

CENTRE FOR EXCELLENCE IN RURAL SEXUAL HEALTH

Rural Health Academic Centre - Melbourne Medical School



ANNUAL REPORT 2010



The University of Melbourne
School of Rural Health
• BALLARAT • SHEPPARTON • WANGARATTA

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Health Victoria



THE UNIVERSITY OF
MELBOURNE

Purpose of the annual report:

This annual report (2010) has been prepared by the Centre for Excellence in Rural Sexual Health (CERSH), to inform our partners, collaborators, advisory group and other interested parties of the activities of CERSH in 2010. This report is also a requirement as stipulated in the service agreement (2008 – 2012) between the Department of Health and the University of Melbourne.

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EXECUTIVE SUMMARY

2010 was a very busy year at the Centre for Excellence in Rural Sexual Health (CERSH) at the University of Melbourne, Rural Health Academic Centre (RHAC) in Shepparton. The vision, purpose, priorities and key objectives for the Centre were the guiding principles of focus for all activities.

CERSH is funded by the Department of Health Victoria and has an advisory group comprising academic, government and community representatives to provide advice on the development and monitoring of work plans and how best to ensure the success of CERSH in terms of program development, implementation and evaluation.

The key achievement against CERSH priority 1 in 2010 has been the significant progress towards the delivery of GRHANITE technology to the Australian Chlamydia Control Effectiveness Pilot (ACCEPt) pilot phase in general practices in the Hume region. CERSH has continued to solidify the partnership with ACCEPt at the Centre for Women's Health, Gender and Society (CWHGS), Melbourne School of Population Health through a shared commitment to enhancing the level of opportunistic chlamydia screening for young people in general practice.

The second key achievement against CERSH priority 1 in 2010 was the development of an integrated project plan between CERSH and the Health Informatics Unit (HIU) at RHAC which provides a clear understanding of project objectives, scope, schedule, constraints etc. and establishes a framework for project delivery. This document forms the basis of project execution, control and monitoring and attempts to ensure that the key project stakeholders (CERSH, CWHGS and HIU) are in agreement with the project objectives and the outcomes.

The key achievement against CERSH priority 2 has been the provision of wide ranging professional development initiatives for health and allied staff throughout northeast Victoria. The attendances and feedback from these seminars have been overwhelmingly positive.

The key achievement against CERSH priority 3 has been the development of strong partnerships and collaborations with community based organisations and agencies in order to deliver coordinated, evidence informed sexual health promotion activities in the Hume region. The development of the Northeast

Victoria Sexual Health Network and the Koori Sexual Health Taskforce are key achievements in 2010.

In 2011 CERSH activities will build on the strong foundations developed in 2010 and will continue to focus on increasing sexual health clinical expertise in rural Victoria and the expansion of health promotion activities with a significant focus on schools, GLBTIQ, CALD and Indigenous communities and local government in an attempt to support sexuality education and health promotion and to secure a significant improvement in access to condoms for rural young people.

Vision

The vision of the Centre for Excellence in Rural Sexual Health (CERSH) is *that all rural Victorians have access to quality sexual health care, information and support that is tailored to their individual needs*. CERSH aims to develop sustainable strategies by building collaborations and partnerships between agencies, services and individuals to achieve our vision.

Purpose and Priorities

The purpose of the Centre is to design, implement and evaluate programs that provide practical solutions to improve the prevention of sexually transmissible infections in rural Victoria. In achieving this, the Centre's priorities are to:

1. Increase STI testing rates in at-risk groups in the Hume region through the use of innovative technologies;
2. Enhance access to confidential high quality clinical sexual health services for rural Victorians;
3. Enhance levels of activity of 'evidence supported' sexual health promotion in rural communities;
4. Develop and/or access mechanisms for translation of Centre findings/achievements throughout the State.

The work program of the Centre and the evaluation of Centre activities are based on these four key priorities.

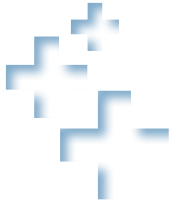
Key Objectives

- To increase STI testing of 'at risk' rural Victorians, focusing on chlamydia;
- To increase access to confidential sexual health clinical services, information and support for rural Victorians;
- To increase knowledge and awareness of rural sexual health initiatives and sexual health promotion strategies in the Hume region;
- To develop a Centre for Excellence in Rural Sexual Health with a national and international reputation.

Overview of funding

Funding for four years was announced in the 2008 State Government budget by the Minister for Health, the Hon Daniel Andrew. Annual funding for CERSH is:

| | |
|---------------------------------------|-----------------------------|
| Year 1 to June 30 th 2009: | \$450,000 |
| Year 2 2009/2010: | \$780,000 (plus indexation) |
| Year 3 2010/2011: | \$780,000 (plus indexation) |
| Year 4 2011/2012: | \$780,000 (plus indexation) |
| Year 5 2012/2013: | \$180,000 (plus indexation) |



REPORT FROM THE DIRECTOR

The Centre for Excellence in Rural Sexual Health (CERSH) at the Rural Health Academic Centre, Shepparton expanded substantially in 2010. The activities of CERSH reported in this 2010 annual report demonstrate this fact and are the culmination of successful strategies employed by to a hardworking, experienced and enthusiastic team of professionals.

During 2010 the CERSH team have worked hard to continue to build a presence in the Hume region by building on the relationships and partnerships established in 2009. The highlights of CERSH activities in 2010 include:

- the roll out of GRHANITE technology into general practices involved in the pilot phase of the ACCEPt project;
- establishing a cyberspace presence for CERSH;
- implementing a successful clinical professional development seminar series for nurses, allied health, education and community professionals in northeast Victoria;
- implementing a successful clinical professional development seminar series for doctors in northeast Victoria;
- establishing two sexual health networks, one specifically addressing the needs of Koori and Torres Strait Islander people and the other comprising mainstream health and community professionals;
- production of a comprehensive rural sexual health promotion discussion paper;
- maintenance of our many partnerships with a wide range of organisations throughout Victoria, both rural and metropolitan.

Importantly there are a few key individuals who have supported the work of CERSH during 2010. Firstly I would like to thank the CERSH team for their continued passion, enthusiasm and professionalism in building a successful rural Centre for Excellence. I would also like to thank the Executive Committee of the Rural Health Academic Centre and particularly Professors Dawn Dewitt and Bill Adam for their vision and guidance. I would also like to sincerely thank Professor Christopher (Kit) Fairley from the Melbourne Sexual Health Centre for his leadership and expertise and the CERSH advisory group who have continued to provide advice throughout 2010. Importantly, staff from the Sexual Health and Hepatitis team at the Department of Health Victoria, particularly Roger Nixon, Brent Allan and Bronwyn Kaaden deserve recognition for their continued support and expertise offered throughout the year to CERSH.

The professionals of northeast Victoria who have attended our many CERSH health promotion and clinical capacity building activities throughout 2010 have also provided constructive feedback and have participated in each of these activities with a spirit of open mindedness, collaboration and partnership, and their contribution has been pivotal to the development of CERSH and has helped guide our strategic direction.

Associate Professor Jane Tomnay

Governance

CERSH is funded by the Department of Health Victoria through a service agreement with the University of Melbourne. CERSH is situated at the Rural Health Academic Centre, Melbourne Medical School in Shepparton within the Faculty of Medicine, Dentistry and Health Sciences.

The CERSH advisory group was established in May 2009.

Membership of the CERSH Advisory Group:

Professor Christopher Fairley (Chair):

Director, Melbourne Sexual Health Centre.

Professor Dawn Dewitt:

Head, Rural Health Academic Centre, University of Melbourne.

Professor Bill Adam:

Deputy Head, Rural Health Academic Centre, University of Melbourne.

Professor Marian Pitts:

Director, Australian Research Centre in Sex, Health and Society, La Trobe University.

Mr. Harvey Ballantyne:

Department of Health, Hume Region Office.

Ms. Anne Sexton:

Department of Education and Early Childhood Development, Regional Office.

Mr. Shane Boyer:

CEO, Goulburn Valley Division of General Practice.

Dr. Naomi Ngo:

Manager, Multicultural Health and Support Service (MHSS).

Mr. Peter Ferguson:

Lecturer in Indigenous Rural Health Studies, Koorie Health Unit, Rural Health Academic Centre.

Ms. Rowena Allen:

CEO, Uniting Care Cutting Edge (UCCE) Shepparton.

Ms. Bronwyn Kaaden:

Department of Health, Sexual Health and Hepatitis team.

Terms of Reference of the CERSH Advisory Group:

- To advise CERSH of current, medium and long term opportunities aimed at increasing access to sexual health care services, information and support for rural Victorians;
- To provide advice on the development and monitoring of work plans and how best to ensure the success of CERSH in terms of:
 - program development, implementation and evaluation and;
 - the use and implementation of evaluation findings from CERSH programs.
- To consider and respond to specific requests for advice from the Director of CERSH;

- To work to promote engagement with key partner agencies and to act as a mechanism to build effective working relationships between the community sector, academics and government;
- To work to facilitate awareness of the activities of CERSH.

