



LA TROBE
UNIVERSITY

AUSTRALIAN
RESEARCH CENTRE
IN SEX, HEALTH
AND SOCIETY

THE INFLUENCE OF AFAO, AIDS COUNCILS & COMMUNITIES:

How, when and where are gay and
bisexual men influenced about HIV?

Suggested citation.

Graham Brown, Andrew Westle, Adam Bourne, Jeanne Ellard (2019), *The influence of AFAO, AIDS Councils & communities: How, when and where are gay and bisexual men influenced about HIV? Report*. Australian Research Centre in Sex, Health and Society; La Trobe University, Melbourne
ARCSHS Monograph Number 114

ISBN: 978-0-9953969-2-0

URL: This report can be found at latrobe.edu.au/__data/assets/pdf_file/0018/1013715/The-influence-of-AFAO,-AIDS-Councils-and-communities.pdf

Disclaimer

The information contained in this publication is indicative only. While every effort is made to provide full and accurate information at the time of publication, the University does not give any warranties in relation to the accuracy and completeness of the contents. The University reserves the right to make changes without notice at any time in its absolute discretion, including but not limited to varying admission and assessment requirements, and discontinuing or varying courses. To the extent permitted by law, the University does not accept responsibility of liability for any injury, loss, claim or damage arising out of or in any way connected with the use of the information contained in this publication or any error, omission or defect in the information contained in this publication.

La Trobe University is a registered provider under the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS). CRICOS Provider 00115M

Contents



Summary	2	4 Challenges in maintaining influence	15
1. Background	4	4.1 Online	16
2. Direct and indirect influence in the lives of gay and bisexual men	5	4.2 Diversity and visibility	17
2.1 Overview	6	4.3 Accurate information, health service and community needs of rural men	18
2.2 Direct pathways of influence	6	4.4 Multiple messages from multiple organisations	18
2.3 Indirect pathways of influence	8	5. Discussion and conclusion	19
2.4 Areas and types of influence pathways	9	Appendix A	21
3. Maintaining long term influence	11	Aims and objectives	22
3.1 Engagement within community	12	Methods	22
3.2 Alignment with the broader HIV partnership response	13	W3 Framework	24
3.3 Constant adaptation to changes in community, research and policy	14	References	24

Summary

The Australian Federation of AIDS organisations (AFAO) and the state and territory AIDS Councils play leading roles in the response to HIV, including among gay and bisexual men.

As the HIV response adapts to the largest and most significant developments in prevention and treatment in over 20 years, it is timely to investigate and articulate the diverse ways in which AFAO and the AIDS Councils influence the HIV prevention, testing and treatment practices of gay and bisexual men in this changing HIV response. We conducted focus groups and interviews with gay and bisexual men from across Australia as well as peer staff and volunteers from AFAO and three AIDS Councils (61 participants in total).

The focus groups and interviews articulate and reinforce that AFAO and the AIDS Councils are part of, and continuously engage with, the communities they seek to influence. Their role includes identifying, navigating and participating in, rather than purely observing, the tensions and challenges that emerge in relation to rapidly evolving community norms and new developments in HIV prevention and treatment. Further, there is an expectation from their communities that they simultaneously lead and are led by their communities.

This long-term engagement in and with community underpins the multiple and interconnected pathways through which AFAO and the AIDS Council's influence gay and bisexual men's knowledge and practices. They influence in direct ways through health promotion interventions and services such as peer education, social marketing and health and counselling services, as well as indirectly through

gay and bisexual men's peer networks. AFAO and the AIDS Councils also influence gay and bisexual men at a structural and policy level through engagement and influence with national and state policy, health services, research and other state and national initiatives. These pathways of influence are sustained by deep engagement within their communities, strategic alignment with other organisations across the HIV response, and through an ability to adapt to changes in community, research and policy.

There are some ongoing challenges for AFAO and the AIDS Councils in maintaining their influence in communities that emerged from the focus groups and interviews. These included: adapting to an ever-changing online environment; reaching and engaging gay and bisexual men with intersecting identities and challenges; the information, health service and community needs of rural men; and maintaining consistency in messages across organisations in the HIV response.

AFAO and the AIDS Councils are in a unique position to identify and even pre-empt changes within communities of gay and bisexual men and adapt quickly to changing needs and contexts and provide policy and health service advice in real time. It is this unique position, and the trust and expectations from their communities to achieve this, which leads to strong and sustained influence within communities of gay and bisexual men.



1. Background

Australia's response to HIV is in the midst of the largest and most significant developments in prevention and treatment in over 20 years (1-3). These changes include Pre-Exposure Prophylaxis (PrEP) and Treatment as Prevention (TasP), which are driving major policy and practice shifts to prioritise the use of antiretroviral medications as prevention in HIV.

The early initiation of antiretroviral medications for people with HIV is also being promoted for its health benefits. Antiretroviral medications can impact not only on clinical outcomes, but also potentially reduce the stigma and moral judgements directed towards people with HIV and HIV affected communities. TASP and PrEP are already re-shaping the safer-sex norms of gay and bisexual men. While PrEP and TasP are expanding the meaning of safe sex, the impact of multiple intersecting stigmas on minority gay men can contribute to these understandings being diffused inconsistently across communities.

As community-led HIV organisations, AFAO and state and territory AIDS Councils are evolving in tandem with their communities and adapting how they influence (and are influenced by) gay and bisexual men, their social and sexual cultures. AIDS Councils (ACON, AIDS Action Council of the ACT, Northern Territory AIDS and Hepatitis Council, Queensland AIDS Council, Tasmanian Council on AIDS Hepatitis and Related Diseases, Thorne Harbour Health (formerly Victorian AIDS Council) and Western Australian AIDS Council) work within local communities to conduct a range of integrated health promotion programs including peer education, health services, community mobilisation, social marketing and advocacy with a focus on their local jurisdictions.

AFAO is the national federation for the HIV community response and provides leadership, coordination and support to Australia's policy, advocacy and health promotion response to HIV. AFAO works closely with the AIDS Councils and other members, drawing on their local community expertise and insights to ensure an effective community-led response across Australia and advocate for the legislative, policy and health service structures to support it. Additionally, AFAO and the AIDS Councils serve as an essential link between their communities and mainstream service delivery, policy and research institutions.

At this critical junction in the epidemic, it is timely to examine the ways in which AFAO and the AIDS Councils influence gay and bisexual men directly, and indirectly, and how they seek to ensure a supportive policy and health service environment. While there has been social research into the way individual, social and cultural understandings of HIV are shaped within communities of gay and bisexual men, this is rarely directly focussed on the way AFAO and AIDS Councils influence those processes.

As health and policy systems adapt to the changing HIV context, they will need to understand and value the role of community organisations such as AFAO and the AIDS Councils, if synergies, partnerships and resources are to

be maintained and enhanced. As the environment becomes more complex, policy and funding structures will need to understand and support the direct and indirect nature of working within a community influence model.

This study was commissioned by AFAO in consultation with the AIDS Councils. We conducted four focus groups with gay and bisexual men from community (23 participants) and four focus groups with peer staff from AFAO and the AIDS Councils (27 participants) in New South Wales, Victoria and Western Australia. Eleven in-depth interviews were also conducted with gay and bisexual men from across Australia to strengthen the cultural, geographic and experiential diversity of the sample. The total number of participants in the study was 61. The study drew on the W3 planning and evaluation framework for peer and community-led programs (4) to examine the direct and indirect influence and role of community-led organisations. Full details of the methods are in the appendix. PrEP and TasP were used within the focus groups and interviews as contemporary issues to initiate discussion of the broader direct and indirect influence roles of AFAO and AIDS Councils.



2. Direct and indirect influence in the lives of gay and bisexual men

2.1 Overview

In this section, we outline the key themes that emerged in relation to how AFAO and the AIDS Councils influence their target communities, including the pathways of influence, and the ways in which this influence is achieved and sustained over time.

