a change, the evidence that suggests such a change may be effective and an exploration of what such a change means in a programmatic sense. One of the advantages of doing so is that it can aim to ensure that individual diseases aren't just addressed in but that there is an overall approach to sexually transmitted infections and sexual health.

**Recommendation 15:**

**That ANET staff, in collaboration with the Education Strategies Group and the ANET Steering Group, work to develop a strategic framework for the development of sexual health programs.**

## **2.3 Education methodology**

### **Peer education and support**

Peer education and support was frequently seen as being in a perilous state in most states and territories. Lack of attendance at peer education and support workshops/groups was seen as the most significant problem and was viewed as another sign of the lack of engagement of gay men with HIV/AIDS issues (though youth-oriented programs were still seen as successful). A related organisational problem was the difficulty of recruiting suitably qualified individuals to full time peer education and support positions, particularly HIV positive designated positions. This difficulty in appropriate recruitment often led to large periods when workshops weren't running or when they weren't functioning smoothly.

It was also reported that in some places clients are more interested in one-on-one support or utilising peer education workshops as social spaces (eg. youth). Some informants believed that a contributing factor to the current state of peer education was poor marketing of such groups and workshops that often occurred.

The decline in peer education and support has raised issues about the continued relevance of adhering to such an approach. Some believed that it was more important to have workshops and groups run by suitably trained professionals that offer a high quality service, rather than adhere to a principle of peer education. This was partially an acknowledgment that not all client demands for services are best met through peer education workshops and groups. Those that stated this, however, also emphasised it was still important to find other ways to involve the target group in the development of education programs. Others felt, and this has already occurred in some states and territories, peer education programs that aren't working should be wound back and the resources devoted to other programs and approaches (often community development or capacity building programs)

Most consultation participants wanted to see ANET take some leadership in mapping the current state of play across the nation and rethinking (and if necessary, reviving) peer education approaches. It was felt debate needed to occur on the content of peer education workshops, the needs of clients, the marketing of the program, whether peer education approaches utilising the internet have been developed or should be developed, and whether workshops and groups needed to continued to adhere to a peer education approach.

**Recommendation 16:**

**That ANET convenes a national meeting of peer educators to discuss and debate appropriate strategic directions for peer education and support programs.**

### **Non gay identified or non gay community-attached men**

How to effectively reach and educate non gay identified or non gay community-attached men was a dilemma that arose frequently during consultation workshops. When educators spoke about

these men, they were often differentiating these men from MSM who are located within “mainstream” gay communities and therefore more easily reached by current education programs.

As discussed below, some were interested in exploring strategies utilising new media technologies, particularly to reach those whose form of contact with other gay men may primarily be through the internet. Increasingly, it seems that many organisations are also now redeveloping beats outreach programs which sees a reversal of many years decline in these types of program. Apart from beats outreach and utilisation of the internet, few other solutions were put forward but it was felt that the issue need some ongoing attention.

*See recommendation below.*

### **The internet**

In many different guises, the use of the internet as both a site for gay men to socialise and as a tool that could be used for education, frequently arose as an important new area of work.

Recently, ANET has been developing an education campaign that is solely for the internet. There is much enthusiasm and anticipation about this experimental project. While, at the time of writing, the campaign is still in development, there is support to review other internet-based education interventions that might also be effective. Rather than ‘re-invent the wheel’ this may be an opportunity to explore what HIV and other health education interventions have been developed utilising the internet and other new media technologies.

#### **Recommendation 17:**

**That ANET undertakes to research and document the use of new media technologies as an information, education and support tool, particularly giving consideration to its potential to “reach” those who are less easily reached by current education programs.**

### **3. ANET objectives and strategies**

To assist in determining of the strategies and activities that ANET can undertake to support the work of educators at a local level, consultation participants were invited to comment on the past activities of ANET. Participants were asked to nominate, from their own experience, what they believed ANET had done well and what could be done better. Building upon responses to these questions, participants were then asked what strategies and activities they would like see ANET undertake in the future to support state-based educators.

The themes that emerged during the consultation are outlined below. These have been grouped under the six objectives outlined in the ANET workplan 2001/2002. Some of the issues discussed meet more than one of the six objectives and this has been noted when it occurs.

While there were quite a number of suggestions on how to improve the work of ANET and future activities that should be undertaken, these occurred in the context of strong support for the overall direction and work of ANET. Many felt the work undertaken by ANET continued to be of great importance. In particular, ANET's representation on the Commonwealth Department of Health and Ageing, National Centre in HIV Social Research and other national bodies was strongly valued.

#### **3.1 Consult with AFAO member organisations, researchers and other members of the partnership to determine priorities for gay men's (and people living with HIV/AIDS) education.**

##### **Education Strategies Group**

The Education Strategies Group (ESG) consists of education managers from each state/territory-based AIDS Council, representatives from the National Association of People with AIDS, AIVL and Scarlet Alliance, an indigenous representative, and a representative from the Commonwealth Department of Health and Ageing. The group meets three times per year.