Statement from the Advisory Group Chair –

Professor Christopher Fairley

I am echoing the words of the advisory committee meetings by saying that Associate Professor Jane Tomnay and her team are to be congratulated for an outstanding job. This is now the 2nd year of CERSH's operation and there have been significant achievements that will translate into improvements in sexual health among at risk individuals living within the Hume region, and beyond. There is extensive work being undertaken to increase Chlamydia testing in the region through the collaboration with Associate Professor Hocking in the School of Population Health with the ACCEPT project. With this in place the Hume region will have some of the most sophisticated monitoring and support programs for general practitioners available anywhere in the world.

The other programs are also making very substantial strides. The extensive experience of Beth Hatch in the area is clearly manifest with her outstanding on the ground engagement with general practitioners which has assured an excellent program of professional development. This has extended well beyond general practitioners to many nurses and other health care providers who are working in the front line providing services to those most at risk. There are many examples of successful health promotion in the region, just one of which is the methodical and meticulous way in which CERSH has gone about increasing young people's access to condoms throughout the region with providing vending machines in a sustainable way through meaningful engagement with the appropriate authorities. Kylie Stephens, health promotion co-ordinator at CERSH has engaged key risk groups through a number of innovative interactions that are well worth reading about in this annual report. CERSH are to be congratulated for another very successful year that has resulted in substantially higher levels of sexual health for rural Victorians that would have otherwise not have occurred.

THE HUME REGION

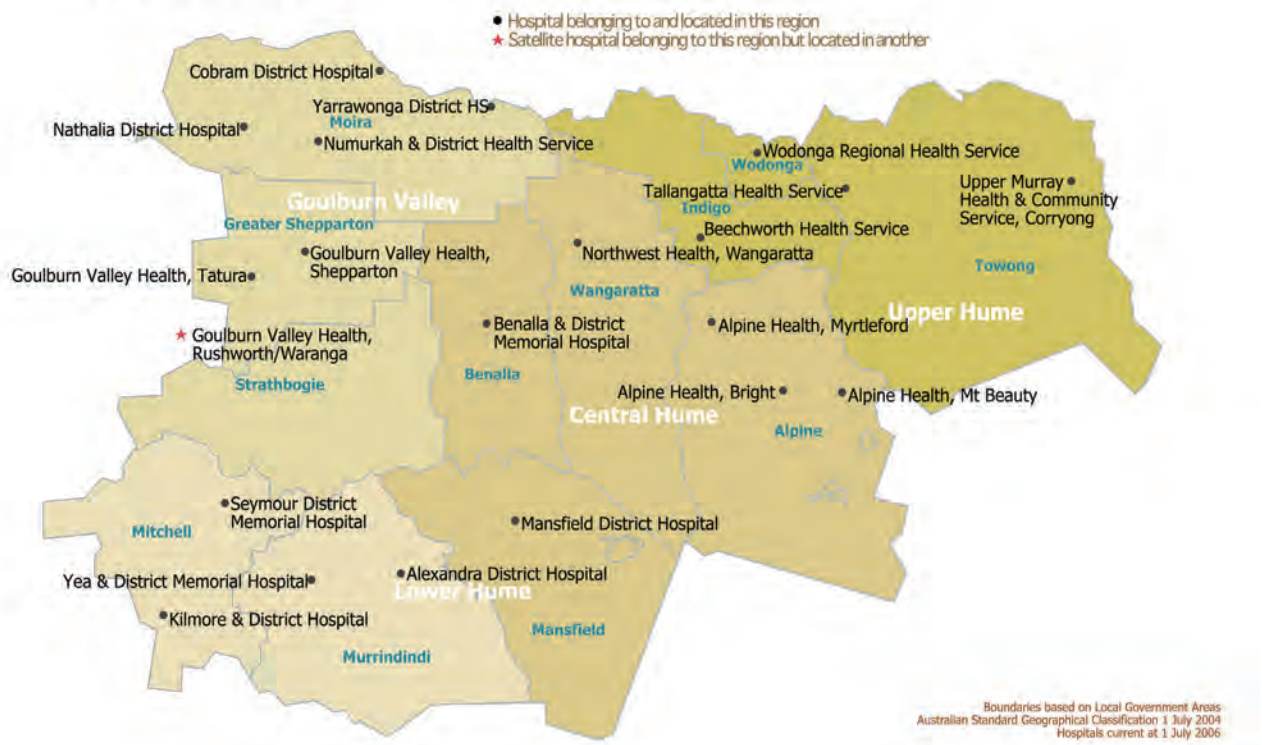
The Hume Region as defined by the Department of Human Services and the Department of Health Victoria includes four Primary Care Partnerships (PCP's) - Upper Hume PCP, Central Hume PCP, Lower Hume PCP and the Goulburn Valley PCP.

Nine local government areas (LGA's) form the PCP's:

1. Goulburn Valley PCP - City of Greater Shepparton, Moira Shire and Shire of Strathbogie
2. Upper Hume PCP - City of Wodonga, Indigo Shire Council and Towong Shire
3. Central Hume PCP - Alpine Shire, Benalla Rural City, Mansfield Shire Council and the Rural City of Wangaratta
4. Lower Hume PCP - Mitchell Shire and Murrindindi Shire Council

The following figure shows these areas.

Hume Region public hospitals including Primary Care Partnerships and Local Government Areas



(Source: www.health.vic.gov.au/maps/index.htm)

CERSH STAFF TEAM

Director:

Associate Professor Jane Tomnay.

Senior Project Co-ordinator:

Beth Hatch.

Senior Health Promotion Co-ordinator:

Kylie Stephens (Casual).

Technical Lead GRHANITE development (part time):

Dr. Douglas Boyle.

IT Technical Support:

Christie McFadden.

**Senior GRHANITE Programming development team
(part time):**

Grant Pollerd, Bhargav Patel.

Administration Officer:

Jenni Goodwin.