Effective community-led health promotion involves operating at multiple levels and through direct and indirect pathways of influence. AFAO and the AIDS Councils are part of, and continuously engage with gay and bisexual men through a broad range of direct means, such as peer education and support, social marketing, and health and counselling services. Gay and bisexual men are also indirectly influenced through the diffusion of knowledge via their peer networks. These include peers who have engaged directly with AIDS Council services or programs, sharing information from those direct engagements with other men in their networks, contributing to a shared understanding of HIV that build and sustain norms.

AFAO and AIDS Councils also influence gay and bisexual men and their networks at a structural and policy level through engagement with national and state policy, health services and other state and national initiatives. The interactions between AFAO and the AIDS Councils with each other and with their communities, results in a sharing of local and national insights and expertise.

There is a dynamic and reinforcing relationship between the direct and indirect influence as illustrated in Figure 1. This figure simplifies a complex system of actions and interactions and is not designed to illustrate all possible direct and indirect pathways, but to highlight those that are most salient. It also does not represent all possible sources of influence for any individual component but articulates how and where AFAO and the AIDS Councils influence gay and bisexual men. For example, gay and bisexual men may also access information about HIV from other sources, peers, doctors and the mainstream media, although even in this example it is possible that the policy and lobbying efforts of AFAO and the AIDS Councils have influenced the knowledge of these other sources of information. Similarly, a broad range of stakeholders (researchers, clinicians, global policy etc.) influence health services and national/state policies. However, through their policy development programmes, AFAO and the AIDS Councils are represented on many national and state decision making committees and engage closely with health service commissioning.

Drawing on the W3 framework (4, 5), we have organised findings into domains of direct and indirect influence, and discuss how this is maintained through engagement, alignment, and adaptation. These are illustrated by quotes from focus group and interview participants. We use specific quotes to illustrate observations,

themes and concepts, identified through a systematic thematic analysis of all the data. Crucially, we draw attention to the feedback mechanisms inherent to community systems, and the ways in which the actions, ideas and experiences of gay and bisexual men themselves inform the work of AFAO and the AIDS Councils. Throughout we highlight issues relating to the intersecting experiences of stigma, racism, exclusion and access for gay and bisexual men with different cultural, geographic and gender experiences and position these in the context of intervention delivery. Quotes are identified as either 'Staff/volunteers' – which refers to participants from focus groups with staff/volunteers at the AIDS Councils and AFAO, or 'Community member' – which refers to focus group or interview participants with gay or bisexual men from community.

2.2 Direct pathways of influence

AIDS Councils utilise a range of health promotion and clinic-based interventions to directly engage and influence gay and bisexual men. These include: one-to-one outreach (typically gay venue or event based peer outreach); peer support; peer facilitated education workshops; one-to-one or group therapeutic change (such as counselling or group therapy); broadcast and digital media; social marketing or other forms of mass media; or, in some cases, direct provision of sexual health services, including HIV testing, PrEP, STI testing, diagnosis and treatment. Additionally, AFAO engages in direct national social marketing activities, typically in partnership with its members.

A large proportion of the gay and bisexual men who participated in community focus groups or interviews had engaged with material about PrEP and TasP – typically referenced as undetectable viral load – via social media channels managed or informed by the community-led HIV organisations. For example, a national social marketing intervention was mentioned as a source of knowledge around undetectable viral load and this was complemented by other social marketing activities by individual jurisdictions. Participants were not always clear who produced different resources, but they knew about their local AIDS Council and generally assumed it was all affiliated:

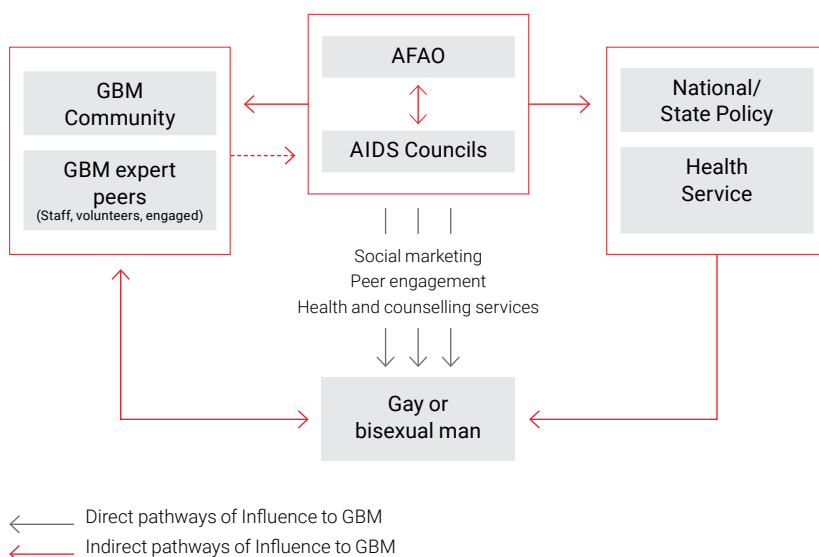


Figure 1. Pathways of influence of AFAO and AIDS councils to gay and bisexual men
Figure 1 draws on work of the W3 Project



I've got a thing called (national social marketing intervention), you've probably never heard of it, but it's an online service...., (...) I go in there and I get their newsletters, I've always known about (AIDS Council), they have a website, I go into there and get all the resources.

Community member

Many men recognised a broad range of media produced by AIDS Councils, including written resources distributed in gay social venues, as well as in sexual health clinics frequented by gay and bisexual men. These included resources related to TASP and PrEP, including information about ways to access PrEP during the period it was not subsidised through the national Pharmaceutical Benefits Scheme:

And we actually provided quite a lot of written material to people about PrEP so ... one of our staff members has produced an educational pack which provides things around HIV risk reduction, what PrEP is, the ways to access PrEP through personal importation, and as well as current prescribers in (City), so that they can actually self-refer and make that step towards it.

Staff/volunteers

Staff described using social marketing and other media related activities to complement or amplify other forms of direct engagement with men through face-to-face settings or online outreach. Staff at one AIDS Council articulated

a comprehensive approach to online engagement that creatively used an external social media platform to facilitate access to personalised sexual health information to men living in a rural area:

We trained up 10 peer volunteers (for online peer outreach), we kind of just went ahead didn't ask any of the social sites what we could do – set up profiles, faceless profiles, (AIDS Council) t-shirts and now we have volunteers in most spaces being able to ask questions, so in the first 8 months – we've had like 200 interactions from guys across (regional area) and all the questions are PrEP, HIV, risk reduction, access to gay friendly GP's.

Staff/volunteers

Some (minority) of the men from community focus groups and interviews had engaged directly with peer education, counselling or other support services offered by AIDS Councils. This included areas such as living well with HIV, workshops on sexual practices, and managing substance use:

I went to them for advice because I wanted to know more about it and they said we have this workshop that you can do on the weekend for newly diagnosed people, and that was really good (...) You got to talk about how you felt about it and there were other people there that went through things like dating and you know how to tell people, if you should tell people and why, yeah.

Community member

Most focus groups with staff and volunteers touched on issues relating to intersectionality and, in a few instances, participants observed that knowledge, belief and value systems can vary significantly across cultures, and this required targeted or tailored approaches. It was recognised by staff and volunteers that while they do specific work addressing intersectionality, it was not necessarily integrated across their approach (this is discussed further in 4.2 below). Nevertheless, some AIDS Councils were recognised by other agencies as having the expertise to help men address issues relating to their intersectional identities and experiences and referred their clients:

Like I remember first time I go to sexual health centre the nurse asked me about basically my background and everything and then she referred me to a counsellor and the counsellor referred me to (AIDS council) you know. So yeah just you start from there. But yeah I mean most of my friends who came from Asian background don't have any sex education back home, and it's a problem.