There was universal support for the continuation of the ESG with feedback on the group being extremely positive. It was seen as a useful group for strategy development, networking across states and territories, and as a communication mechanism between ANET and its member organisations. A number of those who had attended ESG meetings stated that they felt privileged to be able to do so.

ANET largely relies upon regular meetings of the ESG to communicate with its members. There is an expectation that state/territory representatives will report back to their organisations, yet this appears to happen in an *ad hoc* or limited manner across the nation. The more significant issue that arose in relation to the ESG was the often poor relaying of information back to staff of member organisations.

A number of state/territory representatives on the ESG also stated that after two days of meetings it is difficult to accurately note, recall and report to staff on all issues that may be relevant. Among consultation participants there was also a strong belief that ANET relaying information through managers, particularly when it directly affects their own work, was inadequate.

While there should still be an expectation that representatives report back to their respective organisations, ANET needs to explore other ways of ensuring the information relayed to members of the ESG can be disseminated more broadly.

In some states, those consultation participants not from AIDS Councils argued for the need to develop state-based inter-agency education groups which could then be utilised as a mechanism for the state representative of the ESG to report back to and seek their input. While this may be a valuable suggestion, it is beyond the scope of ANET whose primary responsibility is in working with AFAO member organisations and which should not intervene in communication and planning processes between state HIV/AIDS services.

An area for improvement that was raised by a few members of the ESG was ensuring greater facilitation of opportunities for communication between managers within ESG meetings, particularly around education policy issues and resources/campaigns that may be relevant to other states.

The terms of reference of the ESG (and ANET Steering Group) are currently being reviewed, so the recommendations below are pending the outcome of this review.

**Recommendation 18:**

**That ANET works with ESG members to develop a process to improve reports back to educators.**

**Recommendation 19:**

**That significant papers, such as research presentations and reports from state/territory AIDS Councils and national organisations, be posted on the AFAO members' website after meetings.**

**ANET Steering Group**

The work of ANET is overseen by a steering group that meets several times per year. It consists of representatives from AFAO, NAPWA and their member organisations. It is responsible for the delivery of the ANET annual work plan.

The ANET Steering Group was infrequently discussed during the consultation process, though when it was a topic of conversation it was largely to question the purpose of the group and the need for it, particularly in light of the effective functioning of the ESG. This appears to be compatible with the findings of the ANET evaluation report which recommends a review of the terms of reference of the ANET Steering Group (Hodge 2002).

As stated above, the terms of reference of the ANET Steering Group are currently being reviewed.

**Partnership with researchers**

ANET's work in liaising with researchers, and in promoting links between researchers and educators, was an area of work that received a lot of praise and acknowledgment. Among educators there was a strong sense that ANET fostered good relationships with researchers and worked collaboratively with researchers in facilitating research projects and communicating research findings that were most relevant to educators. Frequently the joint social research and HIV education conference was highlighted as a positive example of this work.

There was a sense, particularly in organisations based in cities and states without large HIV-related research centres, that there needed to be greater clarity about how educators can work with ANET to influence and input into the research agenda. The process of developing research projects is a mystery to many educators. A better understanding of the multiple ways research projects emerge and the points at which educators can work with researchers to influence the project is therefore required. There is also an opportunity for ANET to continue facilitating links between the Research Link project (based at the National Centre in HIV Social Research) and national research centres.

**Communication with member organisations**

A recurring theme in most states/territories was the need for greater and more direct communication between ANET and staff of member organisations. In particular, ANET was frequently criticised for the inadequate communication that took place between ANET campaign planners and campaign planners within AIDS Councils. Consistently consultation participants noted that such a lack of communication had a real impact upon their work and the implementation of nationally developed campaigns at a state/territory level. Campaign staff often stated they were unaware of shifts in timelines, or else they received finished products that they failed to adequately

understand because they weren't adequately involved in campaign development. At times this led to a lack of confidence in the utility of the resource.

Among consultation participants there was poor knowledge of the work of ANET. While most could comfortably comment on ANET-produced campaigns and the biennial conference ANET co-organises (though often it had to be explained these were outputs of ANET), only a few individuals – not surprisingly these were almost exclusively workers within the education programs – could discuss any other ANET activities. A few informants suggested that a solution would be to give greater attention to development of an ANET brand and identity thereby increasing its profile and recognition. This could be done through creating an ANET logo as well as developing a more consistent look to publications and resources. However, an obvious difficulty in pursuing the former is the confusion and overlap between the identities of ANET, AFAO, and NAPWA.

Another related problem was the lack of accessibility of ANET staff. Partially this was due to educators not being familiar with ANET's work but it was also related to many educators not knowing the identity of ANET staff and their portfolio areas, not knowing that they could contact them directly and not knowing exactly what support they could provide. Comments about "faceless" staff were heard a number of times, and, to a lesser extent, there were complaints about ANET staff and management failing to respond to email and telephone requests.