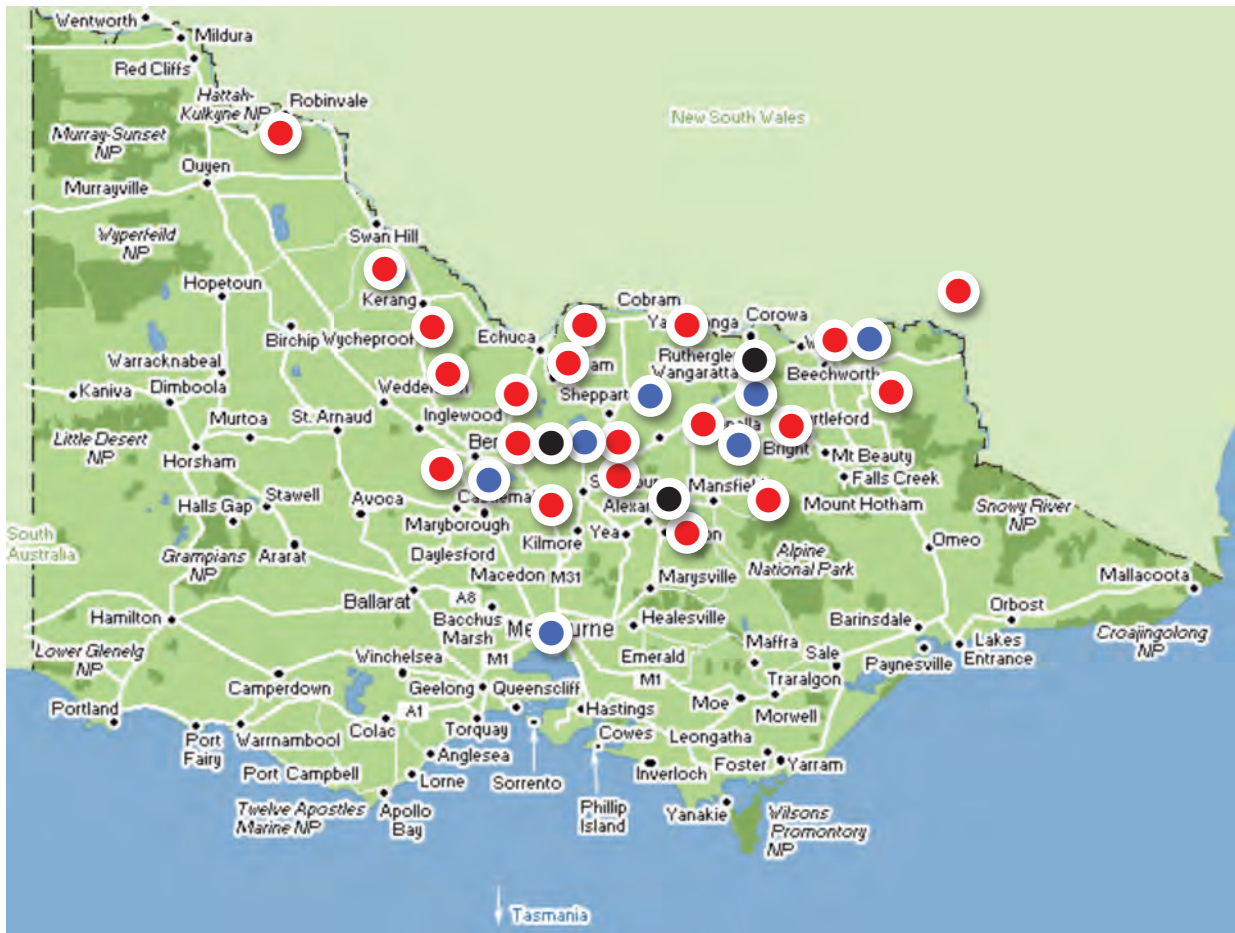
CERSH KEY MILESTONES FOR 2010

The implementation of an agreed activity plan for CERSH was a key achievement in 2010. The business plan identified priorities of focus for all CERSH activities, four priorities are reported in this document.

The commencement of the roll out of GRHANITE technology to the ACCEPt project, engagement of the clinical and professional workforce in northeast Victoria and the development of strong

networks and the provision of coordination and leadership in sexual health promotion in the Hume region were the key milestones achieved by CERSH throughout 2010.

The following map demonstrates the geographical areas in which CERSH seminar participants worked in 2010 (red dots), CERSH key partner organisations reside (blue dots) and CERSH seminars have been held (black dots).



(Source - <http://totaltravel.yahoo.com/destinations/maps/australia/vic/>)

CERSH PRIORITIES

The CERSH priorities and the attached goals, objectives, target groups, and intended impact are outlined in the following section:

Priority 1: Increase STI testing rates in at-risk groups in the Hume region through innovative technologies

Goal:

Increase testing for chlamydia in at risk groups residing in the Hume region through the use of innovative technologies.

Objectives:

- Increase the capacity to audit and report chlamydia testing activities in the Hume region
- Increase the rate of opportunistic testing for chlamydia in at risk groups in the Hume region
- Increase GP and health providers awareness of the need for annual chlamydia testing in at risk groups residing in the Hume region
- Increase GP and health providers knowledge of appropriate clinical management for patients diagnosed with chlamydia including confidential sexual history taking, testing, treatment and partner notification
- Increase awareness of the need for annual chlamydia testing in rural at risk groups

At-risk groups:

- Young people
- Aboriginal people
- Identified sub-groups of Culturally and Linguistically Diverse communities (travellers, newly arrived)
- Men who have Sex with Men (MSM)

Targets for new technologies:

- ❖ General Practitioners in the Hume region
- ❖ Laboratories in the Hume region
- ❖ Other appropriate health services in the Hume region e.g. Aboriginal Health Services

Intended impact:

Increase opportunistic chlamydia testing in at risk groups in the Hume region.

Key projects underway or completed in 2010

In 2010 the key achievement against CERSH priority 1 has been the significant progress towards the delivery of the pilot phase of the Australian Chlamydia Control Effectiveness Pilot (ACCEPt) in the Hume region. This project is a collaboration between CERSH, the Health Informatics Unit (HIU) of the Rural Health Academic Centre (RHAC) and the Centre for Women's Health, Gender and Society (CWHGS), Melbourne School of Population Health.

GRHANITE development in 2010

Background:

GRHANITE technology developed by the HIU manages security and patient consent in hospitals and general practices and extracts data from hospital clinics or practices automatically. NO patient-identifiable information is extracted ie. NO name, NO address, NO Medicare ID. Patients' records are encrypted (as below) to prevent identification.