Community member



I take my work home with me more than I probably care to admit, and that when you're in a club you mention the word PrEP and people don't understand and they ask straight away, they've heard of it by now, and as soon as you sort of say oh I work in the AIDS Council oh yeah we're looking at PrEP, or PrEP this and they're like oh on that note can I ask you a few questions like can we talk about this. (...) Even when it comes to GPs I have conversations and connections around whether or not it's going to increase the likelihood of STIs (...) It's my job to sort of whittle it into conversations so that people hear it, they feel like they can ask the questions that they need to.

Staff/volunteers

2.3 Indirect pathways of influence

While some gay and bisexual men may not have regular contact with AFAO or AIDS Council services, programs or campaigns, these men can still be indirectly influenced via several other mechanisms.

Influence through networks of gay and bisexual men

Through being connected to the communities they serve AFAO and the AIDS Councils have a unique access to and understanding of the sexual politics, practices and cultures of these communities. This access and understanding are central to organisations' capacity to remain relevant to their communities. Further, they have a level of credibility in gay and bisexual communities that reaches beyond those men with whom they have direct contact with. The men who directly engage with peer workers, social marketing interventions or health services in turn influence other gay and bisexual men:

I found out on the internet because people pass messages around and that having an undetectable viral load now virtually means that you're incapable of passing the virus on to a negative partner and I hadn't really known that before.

Community member

Staff also noted the information sharing role of social networks:

People's understandings have grown from peer conversations with their mates, oh yeah what was that thing about PrEP and what does that mean and like oh I have a mate that's been taking it for a few months, side effects are fine.

Staff/volunteers

While AIDS Council staff and volunteers recognised the value of social networks, they also recognised that access to social networks, and therefore information, was uneven:

I would always kind of suggest that my experience has been that it's usually through their social networks that they get information, so if they've got one person who is already linked in with (AIDS Council) in whatever way generally speaking they're getting okay information and then if they're not you know the guys that we see coming through our workshops who are very isolated, the knowledge is far more limited

Staff/volunteers

Here the participant recognises the importance of social networks as sources of information but also highlights the background role that AIDS Councils can play in ensuring the quality of information that is circulating. Additionally, the quote shows the value of AIDS Council programs for men with little or no access to social networks.

Indeed, given their roles within community-led HIV organisations, peer staff and the organisations' many volunteers act as major conduits of information through their wider personal networks:

A lot of my friends know I work in this space, I'm always the first point of contact when they have information that they need to ask you know. Sometimes when you're having just conversation, I've found myself you know unknowingly getting to a space where I actually like I'm responsible to give them the adequate information that they need.

Staff/volunteers

In all staff or volunteer focus groups, participants understood, appreciated and appeared committed to the principle of knowledge diffusion. They recognised this to be a key function of a peer-orientated organisation and a primary mechanism through which they seek to influence the health and well-being of gay and bisexual men:

It's the indirect notion we're talking about – it is the ripple effect, it is about communicating a lot of those concepts, ideas, into communities, I guess that's what you're alluding to and that's very accurate it is a way that people come into the organisation – go out and spread the word.

Staff/volunteers

Influence through policy advice and advocacy

While a significant proportion of gay and bisexual men may have no or little direct contact with AFAO or the AIDS Councils, most community participants had an expectation they will likely be influenced by the broader actions of the organisations. This includes the policy advice and advocacy efforts of these organisations to ensure progress towards a policy and legislative environment that meets the HIV prevention, treatment and health and social care needs of gay and bisexual men.

One community participant described the role the organisations played in representing gay and bisexual men to government and other decision-making bodies:

But we've also got a very strong ministry of health and that's where a lot of the advocacy goes to, and they rely on all these organisations to advise them on what the community needs and wants. And you have access to those needs and wants (...) on the ground all the time in so many different ways that you're able to pick up the information, not just from sending out a survey or having a community forum, but just from the talking amongst the constituents basically.

Community member

Many community and peer staff/volunteer participants felt that AFAO and the AIDS Councils had taken key roles in helping to ensure access to PrEP for gay and bisexual men. They were described by some participants as occupying an essential mediating role between the community and government, conveying information back and forth.

Several participants acknowledged how the work in relation to PrEP access and promotion of undetectable viral load as an effective HIV prevention strategy was initially influenced by listening to members of the community (for example, PrEP activists), this illustrates the dynamic and interactive nature of community engagement and policy influence.

However, generally the specifics of this policy and advocacy work were not visible to most community participants, nor many peer staff/volunteer participants:

I think the role that AFAO plays ... isn't entirely visible to the community and the work is very much informed by our desire to make new strategies and new interventions and new technologies accessible. And so that's sort of the starting point and that drives a lot of our political engagement, so government relations, so work with Commonwealth and the department to inform strategy around maximising accessibility to new technologies and strategies.

Staff/volunteers

The following quote highlights the integrated nature of AFAO and the AIDS Councils policy work, where many participants (community and staff) did not differentiate between national and jurisdictional advocacy roles and instead assumed much of the work undertaken by AFAO was done by AIDS Councils.

AIDS councils (...) do work in policy and that's not the sort of thing that the community members will see but they've done an incredible amount of work around PrEP, getting the PrEP process through the TGA and PBAC they've done other work around criminalisation and various other things.

Staff/volunteers

Commonwealth and state policy directly influence the design, resourcing and delivery of sexual health related services to gay and bisexual men, which are also directly informed by AFAO and the AIDS Councils. Health services are a major source of information and advice for this population, especially in an era of new prevention technologies that are often delivered in clinical settings.

I found out about undetectable viral loads probably in '96, and I've also been lucky to have the same doctor for over 20 years and I get most of my information from him.

Community member

Through my GP, through opposites attract program, well I went through a couple of runs of PEP and then eventually he suggested that I should on PrEP.

Community member

The dynamic and interactive nature of AFAO and the AIDS Councils within community systems, was highlighted by a community member, previously living in a regional area, who described how he was the source of knowledge relating to PrEP (drawn from engagement with his local AIDS Council) for a sexual health service he attended:

I found that when I heard about PrEP for the first time my (regional) sexual health clinic didn't know what it was (...) I spoke to people who I knew that were like the (AIDS Council peer educator)

and what not, I joined some Facebook groups that centred around like about new information when it comes up, so I started educating my sexual health clinic on PrEP. They got up to speed with my level of knowledge when they started applying for the epic study.

Community member

The quote above illustrates a key pathway of indirect sharing of knowledge, which can extend through both professional and personal networks.

2.4 Areas and types of influence pathways

We know gay and bisexual men are influenced by a range of different pathways, and that some pathways are more influential than others. In what follows we present a series of case examples from the community participants, which illustrate the strengths of different overlapping pathways of influence for different participants.

Each green circle in figure 2 represents an area of influence; Peers; Expert Peers and Medical Practitioners. Each of these has a direct pathway of influence coming from the AIDS Councils and AFAO. The numbers represent the individual case example and they are placed within the figure at the site of their direct pathway of influence. Each case study is described in the Table 1 below (names are pseudonyms).