"Too much paper and not enough people" was perhaps one of the more poignant comments about the lack of accessibility and contact with ANET staff. The comment was followed by a discussion on ANET staff visits to state and territory AIDS Council over the past five or so years. Many consultation participants expressed surprise at the infrequency with which ANET staff visited their organisation. It was felt ANET staff needed to visit member organisations to increase their knowledge and understanding about the needs of educators across the county. At the same time member organisation staff would get to know ANET staff and the work they do.

There was a general sense that even when it is appropriate for educators to communicate directly with ANET and draw on the expertise of ANET staff, it doesn't occur. ANET was viewed as needing to make itself more accessible. The following section includes a number of recommendations to improve communication between ANET and state/territory-based educators.

### **Use of new media technologies**

Throughout the consultation there was healthy discussion on the need to utilise new media technologies to improve communication between ANET and AFAO member organisations and address many of the problems stated above. A number of specific proposals were discussed and these are outlined below.

It should be noted that in some states/territories various HIV/AIDS education programs that have traditionally run from within AIDS Councils, are run at either AIDS Council affiliated or other non-government organisations. While ANET's primary obligation is to AFAO member organisations, many of the activities listed below can assist with ensuring those working outside AFAO (and NAPWA) member organisations can also be kept within the communication loop.

#### *Website*

Among consultation participants there was widespread praise for the existing AFAO website and the content it contains. It was widely viewed as good source of information, easy to navigate and quick to download. The criticism most constantly directed at the site was the need to ensure all publications, particularly campaign materials produced by ANET, were available on the website. It was also argued that over time, ANET needed to ensure older publications were made available on the site as these were considered important resources for education staff, particularly newer staff who may not be aware of the existence of older publications or able to access them within their organisation. (An example that arose several times was the Bruce Parnell social marketing report called *What do they want us to do now?*).

### *Email newsletter*

There was strong support for a regular email newsletter from ANET. It was felt this would address many of the communication problems that have been noted. Consultation participants were keen to ensure that such a newsletter was not lengthy but provided news in brief about a range of areas of work including progression of campaign development, upcoming conferences and forums, announcement of the release of research findings. Hyperlinks to relevant documents posted on AFAO and other relevant websites would also be included.

The need for ANET to facilitate information flows between states/territories, particularly in relation to the development of new local campaigns and resources, was identified as an ANET role that needed expanding. While a few proposed a national "clearinghouse" of state/territory produced resources and publications, the development of a regular ANET email newsletter which could include brief information on upcoming campaigns and resources produced by member organisations (with relevant hyperlinks), is likely to address the need in a more cost-effective way.

### *Internet-based discussion forum and "live" chat rooms*

As outlined in the methodology section of this report, a discussion forum was established as a tool for further engaging individuals in the consultation process. Despite many people registering to participate and a large number reading the facilitator postings, no replies were posted. The poor utilisation of the discussion forum was discussed during the consultation and a number of reasons were put forward as to why people were reluctant to use it. The reasons included unfamiliarity with discussion boards, low level of technological skills, difficulty and confusion in relation to obtaining a login password, lack of time, preference for "live" discussion and immediate feedback, the software not being "user friendly", and difficulty reading long postings on screen.

Despite these comments, many thought that ANET should continue experimenting with the use of discussion forums. It was felt that over time staff may become more familiar with using discussion boards and therefore more willing to participate. Many noted the consultation was their first time utilising a discussion forum. Others thought that "live" chat room discussions on particular topics would be worth piloting, (although those living in Western Australia highlighted the difficulty time differences might pose for their participation). There was also some comment on the need to explore videoconferencing, however at the moment most AFAO member organisations do not have access to the equipment or broadband internet connection needed for this to occur.

The use of the internet for the circulation of images related to the Parties campaign was noted as a good use of this technology. During the development of this campaign, proposed images were posted on a password-protected site and a link was sent to education managers so they could view and comment on the various options being proposed.

### *Email list management*

An email list management program (often referred to by the software brand name "'listserv'") allows interested parties to join a mailing group dedicated to a specific topic. Once an individual has joined they are able to send emails to all members of the group, and receive emails others have sent. There was limited experience with such lists among consultation participants. Those that had used them did not generally support them because of the deluge of emails that often resulted. A few however felt that joining a list on a specific topic and with limited membership would enable good communication between AFAO member organisations and not result in an unmanageable number of emails.

### **Recommendation 20:**

**That ANET ensures all future publications and resources are available via the AFAO website and that ANET explores the feasibility of posting to the website older or out-of-print publications that still have utility for educators.**

**Recommendation 21:**

**That ANET develops a quarterly email newsletter, that includes hyperlinks to relevant websites, to communicate with educators about the work of ANET and its member organisations.**

**Recommendation 22:**

**That, where appropriate, ANET continues to explore the utilisation of discussion boards, chat rooms and email lists to encourage national communication and debate amongst educators.**

**3.2 Develop campaigns and other resources to reduce HIV transmission amongst gay men.**

There continues to be strong support for ANET to continue to produce campaigns and resources that can be used across the nation, particularly as many AIDS Councils have either scaled back their resource production or have always had very limited capacity. However, while there was support for ANET's role in producing campaigns, there was an increasing tendency among some educators to view safe sex campaigns as less useful due to the limited impact they had on gay men. Such comments were often qualified by acknowledging campaigns that addressed specific information needs of gay men were more useful and more likely to be effective.

