

**Submission
No 5**

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

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Legislative Assembly
Public Accounts Committee
GPO Box 5341
Sydney NSW 2001

By email: pac@parliament.nsw.gov.au

Dear Committee Secretariat

Re: Inquiry into the Management of Health Care Delivery in NSW

Thank you for inviting us to provide feedback on the Management of Health Care Delivery in NSW.

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Established in 1985 as the AIDS Council of NSW, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of LGBTI people and people with HIV.

The NSW Government has made an excellent investment in developing HIV and STI surveillance programs to drive performance and support the implementation of the NSW HIV Strategy and the NSW STI Strategy. This timely and rigorous data is helping to prioritise our efforts and tailor our response to ensure effective and efficient use of public resources.

The NSW HIV and STI Strategy Data Reports are the primary mechanisms for reporting progress outcomes against each Strategy's targets and the delivery and dissemination of robust data among key stakeholders, including ACON, has supported a participatory policy and implementation process.

Both within the HIV/STI responses and more broadly in other areas of health, in order to effectively understand the health needs of LGBTI people, properly worded sexuality and gender indicators must be utilised across routinely collected clinical data, research data sets and all other key health related data sets. The exclusion of these questions from routine data sets makes LGBTI people invisible and perpetuates the health disparities observed in our communities through research projects.

Clearer recognition of LGBTI people as a priority population group is required to ensure that the health disparities that exist between our communities and the broader population are addressed. Without the collection of sexuality and gender indicators this is very challenging.

Through consultation with key stakeholders across LGBTI communities, including people with a transgender identity or experience and from the advice of our ACON research ethics review committee, we have developed and promoted the use of the attached set of sexuality and gender indicators for a number of years now.

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We promote the use of a two part gender question and do not list “transgender” as a gender identity option per se, although if someone does chose to identify as transgender they may indicate that in the free response. For those people who have transitioned but who do not identify as transgender, their experience is captured by the second part of the gender question. These are the indicators that we promote as a minimum set to capture the diversity within our communities.

There is now precedent for the uptake of improved gender and sexuality indicators in Victoria, where VIC Health and Human Services have recently amended the HIV Notification form to more accurately capture gender. In addition, the Black Dog Institute’s guidance document for Primary Health Networks, An evidence-based systems approach to suicide prevention: Guidance on planning, commissioning and monitoring (Black Dog Institute, 2016), recommends that hospitals include gender and sexuality indicators for individuals who have made a suicide attempt and state that all PHNs should aim to acquire additional data related to gender and sexuality to make visible the needs of specific at-risk populations.

Finally, the NSW Alcohol and Drug Association (NADA) have also incorporated our recommended gender and sexuality indicators in their minimum data set in 2016, requiring community based AOD sector organisations to collect this data across NSW. Including these questions will allow NADA, their member organisations and their research partners to begin to build the evidence base to better understand how LGBTI people are accessing mainstream services and the treatment outcomes they experience.

[Redacted signature block]

Kind regards

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Nicolas Parkhill
Chief Executive Officer

Gender

<p>What is your current gender identity? (Please tick all that apply)</p> <p>Male ----- <input type="checkbox"/></p> <p>Female ----- <input type="checkbox"/></p> <p>Non-binary----- <input type="checkbox"/></p> <p>Different identity (please state)---- <input type="checkbox"/></p>	<p>What gender were you assigned at birth:</p> <p>Male ----- <input type="checkbox"/></p> <p>Female ----- <input type="checkbox"/></p>
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Sexual Orientation

Do you consider yourself to be:

Lesbian, gay or homosexual -----

Straight or heterosexual -----

Bisexual -----

Queer-----

Different identity (please state)----

Intersex Status

Are you intersex?

Yes -----

No -----

Prefer not to say -----