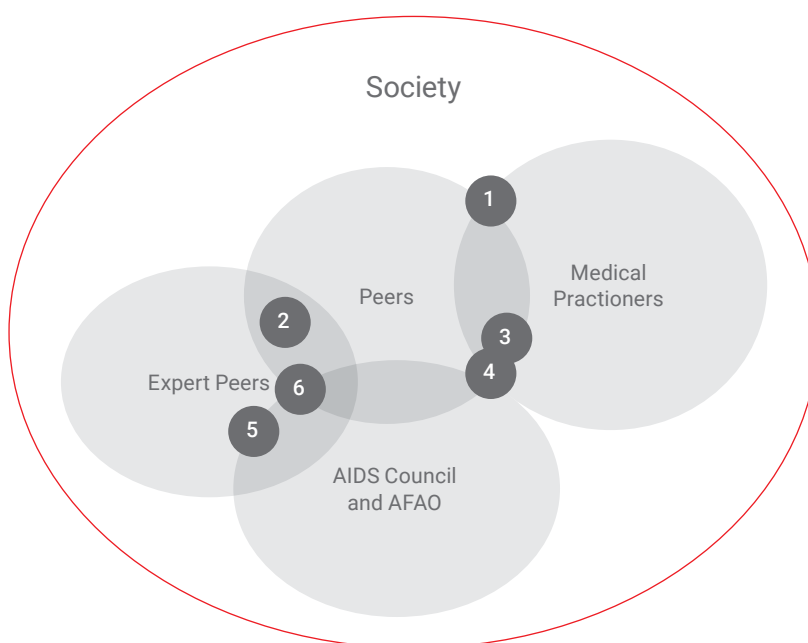


Figure 2. Type of influence through AFAO and AIDS Councils pertaining to selected gay and bisexual men

Table 1: Case Examples of influence from community participants

Example	Description	Key Influences
1	Fraser is 26 and has recently started identifying as a trans gay man. Fraser was married for a number of years, prior to publicly acknowledging his gender identity. Fraser has been disowned by his family. He has accessed a wide range of resources about gender and sexuality. Fraser has recently started attending the local AIDS Council and has started to create a network of friends. Fraser is also getting support with men's clothing and binders through the organisation. The AIDS Council is also of central importance to Fraser's broader health as he is connected to their clinic-based service and they have helped with referrals to other appropriate medical services. Fraser recognised that he needed to get a better understanding of his HIV risk, and felt confident that, through the AIDS Council, he was connected to the best sources of information.	AIDS Council directly and medical practitioners.
2	Peter is an occasional volunteer with an AIDS Council. He found that the AIDS Council was a great fit to his interests. As a result of his engagement he became a source of influence for his friends who relied upon him for accurate and up to date information. He is directly influenced by the AIDS Council and through that engagement he is an influencer as an expert peer.	AIDS council
3	Michael lives in remote outback Australia over 2000km from his state-based HIV Council. He is not openly gay within the community where he lives and his GP is unaware of his sexuality. His last sexual health test was 3 years ago. Michael has no close gay peers and gets all his information about sexual health from the internet. The direct pathway of influence for him is through online connection with an AIDS Council. As a result of this connection he has signed up for a PrEP implementation study and is about to start accessing PrEP through this study.	AIDS Council directly, who became the conduit to medical services.
4	Han is an Asian gay man who came to Australia to study 3 years ago. When he came to Australia his understanding of HIV and sexual health was poor. He had not received any sex education in his country of origin. He contracted HIV and was then connected to the AIDS Council through a medical service. He attended courses for people newly diagnosed with HIV and groups for Asian gay and bisexual men and is now feeling more connected to peers who he feels can give good advice.	Gay and bisexual men (GBM) community/ GBM expert peers, AIDS council
5	Steven lives in a mid-sized regional town. He doesn't feel as connected or informed about HIV as he did when he lived in the city. He knows very little about PrEP or TASP and the principle of an undetectable viral load. When he lived in the city, he went to the AIDS Councils medical clinic, but since moving back to the country he has been having less sex and is not being tested as regularly. For the first time since moving from the city, Steven had recently seen his state-based AIDS Council active within the regional town doing community advocacy about marriage equality. But when it came to information about sexual health his direct path of influence was with peers, who lived in the city who were more directly connected to AIDS Councils.	GBM expert peers, AIDS Council and medical services
6	Lei grew up in a conservative Asian family. Since starting university and through meeting friends online he has connected to a peer-led workshop specifically for Asian gay and bisexual men, run by an AIDS Council. Since participating in the workshop, he has become a volunteer and is involved in many events and opportunities in this role. Since connecting with the AIDS Council, he feels more comfortable discussing sexual health with peers and accessing gay friendly health services.	GBM expert peers, AIDS Council and medical services

These examples show that different individuals are connected to sources of information and services through direct or indirect pathways. Through understanding the diversity of the pathways, we can better understand the role of AFAO and the AIDS Councils in these pathways. The more connections that a person

has within the system the stronger their knowledge and understanding, and the better able they are as a peer to share this knowledge within their communities. These multiple connections also provide more opportunities for AIDS Councils and AFAO to gain insights and feedback from their communities.

A close-up photograph of two men in tuxedos, smiling and looking at each other. The man on the left has a beard and is wearing a blue bow tie. The man on the right is wearing glasses and a blue bow tie. They are both holding small white flowers. The background is blurred with warm, golden light.

3. Maintaining long term influence

Drawing on the W3 Framework areas of Engagement, Alignment and Adaption (4), this section outlines some of the key ways in which AFAO and AIDS Councils maintain their influence over time.

3.1 Engagement within community

The strength of AFAO and the AIDS Councils community-controlled programs is that they participate within, rather than intervene on, their communities. This participation was recognised and expected by gay and bisexual men in the community. Effective community-led programs bring an authenticity and credibility based on a long-term relationship and trust with their communities. The visible advocacy and representation undertaken by community and peer leaders adds to these connections. As one community member said if his friend needed support, information or a place to go: *"I just always point them towards the AIDS Council, because they've always helped me with big issues in my life"* (Community member). The ongoing and integrated engagement AIDS Councils and AFAO have in the community helped to ensure they remained relevant and influential. *"I think I just feel comfortable with it, like I think it's something that's been around for a long time and they're sort of organisations that I trust."* (Community member)

By purposively recruiting people from the communities they work with as volunteers and paid staff, AFAO and AIDS Councils have been able to ensure they maintain their contemporary relevance:

(AIDS Council) was a big part of my identity and that was a little bit troubling for long term but it was also very beneficial because it was all the networks that I was using and it helped me understand a lot more of it in terms of questions you know I very much was a part of the community that I was working with and you know.

Staff/volunteers

Many of the peer staff and volunteers brought their lived experiences as gay or bisexual men to their work. This embeddedness in communities and the unique access and understanding of the sexual politics, practices and specifics of the communities was central to remaining relevant to the communities they serve.

Peer workshops run by AIDS Councils were highly valued by gay and bisexual men because they engaged with a diverse set of issues seen as important to communities. Community members discussed a diverse range of peer-led

workshops they found significant in their lives including workshops for people newly diagnosed with HIV, relationship and sexual health for younger gay and bisexual men, programs for Asian men, family violence and behaviour change. The range of workshops offered by AIDS Councils demonstrate that they are attuned to the diverse needs of the individuals and communities they work with. For many participants a workshop was their first interaction with an HIV community led organisation:

I personally have a really good experience with AIDS Council, ... I joined (AIDS Council) workshop for relationship and young and gay and I have got a lot from those yeah. I mean like the sex education and everything. It's really complicated as it was stuff that I didn't get from my country you know like sex education and everything so yeah it was really good experience for me.

Community member

For one participant living in remote Australia, access to an AIDS Council was through their website. While he has only ever accessed services online, he is frequently engaged with the organisation through online videos available on the website:

They put them videos online and just go in there and press the video and sit back and watch them on your computer, doctors giving their spiel, the people at the AIDS Council giving their spiel, all of those resources are available for anyone with a computer or an iPhone.

Community member

Online access was his only feasible way of interacting with the AIDS Council. His GP does not know he is gay and he is located 2000km from his state-based AIDS Council. Online access is important in engaging diversely spread communities and increasingly important as people seek out more and more online services that are less-direct than traditional service delivery.

Community members recognised AIDS Councils as places in which they could participate as volunteers and with which they could have a sense of affiliation. One community member who previously volunteered described how he came to the AIDS Council with a pre-existing understanding of what participation in a HIV community organisation might offer him in terms of a sense of community belonging:

When I moved here my first thought was if I want to get involved (in the local community) I am going to look for an AIDS related community organisation because they are the ones that are going to have the volunteer opportunities over something like I don't know – like domestic abuse or illiteracy or something.