Feedback on the impact of recently produced campaigns was not specifically sought, as most of these campaigns have their own specific evaluation strategies. But some general overall comments about ANET's approach to campaigns and resource production were made:

- When viewed collectively, ANET campaigns were viewed as effectively targeting diverse groups of gay men.
- The concept and rationale behind the development of ANET campaigns was generally supported, even if there was hesitation about how effectively such ideas could be communicated within campaigns.
- There was strong support for continuing the practice of ensuring ANET campaigns were implemented locally at the discretion of the AIDS Council.
- Ensuring member organisations could utilise elements from different campaigns ("mix and match" was how some described it) and that ANET campaigns were "flexible" was seen as positive way of ensuring relevance for local communities.
- Experimenting with new campaign approaches, such as primarily internet-based campaigns, was seen as a positive development.
- A general point of debate, though there was no consensus on the issue, was the effectiveness of individual resources produced within campaigns (eg. posters, booklets, postcards, advertisement). In quite a number of states/territories posters seem to have a limited utility given the limited number of places they could be displayed.

While specific campaigns and resources that should be developed by ANET over the coming years have been addressed in the previous section of the report, what follows addresses themes that repeated themselves throughout the consultation with regard to the development and implementation of ANET campaigns.

*Involvement and communication*

As already noted there is a general sense that ANET does not keep its member organisations adequately informed about its work, but the area of most concern throughout the consultation was in relation to campaign development and implementation.

Consistently, state/territory educators responsible for the implementation of national campaigns strongly believed they needed stronger involvement during the campaign development phase. They argued this would allow them to understand better the rationale and strategies behind the development of campaigns, and would also assist in ensuring campaign materials meet their

needs. Some commented on the frustration of planning to implement a campaign when they hadn't even seen rough drafts of campaign material.

Time and time again those involved in campaign planning stated they were unaware of delays in campaign production. While most understood that problems can arise during campaign planning that will cause time delays, though some argued that ANET could still do better, they were less tolerant of the inability of ANET to communicate this to appropriate staff.

Based on the feedback received during the consultation process, it is unclear whether the development of campaign advisory groups for individual campaigns has been standard practice within ANET. If it is, it appears that this is not a consistent practice or when advisory groups are established communication is not adequately maintained throughout the duration of the campaign development. Recently the Education Strategies Group confirmed the importance of ANET establishing specific advisory groups for the development and implementation of individual campaigns. This was overwhelmingly supported during consultation workshops with most expressing a preference that state and territory representatives should be a campaign planner or other appropriate educator. Such advisory groups would need to be regularly communicated with throughout campaign development. It was also noted, as a result of a recent experience, that all participants in these groups should be well briefed on the purpose of such teleconferences in advance. This would involve the circulation of an agenda and any background reading prior to the meeting.

#### *Implementation*

Most consultation participants stated satisfaction with ANET background briefing and implementation kits. It was noted that these are often very useful resources due to the summary of research that is often included within the campaign background and rationale. A few participants, however, stated that they believed some campaigns had not been accompanied by adequate briefing and implementation kits.

Quite a number of states and territories, including some of the larger AIDS councils, requested greater assistance in the implementation of nationally-produced campaigns at the state/territory level. Some of those that supported this statement argued that their organisation lacked expertise in campaign development and implementation and they would benefit greatly from ANET staff being actively involved in assisting with local implementation planning. They also argued it would contribute to another ANET objective – increasing the capacity of member organisations. Those organisations with greater resources devoted to campaign development felt that ANET staff needed to be involved in implementation as they often struggled to implement ANET campaigns and sometimes felt ANET resources were developed without adequate thought having been given to implementation and distribution.

#### **Recommendation 23:**

**That, as already agreed at the Education Strategies Group, the development and implementation of any ANET campaign and resource be accompanied by the establishment of an advisory committee consisting of representatives from different states and territories.**

#### **Recommendation 24:**

**That ANET continues to develop implementation kits that are distributed to member organisations prior to the release of all campaigns and resources, and that consideration be given to providing member organisations with some access to ANET staff to assist in the development of local implementation plans.**

### **3.3 Assist member organisations to implement and evaluate AFAO HIV education campaigns and to develop and evaluate local initiatives.**

Overall, there were limited comments on ANET activities to assist member organisations to develop local initiatives. Some assistance has been provided in the development of local resources. The example cited (the Diary project) formed part of the National Compliance Project under which states and territories submitted project proposals for, and then developed, local resources funded through ANET.