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cD0py28aFAKyaqDdq5xo+OhmxGIOMGYNTyJ1qf+TSHZh  
C974lkxaixZSdTNGp5ne8UZPKF2mz0Xgw3QuSWaadwvKIYk  
KQ7bmFOPnpjnSHkM=
```

GRHANITE uses advanced record linkage techniques to link de-identified data in a deterministic manner for clinical information sharing, or using a mix of deterministic and probabilistic techniques where linkage criteria for research can be more flexible.

GRHANITE builds on the advanced record linkage techniques to enable secure information flow between secondary services (eg. hospital) and primary services (eg. general practice) and vice-versa for clinical, research and audit purposes.

The CERSH-ACCEPt-GRHANITE partnership aims to provide GRHANITE interface software for selective GP Systems involved in the ACCEPt project, a semi-automated reporting tool as well as GRHANITE infrastructure and GRHANITE product support to the CERSH Technical Support Officer for use within the ACCEPt project.

In 2010, CERSH-ACCEPt-GRHANITE project planning workshops were arranged to develop a clear understanding of project objectives, scope, schedule, constraints etc. and to establish a

CERSH PRIORITIES

framework for project delivery by HIU. CERSH actively contributed towards the review and approval of an integrated project plan document developed by HIU for the CERSH-ACCEPT-GRHANITE partnership. This document forms the basis of project execution, control and monitoring and attempts to ensure that the key project stakeholders are in agreement with the project objectives and the outcomes.

Following the release of CERSH-ACCEPT-GRHANITE integrated project plan document, the HIU/CERSH team worked towards completion of project deliverables that were due in 2010. To keep the CERSH team updated with the project progress, HIU regularly released fortnightly project progress/status reports to CERSH; HIU also held fortnightly project status meetings with CERSH where the project health was reviewed taking into account key areas of project performance i.e., project scope, schedule, financials, stakeholders, team performance, risk and issues. This exercise provided significant project transparency to CERSH which in turn helped develop an excellent CERSH-HIU understanding on project issues and resulted in collaborated effort towards resolution of those issues.

ACHIEVEMENTS:

Amid challenges such as unanticipated legal process delays for the acquisition of demo copies of GP Systems, complexities identified in the GP system database structures/drivers, managing project dependencies owned by CWHGS, etc. faced by HIU and CERSH during 2010, the following key outcomes on CERSH-ACCEPT-GRHANITE project were achieved:

- Completion of procurement and installation of Infrastructure (hardware and software) for GRHANITE operations, backup and recovery for ACCEPT project.
- GRHANITE Databank Server installation for ACCEPT project.
- Development of GRHANITE Interface for the following GP Systems that are in scope of the ACCEPT project:
 - MD2
 - MD3
 - Practix
 - Zedmed
 - Best Practice
 - Genie
 - Medtech32

- Testing completion of GRHANITE MD2 and MD3 Interfaces and CWHGS sign off for the general rollout of these interfaces to ACCEPT sites.
- Successful installation of GRHANITE MD2 and MD3 interfaces at 1 and 4 ACCEPT clinics/sites respectively; scheduled data extraction is in operation at these sites.
- Development of a semi-automated reporting tool for feedback to General Practice. The GP report built around the format prescribed by CWHGS is to be used for quarterly report generation from the ACCEPT sites to participating GPs. The information reported quarterly will include the proportion of patients seen within the quarter who are aged 16 – 29 years, the proportion of patients opportunistically tested for chlamydia, and the proportion of patients diagnosed with chlamydia during the reporting period.
- Development of an operational GRHANITE Product Support Plan.

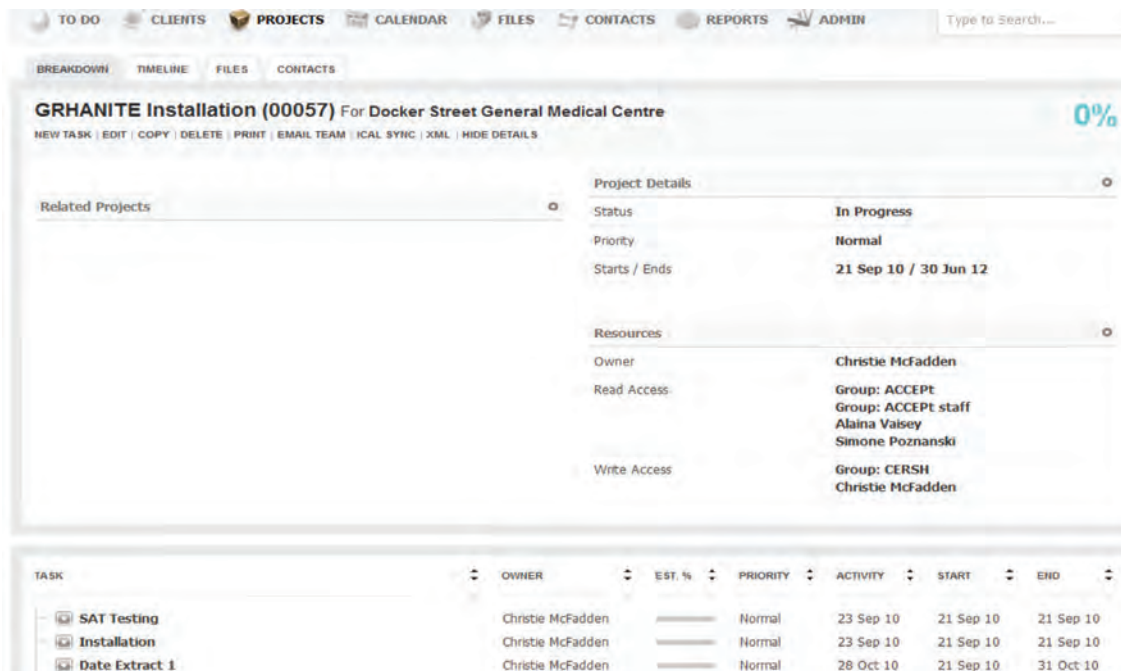
IT technical support

In a continued theme from 2009, the first half of 2010 was spent preparing for the rollout of GRHANITE, particularly the pilot phase planned for the Hume region, by determining the “who, what, when and how”, and creating a solid plan for the success of the rollout of GRHANITE into participating GP practices of the ACCEPT project.

The introduction of a Senior GRHANITE Programmer, Grant Pollerd in late 2009 was paramount in further developing the CERSH\Health Informatics Unit relationship. Grant worked to enhance the security and testing regime of GRHANITE, and had a significant influence in the setup of the ACCEPT databank server, PEN GRHANITE data extraction, data backup regime and the initial analysis of a GRHANITE support website.

A major issue to be considered before the rollout of GRHANITE to the ACCEPT project was mechanisms of communication between CERSH and the ACCEPT team in relation to the status of GP sites, and how this was going to be achieved throughout the project.

A number of initiatives were investigated, before the eventual introduction of the Copper Project Management Tool.



Copper is an online project management tool, and allows communication between staff at different sites via a private and secure website. This tool is being used by CERSH to communicate with the ACCEPt staff, and also for the ACCEPt staff to communicate with each other. A significant level of training material in regards to this tool was developed by CERSH throughout the year and provided to ACCEPt staff. Training was also provided to ACCEPt staff for the installation of GRHANITE into GP practices.

Analysis has been carried out about the type of information that can be relayed back to the ACCEPt team for future research and reporting, with particular emphasis not on what GP data GRHANITE is extracting but what information GRHANITE is creating, especially in communication with clinics. This information is being collated throughout the project, and relates to issues such as changes made to GRHANITE, updates to XML's, statistics such as the time taken to run extractions, connections to the GRHANITE webserver etc. Capturing this information and presenting it in an organized and transparent method has also allowed CERSH to build more confidence at the participating GP sites, as this information can be provided to them at their request

and helps to explain exactly how GRHANITE is working on their existing IT systems.

ACCEPt Pilot Program Implementation

The pilot phase for ACCEPt and subsequent installation of GRHANITE was rolled out in Wangaratta in September 2010. The Wangaratta GP site was selected to run Site Acceptance Testing Phase One (SAT1) for Medical Director 3 (MD3), which is a process that allows the SQL queries written in GRHANITE to extract the data to be tested in a live environment before the rollout installation of GRHANITE across the Hume region. This process is particularly important, and is performed once for every unique Medical Software Installation, as these queries are written specifically for the ACCEPt Project and cannot be tested in a simulated environment. After some delays with the pilot program rollout due to widespread flooding in North East Victoria, we were eventually able to continue the rollout in early November and we anticipate the installation of GRHANITE into GP sites throughout Australia involved in ACCEPt will gain significant momentum in early 2011.

The positive response shown by GP clinics in relation to the

CERSH PRIORITIES

installation of GRHANITE across Victoria has allowed problems to be resolved quickly and created numerous learning opportunities for improvement to the rollout program. This positive response by GPs has resulted mostly due to the hard work, dedication and thoroughness of the ACCEPt Research Officers who during the recruitment phase have built solid partnerships with participating GP practices. These partnerships are based on trust and mutual respect with the clinics, and have provided CERSH staff with a positive platform on which to build future relationships.

Summary

In 2010, the partnership between CERSH and ACCEPt was strengthened enormously through the commencement of the rollout of GRHANITE into recruited sites, particularly having started within the Hume Region. This partnership will continue to grow into 2011 and 2012.

Priority 2: Enhance access to confidential high quality clinical rural sexual health services

Overview

This priority deals with enhancing the capacity of existing health services to address STI rates in the Hume region.

During 2010 we focused on providing professional development seminars to a wide range of professionals working in regional Victoria including doctors, nurses, teachers, allied health professionals, workers with specific groups such as CALD and Koori communities, youth workers and general community workers. We also continued to develop our networks, review existing activities and provided support to strengthen developing or existing sexual health clinical services. Succession planning and other mechanisms were put in-place to guarantee the long-term viability of all interventions.

Goal:

Improve the effectiveness of current health services in the provision of confidential STI clinical management.

Objectives:

- Increase GP and Health providers knowledge of appropriate

clinical management of patients diagnosed with STIs including confidential sexual history taking, testing, treatment and partner notification.

- Reduce the impact of existing barriers to access for clinical services.
- Enhance effective co-ordination of existing clinical services

Target population:

- ❖ General Practitioners in the Hume region
- ❖ Nurses in the Hume Region
- ❖ Medical students
- ❖ Nursing students
- ❖ Allied health service providers in the Hume region
- ❖ The education sector when engaging with the health sector

Intended impact:

Improved STI clinical management for rural Victorians

Key activities completed in 2010

2010 was an exciting year of enhancing and further developing relationships with clinical service providers and continuing to seek to identify any agencies or services that may have an interest in sexual health. It was also immensely satisfying to see the interest and participation in CERSH professional development seminars by regional and rural workers.

Engagement of General Practice

A significant task for CERSH in 2010 was to personally engage staff of General Practices in Shepparton and the surrounding areas in order to introduce CERSH and discuss its scope and role within Northeast Victoria. This personal introduction was an important mechanism to ensure CERSH was viewed as inclusive by GPs and practice nurses and that contribution was sought from these experts in order to identify gaps and opportunities for improvement in sexual health clinical service provision. The focus on these engagements was to raise GP and practice nurse awareness of sexual health and also to encourage increased testing for STI's, in particular, Chlamydia in young people. Resources for diagnosis and treatment for STIs were also provided.