Community member

Maintaining engagement also meant being a visible participant and advocate on issues related to but broader than HIV, such as those that affected the broader health, well-being and human rights of gay and bisexual men:

(AIDS Council) I know does a bit of advocacy mainly around sexual health for queer people, but I know that they were somewhat active when it came to the Yes Vote for the Marriage Equality Survey. They do a lot of raising awareness for mental illness among the queer community.

Community member

AIDS Councils' alignment with other community groups and LGBTIQ events was also valued by community members and seen as an important part of an AIDS Council's role in the community. This support of other organisations led to some community members feeling connected to the organisation:

Most of the events that I've attend are sponsored by (AIDS Council), so I guess that's the way I feel connected – through the community (...) Yeah, I think it's mainly through organisations that the community comes together.

Community member

AFAO and the AIDS Councils are not embedded in all communities across the geography of Australia, leading to uneven reach and influence in some areas. However, through outreach and online engagement they can help create community through which they can have influence and gain insight as to the needs of rural and regional gay and bisexual men.

3.2 Alignment with the broader HIV partnership response

AFAO and AIDS Councils are in a unique position to apply a community or peer lens to social, epidemiological, biomedical and policy developments. This allows them to identify the implications (and viable solutions) for their communities across clinical and health services, community organisations, research and policy. Likewise, community members perceived AFAO and AIDS Councils to play a role in translating changes in research, health policy or health services to their communities.

Sources of accurate information- staff

Peer staff and volunteers frequently discussed their role as an intermediary between research and communities:

They've read all the stuff about PrEP but they just want somebody that works at the AIDS council to say that it's actually ok and you can take it, (...) because you work here you have this authority, so I think often people already know what they want to say, or what they want to do with PrEP but they want that reassurance from somebody that works in the space.

Staff/volunteers

This role included the broader HIV partnership trusting AFAO and the AIDS Councils to ensure clear and relevant messages were aligned to the evidence. Several staff members articulated the difficulty of ensuring a cohesive message was also aligned to the evidence.

It can be tricky you know. We have a responsibility to the community but then we also have a responsibility to ourselves as an organisation and to (research) ...it's a science...we always have to have that uncertainty, or you know risk mitigation strategy and that can have problems for credibility both ways.

Staff/volunteers

This was echoed in peer staff describing the need to mediate incorrect information or impressions community members may get from some health providers:

So we do have people come to us saying my GP said this (...) but they're not coming to us saying which is right, they're saying my GP said this, I know you said that before and we trust you – that's sort of what comes to us and that's obviously people that are already connected with us (peer-led testing).

Staff/volunteers



Sources of accurate information- community

The community saw the AIDS Councils (and by inference, AFAO) as trusted, reliable and authoritative sources of knowledge on a range of HIV related issues as well as broader LGBTIQ and sexual health issues. Community members discussed the importance of AFAO and the AIDS Councils in helping to make information accessible and in influencing individual and community opinions and attitudes. For example, the following quote from a community participant illustrates how trust in an AIDS Council can influence attitudes about HIV prevention strategies such as PrEP:

I had heard about PrEP and then I noticed that (AIDS Council) were, to my surprise, I was actually really surprised when I heard this, that (AIDS Council) were promoting it as a viable safe sex option, and that's when I looked into it and realised oh okay I understood a lot better about it and realised statistically it seemed like a really good option.

Community member

Another participant trusted that the AIDS Councils would have up to date knowledge about new developments in prevention and what this meant for gay and bisexual men:

Because my GPs, they're pretty (unaware), and AIDS Councils are fairly clued in about what's happening now.

Community member

The positive reputation AFAO and the AIDS Councils have in the broader HIV sector in terms of their capacity to translate health information into accessible knowledge and skills, was illustrated through community members regularly describing situations where they were referred to an AIDS Council by other health services. These onward referrals also suggest that their programs complement, enhance or fill gaps in other health services,

Role as advocate

In times of rapid change, insights from community-led organisations may be the sector's only source of real-time knowledge about emerging issues such as attitudes to new technologies, or unintended consequences from changes in policy or access. Community members generally assumed AFAO and AIDS Council had a good reputation in the HIV and health sector to influence health policy and health services to meet the needs of gay and bisexual men. Community members also indicated an awareness of the policy and advocacy work of AFAO and AIDS Councils beyond their specific communities. Interviews and focus groups occurring during and shortly after the Same Sex Marriage Postal Vote, featured strongly in responses, with a renewed understanding of the role of AIDS Councils in the advocacy space.

Other community members discussed the advocacy role to governments:

Advocacy for the community between the politicians or the clinicians (they) know what the community feels about certain issues, you know just being that middle man or the middle – yes middle man that conveys information back and forth, feeds information from the government and the clinicians to the community and vice versa.

Community member

The provision of services was also seen as an act of advocacy, as described below:

Provision of service is in itself an act of advocacy, because they're providing services that aren't provided in a society where a lot of services are provided right across the society by the government, by the system, so the provision of specialist services for members of the community is in fact an act of advocacy.

Community member

While there was an awareness of some of the specific advocacy work undertaken by AFAO and the AIDS Councils there were also large gaps in community awareness of policy and advocacy work. This was made explicit in conversations about PrEP, with community members often unaware of the involvement of AFAO and the AIDS Councils in the establishment or funding of PrEP implementation studies, including studies in which they were perhaps themselves a participant.

3.3 Constant adaptation to changes in community, research and policy

Underpinning AFAO and the AIDS Councils is the capacity to achieve genuine, high quality and sustained engagement within their communities, as well as maintain strong partnerships with research, health services and policy. This provides them with the capacity to both lead and be led by their communities and respond quickly to developments in their communities, for example:

Communities are always ahead of the AIDS Councils or ahead of organisations like (AIDS Council) ... it happens in community first and there are processes that mean that we need to catch up....The example I'll use is around undetectable viral load and before I came to (AIDS Council) I kind of knew within my own networks that was a strategy being

used by positive men not to pass on HIV yet when I started here at (AIDS Council) there still wasn't much energy around that and it struck me that the conversation was only happening within our sector a fair bit after it was already happening within the community, at least within the networks in which I was – and that happened with PrEP as well and that's not a slight on AIDS councils it just speaks to process and how good we are at following community in that space as well.

(Staff/volunteers)

However, this also raised challenges, where AFAO and AIDS Councils needed to navigate different attitudes towards these emerging changes within their communities. For example, a minority of gay men were critical of the strong promotion of PrEP, while others felt organisations were taking too long to endorse the role of undetectable viral load.

While the community and the broader HIV sector expected AFAO and the AIDS Councils to translate research in a way that was meaningful for the community, this was not always straightforward as it sometimes required challenging past messages or long held beliefs in the community. As one peer staff member said, "I do think when people come to us looking for answers they're sometimes coming looking for their beliefs to be reflected back to them, even if those beliefs aren't actually what the evidence says as well."

AFAO and the AIDS Councils have responded and adapted to changes in communities, including where communities meet and interact:

it's moving out of the kind of physical spaces what we are seeing is a shift to online activities, so the prevalence of Apps – Grindr, Scruff, Hornet etc, specialisations for different sub-communities... You've now got specialised types of digital communities for communities so BBRT for example – the rise and the prevalence of that over the last kind of couple of years whereby you are ultimately engaging in bareback sex and soliciting for bareback sex – so those are the kind of locations where we are seeing conversations about sexual health happen and then also opportunities for us to engage for sexual health promotion messaging or community engagement directly.

Staff/volunteers

In a peer-run clinic, staff described ensuring that they take their time with clients, continuously drawing on insights from their clients and adapting to the changing needs of community members: "it's all about listening as well so we're providing a service where we're actually responding to what their needs are, but because we are having that conversation and we are listening, we are picking up additional bits of information." (Staff/volunteers). However, it was unclear if and how consistently this information was fed into the rest of the organisation and to other partners in the response to support their adaptation.

