



# IMPACT REPORT

2017/2018





*In partnership with:*



# AIDS ACTION COUNCIL IMPACT REPORT

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*Measuring our progress towards our vision of strong, connected and supportive communities that are free of new HIV transmissions, marginalisation, discrimination and stigma.*

The AIDS Action Council (the Council) is leading the way with social impact measurement. This is no easy task. While it may be easy to measure how many services an organisation provides and how many people use those services, these figures don't tell the whole story. They don't tell us whether service users are benefiting from the services, or if the organisation is having a positive impact on the community.

The Council has partnered with Collective Action to develop the Contribution to Change (C2C) Framework – a solution to the enduring challenge of measuring impact.

The C2C Framework brings together peer-based expertise, evaluation data, and the results of external research to build a credible picture of how the Council is positively contributing to our communities.

## WHY IS MEASURING IMPACT SO DIFFICULT?

It's one thing to demonstrate that a health promotion activity increases the knowledge of participants, but how do we know if this increase in knowledge leads to behavioural change or positive health outcomes? In short, how do we know if we are having a positive impact on our communities? Many organisations struggle to answer this question. One reason for this is that they often invest their resources in the wrong places by trying to attribute positive changes in the community to their programs and services. This common mistake stems from an inaccurate understanding of how social change is achieved.

Social change is a dynamic and complex process. It results from the interaction of individual and social factors beyond the control of a single program or organisation. Social change is achieved through the accumulation of many small outcomes, achieved by many partners. Therefore, it is neither realistic nor appropriate to attribute social change to any one program or organisation, and attempting to do so will simply drain resources that could be better spent elsewhere.

## HOW DOES THE C2C FRAMEWORK OVERCOME THIS CHALLENGE?

The C2C Framework utilises the lived-experience, practice-based expertise, and community knowledge of our staff and volunteers. It maps the pathway through which the Council's activities contribute to positive outcomes for our service users. We regularly survey our service users to measure whether our activities are achieving the desired outcomes. We then draw on secondary research to show how these individual outcomes, when accrued over time, will contribute to changes at the community level.

While it's not possible to demonstrate a causal link from one program or organisation to long-term, community-level outcomes, it is possible to demonstrate a program or organisation's contribution. The C2C Framework brings together the expertise of staff, volunteers, and key stakeholders to create a pathway from the Council's activities to individual and community-level outcomes. As part of a peer-based organisation, the Council's staff and volunteers have a wealth of expertise and insight into the processes of social change. We are practitioners, individuals with lived experience, and members of the communities with which we work.

We continuously monitor the performance of the Council and the extent to which our programs are achieving their desired outcomes. The information collected demonstrates a causal link between the program and the immediate outcomes experienced by its beneficiaries. Secondary evidence is then used to demonstrate how these outcomes, when accrued over time, are contributing to positive outcomes for our community.

## HOW DO WE MONITOR OUR PERFORMANCE?

The C2C Framework is paired with the Socialsuite Technology Platform to continuously and seamlessly collect information about the Council's performance from our staff, volunteers, service users, and stakeholders.

This evaluation platform enables us to easily capture feedback from everyone that interacts with the Council. When community members interact with us, such as by visiting our community space, seeking support from our counsellors, participating in a workshop, or attending a community event, we invite them to provide us with feedback about their experience. People wishing to share their feedback can complete a survey on the spot using their phone or one of our devices, or we can send them an email with a link to the survey.

We have been collecting data from across our programs, services, and interactions with our communities. The information we collect is available to our staff in real time. This allows us to continuously monitor and review our programs and services to ensure that they are of the highest quality and are meeting the needs of our communities.

The information we collect can be grouped together to build a picture about how we are effecting change over time.

## WHAT DOES THE DATA TELL US?

In the last 12 months, 717 people have given us feedback about the quality, relevance, and impact of our programs and services. When we compile this data, it tells us:

1

Our programs and services are accessible to people with diverse identities and life experiences.

Our services, spaces, and interactions are safe, inclusive, and professional.

2

Our programs and services are relevant to the communities we serve.

3

We are having a direct and positive impact on the health and wellbeing of people that use our services and participate in our programs.

4

We are contributing to the achievement of our strategic priorities and our vision of strong, connected and supportive communities.

5

The communities we serve validate that our strategies are contributing to positive change.

6



## OUR PROGRAMS AND SERVICES ARE ACCESSIBLE TO PEOPLE WITH DIVERSE IDENTITIES AND LIFE EXPERIENCES.

At the Council, we are working towards a vision of strong, connected, and supportive communities that are free of new HIV transmissions, marginalisation, discrimination, and stigma. If we are to achieve this, we must lead by example and ensure our services, programs, and activities are accessible and inclusive of people of all identities and life experiences.

