

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

Organisation: ACON

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03 May 2024

Dr Joe McGirr, MP
Chair, Legislative Assembly Select Committee on Remote, Rural, and Regional Health
Parliament House
Macquarie St
SYDNEY NSW 2000

Sent by email: remoteruralregionalhealth@parliament.nsw.gov.au

Dear Dr McGirr

Re: The implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW

Thank you for the opportunity to make a submission to this Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW.

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. We have offices in Sydney, the Northern Rivers, and the Hunter, and conduct outreach across all of NSW. This submission is informed by current evidence, and our experience working directly with our communities in rural, regional, and remote NSW.

The recommendations from Portfolio Committee No. 2 did not make specific reference to people living with HIV (PLHIV) nor the health of people with diverse genders and sexualities. However, it is important to emphasise that the successful implementation of these recommendations cannot be achieved without considering the delivery of specific health services and specialist care for PLHIV and sexuality and gender diverse people in remote, rural and regional NSW.

This is because there are significant barriers to accessing specific health services and specialist care for our communities in rural, regional and remote areas, including and especially as result of experiences of stigma and discrimination.

Our communities are considered priority populations in a number of national and state policy documents, and the *LGBTIQ+ Health Strategy 2022-2027* lists people from regional areas as a priority. It is critical that the implementation of the Committee's recommendations is also in line with the strategic directions the NSW government has outlined for LGBTIQ+ health, and therefore addresses the barriers faced by LGBTQ people and PLHIV in regional, rural and remote areas.

There is a long-standing perception that LGBTQ people are concentrated in inner cities, however, sexuality and gender diverse people are geographically distributed in ways that mirror the general population, with an estimated 29% of sexuality and gender diverse people and 22.6% of people living with HIV living in regional and remote areas.^{1,2}

Services for our communities tend to be concentrated in inner-city areas, despite this population distribution. For example, 62.2% of people living with HIV in regional and rural areas report having to travel **more than**

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50km to visit their HIV doctor.³ Access to s100 prescribers is limited outside of the cities, especially in remote parts of the state. There is a critical need to recognise these access gaps as a matter of priority, including ensuring mainstream services are LGBTQ-inclusive and affirming.

We note the Committee's **Recommendation 5:** *That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government.*

We understand that some rural and regional LHDs were successful in receiving grants to deliver on the outcomes of the *NSW LGBTIQ+ Health Strategy 2022-2027*, and we are grateful at the progress this means for LGBTIQ+ people in those areas. However, it is our belief that active engagement with local community groups has the potential to be further reaching and more effective to better deliver care to sexuality and gender diverse communities in rural, regional and remote NSW. This could include, for example, exploring novel ways to deliver and dispense PrEP and HIV medication, and connecting with ACON and other local community groups and peers to better engage our communities in specialist services.

ACON has enjoyed significant success with inner Sydney LHDs in delivering highly community-engaged health interventions, including community testing services and mpox vaccine clinics. Key to the success of these initiatives was the high level of community engagement in the development of these services, and the role of peers in the delivery of such services.⁴

We also note **Recommendation 42:** *"That the rural and regional Local Health Districts... investigate methods of better informing communities about the services that are available to them..."*. We strongly welcome this recommendation, however we note that this cannot be done without having those services available, and that our communities continue to experience difficulties accessing safe, affirming, affordable and high-quality services.