At times, adaptations were not as fast as community members expected. As staff and volunteers were also from the community, this maintained a pressure within the organisations to respond and adapt. At the time of the focus groups, the differing early capacity and responses to PrEP across the jurisdictions was an example, with peer staff and community advocating for faster action.

I think AIDS Councils have been reactive on this (PrEP) issue and I don't think they've led the way is the problem (...) gay men took this into their own hands and they sped off with it, and I think only now – (AIDS Council) still haven't done a major PrEP campaign at all.

Staff/volunteers

The ability to adapt and remain relevant is key to the organisations maintaining their platform of influence and continuing to be a reliable source of information and leadership.

A photograph of two men in profile, facing each other and smiling warmly. They are embracing, with one man's hand resting on the other's shoulder. The man on the left has a beard and a large tattoo on his right arm. The man on the right has a beard and is wearing a black wristband. They are standing outdoors, with a blurred background of a coastal town and hills under a soft, golden sunset sky. The title '4.Challenges in maintaining influence' is overlaid in white text on the upper left portion of the image.

4.Challenges in maintaining influence

Within this section we outline some of the challenges for AFAO and the AIDS Councils in maintaining their influence that were identified through the focus groups and interviews. This is not intended to be a comprehensive list, but instead provides examples of areas which require vigilance and or improvements in order for AFAO and the AIDS Councils to maintain a platform of influence.



4.1 Online

The online space is an area of major investment for AFAO and the AIDS Council, but as it continues to change and adapt at a rapid pace, working in the space presents unique challenges.

Community members were asked where they would go with a specific question about HIV or sexual health, most participants said they would google this information. The ease and almost universal access to the internet makes it an appealing space for accessing information:

Was going to try and learn more about undetectable viral load which I suppose that I didn't realise until I was speaking to you that I was a little bit shaky on it, I'd probably just Google it.

Community member

I think I would just Google it and then just really click the first website what is PrEP.

Community member

The internet affords anonymity, which for some gay and bisexual men is of high importance. For those who are geographically isolated, the internet was a significant resource and featured strongly in responses:

I think (the internet) that's the first place you go, a) it gives you the ability to research stuff and be anonymous still, so for those that aren't comfortable with being face to face there's that option, but also for those that are regionally based and don't have the ability to get to the city and things like that it's really imperative to have that online ability there.

Community member

When asked about what websites they would access most participants referred to AFAO and AIDS Council websites but would not be able to name specific sites. The Victorian government site Better Health Channel was one of the sites that 5 participants mentioned, ranking higher as an identifiable source of HIV and sexual health information than any other sites mentioned in the interviews and focus groups. This site featured in responses from men in Victoria, New South Wales and Western Australia. This may represent the historically transient nature of HIV campaign websites, although this is changing with some organisations investing in ongoing platforms that are more able to adapt with changing campaigns.

Importantly for some men the internet was the first point of contact for information and some individuals expressed their willingness to then follow up in person:

I'd probably go to a website run by – like any website that kind of has resources that are written by people who know what they're talking about, so like a website run by someone in the medical community for example, something like that. If I was still confused I'd probably ask a medical professional.

Community member

However, a key issue emerged regarding the difference between searching for basic technical information to increase knowledge, and then the use and application of that information within the reality of their lives as gay and bisexual men. For example, in discussing the process of learning about PrEP one participant said: *"I did try to do quite a bit of research on the internet, but there's so*

much stuff out there and who can tell what's real or who can tell what's valid and where the bullshit line is." (Community member). Importantly, this participant only used the internet as the first step and when they were confused about the variety of information, they then connected with their local AIDS Council to identify what was relevant to their life as gay man.

There is an expectation that AFAO and the AIDS Councils will deliver information in a way that was practical, accessible and tailored to the needs of the community:

I can remember looking up things about drugs and the effects of drugs and stuff and I always found the government stuff to be a little bit alarmist, a little bit maybe sensationalised like you know amyl can kill you.

Community member

There were several critiques about how frequently AFAO and the AIDS Councils updated their sites and/or how user friendly they were. Regardless of this, they were still seen by community members as trusted sources of information.

I'd be more inclined to look at something from the AIDS Council or something from the Government or something like that or something that was endorsed by somewhere that I'd had some kind of contact with like maybe the sexual health clinic or maybe somewhere like that.

(Community member)



Peer influence is also strong in these online spaces and some peer led social media groups such as PrEP Access Now were also identified as sites where accurate information could be found. Peers sharing information or links through social media platforms continues to be influential:

I do want to find out information it's all online. Yeah, I can't really say any more than that I can't give you the specific sites but everything would be online – or Facebook friends might mention something, everyone sort of seems to be informed. Well my circle of friends are quite informed about PrEP these days.

Community member

There is a challenge for AFAO and the AIDS Councils to keep adapting within the rapidly evolving online environment and support gay and bisexual men to interpret and apply the technical information they access from multiple sources. The capacity to translate information in a way that is culturally engaging and relevant may be central to working with gay and bisexual men in the online space. This support may need to include guiding gay and bisexual men away from misinformation and toward reliable and up to date online sites. AFAO and the AIDS Councils will need to consider whether lower campaign 'brand' recognition is a significant issue in sustaining recognition of their engagement in their communities, or whether ensuring accurate information being accessed and utilised by the community is sufficient.

4.2 Diversity and visibility

Most participants perceived there were still gaps in the reach of AIDS Councils in regard to the diversity of gay and bisexual men. This was a concern expressed within the general focus groups, but also featured strongly in the interviews and the focus group with Asian gay and bisexual men. Two key areas discussed were cultural diversity and older gay and bisexual men.

There was a concern among some participants that older gay and bisexual men were receiving limited attention in relation to biomedical interventions: *"the health messages pertaining to PrEP and PEP are quite youth targeted."* There was the desire in some of the focus groups for the AIDS Councils to better profile and target older gay and bisexual men.

Visibility and diversity of experiences were also mentioned by some of the ethnically diverse participants, one of the participants from an African background said:

The advertising that I've seen, and that's the world I came from in my real life, it appears to target only a certain type of gay person. From what I've seen at any rate. There's no mention of children, no mention of people that have different sort of jobs, you know they don't live in Surry Hills or whatever, they are working type people that work in factories or whatever they do, and I think they miss the point there, because the really scary thing is the fact that it's not just people in Oxford Street with HIV, or Newtown, it's people out in Parramatta and wherever it is.

Community member

Lack of visibility of diversity featured as a strong topic of conversation in the Asian gay and bisexual men focus group. Participants appreciated the work of the AIDS Councils in engaging their community through peer group and community events and providing a space for them that was safe and non-judgemental. However, there were two key areas participants felt needed attention, social marketing campaigns and decision-making structures.

Participants felt they were not being sufficiently featured in social marketing campaigns. When they saw other Asian men featured in campaigns their impression was that it was ad hoc or often tokenistic. Some Asian gay and bisexual men thought there was a nuance that was missing from AIDS Councils health promotion aimed at Asian gay and bisexual men. For example, the importance of family and the potential conservatism around sexual health was discussed in the focus group at some length; with some suggesting these were not "being taken into account when it comes to health messages" (Community member). There was a consensus that it was important to reach Asian international students who may have received very poor sexual education and no education about gay sex. The balancing of positive sexuality and cultural conservatism was identified as a challenge. The importance of these resources being in individuals' first language was also seen as critical in engaging these communities.

The other issue that could pose a challenge for AFAO and AIDS Councils was the perception that they are predominantly white, with little space for others in roles of leadership and decision making. While there was acknowledgment that diversity was seen and demonstrated at the level of peer workers, this was not represented within the rest of the organisation.