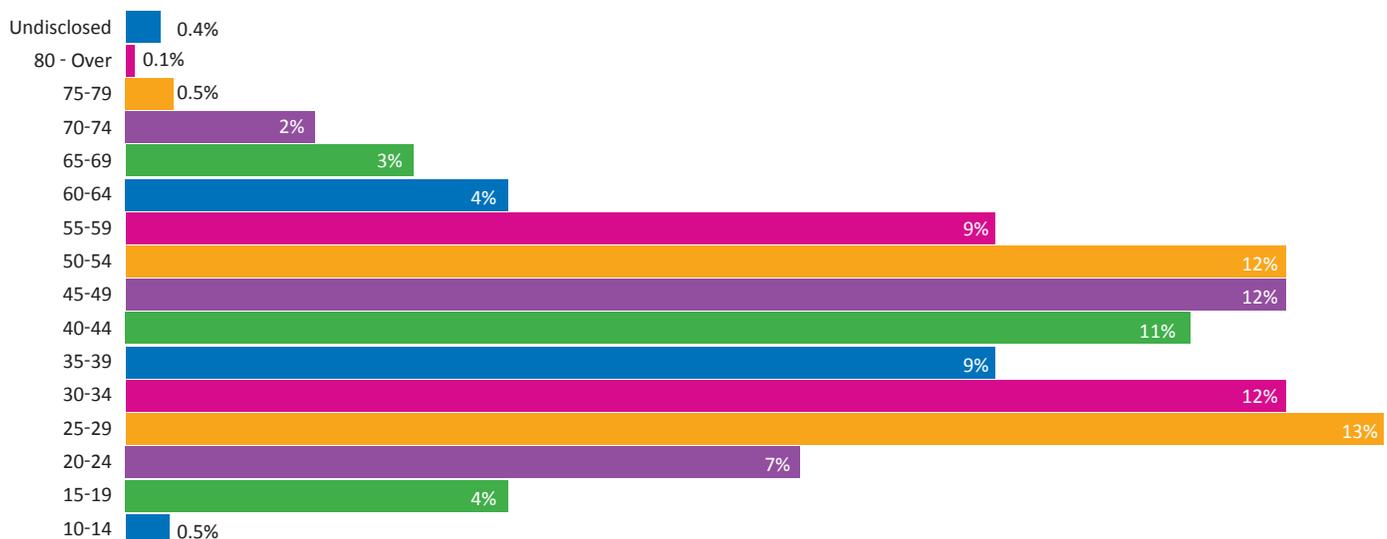
To do this, we are collecting demographic information from people who interact with us and utilise our services. We understand that it can feel invasive asking people to provide us with personal information about their identity and life experiences, so these questions are always optional. Additionally, we ensure the highest standards of privacy by collecting this information electronically and anonymously.

By regularly reviewing the information that we collect, we are able to check whether we are reaching our priority populations. We want to ensure that the people engaging with our programs and services are representative of the diversity within our communities. Reviewing this information also enables us to tailor our services to ensure that we are meeting our communities' changing needs.

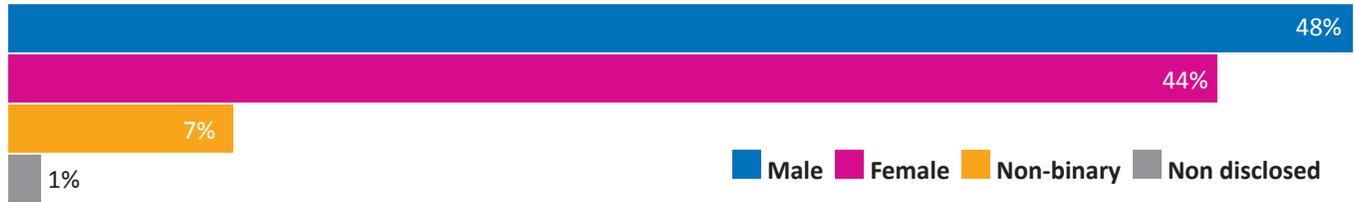
Our evaluation data shows that people with diverse identities and life experiences are accessing our services.