Process of engagement of GP Divisions and Clinics:

In the first instance, Divisions of General Practice in the Hume region were engaged in order to introduce and discuss the role and scope of CERSH, to explore the planning for workforce development and to establish a collaboration and coordination of GP professional development opportunities throughout the region in order to prevent clashes and overlap. Also discussed was the various Divisions capacity to ensure Continuing Medical Education (CME) credits with the College of General Practice for GPs attending CERSH seminars and workshops.

In order to create an opportunity for CERSH staff to meet with very busy rural general practices, we offered to provide clinics with a light lunch in return for the opportunity to meet with clinic staff, including the doctors and nurses. This strategy is familiar to general practice, as most practices provide lunchtime education sessions from time to time. Utilising this 'preferred time', ensuring punctuality and having the lunch organised to proceed before staff arrived was always well received. Also, the brochures, booklets, and relevant information resources provided by CERSH were readily available for staff to collect in the meeting room. Some of the resources CERSH provided included the 'National Management Guidelines for Sexually Transmissible Infections', an STI Testing Tool, Love Bugs STI trouble shooters guide, 'TESTme' information cards, Chlamydia epidemiology for Victoria and Australia (2009) and also a 'CERSH' USB holding a series of 18 STI topics/lectures (produced by MSHC) as resources for future use. CERSH also provided the dates and venues of future CERSH professional development seminars.

The larger practices were approached first in order to maximise coverage, cost effectiveness and time. Practices identified as having GPs interested in sexual health were also approached in the first instance. Due to time constraints, large distances to be covered and for cost efficiency, it was decided that personal visits to smaller practices was not the best option. A telephone call was made to the smaller practices and the information resources were subsequently mailed.

Challenges for General Practice in Sexual Health service provision.

Some of the challenges identified during the GP engagement process were:

- Doctors and nurses in General Practice in the Hume region

often work part time;

- Staff regularly identified having a high patient workload;
- Critical mass issues;
- Practice Nurses are multi skilled and are required to carry out multiple tasks, for example; immunisations, pap screens, diabetes education/monitoring, obesity prevention/intervention, heart disease and blood pressure monitoring, and wound care. Adding another task to the workload of practice nurses (sexual health screening) with its sensitivities and perceived difficulties requires significant support from CERSH.

Snapshot of Regional GP Clinics engaged by CERSH

Shepparton (7 large GP clinics)

Mooroopna

Nathalia

Cobram (2 clinics)

Seymour (2 clinics)

Kyabram

Murchison

Tatura

Nagambie

IN TOTAL

17 regional practises visited

74 GPs attended

19 Practice Nurses attended

General Practice Small Learning Groups (SLG)

One large clinic in Shepparton requested that CERSH provide two small learning groups in the evenings. Having evening seminars was identified as being the most efficient way for GPs to attend professional development seminars in sexual health.

In partnership with the Sexual Health Society of Victoria (SHSOV) CERSH hosted the following small learning groups:

April 2010: 'STI Epidemiology and Case Studies' presented for 3.5 hours in Shepparton by a Sexual Health Physician from SHSOV. Eleven GPs attended.

August 2010: 'STI's and Legal Considerations' presented for 3 hours in Shepparton by a Sexual Health Physician from SHSOV. Seven GPs attended.

CERSH PRIORITIES

Both sessions were very well received, with lively discussion and questions lasting until the late evening.

General Practice/Medical professional development seminars

May 2010: 'Sexual Health Update and Case Studies' presented for 3 hours at Seymour by a Sexual Health Physician from MSHC. Nine doctors and 16 nurses attended from Euroa, Kilmore, Nagambie and Seymour. There was standing room only!

October 2010: 'GonoRegional and GardneRural' presented for 2 hours at the Rural Health Academic Centre, Shepparton by a Sexual Health Physician from MSHC / Victorian Cytology Service. Twelve doctors, 5 medical students and a nurse attended from Shepparton, Euroa, Murchison, Nagambie, Broadford, Kilmore and Heathcote.

November 2010: 'Sexual Health and Legal information - Case Studies' presented for 2 hours at the Shepparton Medical Centre, Shepparton by a Sexual Health Physician from MSHC. Four doctors and 4 nurses from the clinic attended.

Snapshot of Regional Medical Professional Development activities by CERSH 2010

April 2010 SLG Shepparton
11 GPs

May 2010 Seymour
9 Doctors
16 Nurses

August 2010 SLG Shepparton
7 GPs

October 2010 Shepparton
12 Doctors
5 Medical Students
1 nurse

November 2010 SMC
4 GPs
4 Nurses

IN TOTAL
43 Doctors
5 Medical Students
21 Nurses attended

Support for GPs to enhance sexual health clinical skills at MSHC and the Action Centre (FPV)

The partnership between the Melbourne Sexual Health Centre (MSHC) and CERSH has been vital to the success of CERSH since its inception in 2009. Throughout 2010 MSHC provided clinical expertise to many of the CERSH professional development activities and also provided clinical work experience for a group of nurses and doctors working in the Hume region who were identified by CERSH as having a specific interest in sexual health clinical service provision. Subsequently, 2 GPs and 3 nurses from the Hume region were supported by CERSH to attend MSHC and the Action Centre (Family Planning Victoria) for clinical up-skilling. These participants attended the services for between 1 and 3 days. All reported that this was a fascinating and worthwhile experience. CERSH also sponsored 2 nurses from Goulburn Valley Health to attend the 'Sexual and Reproductive Health Course' run by MSHC and the University of Melbourne in 2010.

Development of an Infectious Diseases Consultancy at the Shepparton Medical Centre.

CERSH in partnership with the Shepparton Medical Centre (SMC) and the Royal Melbourne Hospital (Victorian Infectious Diseases Services) supported the attendance of an Infectious Diseases Physician/Fellow of Refugee Health one day per month at the SMC. This exciting collaboration resulted in building clinical capacity in Shepparton in the fields of infectious diseases, sexual health and refugee health. The visiting specialist has received referrals from local GPs and Goulburn Valley Health throughout 2010.

Professional Development Seminars for nurses, allied health professionals and community workers.

The professional development seminars for nurses and others were widely advertised via email networks compiled by CERSH throughout the year. All were well attended and the feedback from participants was positive.

March 2010: 'Sexy Bugs... too many in 2010' was a one day seminar covering the following topics; epidemiology of STIs in Australia and Victoria, testing, diagnosis and treatment of common STIs, sexual history taking, working with Gay, Lesbian, Bisexual, Transgender, Intersex and Questioning (GLBTIQ) communities and insights from an HIV positive speaker. Forty participants attended (33 were nurses).

Some of the feedback by participants included:

- *I would highly recommend any seminars being presented by CERSH. It was very well presented and well organised. Thank you!*
- *Just a great day – thanks for everything. Sexual diversity was great.*
- *Food was good. Comfortable venue*
- *So much appreciated that you put this day on for us at no cost to our organisations and such quality presentations. Thank you.*
- *I hope I can bring some of the information to my clients*
- *Very valuable day. I am a S + RHN and it is great to have updated information*
- *'Good on you' for making inroads in the Goulburn Valley area in providing better sexual health*
- *Presenters were very good and provided good written resources*
- *Don't make assumptions about sexuality & confidentiality.*
- *STI testing needs greater addressing and awareness*
- *CERSH have been important to me through Loddon Mallee Sexual Health Network. Please consider further support for LOM areas where possible. It would be useful for comparison*

“Sexy Bugs...” seminar at CERSH



“Reproductive Health and Pregnancy Choices” seminar at CERSH



June 2010: ‘Reproductive Health and Pregnancy Choices’ was a one day seminar covering the following topics; contraception, client presentation and decision making pathways, overview of adoption in Victoria, continuing a pregnancy in NE Victoria, overview of termination options, panel discussion and questions. Seventy seven participants attended (41 were nurses).

Prior to the presentation of this seminar CERSH and the Rural Health Academic Centre had received some feedback by members of the local community that were opposed to this seminar. They were concerned that this seminar was ‘pro’ termination of pregnancy whilst in fact the seminar provided a wide range of options in relation to reproductive health and pregnancy choices. Subsequently, there were some protesters on the day and some media coverage in the local newspaper during that week.



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Some of the feedback by participants included:

- Great meal, great networking, great day, great information
- Excellent presentation today and also in March this year
- All presenters were very knowledgeable. Thank you.
- You have offered a fabulous learning opportunity. Thanks
- Thank you for putting on and excellent free PD and offering it regionally. Thanks for providing food too!!
- Great presenters and relevant info
- Really great information session, very easy to listen to
- I love attending these seminars, and find I leave feeling better about my own practice! It helps fill gaps! Thank you.
- Would like a directory re access to sexual health via phone. Set up for remote and rural practice.
- Great walkthrough of scenario by Michelle and Vicki re termination. Good to see products passed around.
- Thank you so much for finally getting PD of this standard to our area!! Huge – very grateful.
- Thanks for bag with handouts, will be useful. Great day keep up the good work.
- Absolutely brilliant learning experience! Thank you.

August 2010: Adolescent Sexual Health 2 day Seminar

Day 1: 'Risky Business? – Young People and Sexual Health'

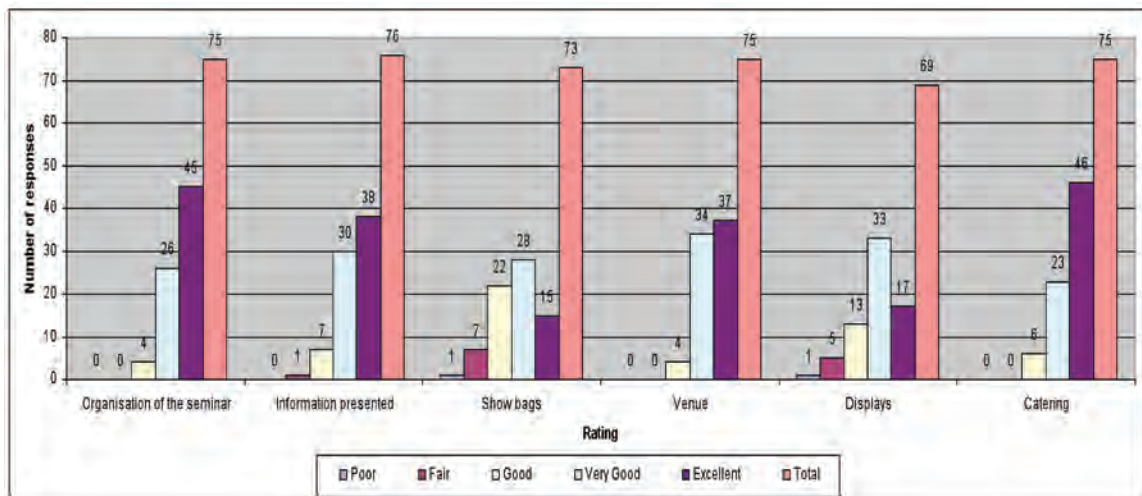