I just saying it as how I see it, it's more of an observation, I do see a lot of for example possibly gay white men in positions of decision making when it comes to AIDS Councils and advocacy organisations, HIV centre, and I'm wondering whether the Asian voice on it is somewhat represented somehow in boards you know and in decision making panels.

Community member

This perspective was not limited Asian men. A participant from an African background also expressed concern at the focus on white gay men in urban locations, and the absence of representation of African gay men in leadership positions.

To maintain a position of influence AFAO and the AIDS Councils will need to reflect the cultural and linguistic diversity of their communities within their workforce, not just at a peer outreach or consultation level but in positions of influence within the organisations, such in health promotion and policy roles and on boards and advisory committees. There is a risk that if organisations do not reflect the diversity of communities within which they engage, they will not reach or influence those communities or be shaped by those communities. These same challenges may also exist in relation to other men who have multiple identities including gender diversity, disability, and geographic location. It should be recognised, however, that these men saw AIDS Councils as community organisations in which they should be able to see themselves, an expectation they did not seem to place on other organisations. This reflects a reputation and expectation for genuine community engagement on which to build.

This study also experienced its own challenges in achieving diversity. The study worked with a number of networks in Aboriginal communities, however, we were not successful in recruiting any community (non-staff) participants who identified themselves as Aboriginal or Torres Strait Islander within the time frame of the study. Further research with more tailored engagement strategies will be required to access the experiences of Aboriginal and Torres Strait Islander gay and bisexual men, in relation to the influencing roles of AFAO and the AIDS Councils.

4.3 Accurate information, the health service and community needs of rural men

When discussing PrEP and undetectable viral load in the focus groups and interviews, doctors featured as an important source of information. However, some participants reported inconsistency in information or difficulties in accessing acceptable provision of services. These experiences were reported by some of the urban gay and bisexual men too, but significant issues were more common for men living in rural areas, where access to good medical services was either difficult, or where the size of the community made them feel unable to be as open as they would be in the anonymity in the city. This challenge for rural men was recognised by staff members as well as community members:

Look there's gay and bisexual men who can't go to the GP and get anal swabs in (rural town) – So if you wanted to try and start having a conversation about PrEP? (laughter) forget it.

Staff/volunteers

I found it quite difficult I don't think I'd really talk to my current GP, he's lovely, he's a really nice bloke, but I don't think I'd talk to him about sexual health at all.

Community member

These health care access issues are likely to be an increasing advocacy and education focus for AFAO and the AIDS Councils. Many of the participants (community and staff) indicated that rural or regional areas have increasingly become a safer space to live, but services have yet to catch up. As one participant said:

I grew up in the regional area everyone moved to the city and that was the thing to do because that's where you're accepted, where I think now a lot of people are staying regionally and not necessarily all migrating to the city, so I think that's important that that accessibility does flow out. And the family services like the switchboard and all that like all the face to face seems to be in the city, we don't have that regionally.

Community member

Two participants described in detail how the rural outreach, community mobilisation and mobile peer-led HIV testing work of an AIDS Council meant they now felt more connected to a gay community than they did in the city. As the needs of community changes, the influence AFAO and the AIDS Councils have in rural and regional areas will need to be maintained and strengthened.

4.4 Multiple messages from multiple organisations

The potential challenge for multiple community organisations such as AFAO and the AIDS Councils presenting messages about new developments in HIV prevention was explored with participants in focus groups and interviews. Peer staff and volunteers acknowledged that there were some nuanced differences, and some concerns were raised regarding messages about new developments being promoted at different times across Australia. For example, the active promotion and access to PrEP was not consistent across Australia at the time of the study. However, none of the community participants described or identified differences or inconsistencies across the range of messages. Community participants were not concerned about which of the AIDS Councils or AFAO were presenting the information, as all AIDS Councils were generally seen as have a similar perspective and a good reputation.

In contrast community members did raise concerns about the inconsistency between messages they received from health care providers and messages they received from community organisations. This underpins the need for AFAO and the AIDS Council to maintain policy and advocacy engagement with a range of other stakeholders to ensure community members receive up to date and consistent information whenever they engage with sexual health messages, services and programs.

5. Discussion and conclusion

In an emerging new era for the HIV response, it is timely for AFAO and the AIDS Councils to articulate the ways in which they influence communities of gay and bisexual men.

This study drew on the experiences of 61 gay and bisexual men from across Australia. This included focus groups and interviews with gay and bisexual men from community as well as peer staff and volunteers from AFAO and three AIDS Councils. The study also drew on the W3 Framework to understand the role of peer and community-led organisations in the response to HIV. The size and scope of this study was not able to reflect the experiences of all gay and bisexual men in Australia or identify all of the ways in which AFAO and the AIDS Councils influence the lives of gay and bisexual men. However, it does provide a valuable and timely insight into the current role and challenges facing work in this area for peer and community-led organisations.

Influencing the health and capacity of communities is not a linear process with clear service outcomes. To be effective, community-controlled organisations must influence directly and indirectly at the individual, social, community and policy level. This study shows that AFAO and the AIDS Councils are doing this through health promotion programs, health services, policy and advocacy.

Underpinning the work of AFAO and the AIDS Councils is the capacity to achieve genuine, high quality and sustained engagement within their communities, as well as maintain strong partnership with research, health services and policy. They are also uniquely placed to navigate and participate in the community tensions and challenges. This provides them with the capacity to both lead and be led by their communities and respond quickly to developments in their communities and maintain their role as reliable and up to date sources of information, service and advocacy.

AFAO and the AIDS Councils are in the unique position to identify and even pre-empt changes within communities of gay and bisexual men and adapt quickly to changing needs and contexts. In times of rapid change, insights from community-led organisations may be the sector's only source of real-time knowledge about emerging issues or unintended consequences. Community controlled organisations, such as AFAO and the AIDS Councils, apply a community or peer lens to social, epidemiological, biomedical and policy developments to identify the implications (and viable solutions) for their communities. It is this deeper role that leads to strong and sustained influence within both their communities and the broader HIV response.



Appendix A



Aims and objectives

At a meta-level, this study sought to better understand and articulate the diverse ways in which AFAO and the AIDS Councils influence the HIV prevention, testing and treatment practices of gay and bisexual men and in doing so make a valuable contribution in the HIV response in Australia. Such clear articulation is an essential aspect of lobbying efforts to secure, and ideally expand, funding for AFAO and the AIDS Councils in this latest era of the HIV epidemic. This project was a joint initiative of AFAO and Australia's state and territory AIDS Councils, to:

- demonstrate how gay and bisexual men interact with and are directly influenced by the work of AFAO and the AIDS Councils;
- demonstrate how gay and bisexual men are indirectly influenced by the work of AFAO and the AIDS Councils in relation to their HIV knowledge and experience;
- demonstrate how these direct and indirect influences are affected by intersectionality, by exploring the experiences of gay and bisexual men with organisations, as well as the experiences of gay and bisexual men who experience multiple minority identities.

This study sought to better understand and articulate the diverse ways in which AFAO and the AIDS Councils influence the lives of gay and bisexual men and contribute to the HIV response. Four focus groups with gay and bisexual men from community (23 participants) and three focus groups with peer staff of AIDS Councils and AFAO (27 participants) were conducted in New South Wales, Victoria and Western Australia. Eleven in depth interviews were also conducted with gay and bisexual men to strengthen cultural,

geographic and experiential diversity of the sample. The total number of participants in the study was 61. The study drew on the W3 Framework (4) to examine the direct and indirect influence and role of peer and community-led organisations.

Methods

Overview

Data was collected through focus groups and semi-structured interviews conducted by the research team in three Australian states (Western Australia, Victoria and New South Wales).

This project was approved by La Trobe University Human Research Ethics Committee (S17-146), ACON Research Ethics Review Committee, and the Victorian AIDS Council Research, Promotion and Ethics Committee.

Focus groups

There were three types of focus groups conducted.