### WHO ARE THE MEMBERS OF OUR COMMUNITIES THAT ENGAGE WITH OUR PROGRAMS AND SERVICES?

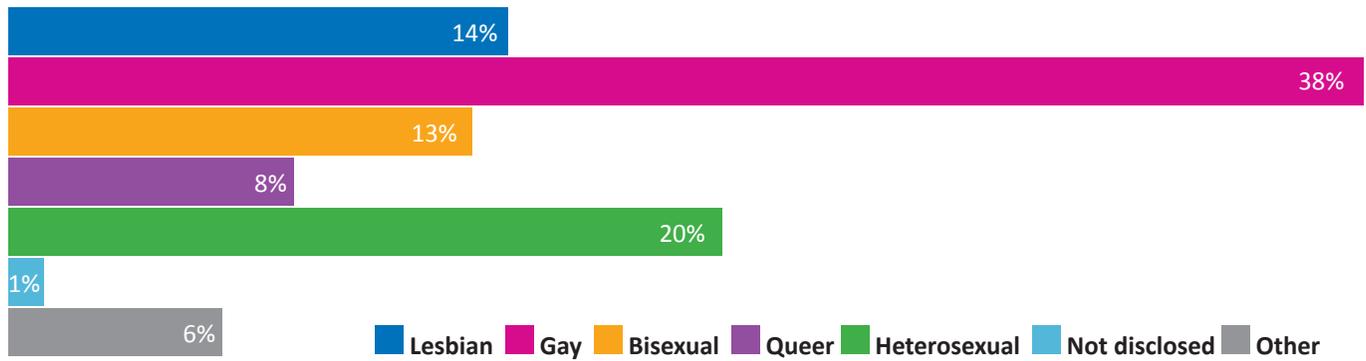
#### AGE



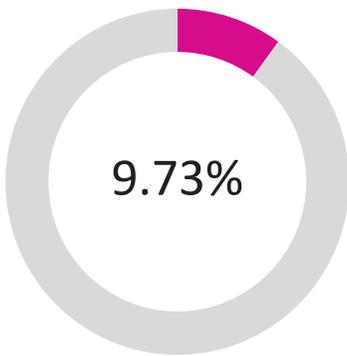
## GENDER IDENTITY



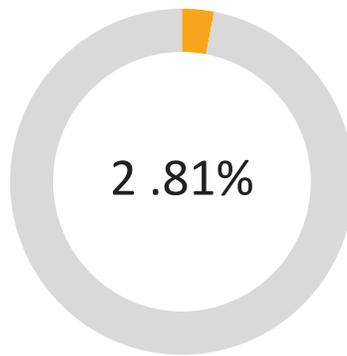
## SEXUAL ORIENTATION



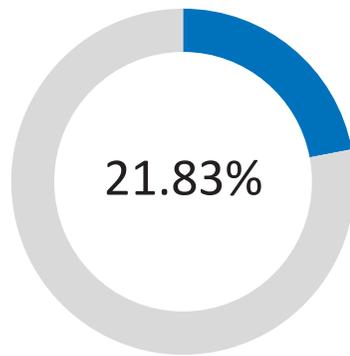
### PEOPLE WITH A TRANS IDENTITY/EXPERIENCE



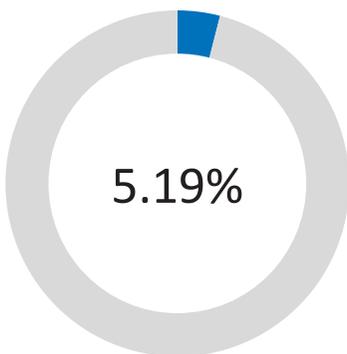
### PEOPLE WITH AN INTERSEX VARIATION



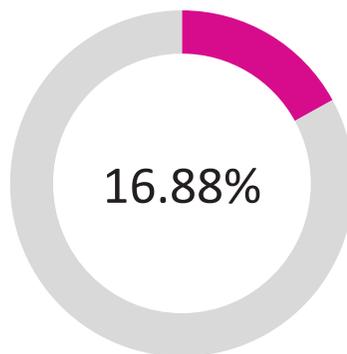
### PEOPLE LIVING WITH HIV



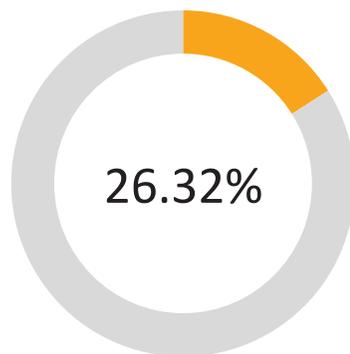
### ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



### PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS



### PEOPLE WITH A DISABILITY





## OUR SERVICES, SPACES, AND INTERACTIONS ARE SAFE, INCLUSIVE, AND PROFESSIONAL.

We know that we are reaching people with diverse identities and life experiences, but that on its own is not enough. We also need to make sure that these groups have a positive experience when interacting with the Council.

We know that our communities continue to experience stigma, discrimination, and unconscious bias when accessing services. Countless studies have shown that this results in an elevated risk of poor health and wellbeing outcomes.<sup>1</sup> Further, the fear and reality of stigma and discrimination when accessing services, including health and psycho-social support services, is a barrier that may prevent people from accessing the support they need.<sup>2</sup>

When we consulted with our communities about what they look for in a service, they told us they wanted professional services that are welcoming, safe, and inclusive of their identities and experiences. Safe and inclusive services work as a protective factor against the harmful effects of stigma and discrimination.<sup>3</sup> The provision of such services is key to reaching marginalised groups in our communities, and in turn enables us to deliver more effective services, tailored to the specific needs of service users.

Our evaluation data shows the Council is a trusted service provider among communities impacted by HIV, including LGBTIQ communities and sex workers. We are renowned for providing professional services in a safe and inclusive environment.

When a person interacts with the Council, we ask them to give us feedback about their experience. We ask whether the Council and our services are approachable and welcoming, safe and inclusive, and professional. They can rate us on a scale of 1 (not at all) to 5 (completely).

THE COUNCIL IS:	AVERAGE RATING
	<i>1 (not at all) – 5 (completely)</i>
Approachable and welcoming	3.9/5 
Safe and inclusive	3.9/5 
Professional	3.9/5 



## OUR PROGRAMS AND SERVICES ARE RELEVANT TO THE COMMUNITIES WE SERVE.

The HIV epidemic has been characterised by change. We have witnessed changes in treatment, testing, community behaviour, technology, policies, and the communities impacted by HIV. If we are to achieve the goal of eliminating new HIV transmissions in Australia, it is imperative that our strategies respond to the changing needs of our communities. The Council engages in a continuous cycle of action and learning to ensure that our strategies are relevant and effective – not just in terms of HIV prevention, but for all areas of our work. As a peer-based organisation, we are embedded in the communities we serve, which enables us to rapidly respond to the needs of our communities.