Day 2: 'Reach Teach and Support' – Show case of Sexual Health Promotion

This two day seminar was a collaboration between CERSH and the Health Promotion Unit of Goulburn Valley Health. The first day focused on the clinical aspects of adolescent sexual health and was convened by CERSH in partnership with MSHC, the Centre for Adolescent Health and the Multicultural Health and Support Service (MHSS). The second day was a sexual and reproductive health seminar for primary and secondary school years and showcased health promotion initiatives from metropolitan and regional areas. Collaborators on this second day included GVH, Australian Research Centre for Sex, Health and Society (ARCSHS) and Family Planning Victoria (FPV). One hundred and ten participants attended (51 were nurses).

Seminar attendee's rated (from poor to excellent) a number of statements based on the seminar process, information presented, resources, venue, displays and catering. The majority of participants rated the seminar process indicators as excellent or very good. Below is a summary of the information obtained from respondents with regards to the seminar process indicators. The respondent's data can be viewed in Graph one.

- 95% of respondents rated the organisation of the seminar as either very good or excellent.
- 89% of respondents rated the information presented at the seminar as either excellent or very good.
- 68% of respondents rated the show bags as either good or very good.
- 94% of respondents rated the venue as either excellent or very good.

Graph 1



- 72% of respondents rated the displays as either very good or excellent.
- 92% of respondents rated the food as either very good or excellent.

October 2010: 'Sexual Health Overview and Legal Considerations' was a one day seminar covering the following topics; equal opportunity and Human Rights, Placing others at risk with HIV – legislation and public policy, case presentations and panel discussion. Thirty three participants attended (30 were nurses).

October 2010: 'Supporting Women from CALD backgrounds who are Victims/Survivors of Sexual Violence - Challenges and Opportunities for Practitioners.' CERSH in partnership with the Australasian Centre for the Study of Sexual Assault (ACSSA) and the Immigrant Women's Support Service (IWSS) organised and presented this one day seminar in Shepparton. There were 24 participants who attended this seminar representing a wide range of agencies and services in the Hume region including counselling and family violence services, parent education services, women's health services, Department of Justice – Correction services, mental health services and CALD specific services.

Snapshot of Regional Nurses and Community Workers Professional Development activities by CERSH 2010

March 2010 'Sexy Bugs... too many in 2010'
40 Participants (33 Nurses)

June 2010 'Reproductive Health and Pregnancy Choices'
77 Participants (41 Nurses)

August 2010 'Adolescent Sexual Health – 2 day seminar'
110 Participants (51 Nurses)

October 2010: 'Sexual Health Overview and Legal Considerations'
33 Participants (30 Nurses)

October 2010: 'Supporting Women from CALD backgrounds who are Victims/Survivors of Sexual Violence'
24 Participants

IN TOTAL
284 Participants (54.5% were nurses)

Summary

In summary CERSH has made every possible effort to increase its profile throughout the Hume region to all agencies, community groups and clinical settings. This 'presence' has been instrumental in gaining the high level of participation at CERSH professional development seminars, GP education evenings and clinical placement and/or attendance at sexual health courses for doctors and nurses. It is important for rural and regional services to be recognized as having knowledge of the particular local context in which the work is carried out and a thorough understanding of the challenges and opportunities afforded within these settings. CERSH's acceptance within the Hume region by other regional agencies relies significantly on its physical locality at Shepparton.

Priority 3: Enhance levels of activity of evidence based sexual health promotion in rural communities.

Overview

To have an impact on sexual health in rural communities, it is critical to know how rural communities, and specific population groups within these communities, understand sex, sexuality and relationships. Health promotion initiatives supported by CERSH therefore need to be developed sensitively with the community itself to build detailed knowledge of the community, and trust to work collaboratively and respectfully. Health promotion practice in the rural context, therefore, encapsulates partnerships, service integration, holistic and multi-strategic approaches and strengths-based participation.

CERSH has adopted the World Health Organisation's (WHO) definition of sexual health promotion as the holistic process of enabling individuals and communities to increase control over the determinants of sexual health, and thereby managing and improving it through their lifetime. A multi-strategic approach is thereby essential to tackle the social determinants of sexual health, and the issues of equity, diversity and fairness.

As this priority is very broad, 2010 focused on developing networks, reviewing existing activities and delivering evidence based STI prevention efforts, largely in partnership with key stakeholders.

Subsequent years will focus on improving the evidence, refining programs and developing mechanisms to build capacity of rural organisations to deliver high quality sexual health promotion efforts. Also, CERSH will work to establish or link with effective

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mechanisms to translate new methodologies to other regions of Victoria.

Goal:

Optimize sexual health for rural Victorians residing in the Hume region.

Objectives:

- Enhance and support sexual health promotion strategies aimed at increasing the capacity of young rural people to live healthy sexual lives, including a focus on the prevention of unwanted pregnancy
- Increase the awareness of STI prevention, clinical management strategies and access to clinical care for rural residents
- Increase knowledge and awareness of specific sexual health promotion strategies aimed at achieving optimum sexual health for Culturally and Linguistically Diverse communities (CALD), Aboriginal and Men who have Sex with Men (MSM) rural communities

Target population:

- ❖ Young People (through secondary schools and youth community services)
- ❖ Aboriginal communities
- ❖ Culturally and Linguistically Diverse communities
- ❖ Men who have Sex with Men

Intended impact:

Improve the sexual health of Hume residents in general and more specifically young people, MSM, CALD and Aboriginal communities by reducing the risk of contracting an STI, reducing the number of unwanted pregnancies and enhancing any influence that empowers individuals to make healthy sexual choices.

Key projects underway or completed

Co-ordination of sexual health promotion in Hume

Sexual Health Promotion Discussion Paper

A discussion paper was written and distributed to the health promotion and sexual health field in October 2010 as one of the first steps undertaken by CERSH to explore the current context for sexual health promotion in the Hume region. It was designed to generate conversation and critique, and to present a focus for future discussion about strategic opportunities to enhance sexual health promotion in our region.

The discussion paper proposed that characteristics of sexual health promotion in a rural context include:

- understanding and working within each local rural context;
- addressing sexual health in priority populations within an inclusive practices framework;
- active and explicit engagement with the dynamics of difference, diversity and culture;
- using a range of health promotion actions;
- a strong acknowledged value base;
- an integrated and comprehensive approach to respectful relationships, violence prevention education and sexual health initiatives;
- intersectorial partnerships; and
- coordinated sexual health service provision.

A summary of the key health promotion frameworks and approaches most pertinent to sexual health promotion were outlined. Case studies of local sexual health promotion initiatives were researched and presented throughout this paper highlighting the effective practices and approaches of workers, organisations and communities in the Hume region to this point in time. A summary of the key policy documents and projects at a national, state and local level was included to provide the current policy context.

The paper also outlined the proposed role of CERSH in health promotion. Feedback was invited from the health, education and community sectors. The sexual health field endorsed the proposed role of CERSH in taking a strategic role in supporting rural sexual health promotion through:

- leadership and co-ordination;
- project support;
- knowledge/evidence building;
- building workforce capacity for sexual health promotion;
- evaluation.

The four priority population groups for sexual health promotion determined by CERSH's strategic plan remained the focus for 2010: adolescents and young people; Indigenous people; people from culturally and linguistically diverse backgrounds, including refugees; same-sex attracted, gay, lesbian, bisexual, transgender, intersex and questioning (GLBTIQ) people. To this end, the focus for CERSH in 2010 has been consolidating and expanding relationships with agencies in each priority area, using the principles of collaboration and partnership, in order to create health promotion opportunities into 2011 and 2012.

Sexual Health ‘Think Tank’ and establishing a network in the Hume region

In July 2010 CERSH partnered with the Hume region PCPs to invite health professionals from northeast Victoria interested in sexual health to attend a ‘Think Tank’ in Benalla in order for CERSH to gauge the current level of interest and the capacity of Northeast Victoria to develop a Sexual Health Network. The focus of the network would be to collaborate, partner and coordinate sexual health promotion in the region. Thirty one participants attended this meeting including nurses, teachers, health promotion and community workers. The outcome of the meeting was the development of a network which agreed to meet approximately 2-3 times per year to update and exchange information on any sexual health programs, projects or health promotion activities in our region. The network has been named ‘The Sexual Health Network of Northeast Victoria’.

Cross fertilization of ideas and experiences within the network leads to enhanced sexual health service provision.