- Focus group A: AIDS Council and AFAO staff and key stakeholders: Organisations self-selected the individuals for the focus groups with the aim of a mix from all areas of the organisation. These included some volunteers with high levels of involvement in the organisation (such as conducting peer workshops or on the board)
- Focus group B: Gay and bisexual men from community: recruited through AIDS Council social media and email lists. Most but not all these gay and bisexual men had some level of connection to the organisation, such as being a member, part of social events, or occasionally volunteering for the organisation.

Gay and bisexual men with significant volunteer involvement were encouraged to participate in Focus Group A.

- Focus group C: Asian Gay and bisexual men from community recruited through the Victorian AIDS Council Gay Asian Men program and networks.

Given the high profile afforded biomedical prevention technologies at the time of the study, we used Pre-Exposure Prophylaxis (PrEP) and Treatment as Prevention (TasP) as entry points to generate discussion about how AFAO and the AIDS Councils influence gay and bisexual men, and how men themselves were engaging with HIV related information or services. Initial questions in the focus groups with AIDS Council and AFAO staff and volunteers asked them to consider how they felt their organisations help gay and bisexual men to increase their understanding and (if desired) use of PrEP or undetectable viral load as HIV prevention strategies. Gay and bisexual men from community were asked how they learn about these concepts, from which sources, how they perceive or make sense of this information and if/how they discuss it with others.

This provided a concrete exemplar of potential influence and the means to examine a variety of influence pathways, including social marketing, peer-based outreach, counselling and therapeutic interventions, as well as policy and healthcare capacity development interventions. Following this, both focus groups were asked to consider if and how their promotion of, or learning about, PrEP or undetectable viral load/treatment as prevention has been the same or different when compared to other sexual health issues.

In total, we had 50 participants in the focus groups, as described in Table 1.

Table 1: Focus group participants

Type of focus group	Victorian Participants	New South Wales Participants	Western Australian Participants	Total
Focus group A: AIDS Council and AFAO staff and key stakeholders	10	12	5	27
Focus group B: Gay and bisexual men from community	7 (1 Asian man 6 Anglo Celtic/ Australian men)	10 (2 Asian men, 2 European men, 6 Anglo Celtic / Australian men)	1*	18
Focus group C: Asian gay and bisexual men from community with an intersectionality focus	Focus group with Asian gay and bisexual men – 5	-	-	5
Total	17	22	6	50

*WAAC had four people who had volunteered to participate but only one participated. Additional participants from WA were recruited for the interviews below



Focus Group A – We achieved a good diversity of staff from across the programs of AFAO and AIDS Councils with a range of perspectives and insights

Focus Group B – All partner organisations invested significant time in recruiting community members for the focus groups. Generally, we achieved a good mix of gay and bisexual men in terms of age and ethnicity, and the majority of the men identified as gay men with two identifying as bisexual. Participants were a mix of very little direct connection to their AIDS Council or some connection – what we referred to as “light” volunteers. This was tested to some extent during the focus groups, with no participants in the focus groups B indicating they were highly active / embedded volunteers in the AIDS Council, but some were active in other community organisations.

Focus Group C – Asian gay and bisexual men who participated provided rich discussion regarding intersectionality of Asian cultural issues and contexts, and how this relates to developments in HIV and their relationship to AIDS Councils.

All the gay and bisexual men from community focus group participants identified as cis-gender. HIV status of focus group participants was not requested,

however two men disclosed they were HIV positive as part of the discussions. All focus groups were conducted at the premises of the local AIDS Council or AFAO. All non-staff participants were reimbursed for their time with a \$30 voucher.

Interviews

To recruit gay and bisexual men less connected to AIDS Councils, and to make up for potential gaps in the diversity of the sample, advertisements were run on Facebook, with a direct focus on recruiting men from rural areas, trans gay men and culturally and linguistically diverse (CALD) communities. All interviews were conducted via telephone and lasted between 30 and 50 minutes. Participants were reimbursed for their time with a \$30 voucher. Questions for the interviews aligned with those asked in the focus groups and sought to explore how men were learning about PrEP and undetectable viral load as an entry point to discuss their interactions with AIDS Councils and the ways in which these organisations directly or indirectly influenced their knowledge, understanding and practice. Given the breadth of the participants we also sought to address issues of intersectionality and the different access points to information.

Table 2: Interview Participants

	gay and bisexual men from outer suburbs and regional towns pop over 30, 000	gay and bisexual men in regional areas pop below 10, 000	Total
Anglo Celtic / Australian gay and bisexual men	2	3	5
Culturally and linguistically diverse gay and bisexual men (1 African, 2 Asian)	3	-	3
Transgender gay men	1	-	1
HIV Positive (Anglo Celtic / Australian)	2	-	2
Total	8	3	11

Interviews were conducted with 11 individuals. The interviews captured a broad snapshot of men, from those in some of Australia's most remote regions, a transgender gay man, a migrant gay man from Africa and two Asian gay men. Two of the participants identified as HIV positive. The interviewees were between the ages 26-58.

A number of attempts were made to recruit Aboriginal and Torres Strait Islander gay and bisexual men, although recruitment was ultimately unsuccessful, four men did express interest via contacts we had within the community, but we were not able to contact them to follow through with an interview.

W3 Framework

Despite the increasing complexity in the HIV landscape, the evidence to guide HIV prevention still relies primarily on behavioural interventions operating in isolation from each other (1). There remains limited articulation and study of the combined multi-level influence of community-controlled organisations, such as AFAO and the AIDS Councils,

particularly the emergent or indirect effects of community systems that are not visible when measured through individual behaviour change.

Complex systems approaches provide a particularly valuable way of investigating and describing these non-linear interactions, relationships and emergent effects. The approach can help frame the study of the direct and indirect influences of a community-controlled response to HIV. This approach was used within the *What Works and Why (W3)* Project (4, 5) to develop a framework for describing the role of community and peer-led programs and their influence in community, policy and sector systems.

In stage 1 (2013-2016) the W3 Project worked with 10 community and peer-led organisations in HIV and hepatitis C to develop a new practice-based theory and evaluation framework for peer-led programs. W3 provides a framework to investigate and demonstrate the role and influence of community-led programs and peer leadership in a changing HIV prevention landscape, as well as identifying more relevant indicators for the monitoring of quality and impact.

References

1. Australian Government. Seventh National HIV Strategy 2014-2017. Canberra: Commonwealth Government of Australia,, Department of Health; 2014.
2. UNAIDS. 90-90-90 An ambitious treatment target to help end the AIDS epidemic. Geneva: Joint United Nations Programme on HIV/ AIDS (UNAIDS);, 2014 October. Report No.: UNAIDS / JC2684.
3. Haberer JE. Current concepts for PrEP adherence in the PrEP revolution: from clinical trials to routine practice. Current opinion in HIV and AIDS. 2016;11(1):10-7.
4. Brown G, Reeders D, Cogle A, Madden A, Kim J, O'Donnell D. A Systems Thinking Approach to Understanding and Demonstrating the Role of Peer-Led Programs and Leadership in the Response to HIV and Hepatitis C: Findings From the W3 Project. *Frontiers in Public Health*. 2018;6(231). frontiersin.org/article/10.3389/fpubh.2018.00231
5. Brown G, Reeders D. *What Works and Why - Stage 1 Summary Report*. Melbourne: Australian Research Centre in Sex Health and Society La Trobe University, w3project.org.au 2016.

Contact details to go here:

ARCSHS

The Australian Research Centre in Sex, Health and Society (ARCSHS) is a centre for social research into sexuality, health and the social dimensions of human relationships. It works collaboratively and in partnership with communities, community-based organisations, government and professionals in relevant fields to produce research that advances knowledge and promotes positive change in policy, practice and people's lives.

Contact:

Building NR6, La Trobe University,
Bundoora, Victoria 3086
Ph: (+61 3) 9479 8700
ARCSHS@latrobe.edu.au