When a person interacts with the Council, we ask them if the program, service, or event they participated in or the information they received was relevant to them. They can answer on a scale of 1 (not relevant) to 5 (very relevant).

Our evaluation data shows that our services, programs and community events are relevant to the communities we serve

### OUTCOME

The Council's services, programs, events and the information we provide are relevant to the communities we serve.

### AVERAGE RATING

1 (not relevant) – 5 (very relevant)

4.1/5 

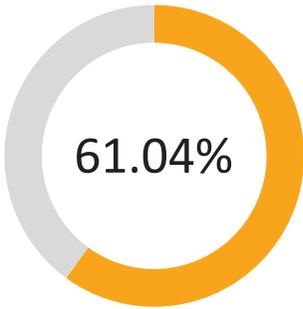
# 4

## WE ARE HAVING A DIRECT AND POSITIVE IMPACT ON THE HEALTH AND WELLBEING OF THE PEOPLE THAT USE OUR SERVICES AND PARTICIPATE IN OUR PROGRAMS.

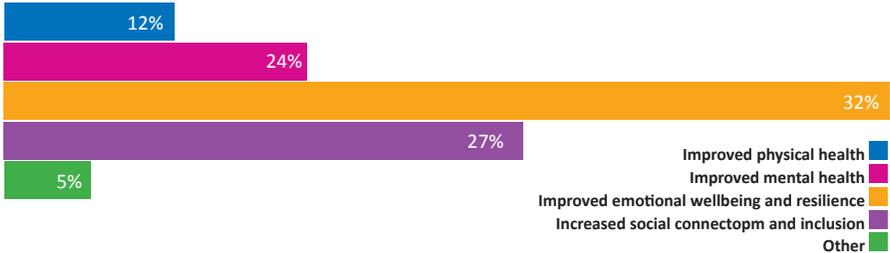
The Council is working towards a community where we all have access to the information, services, and support we need to overcome the harmful effects of stigma, discrimination, and marginalisation. We want to achieve the highest possible level of health and wellbeing for our service users.

Our evaluation data shows that the Council is directly contributing to the improved health and wellbeing of our communities.

**% OF PEOPLE WHO PARTICIPATED IN OUR PROGRAMS AND SERVICES WHO EXPERIENCED IMPROVED HEALTH AND WELLBEING**



**TYPES OF HEALTH AND WELLBEING IMPROVEMENTS EXPERIENCED**



**Our programs and services increase access to the information, services and support members of our community need to improve their health and wellbeing**

3.8/5



**WE ARE CONTRIBUTING TO THE ACHIEVEMENT OF OUR STRATEGIC PRIORITIES AND OUR VISION OF STRONG, CONNECTED AND SUPPORTIVE COMMUNITIES.**

**STRATEGIC PRIORITY 1:  
REDUCE NEW HIV TRANSMISSIONS**

The Council’s HIV prevention workshops support gay, bisexual, and other men who have sex with men, as well as other priority populations, to make informed decisions to reduce the risk of HIV transmission.

When we deliver a workshop, or another activity aimed at preventing HIV transmission, we ask the participants whether the workshop/activity was effective at achieving the program outcomes. They can rate the activity’s effectiveness at achieving each outcome on a scale of 1 (not effective) to 5 (very effective).

<b>OUTCOMES</b>	<b>AVERAGE EFFECTIVENESS RATING</b> <i>1 (not effective) – 5 (very effective)</i>
<b>Workshop participants:</b>	
have increased access to peer-to-peer knowledge sharing and support	4.2/5
have increased access to relevant and inclusive services	4/5
have increased access to support within their community	4.2/5
are better equipped to negotiate safer sex	4.4/5
are better equipped to make informed decisions about their health, safety, and wellbeing	4.3/5

The Council's HIV positive support activities help people living with HIV make informed decisions to reduce the risk of HIV transmission.

We ask people who participate in our HIV positive peer support activities whether the workshop/activity was effective at achieving the program outcomes. They can rate the activity's effectiveness on a scale of 1 (not effective) to 5 (very effective).

OUTCOMES	AVERAGE EFFECTIVENESS RATING 1 (not effective) – 5 (very effective)
<b>People living with HIV:</b>	
have the information and support to make informed decisions about their health, safety, and wellbeing	3.9/5 
are better equipped to negotiate safe sex	3.6/5 

The Council's Sex Worker Outreach Program (SWOP) supports sex workers to make informed decisions to reduce the risk of HIV and STI transmission.

The incidence of HIV among sex workers in Australia is among the lowest in the world. This is due to highly successful and ongoing HIV prevention efforts. SWOP is a peer-based service that works in partnership with sex workers in Canberra to maintain the sex industry's excellent national record of preventing HIV and STI transmissions. SWOP advocates for the acceptance of sex work as a valid occupation, empowering sex workers to encourage, support, and educate each other within our community. SWOP continues to promote HIV testing for Canberra's sex work community, and also offers drop-in and educational sessions as well as legal and medical referral services. SWOP is reaching people that experience significant barriers to other testing services, including migrants from non-English speaking backgrounds.