A positive outcome from the establishment of this network has been the initiation of development of a young person specific clinical service in Beechworth. At the inaugural meeting of the network; a guest speaker (CEO of the Numurkah Health Service) was invited by CERSH to present about how a young person specific health service had recently been established in Numurkah. By sharing this information and experience with the network participants, the impetus to recreate this success in Beechworth was formed and action has followed to investigate and establish a similar accessible clinical service for young people in Beechworth.

Aboriginal and Torres Strait Islander peoples: sexual health working party

In September 2010, the University of Melbourne Koori Health Unit and CERSH facilitated a Koori Sexual Health Forum at Dookie campus of the University of Melbourne. It was attended by 20 local workers, and 5 workers from VACCHO, MSHC and FPV. The forum was facilitated by Robynne Nelson, from Healing The Spirit, and combined presentations about the state-wide initiatives and CERSH, and participant input through smaller yarning circles to share their stories and wisdoms about Koori Sexual Health in their communities. It was agreed that a Koori Sexual Health Working Party be formed to be responsible for:

- solidifying the 4-5 Key priority areas as advised by their management, fellow staff and other forum participants. and
- planning the way forward

Twelve people from local services and representatives from VACCHO, MSHC, FPV and CERSH and the Koori Health Unit nominated for the working party. CERSH offered to coordinate the meetings and provide administrative support. Three meetings were consequently held towards the end of 2010.

The working party agreed that the purpose of this collaborative planning and action is to contribute to:

- improving the sexual health of young Indigenous people living in Goulburn Valley and northeast Victoria
- improving sexual health literacy of young Indigenous people living in Goulburn Valley and Northeast Victoria
- developing and implementing strategies that provide for Aboriginal ownership, participation and acceptance of sexual health programs.
- developing partnerships between existing stakeholders across the region.

The group identified three core objectives that could be worked on collaboratively and established a planning framework to guide this work: The objectives are:

- To increase the capacity of the workforce (both Indigenous and non-Indigenous) to provide accurate sexual health information, support and health care to Indigenous young people in Goulburn Valley and northeast Victoria by June 2012.
- To design, implement and evaluate two alternative models of sexual health clinical service delivery in Goulburn Valley and northeast Victoria for Indigenous young people by June 2012.
- By the end of 2011, increase the number of sexual health education resources and education opportunities accessible to local Indigenous young people in both school and out of school settings.

The actual number of training opportunities, resources and education opportunities is still to be finalised in 2011. The establishment of common objectives and the planning framework will guide the forthcoming year.

CERSH’s role has been to support and strengthen a coordinated approach to planning, facilitation, documentation and evaluation, particularly between state-wide services and local services and communities. The relationships between specialist state-wide sexual health services and local rural communities and organisations, and how this can operate at best practice level has been of particular focus for CERSH.

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Snapshot of attendee numbers at network meetings in Hume in 2010

| NAME OF EVENT | DATE | PLACE | No. OF ATTENDEES |
|----------------------------------------------------------------|------------|----------------------|------------------|
| Sexual Health Think Tank | 19/07/2010 | Delatite CHS Benalla | 31 |
| Sexual Health Promotion Forum | 23/08/2010 | GOTAFE Benalla | 11 |
| Koori Sexual Health Forum | 02/09/2010 | Dookie College | 25 |
| Koori Sexual Health 'Working Party' | 30/09/2010 | RHAC Shepparton | 9 |
| Sexual Health Network Meeting | 27/10/2010 | Delatite CHS Benalla | 21 |
| Koori Sexual Health 'Working Party' | 28/10/2010 | DSE Benalla | 9 |
| Koori Sexual Health 'Working Party' | 25/11/2010 | GOTAFE Benalla | 11 |
| How2 Education Series - Inclusive Practice Information Session | 13/12/2010 | GOTAFE Benalla | 14 |

People from culturally and linguistically diverse backgrounds, including refugees.

Whilst newly arrived people from culturally and linguistically diverse backgrounds do not have significantly high prevalence rates of STI's, they remain a priority group as access to a culturally responsive and coordinated reproductive and sexual health care system remains a challenge in rural areas. In the Hume region, the greatest numbers of newly arrived individuals and families have settled in Shepparton, Wodonga and Cobram.

In 2010, a range of local services and state-wide agencies expressed interest in working together to establish regular education opportunities and clinical services for newly arrived CALD women. To this point in time, it is acknowledged that an integrated approach has been challenging due to limited coordination and communication among services. CERSH has supported a draft project plan developed by UnitingCare Cutting Edge Youth Services, and consolidated by a working group to establish a strategic approach. This will be finalised in early 2011 and will initially focus in the Cobram and Shepparton areas.

CERSH plans to provide funds and assist with project support, evaluation and documentation in order to strengthen a sustainable commitment to culturally responsive service provision in rural areas. Further work will be undertaken to ensure that local community leaders and members of newly arrived communities are engaged in all aspects of the initiative, and that diverse health beliefs, and the impact of the experience of migration is respected and integrated into culturally responsive education and service provision. This work will also build on and consolidate

the Cultures of Care project, a sexual health promotion initiative for newly arrived communities, facilitated by Multicultural Health & Support Service, in partnership with UnitingCare Cutting Edge Youth Services in the Hume region in 2010. CERSH contributed to this project through participation on the project advisory group.

Gay, lesbian, bisexual, transgender, intersex and questioning (GLBTIQ) people: 'How2 education series'.

During 2010, CERSH has been working with Gay and Lesbian Health Victoria, based at the Australian Research Centre for Sex, Health and Society (ARCSHS), La Trobe University, to offer a series of workshops to service providers in the Hume region to coach them through the practical steps involved in creating a GLBTIQ inclusive service. An information session to introduce the 'How2 education series' was held in December 2010 and attended by 13 workers. Four workshops will be facilitated over a 12-month period in 2011, and participants will be supported to audit the extent to which their service is GLBTIQ inclusive and work through the process of developing GLBTIQ inclusive practice. This program, developed by Gay and Lesbian Health Victoria, has been adapted to meet the needs of rural services and will be presented in partnership with CERSH. Practical support will also be offered by CERSH to assist organisations to plan, implement and evaluate change.

Eating "Out" Program

This partnership between CERSH and UnitingCare Cutting Edge to facilitate a fortnightly meals program which is run at UnitingCare Cutting Edge continued from 2009 into 2010. Eating

“Out” provides a social support space for same sex attracted & transgender young people (SSATYP) and their friends (15 - 25 yrs) in the Greater Shepparton community / Goulburn-Murray region. The group is structured to be open and friendly, and have a welcoming environment. It is a place to explore sexuality issues, obtain information, discuss concerns, talk to others facing similar issues, and HAVE FUN learning to cook and sharing a meal with others.

SSATYP often lack social skills and ‘life skills’, such as cooking healthy, nutritional meals, and knowing how / where to access STI testing. By attending the fortnightly Eating “Out” program, SSATYP enhanced their social and ‘life skills’, learned to cook healthy, nutritional meals, and in doing so, enjoyed a greater sense of connection to the local community, enhanced self confidence and better understood safe, positive relationships, whilst learning about sexual health information (including getting their own tests done privately), and thinking about/discussing future strategies for addressing all of the above issues, including driving their own advocacy. This project was well attended and received positive evaluation from its participants.

Take Care Outback There

The *Take Care Outback There* Rural GLBTIQ Health and Wellbeing Forum aimed to provide a supportive environment for service providers and community members to discuss issues affecting the health and wellbeing of the GLBTIQ people in rural and regional communities within a holistic and human rights context.

The Forum was developed by *Take Care Outback There* in partnership with the Country Awareness Network, (CAN), WayOut Rural Victorian Youth Sexual Diversity Project, CERSH and {ALSO}. It took place in Beechworth from the 2nd to 4th of September 2010, immediately prior to the Spring Migration Festival.

The forum aimed to support the needs of rural GLBTIQ communities through:

- networking and information sharing
- Presentation of papers and workshops
- Highlighting policy needs and best practise service provision
- Exploring challenges and the opportunities social connections within the rural GLBT community.

The objectives of the forum were to:

- Provide networking and information sharing opportunities that support the strengthening and sustainability of services that meet the needs of rural GLBTIQ communities
- Provide an opportunity for papers and workshops to be

presented by those experienced in the GLBTIQ and/or rural sectors and showcase developments on the ground including current services available

- Provide an opportunity for rural service providers to increase their knowledge and understanding of the issues and needs of GLBTIQ communities
- Encourage the development of policies and adoption of best practise service provision to the GLBTIQ community
- Explore both the challenges and the opportunities for rural GLBTIQ people to increase social connections with each other and with the community as a whole.

The forum was attended by more than 100 people over three days including seasoned conference presenters and community members who had never attended anything like it before. The range of participants included GLBTIQ members of the rural community, Same Sex Attracted young people (SSAYP), students, health providers and community service providers.