ANET's assistance to members in evaluating national campaigns work has comprised the provision of evaluation briefing sheets on particular ANET campaigns as well as, in the case of the campaign for same sex attracted youth, specific guidelines on evaluation which were distributed as part of the accompanying implementation kit. The few informants that commented on the evaluation briefing sheets that accompany campaigns believed them to be inadequate. Activity in this area was most likely limited due to the establishment of the ANET Evaluation Project which was conducted by the National Centre in HIV Social Research (NCHSR) between May 2000 and February 2002. The project undertook an evaluation of the work of ANET and, in particular, the effectiveness of selected campaigns. The final report was published in May 2002. Assistance to members was also somewhat limited because many of the campaigns are evaluated nationally by AFAO. The gay men's health magazine, *Wanted*, for example was evaluated through a reader survey and a textual analysis.

During the consultation workshops a brief information sheet outlining the six objectives contained within the ANET workplan was distributed to participants to inform those who may be less familiar with ANET's work, and remind others, of the broad range of activities ANET undertakes. As a result of the distribution of this information sheet, a number of individuals commented that while they believed no ANET activities had occurred in relation to supporting member organisations with evaluation, it was still a valid and important objective.

The other issue raised in relation to evaluation was the role ANET could play in ensuring evaluation reports produced within member organisations are circulated nationally. Again, this could occur through the development of an ANET email newsletter that allows member organisations to make contributions outlining any evaluation reports or other publications that have been recently released (and include appropriate hyperlinks to reports).

#### **Recommendation 25:**

**That ANET, apart from briefing sheets that outline desirable evaluation activities to accompany the implementation of ANET-produced campaigns and resources, undertakes to assist more proactively in modelling the development of effective evaluation planning and implementation with member organisations.**

#### **Recommendation 26:**

**That ANET work with member organisations and the National Centre in HIV Social Research to select appropriate campaigns for inclusion in the *Gay Community Periodic Surveys* at the time each survey is developed.**

### **3.4 Provide a biennial HIV education conference and other opportunities for HIV educator skills development and information sharing**

#### **HIV, Hepatitis and Related Diseases (HHARD) Social Research and HIV Educators' Conference**

The Australian Federation of AIDS Organisations and the National Centre in HIV Social Research co-organise a biennial Social Research and Education Conference. The four-day conference attracts both academics and educators.

The configuration of the first day of the conference follows a traditional academic format while the second day focuses on workshops which promote debate between researchers and educators. The final two days of the conference are formatted more to suit the needs of educators.

The overall response to the conference remains extremely positive. During the consultation many commented favourably on the strong links with research that the conference promoted, though a few did state that commencing the conference in a more academic manner was at times alienating for newer employees. It was also noted by some that involving educators in the facilitation of "search streams" in the conference was beneficial in terms of capacity building and skills development.

The most consistent criticism made regarding the conference was that there needed to be greater opportunities for networking with colleagues working in similar areas of work. Some suggested that networking days that existed in previous gay education conferences should be reinstated. It seemed that often comments on the need for greater networking opportunities were made by those newer to the field or by those who had begun working in a new area of work within the field.

Another comment that was occasionally heard was on the need to ensure that conference organisers encouraged the participation of educators as presenters. While it was pointed out that the call for presentations was widely circulated, some believed more direct encouragement of educators was needed.

**Recommendation 27:**

**That ANET continue to collaborate with the National Centre in HIV Social Research to produce a biennial HIV social research and education conference and that consideration be given by the conference organising committee to provide further opportunities within the program for peer networking amongst educators.**

**National forums**

Throughout the consultation those who had just attended the AFAO National Training Agenda Project assessor training course commented on how useful the process had been and in particular how they valued the opportunity to meet and work with educators from other states and territories. From such discussion a consistent theme emerged on the strong desire, where resources allow, for ANET to develop and implement more targeted national forums and workshops to address specific issues facing educators in their work, such as the Positive Education Workshop that was staged in 2001 (though many would like to see such forums be limited to a smaller audience).

The idea of regularly staging such events has been mooted previously, particularly when the annual Conference moved from an annual to a biennial event. At that time national forums were proposed as a way of offering other opportunities to address issues of national importance in between conferences. Proponents of such forums argued that it will allow better information sharing across states/territories, allow for problems that are common across the nation to be tackled collectively and provide an opportunity for building the capacity of member organisations. Many argued that such forums should have a strong problem solving or action focus.

There was strong agreement that such forums would augment the biennial conferences by being smaller and more focused, thereby allowing for more targeted outcomes. It was believed such forums should also be targeted at "frontline" education staff who are infrequently provided with the opportunity to engage in national processes and, as became apparent during the consultation, are often unfamiliar with staff that work in other state/territory organisations (and ANET) with whom they can develop collegial relationships to support their own work.