When sex workers interact with our peer-based workers, we ask them to share their feedback about their experiences by rating SWOP's effectiveness at achieving the desired outcomes.

OUTCOMES	AVERAGE EFFECTIVENESS RATING 1 (not effective) – 5 (very effective)
<b>Sex workers have the information and support they need to make informed decisions about:</b>	
condom use	3.8/5 
STI testing	3.9/5 
STI Treatments	3.7/5 

## The Council's testing services reduce the psychological and practical barriers to HIV, Hepatitis, and STI testing – leading to increased testing among priority populations.

Early detection and treatment of HIV is one of the most effective strategies for reducing HIV transmissions. Recent modelling indicates that most new HIV transmissions among gay, bisexual, and other men who have sex with men (GBM) originated from men who were unaware of their positive status.<sup>4</sup> While this is in part due to rapid advancements in HIV treatment, which have reduced the risk of HIV transmission from people living with HIV, the overall rate of transmission from undiagnosed GBM has increased substantially.<sup>5</sup> This increase is offsetting the infections prevented through reductions in community viral load – highlighting that HIV testing remains crucial to the vision of reducing new HIV transmissions.

It is also important to note that while diagnoses among Australian born men are decreasing, the rates of HIV among Asian born gay men and Aboriginal and Torres Strait Islander people are increasing<sup>6</sup>. This demonstrates a consistent need to adapt to changes in the nature of the epidemic and ensure HIV prevention and response services are reaching emerging priority populations.

Frequent testing among GBM and other priority populations is crucial; once a person is aware of their status, they are able to make informed decisions about their practices and treatment options to reduce the risk of HIV transmission. In order to pursue a holistic HIV prevention strategy, it's also important that HIV testing is embedded within comprehensive sexual health testing. This is because other STIs can play a significant role in the transmission and acquisition of HIV<sup>7</sup>.

A number of studies into the testing behaviour of gay, bisexual, and other men who have sex with men have found a range of psychological and practical barriers to testing. These include fear of judgement and stigma, as well as the inconvenience of testing and waiting for results.<sup>8</sup> Research commissioned by the Australian Federation of AIDs Organisations (AFAO), exploring barriers to HIV testing for GBM, concluded that to increase testing frequency, the process needed to be easier and more comfortable.<sup>9</sup>

The Council continues to partner with Sexual Health and Family Planning ACT (SHFPACT) to provide free rapid HIV testing and comprehensive sexual health screenings through our Sexual Health Testing and Referral Information Project (STRIP) clinics. This year, the Council also partnered with the Canberra Sexual Health Centre, Hepatitis ACT, and SHFPACT to deliver an outreach program targeting priority populations.

## Our evaluation data shows that: hard-to-reach populations are accessing the Council's testing services

Of the people who accessed our testing services this year:

**29% are Aboriginal and/or Torres Strait Islander**

**33% were born outside of Australia**

**50% were first-time testers**

and our testing services are high-quality and increase the likelihood of future testing.

### AVERAGE RATING OF THE TESTING SERVICE

1 (poor) – 5 (excellent)

4.8/5 

As a result of their experience with our testing services, 80% of people are likely to test again in the future.

## STRATEGIC PRIORITY 2: IMPROVE ACCESS TO APPROPRIATE, QUALITY SUPPORT SERVICES FOR PEOPLE LIVING WITH AND IMPACTED BY HIV

It has been well established that people living with HIV commonly experience stigma and discrimination when accessing health and other services. These experiences are directly correlated with poorer health outcomes and adversely affect the help-seeking behaviours of people living with HIV. This means that people living with HIV are less likely to access services.

The Council improves the health and wellbeing of people living with and impacted by HIV by increasing their access to a range of appropriate, inclusive, and quality support services, including counselling, case management, peer-navigation, and peer-support activities. Our evaluation shows that these services are highly effective at achieving the following outcomes:

As a result of the Council’s support services, people living with and impacted by HIV:  
have increased access to relevant and inclusive services

OUTCOMES	AVERAGE EFFECTIVENESS RATING <i>1 (not effective) – 5 (very effective)</i>
People living with HIV have increased access to relevant and inclusive services	4/5 
AIDS Action Council services and programs are relevant to people living with HIV	4.2/5 

are connected to a supportive community of peers

OUTCOMES	AVERAGE EFFECTIVENESS RATING <i>1 (not effective) – 5 (very effective)</i>
<b>People living with HIV:</b>	
have increased access to peer-to-peer knowledge sharing and support	4.1/5 
have increased access to support within their community	4/5 

feel more empowered and better equipped to achieve their goals

OUTCOMES	AVERAGE RATING
	<i>1 (not at all) – 5 (completely)</i>
<b>People living with HIV:</b>	
feel listened to, understood and accepted	4.5/5 
feel more equipped to live their life and overcome challenges	4.1/5 
feel more optimistic about their future	4.3/5 
feel more empowered and supported to achieve their goals	4.2/5 

have increased access to high-quality and relevant nutrition advice and support

OUTCOMES	AVERAGE RATING
<b>People living with HIV:</b>	
The Dietitian Clinic is relevant to people living with HIV	4.5/5  <i>1 (not relevant) – 5 (very relevant)</i>
The Dietitian Clinic is a high-quality service	4.6/5  <i>1 (poor) – 5 (excellent)</i>