Sponsorships were made available with funding from CERSH and 51 were taken up to some degree by both professionals and GLBTIQ community members. There was a Professional Development Health Stream coordinated and managed by CERSH on the Friday which included issues specific to the GLBTIQ community (with a focus on prevention of STIs) for health professionals. The other streams were under the broad headings of Staying Well, Staying Safe and Staying Connected.

Evaluation of the forum showed that it was very well received across the board and participants wanted further forums. A highly successful Community Cafe was held on the Saturday morning and the good, the bad, and the ugly was discussed. Results from this strategy go towards the development of a Forum Action Plan by the project partners, CERSH, CAN, Wayout and {ALSO}.

Of note, the days of this forum were met with some of the worst weather seen since the 1993 floods in northeast Victoria. Howling winds, driving rain, trees uprooted, flash flooding and road closures were some of the challenges faced by participants. The conditions made it very difficult, dangerous and impossible to travel. If participants were not registered and stayed for the 3 days, they would almost all have not been able to attend.

Adolescents and young people

Safer Sex in The Sticks and Beyond Project

The safer sex in the sticks and beyond project was a partnership between CERSH and the Swan Hill District Health Service which was completed in 2010. The goal and objectives of the ‘SSITS and beyond’ project were building on the strengths and learning’s of the original ‘Safer Sticks In The Sticks’ project (2008) and

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modifying these as needed to suit the Indigenous community of Swan Hill and the Robinvale community. The strong consumer engagement strategies were the focus of the project, working with local young people to develop social marketing tools while providing education on sexual health. Access to condoms and to STI testing was also a strong focus involving partnerships with local council, health service providers and educators. Swan Hill Rural City Council approved the installation of the four condom vending machines in two public locations. The vending machines were placed in the female and male toilets in both venues. To demonstrate effectiveness of the interventions, evaluation was carried out to compliment the key performance indicators of the original project, permitting comparison as well as further exploration of the interventions transferability.



Image developed by a young person from the safer sex in the sticks and beyond project.

Condom Vending Machines in Northeast Victoria

During 2010 CERSH approached seven local government area (LGA) councils to engage them in discussion relating to the potential installation of condom vending machines in publically accessible locations within each of the LGAs. Access to the machines after hours was particularly important for young people. The councils approached by CERSH included the City of Greater Shepparton and surrounding shires including Moira, Campaspe, Strathbogie, and the Rural Cities of Benella and Wangaratta. Indigo shire was also approached later in the year.

CERSH was invited by three of the councils (Campaspe, Strathbogie and the City of Greater Shepparton) to present this proposal at a council meeting and continues negotiations with councils to implement this strategy into 2011. The response from these three councils has been positive and we are confident that accessible condom vending machines will become a reality in Northeast Victoria before the end of the CERSH funding period in 2012.

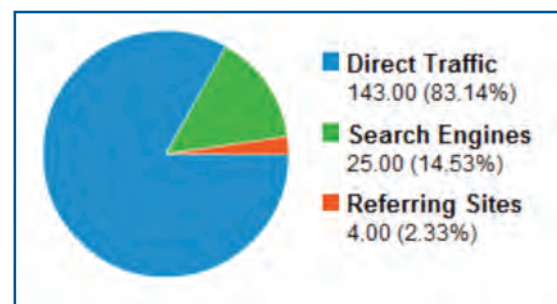
Engagement with the Department of Education and Early Childhood Development (DEECD)

CERSH continues to pursue collaboration and partnership with Hume region DEECD and is committed to supporting the enhancement of sexuality education within schools in northeast Victoria. CERSH held several meetings throughout 2010 to explore mechanisms for collaboration with the DEECD in the Hume region and has built strong links with regional government officers. This work will continue into 2011 and 2012.

CERSH Online

CERSH joined the digital world in March 2010 with the launch of the CERSH website.

The initial response to this initiative were positive, with an average of 172 visits per month, 80% of those were direct to the www.cersh.com.au URL, and 14% from search engines (Google).



By May 2010, this had changed significantly to 66% of visits from referring sites (TestMe, Country Awareness Network and Facebook), 25% from search engines and only 3% direct to the CERSH URL. Interestingly, the keywords searched within Google changed from 'Centre for Excellence in Rural Sexual Health' to CERSH, which is the result of building our presence as 'CERSH' within the Hume region and also our entry into the world of social networking via Facebook and Twitter.

CERSH built a social networking strategy for four main objectives:

- To keep in touch and engage with our identified target groups (particularly young people and the GLBTIQ community)
- To help establish our presence in the region to local community organisations
- As a way to pass on information to as many people as possible
- To increase our online profile

All these objectives have been met, and this initiative is considered an effective way of interacting with our community.



The CERSH website increased in visitors throughout the year with the uploading of all the information, and power point presentations from the CERSH professional development seminars. It is envisioned that the CERSH website will become a hub for information relating to sexual health for the Hume Region and other rural areas, provide information about relevant events, and also become a key resource for regional professionals interested in sexual health. With the injection of further staff resources anticipated in 2011, it is hoped this vision will be achieved in the near future.

Priority 4: Develop and/or access mechanisms for translation of Centre findings/achievements throughout the State

This priority has been achieved by two methods during 2010:

1. All Centre projects have included a priority to consider the translation of project outcomes across the State. This component has been included at the planning stage as a key

component and will also be included in project evaluation and reporting.

2. The Centre has actively sought to access existing mechanisms to assist or facilitate translation of Centre findings more broadly across the State.

These mechanisms have included:

- Working with Primary Care Partnership to facilitate coordination of groups and networks
- Engagement with DHS regional networks
- Engagement with GP networks
- Engagement where possible with education (DEECD) networks

In 2010 the key achievements against CERSH priority 4 has been the development of two sexual health networks (indigenous and mainstream) and continued to develop relationships with regional PCPs throughout Victoria and Divisions of General Practice.

Key Activities for 2011 – Looking Forward

The key activities planned for 2011 build on the relationships and successes of 2010. These include:

- The continued roll out of a clinical education program directed towards clinicians working in primary care including General Practitioners, nurses, students and doctors and allied health professionals working in community and public sector services;
- The roll out of the ACCEPt trial throughout Australia and the extraction and analysis of data from General Practices in Hume to measure the underlying incidence and prevalence rates of chlamydia and testing rates of GPs in the Hume region;
- The coordination and expansion of health promotion activities with a significant focus on our identified target groups;
- The completion of a qualitative research project to explore rural young people's views and attitudes toward sexual health and access to sexual health services.

The planned evaluation of CERSH (2010 – 2012)

A three year evaluation plan has been designed with the assistance of the Centre for Health Policy, Programs and Economics in the School of Population Health at the University of Melbourne. Stages 1, 2 and 3 were completed in 2010 and included a formative stage undertaking:

- mapping of existing chlamydia testing activities in the Hume region (pre CERSH programs);
- mapping of existing expert clinical sexual health services in the Hume region (pre CERSH programs);
- mapping of the existing accessible clinical services for STI screening, testing and treatment for those groups at greatest risk. i.e. MSM, Young People, Indigenous, CALD communities (pre CERSH programs);
- mapping of the existing sexual health promotion activities in the Hume region (pre CERSH programs).

Stage 2 included a thorough literature review of rural sexual health programs and services.

Stage 3 developed an overarching evaluation plan which

- identified evaluation indicators for the four priorities of the CERSH program
- identified data collection opportunities and mechanisms
- provided a detailed plan for undertaking the evaluation with specific focus on the four priorities of the CERSH program.

2011 evaluation will focus on measuring the value of partnerships, collaborations and alliances between CERSH and other agencies or organisations engaged in collaborative activities.

CERSH partners and collaborators in 2010

- ✓ Melbourne Sexual Health Centre
- ✓ Sexual Health Society of Victoria
- ✓ ACCEPt: Centre for Womens Health, Gender and Society, School of Population Health, The University of Melbourne
- ✓ Victorian Cytology Service
- ✓ Country Awareness Network
- ✓ Family Planning Victoria
- ✓ Swan Hill District Health Service
- ✓ Uniting Care Cutting Edge (Diversity Project)
- ✓ Uniting Care Cutting Edge (Cultures of Care Project)
- ✓ Australian Research Centre in Sex Health and Society
- ✓ Gay and Lesbian Health Victoria
- ✓ Goulburn Valley Division of General Practice
- ✓ Goulburn Valley Health (Community and Integrated Care and Health Promotion Team)
- ✓ Goulburn Valley Community Health Service
- ✓ Department of Health, Victoria
- ✓ Department of Education and Early Childhood Development
- ✓ Multicultural Health and Support Service
- ✓ Victorian Aboriginal Community Controlled Organisation
- ✓ City of Greater Shepparton
- ✓ Strathbogie Shire
- ✓ WayOut Rural Victorian Youth Sexual Diversity Project
- ✓ {ALSO}
- ✓ Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, The University of Melbourne
- ✓ Gateway Community Health Service
- ✓ Numurkah District Health Service
- ✓ Shepparton Medical Centre
- ✓ Rumbalara Aboriginal Corporation
- ✓ Mungabareena Aboriginal Corporation
- ✓ Albury Wodonga Aboriginal Health Service