Below are some suggestions on the types of forums that were proposed:

- Forums that focus on particular intervention strategies that are increasing or re-emerging in popularity. The most common example put forward was the re-emerging popularity of beats outreach.
- Forums that focus on a particular methodology. Peer education was frequently mentioned in this capacity and, generally, throughout the consultation the need to explore the methodologies and application of peer education was a recurring theme.
- Forums that focus on initiatives to target a particular audience. Two examples that were proposed were initiatives targeting internet users, which is still seen as a new and exploratory area of work, and initiatives targeting gay men in relationships.
- As will be discussed further below, it was argued that forums should be staged subsequent to the release of an ANET discussion paper on the issue in question. Such forums would provide an opportunity to debate the paper and consider its implications for education activities.

**Recommendation 28:**

**That ANET stages a series of smaller and more targeted national forums that bring educators together to debate and strategise about common issues.**

### **3.5 Develop capacity of AFAO/NAPWA membership**

Comments on ANET capacity development activities were often restricted to references to the AFAO National Training Agenda Project (a related Commonwealth-funded project) or identification of the need for increased professional development training. Generally, there seemed to be a limited understanding on the various activities that can be only undertaken within a capacity building framework.

A useful framework to build capacity has been outlined by NSW Health in its report *A Framework for Building Capacity to Improve Health* (NSW Health 2001 p.9). It nominates five broad areas for action: organisational development; workforce development; resource allocation; leadership; and partnership. It may be useful to use such a framework to ensure ANET's capacity development work is understood as being broader than just professional development, which in the NSW Health framework is only one part of workforce development.

The recurring theme of lack of educator involvement in ANET activities also arose in relation to capacity building. Activities that aim to build capacity of member organisations need to consider how to ensure the involvement of educators. As well as the activities discussed below, other activities outlined in previous sections, such as the biennial conference and the recommendation to develop national forums, should be also viewed as important capacity building activities.

**Recommendation 29:**

**That ANET adopts an appropriate and broad capacity building framework to guide the development of its work.**

### **Demonstration projects**

During the consultation it was frequently mentioned that ANET needed to foster innovative approaches to education in response to a constantly changing environment. Related to this was a belief that in some states and territories innovative strategies were occurring but that these initiatives needed to be documented, evaluated and the findings disseminated. It was argued that ANET could play a role in fostering innovative strategies, encouraging and supporting their evaluation, and ensuring dissemination of evaluation findings.

The notion of ANET funding and developing a series of innovative demonstration projects arose early in the consultation process. As a result the idea was subsequently raised with participants in later consultation workshops. In some cases, workshop participants argued that innovative strategies that have been or are being developed in some states and territories could be documented and evaluated for possible uptake by organisations in other states or territories. Examples mentioned were the Victorian AIDS Council's *Lifblood* publication and the *Mobile Interactive Cyberlounge* that is being planned by the Queensland AIDS Council.

Additionally, there was widespread support for a demonstration projects scheme to be developed by ANET. As occurred when the Gay Education Strategies Project developed demonstrations project, such projects should be developed and undertaken by member organisations. ANET would assume a project management role and ensure that appropriate processes, such as evaluation and findings dissemination, are undertaken.

**Recommendation 30:**

**That ANET establishes and implements a demonstration project program that encourages the development of innovative education approaches, while simultaneously promoting the national trialling of innovative state-based projects.**

**Workforce development**

The need for greater professional development was consistently nominated as a priority issue that needed addressing. For the past two years the National Training Agenda Project, a Commonwealth-funded project based at AFAO, has been attempting to address this very issue. The project has customised the Certificate IV and Diploma in Community services (Community Work) for educators of gay men and other men who have sex with men.

At the time of writing this report, the project was enrolling 48 educators as part of the pilot implementation phase. While there was positive support and enthusiasm for the program across the nation, it was unclear how adequately it would meet the professional development needs of educators. The full-time coordinator employed by the project is scheduled to finish by the middle of the year. The pilot phase is to be evaluated and a sustainability strategy will be developed to ensure that the work of the NTA continues on a local level. This sustainability strategy can then be used to lobby for funding at a state level.

The role of ANET will therefore be to:

- monitor the ongoing implementation of NTA; and
- review the recommendations of the evaluation of phase 2 of the NTA project (due July 2002).

Apart from training courses, other suggestions for professional development initiatives were also discussed during the consultation. Suggestions included:

- job exchange scheme among member organisations;
- use of new media technologies such as discussion board and "live" chats;
- interstate study tours; and
- development of a national buddy system.

Another suggestion that was received was on the need to develop national networks, so that those working in a similar area could use colleagues interstate as resources to assist them in their own work. The Indigenous Project Officers Network (IPON) was viewed as a useful model.

While many of these suggestions have validity, it would seem appropriate to postpone any further professional development initiatives until the evaluation of the pilot implementation phase of the National Training Agenda project has been conducted. The same would apply to the need for greater training opportunities for educators. While some remained uncertain that the National Training Agenda would address specific training needs, it would seem premature to make such an assessment at this point in time.