**88% of people who attended the Dietitian Clinic experienced improved health and wellbeing.**

### STRATEGIC PRIORITY 3:

## CREATE A SAFE COMMUNITY WHERE THERE IS RESPECT FOR ALL PEOPLE, REGARDLESS OF HIV STATUS, SEXUAL ORIENTATION, OR GENDER IDENTITY

There are many groups within the Council's priority populations that experience discrimination, stigma, marginalisation, harassment, and violence on a day-to-day basis. These include people living with HIV, people identifying as lesbian, gay and bisexual, people who have a trans or gender diverse identity/experience, people with an intersex variation, sex workers, injecting drug users, and many more. The Council is actively working to counteract the negative impact that stigma and discrimination have on the mental health and wellbeing of our community members.

To contribute to our vision of safe, inclusive communities, the Council employs a range of strategies. We foster community connection and cohesion, and we provide inclusive services. We are also working to build the capacity of mainstream service providers. We want to empower them to provide safe, inclusive services that meet the needs of our communities.

The Council provides LGBTIQ people with access to safe and inclusive spaces where they can express their identities and develop supportive peer-relationships.

OUTCOMES	AVERAGE EFFECTIVENESS RATING
	<i>1 (not effective) – 5 (very effective)</i>
<b>LGBTIQ people:</b>	
have increased access to safe and inclusive spaces where peers can support each other	3.8/5 
feel connected and supported	3.5/5 
feel listed to, understood, and accepted	3.4/5 

LGBTIQ people who engage in our programs and services feel more empowered, resilient, and optimistic.

OUTCOMES	AVERAGE EFFECTIVENESS RATING <i>1 (not effective) – 5 (very effective)</i>
<b>LGBTIQ people:</b>	
feel stronger and more resilient	3.5/5 
have the tools to nurture their wellbeing and resilience	3.6/5 

There is strong agreement within our LGBTIQ communities that the Council's activities play an important role in supporting the resilience, strength, and optimism of LGBTIQ people.

4.4/5 

Through CBR Fair Day and other community events, the Council is facilitating genuine community connection and cohesion.

CBR Fair Day plays an important role in creating a safe and inclusive space for our community's LGBTIQ people and their allies to come together, build connections, and celebrate diversity. Connection to a supportive community has been shown to be a key protective factor in supporting LGBTIQ people to build resilience and improve wellbeing.

OUTCOMES	AVERAGE EFFECTIVENESS RATING <i>1 (not effective) – 5 (very effective)</i>
<b>CBR Fair Day:</b>	
provides LGBTIQ people and their allies with a safe and inclusive space to celebrate Pride	4.7/5 
strengthens community connection and cohesion	4.5/5 
connects LGBTIQ communities and their allies with information, services, and support	4.6/5 

The Council is building the capacity of mainstream organisations to provide safe and welcoming spaces and accessible, appropriate services to people identifying as LGBTIQ, people living with and impacted by HIV, and sex workers.

Safe and inclusive services are essential for overcoming the harmful effects of stigma and discrimination. However, experiences of stigma, discrimination and unconscious bias are all too common for marginalised groups, including LGBTIQ people, people living with HIV, and sex workers. These experiences result in services that fail to meet the specific and unique healthcare needs of these groups.<sup>10</sup> Additionally, the fear and reality of stigma and discrimination when accessing services, including health and psycho-social support services, are barriers that may prevent people from accessing the support they need.<sup>11</sup>

The Council's education and training programs are at the heart of our mission to build a more inclusive society. As a peer-based organisation, our staff draw on their expertise as practitioners, individuals with lived experience, and as members of the communities that are exposed to discrimination when accessing services to provide insight into the experiences and needs of these groups.

The Council's LGBTIQ Awareness and Inclusivity Training is equipping service providers with the knowledge and resources necessary to provide more inclusive services

Organisations are realising that being LGBTIQ inclusive can provide their staff and service users with healthier outcomes. It is not uncommon for organisations engaging with LGBTIQ communities to feel like this is new territory. The Council provides an engaging training module in order to help the staff and service users of mainstream service providers embrace diversity.

Our evaluation results show that we are making progress towards changing attitudes and practices – we have planted a seed that will continue to grow. Changes in attitudes and practices take time, so we don't expect to see immediate results in the knowledge and confidence of service providers. For this reason, we are asking training recipients whether they think the training will contribute to their workplace being more inclusive of LGBTIQ people. The results show that individually, people who have attended the training only feel partially confident in their knowledge and approach, but they are confident that training will contribute to changes at the organisational level.