A lack of services leads to poorer health outcomes. LGBTQ people from rural, regional and outer suburban areas are more likely to rate their health as poor or fair than LGBTQ people from inner suburban areas, and all LGBTQ people rate their health more poorly than the general population.⁵

In addition, the mental health of sexuality and gender diverse people living outside of major cities is extremely concerning, especially the mental health of trans people, including Sistergirls and Brotherboys. Data from *Private Lives 3*, Australia's largest survey of LGBTIQ+ people, indicates that almost half of its participants who live outside of inner cities experienced suicide ideation in the last 12 months.⁶

This figure is even higher for young LGBTQA+ people aged 14-21. *Writing Themselves in 4*, Australia's largest survey of LGBTQA+ young people, indicates that almost two-thirds of participants in rural/remote areas reported experiencing suicidal ideation in the last 12 months.⁷

LGBTQ+ people living in inner cities report higher rates of accessing both LGBTQ-inclusive services and any mental health service, suggesting the great need for tailored mental health services outside of inner-city areas to address these concerning statistics.⁸

We acknowledge the work done to implement **Recommendation 25** regarding undertaking an inquiry into mental health, including into mental health services in rural, regional and remote NSW, and understand that services in rural, regional and remote NSW are a focus of the current *Inquiry into the Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales*. ACON provided a

submission to that Inquiry, including recommendations to expand capacity and address staff wellbeing and retention of mental health services in rural, regional and remote NSW. We look forward to the Inquiry report and the implementation of recommendations from that process.

Access to specific health services and specialist care in regional and rural NSW is a critical issue. We commend the Select Committee on Remote, Rural, and Regional Health for its efforts to ensure the recommendations of the Portfolio Committee are suitably implemented.

We acknowledge the significant benefit that implementing these recommendations will have on access to healthcare for all in rural, regional, and remote NSW, however, without specific regard to the unique barriers to care that LGBTQ+ people and PLHIV face in these communities, especially experiences of stigma and discrimination on the basis of sexuality, gender, and HIV status, these communities will continue to face additional barriers to accessing the specialist care they need.

We therefore ask that in reviewing the implementation of the recommendations, the Committee seek to ensure that:

1. The current Inquiry takes an intersectional framework and considers specifically how progress toward implementing the recommendations are affecting LGBTQ people and PLHIV in regional, rural and remote NSW, and other populations with additional experiences of marginalisation, such as Aboriginal and Torres Strait Islander communities and culturally, ethnically and linguistically diverse people.
2. In line with commitments to mental health outlined in the *NSW LGBTIQ+ Health Strategy 2022-2027*, the NSW Government commit greater investment in mental health services for LGBTQ people in rural and regional areas.
3. The NSW Government develop a strategy to increase the number of HIV Community s100 prescribers in rural and remote areas.
4. Rural, regional and remote LHDs consider novel ways of actively engaging with local communities, including via peer-led services, especially in relation to HIV and sexual health, and mental health.
5. Where possible, access to LGBTQ+ safe and inclusive specialist services in inner city areas via telehealth is expanded for those in rural, regional and remote areas.
6. Ensure that specialist health services in rural, regional and remote NSW are LGBTQ-inclusive and affirming.

The NSW Government should ensure that efforts to implement the recommendations relating to the delivery of specific health services and specialist care in remote, rural and regional NSW must be cognisant of additional barriers to services faced by marginalised populations, including LGBTQ+ and PLHIV.

Please do not hesitate to get in contact with Nicolas Parkhill AM on [REDACTED] if you require any further information or wish to arrange a meeting.

Kind regards

[REDACTED]
Nicolas Parkhill AM
Chief Executive Officer

Notes

¹ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University, p. 22

² Norman, T., Power, J., Rule, J., Chen, J., & Bourne., A. (2022). HIV Futures 10: Quality of life among people living with HIV in Australia (monograph series number 134). Australian Research Centre in Sex, Health and Society, La Trobe University. doi: 10.26181/21397641

³ Norman et al (2022)

⁴ Chan C, Patel P, Johnson K, Vaughan M, Price K, McNulty A, Templeton D, Read P, Cunningham P and Bavinton BR. (2020). Evaluation of ACON's community-based a[TEST] HIV and STI testing services, 2015-2019. Kirby Institute, UNSW Sydney: Sydney, Australia

⁵ Hill et al (2020), p. 115

⁶ Hill et al (2020), p. 116

⁷ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University, p. 171

⁸ Hill et al. (2020), p. 116