While professional development occupied a great deal of the discussion, the other workforce development issue that arose was the ongoing high turnover of staff, the subsequent loss of organisational memory, and the difficulties associated with recruiting staff who were suitably qualified (particularly for peer support and education positions). While high staff turnover does not seem to be experienced by all organizations in the sector, the difficulties of recruiting adequately skilled peer support and peer education officers seems to be a very common experience. In some states there was an acknowledgement that there needed to be an increasing shift away from peer positions because of both the difficulty in recruiting suitably qualified staff for these positions, and because clients were increasingly unresponsive to peer education programs.

In some locations the problem of inadequate career paths or remuneration were seen to severely hamper the organisation's ability to effectively implement programs. ANET needs to further explore what role it can play to address these workforce development issues.

**Recommendation 31:**

**That upon the completion of the assessment of educators as part of the pilot implementation phase of the National Training Agenda project, ANET reviews the effectiveness of the project in meeting the professional development needs of educators.**

**Recommendation 32:**

**That ANET undertakes to:**

- monitor the ongoing implementation and evaluation of NTA;
- review the recommendations of the evaluation of phase 2 of the NTA project (due July 2003).

**Recommendation 33:**

**That ANET undertakes to:**

- document the broad range of workforce development issues, excluding professional development training needs, that are impacting upon member organisations;
- identify the impact such issues have on education programming; and canvass short term and long term solutions to address identified workforce development issues.

**Discussion papers**

AFAO and ANET have a long history of producing discussion and policy papers that aim to build the capacity of member organisations. The types of paper produced vary considerably depending on the identified need and issue being addressed. Consultation participants strongly supported the continuation of discussion and policy papers to address specific issues.

While such documents were widely supported, it was also apparent that they may not be well read or utilised within the workplace. In some places, recent discussion papers released by ANET hadn't been seen by the majority of workshop participants.

Three suggestions were made as to how to increase the use of such documents by member organisations. Firstly, many staff noted that they often have very little reading time available and that therefore ensuring all documents had clear and succinct executive summaries was essential. Secondly, it was felt that when recommendations are included they need to be directed to a specific organisation, otherwise the recommendations were unlikely to be reviewed or implemented. Thirdly, there was a sense that once a paper was released there was no avenue to further explore the content contained within the document. For those that read the discussion papers this was often a very frustrating experience.

The latter point is a criticism that has been outlined previously in relation to much of ANET's work: a general sense that there is a "lot of paper and not enough people". As a number of people

pointed out discussion papers “come to life” when the ideas are collectively reviewed and debated. It has been suggested that an internet-based discussion board should be used to facilitate and encourage debate on the issues raised through discussion papers.

Given the amount of time and energy frequently invested in developing discussion papers, it would seem appropriate that ANET more strongly promotes the use of such papers to assist in reflexive practice and strategic thinking within member organisations. Feedback from member organisations, especially educators, is important in developing positions on the issues explored through discussion papers and this process needs to be strongly encouraged. To achieve this, ANET discussion papers need to be accompanied either by: a statement about the purpose of the document; or an implementation plan, even if that plan is not about implementation of recommendations but ensuring that opportunities are created for discussion to occur. Such opportunities are often appropriately created at a state level, but ANET can assist with outlining how this should happen. This will also ensure that a greater number of educators read and contemplate ANET papers. Additionally, ensuring more specific and directed recommendations will assist such documents being reviewed and debated within organisations.

Emerging from the consultation were suggestions for papers that should be developed as a high priority.

- ♦ An outline of current research findings and the availability of post-exposure prophylaxis across the nation (see priorities section of report).
- ♦ A summary of social research findings on strategic positioning and discussion of risk reduction in gay men’s HIV education.
- ♦ A theme that frequently emerged in consultations was the lack of documentation on best practice within the field. Frequently, it seemed that what people wanted was guidelines that demonstrate how to develop best practice interventions utilising a particular methodology. Examples mentioned included best practice in developing outreach programs (including internet and venue outreach) and peer education workshops.
- ♦ Peer education and support programs were frequently seen as being in decline, though not everyone viewed this as problematic. There was a sense of the need for a discussion paper to take stock of the current situation and explore possible new directions or acknowledge that the need for peer education was decreasing and the implications this posed for education work generally.
- ♦ A paper discussing strategies exploring how to appropriately engage with gay communities.

**Recommendation 34:**

**That ANET continues to produce discussion and policy papers on emerging issues and that consideration be given to the production of papers on the following topics:**

- **summary of research findings on post-exposure prophylaxis**
- **strategic positioning**
- **best practice**
- **directions for peer education and peer support programs**
- **community engagement strategies.**

**Recommendation 35:**

**That, to ensure the effective use of ANET discussion papers, all future ANET papers should include an executive summary and, where recommendations are included, they should be directed to a specific organisation. Papers should also be accompanied by a statement about the purpose of the document or an implementation plan that outlines ANET and member organisation activities to review, debate and implement the document.**

**HIV Australia**

HIV Australia is a relatively recent publication of AFAO. HIV Australia subsumed a number of pre-existing publications including the National AIDS Bulletin. At the time of the consultation two issues had been published. Knowledge of the publication's existence varied throughout Australia and within consultation workshops. This may be a reflection of the newness of the publication but it may also indicate a need to improve the marketing and dissemination of the resource. When the resource was discussed the comments were positive and supportive of the need for such a resource.