## OUTCOMES

## AVERAGE EFFECTIVENESS RATING

1 (not effective) – 5 (very effective)

The training equips participants with the practical strategies and resources they need to provide more inclusive services and a more inclusive workplace for LGBTIQ people

3.2/5



Participants have increased knowledge of and access to organisations and resources that can assist them on their journey towards LGBTIQ-inclusiveness

3.3/5



Participants feel more confident in their ability to work productively and respectfully with LGBTIQ people

3.3/5



Participants feel more confident in their use of language and terminology when engaging with LGBTIQ people

3.3/5



Participants feel more confident to address inappropriate language and disrespectful practices in their workplace

3.2/5



**The training will contribute to their workplace being more inclusive of LGBTIQ people**

4.2/5



The Council's Sex Worker Awareness Training supports health and welfare services to engage with sex workers in a positive and respectful way.

Delivered by sex worker advocates and peers, the Sex Worker Awareness Training provides participants with a full understanding of sex work as an occupation, trafficking, sex worker mobility and migration, impacts of legislation, law reform and human rights.

OUTCOMES	AVERAGE EFFECTIVENESS RATING	
	<i>1 (not effective) – 5 (very effective)</i>	
<b>Participants:</b>		
have increased understanding of the barriers to services for sex workers	4.7/5	
have increased understanding of strategies to increase the inclusiveness and accessibility of services for sex workers	4.4/5	
have increased access to the information and resources they need to ensure their services meet the needs of sex workers	4.4/5	



## THE COMMUNITIES WE SERVE VALIDATE THAT OUR STRATEGIES ARE CONTRIBUTING TO POSITIVE CHANGE.

Members of our communities know better than anyone what they need. They also have a wealth of expertise and insight into the processes of social change; they know what works and what doesn't. As a peer-based organisation, the Council is committed to working in partnership with our communities to eradicate new HIV transmissions, marginalisation, discrimination, and stigma. This partnership amplifies our impact.

To capture the expertise of our communities, we ask them whether they think our strategies will be effective at contributing to our vision in the long-term.

People who participate in our HIV prevention activities validate that the Council's programs and services will contribute to the following outcomes for our communities over the long-term

OUTCOMES	AVERAGE EFFECTIVENESS RATING <i>1 (not effective) – 5 (very effective)</i>
Reduced fear and stigma towards people living with HIV	3.8/5 
Safer sex practices	3.7/5 
More frequent HIV testing among priority populations	3.5/5 
Increased and earlier uptake of HIV treatment	3.5/5 

People living with HIV validate that the Council’s programs and services will contribute to the following outcomes for people living with HIV over the long-term

OUTCOMES	AVERAGE EFFECTIVENESS RATING	
	<i>1 (not effective) – 5 (very effective)</i>	
Increased social connection and inclusion	4.3/5	★ ★ ★ ★ ☆
Improved emotional wellbeing and resilience	4.3/5	★ ★ ★ ★ ☆
Increased access to relevant and inclusive services	4.4/5	★ ★ ★ ★ ☆
Safer sex practices	3.7/5	★ ★ ★ ☆ ☆

LGBTIQ people validate that the Council’s programs and services will contribute to the following outcomes for LGBTIQ people and communities over the long-term

OUTCOMES	AVERAGE EFFECTIVENESS RATING	
	<i>1 (not effective) – 5 (very effective)</i>	
Increased social connection and inclusion	3.4/5	★ ★ ★ ☆ ☆
Improved emotional wellbeing and resilience	3.5/5	★ ★ ★ ☆ ☆
Increased access to relevant and inclusive services	4.4/5	★ ★ ★ ★ ☆
Safer sex practices	3.7/5	★ ★ ★ ☆ ☆

# CONCLUDING REMARKS

*We are proud of our achievements over the last 12 months. Investing in the development of the C2C Framework has enabled us to document the changes taking place in our day-to-day interactions with our communities.*

The evaluation data shows us that we are contributing to our vision of strong, connected, and supportive communities that are free of new HIV transmissions, marginalisation, discrimination, and stigma. The evaluation data also shows us where we can improve and gives us the insight to identify and rapidly respond to the changing needs of our communities.

We have identified significant changes in the demographics of people accessing our HIV positive services. Thanks to rapid advances in HIV treatments, the population of people living with HIV are ageing. Like all people, people living with HIV have different needs as they age, so we are working to tailor our services to the needs of this group. We have also identified an increase in the number of people, particularly women, from countries with high HIV prevalence in Asia and Africa who are accessing our services. Many of these people have either been newly diagnosed or are re-engaging in care after arriving in Australia. This client group has vastly different needs to men who have sex with men, who remain our largest client group. As a result, we are adapting our services to respond to the specific needs of this new client group.

We will continue to monitor our evaluation data to ensure that we continue to deliver high-quality services that respond to the needs of our communities. We look forward to sharing our impact again next year.

## ENDNOTES

- 1 See for example: Leonard, W., Lyons, A., & Bariola, E. (2015), *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians*, Monograph Series No. 103, The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne, [http://www.glhv.org.au/files/Closer\\_Look\\_Private\\_Lives2.pdf](http://www.glhv.org.au/files/Closer_Look_Private_Lives2.pdf); ASHM \* National Centre in HIV Social Research (NCHSR) (2012) *Stigma and Discrimination around HIV and HSV in Healthcare Settings: Research Report*; Alliance NLH (2016) *Snapshot of mental health and suicide prevention statistics for LGBTI people*, National LGBTI Health Alliance; Victoria Department of Health (2014) *Transgender and gender diverse health and wellbeing: Background paper*. Available from <http://www.health.vic.gov.au/diversity/index.htm>
- 2 See for example: Sengupta, S., Banks, B., Jonas, D., Miles, M. S., & Smith, G. C. (2011) HIV interventions to reduce HIV/AIDS stigma: A systematic review, *AIDS and Behavior*, 15(6), 1075-87 doi:<http://dx.doi.org/virtual.anu.edu.au/10.1007/s10461-010-9847-0>; Rosenstreich, G. (2010) 'Excluded from the table: LGBT health and wellbeing' in *Health Voices*. Consumers Health Forum of Australia; ASHM (2012) *Stigma and Discrimination around HIV and HCV in Healthcare Settings: Research Report*.
- 3 Enos, G. (2016). Programs face hurdles in knowledge and client safety in LGBTQ care. *Alcoholism & Drug Abuse Weekly* 28(18), 1-7. doi: 10.1002/adaw.30558; McClain, Z., Hawkins, L. A., and Yehia, B. R. (2016) Creating Welcoming Spaces for Lesbian, Gay, Bisexual, and Transgender (LGBT) 'Patients: An Evaluation of the Health Care Environment' in *Journal of Homosexuality* 63(3), 387-393. DOI: 10.1080/00918369.2016.1124694
- 4 Gray R. T., Wilson D. P., Guy R. J., Stoope M., Hellard M. E., Prestage G. P., Lea T., de Wit J., Holt M. (2018) 'Undiagnosed HIV infections among gay and bisexual men increasingly contribute to new infections in Australia' in *Journal of the International AIDS Society*. 21(4):e25104. Available from [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894250/#\\_ffn\\_sec\\_title](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894250/#_ffn_sec_title)
- 5 Gray R. T., Wilson D. P., Guy R. J., Stoope M., Hellard M. E., Prestage G. P., Lea T., de Wit J., Holt M. (2018) 'Undiagnosed HIV infections among gay and bisexual men increasingly contribute to new infections in Australia' in *Journal of the International AIDS Society*. 21(4):e25104. Available from [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894250/#\\_ffn\\_sec\\_title](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894250/#_ffn_sec_title)
- 6 See for example Medland, N., Chow, E, Read, T., Ong, M., Denham, I., Gunaratnum, P. and Fairley, C. (2018) *Incident HIV infection has fallen rapidly in men who have sex with men in Melbourne, Australia (2013 – 2017) but not in the newly-arrived Asian-born*. Available from <https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-018-3325-0#Abs1> and research presented at the 2018 HIV & AIDS Conference available from <https://ashm.eventsair.com/QuickEventWebsitePortal/2018-australasian-hiv-aids-conference/program/Agenda>
- 7 AFAO (2014) *Discussion Paper: HIV testing among gay men and other men who have sex with men*. Available from [https://www.afao.org.au/library/topic/msm/HIV\\_Testing\\_DP\\_ONLINE-July-2014.pdf](https://www.afao.org.au/library/topic/msm/HIV_Testing_DP_ONLINE-July-2014.pdf)
- 8 See for example: Conway DP, Holt M, Couldwell DL, Smith DE, Davies SC, McNulty A, Keen P, Cunningham P, Guy R, on behalf of the Sydney Rapid HIV Test Study (2015), *Barriers to HIV testing and characteristics associated with never testing among gay and bisexual men attending sexual health clinics in Sydney*; Guy R, Goller JL, Spelman T, El-Hayek C, Gold J, Lim M, et al. (2010) 'Does the frequency of HIV and STI testing among MSM in primary care adhere with Australian guidelines?' in *Sexually Transmitted Infections* 86: 371–376, doi: 10.1136/sti.2009.040972 PMID: 20460263; Mallitt K-A, Wilson DP, McDonald A, Wand H (2012) 'HIV incidence trends vary between jurisdictions in Australia: an extended back-projection analysis of men who have sex with men' in *Sexual Health* 9: 138–143, doi: 10.1071/SH10141 PMID: 22498157
- 9 Redrollers (2012) cited in Ellard, Dr J. (n.d.) *Community-based HIV testing approaches for gay and bisexual men: Reflections from the field*.
- 10 Australian Human Rights Commission (2015) *Resilient Individuals: Sexual Orientation Gender Identity and Intersex Rights. National Consultation Report*; ASHM \* National Centre in HIV Social Research (NCHSR) (2012) *Stigma and Discrimination around HIV and HSV in Healthcare Settings: Research Report*
- 11 Sengupta, S., Banks, B., Jonas, D., Miles, M. S., & Smith, G. C. (2011) 'HIV interventions to reduce HIV/AIDS stigma: A systematic review' in *AIDS and Behavior*, 15(6), 1075-87 doi:<http://dx.doi.org/virtual.anu.edu.au/10.1007/s10461-010-9847-0>; Rosenstreich, G. (2010) 'Excluded from the table: LGBT health and wellbeing' in *Health Voices*, Consumers Health Forum of Australia.



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