**Supporting member organisations**

During the consultation, a very general theme arose a number of times requesting ANET, but AFAO more generally, provide greater support to member organisations when they are responding to unanticipated advocacy and/or media issues.

One specific issue that arose was how ANET and educators at the Victorian AIDS Council / Gay Men's Health Centre (VAC/GMHC) worked to respond to data that showed a significant increase in seroconversions in Victoria in 2001. While AFAO and VAC/GMHC did coordinate their media releases at the time, some VAC/GMHC staff were extremely critical of ANET's handling and response to the issue. Educators not only felt that their views weren't sought, but that ANET generally didn't do enough to respond, and when it did respond its actions were not deemed supportive or collaborative.

There is clearly a need for ANET, and AFAO, to ensure when such issues emerge that there is good collaboration and communication between ANET and the member organisation in responding to the issue.

**Recommendation 36:**

**That ANET develops a protocol for working with member organisations to respond to reports of increased HIV notifications that goes beyond media management.**

**3.6 Develop, implement and evaluate campaigns to assist people with HIV with treatments decision-making and treatment regime compliance**

Throughout the consultation there was limited discussion on treatments education campaigns. This may be partially due to the fact that the vast majority of those attending the consultation workshops do not directly conduct HIV treatments education. A related factor may also be an increasing sense that ongoing treatments education was not seen as a high priority.

The discussion may also have been limited by a perception that ANET has produced very few recent treatment education materials. However, since its establishment ANET has produced many new resources and reprinted several others.

ANET has also been responsible for the production of *Positive Living*, a national bi-monthly treatments publication for PLWHA. The historical value and significance of this publication in reaching a large number of PLWHA as well as making sense of complex treatments information has been noted. The responsibilities for *Positive Living* are now subject to negotiation and are

proposed to be transferred to NAPWA, consistent with AFAO's Statement of Directions 2000-2004 (AFAO 2002 pp. 11-13).

Overall, *Positive Living* wasn't widely recognised as an ANET resource. While there was limited comment made regarding *Positive Living* during the consultation, a few did strongly criticise specific issues and articles. It was not widely known that PLWHA or workers in member organisations were able to submit articles for possible publication in *Positive Living*.

ANET activities in the areas of treatments education campaigns should be guided by the Positive Information Education Forum held in 2001 and subsequent related papers. While there were some criticism during the consultation of the forum and what it was able to achieve, the forum did provide an opportunity to review existing education initiatives with people with HIV and to make assessments about what future action is required.

**Recommendation 37:**

**That ANET's work in the development and implementation of treatment campaigns be guided by the outcomes of the Positive Information and Education Forum held in 2001.**

## References

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## Appendix

### Appendix A – Consultation workshop program

#### AFAO Gay Men’s Education National Consultation Meeting schedule

##### Introduction

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Purpose of consultation process.  
Our roles in the consultation.  
The consultation process (distribute information sheet – outline the multiple ways of inputting).  
Recording of meeting (use of de-identified quotes).  
Outcome of the consultation process (report and recommendations).  
The agenda for this meeting.

##### Section 1 - Gay Men’s Education Priority Issues – 60 mins

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Purpose: To ascertain what participants believe are key issues and priorities in gay men’s education.

###### Part A – Looking back

What are the things that have changed the way you think about gay men’s education in the last couple of years? (*How have they changed how you think about gay men’s education?*)

###### Part B – Nominal group process

Utilising nominal group technique, ask each participant to write on a piece of paper what they believe are key issues in gay men’s education.

- Silent generation – Each participant writes down their response to the question (each participant should write at least one issue).
- ‘Round robin’ – Each person takes a turn to contribute one idea, the suggestion is posted on a whiteboard. Continue moving around the group until everyone has exhausted their list (no discussion allowed).
- Group clarification – Each participant can ask questions of clarification regarding other people’s comments. Directly overlapping ideas can be collated.
- Voting – Each member of the group is asked to nominate their top 4 issues. Votes are then tallied.
- Discussion of the results that were voted most important. *Why are these important?*

##### Section 2 – ANET – 60 mins

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Purpose: To ascertain what activities ANET can undertake to further support the work of staff in member organisations.

Distributed summary of the work undertaken by ANET.

From what you know of the work of ANET....

1. What do you think is done well?
2. What do you think could be done better?
3. What activities would you like to see ANET undertake to address the priorities identified in the previous exercise?
4. How would you like to see ANET further support your work (What could be done that currently isn’t done at all)?
  - capacity building
  - campaigns
  - policy