



Centre for Excellence in Rural Sexual Health

ANNUAL REPORT **2013**



THE UNIVERSITY OF
MELBOURNE

FUNDED BY THE DEPARTMENT
OF HEALTH VICTORIA

RURAL HEALTH ACADEMIC CENTRE
- MELBOURNE MEDICAL SCHOOL

Purpose of the annual report:

This 2013 annual report 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 2013. This report is also a requirement as stipulated in the service agreement between the Department of Health Victoria and the University of Melbourne.

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Executive Summary

The Centre for Excellence in Rural Sexual Health (CERSH) at the University of Melbourne, Rural Health Academic Centre (RHAC) in Shepparton had another very successful year in 2013. The vision, purpose, priorities and key objectives for the Centre were the guiding principles of focus for all activities.

CERSH, funded by the Department of Health Victoria, has an advisory group comprising academic, government and community representatives from the Hume and Loddon Mallee regions to provide counsel on the development and monitoring of work plans optimising CERSH outcomes in terms of program development, implementation and evaluation.

The key achievements for CERSH in 2013 reported in this document under three key objectives are:

PARTNERSHIPS AND COLLABORATION

The continued success of the Sexual Health Network: Goulburn Valley and northeast Victoria with a total of 131 participants attending three meetings during 2013. The meetings covered the following topics of interest:

- Exploring practical approaches to planning, monitoring & evaluating our sexual health services & programs
- Eroticising Inequality: Pornography, young people and sexuality
- Exploring sustainable models for delivery of termination services in our rural region

CERSH also committed establishment time to engage with key agencies identified as potential partners and key stake holders in the Loddon Mallee region.

WORKFORCE DEVELOPMENT

CERSH convened the inaugural Rural Sexual Health Conference in August 2013 titled *SEXrurality: Sexual health and relationships in our rural communities*. The aim of CERSH, in delivering this conference, was to provide strategic leadership and advocacy, and work in partnership with rural communities, networks and agencies to improve sexual health and well-being in rural Victoria. The conference was held at the Rural Health Academic Centre at the University of Melbourne in Shepparton, and provided a forum for:

- sharing practitioner wisdom and current rural research evidence,
- showcasing the work, experiences and learnings of practitioners in the field of rural sexual health and well-being,
- helping build connections, collaborations and alliances between practitioners, researchers, policy makers, and advocates,
- participants to debate, share, network and organise around issues relevant to rural sexual health and well-being
- an inclusive and participative conference experience

In total; one hundred and twelve participants attended the *SEXrurality* conference over the two days. Feedback from the participants was overwhelmingly positive.

Throughout 2013 CERSH also held regular professional development seminars for rural workers. A total of 399 participants attended at least one of these seminars, including doctors, nurses, medical students, allied health professionals and students.

The seminars covered the following topics of interest:

- Bisexual men and their female partners - Shepparton
- Sexual Health Professional Development Evening for GPs and Nurses - Wangaratta
- Transgender, Intersex, gender diverse and same sex attracted young people: A part of General Practice – Shepparton
- Sexual Health Update for GPs who work in rural townships – Bendigo
- Exploring sustainable models for delivery of medical terminations in the Bendigo Loddon region

Another important milestone achieved in 2013 in rural workforce development was the successful endorsement by AHPRA of the Rural Sexual Health Nurse Practitioner, a combined position created in 2011 through a partnership between CERSH and Goulburn Valley Health. The endorsement of Suzanne Wallis in this role creates the opportunity to expand specialist sexual health services to vulnerable and difficult to reach rural communities.

SEXUAL HEALTH PROMOTION AND LITERACY

CERSH developed and/or completed five health promotion strategies throughout 2013. They were:

- **Voices of Sexuality Education**
- A resource consisting of a series of twenty one short video clips portraying the sexuality education experiences and opinions of young people and their parents/carers from a range of cultural backgrounds, belief systems, abilities/disabilities, from rural locations, and including those who are same sex attracted and gender diverse. It will also feature a number of sexuality education professionals who share their insights and opinions.
- **Yarn Soon Yarn Often** - a project aimed at producing a written resource for Aboriginal parents and carers to support them to talk with their children about sex, reproduction, sexuality and relationships. This is a partnership project with a number of Aboriginal health and education organisations. It will contribute to improving the sexual health literacy and confidence of Aboriginal parents and carers in Victoria so they are able to talk to their children about sex and relationships and promote sexual health within the family and community.
- **Smart and Deadly Evaluation**
- The *Smart and Deadly: Sexual Health Promotion for Aboriginal Young People Initiative* was a community collaboration, coordinated by CERSH. It was held over a 12 month period

in 2011-2012 and targeted young people, Elders, parents and caregivers living in the Albury - Wodonga border town between Victoria and New South Wales. It was based on cultural respect, community ownership and inter-agency collaboration. A project to evaluate the *Smart and Deadly* initiative was designed by CERSH in 2013 in collaboration with VACCHO and local Aboriginal community agencies in Wodonga, seeking to identify the critical factors underlying the evolution of the *Smart and Deadly* approach.

- **Bendigo-Loddon: Capacity strengthening in monitoring and evaluation for sexual health**
- CERSH was invited by the Bendigo Loddon Primary Care Partnership Sexual Health Task Group to support member agencies in the design and implementation of program monitoring and evaluation activities. Presentations to the Task Group members on program logic were subsequently made by CERSH. In addition, one-on-one support to the Primary Care Partnership Health Promotion and Planning Unit and to the Headspace WayOut program for specific sexual health event evaluation design was provided. This has resulted in requests for on-going support for embedding monitoring and evaluation frameworks for learning and dissemination into agency strategic and annual operational plans, for implementation in 2014.

- **Condom Vending Machines: Hume Region** – The condom vending machine program continues in partnership with local councils in the Hume region. Some adjustments were required in 2013, however regular use of the machines by rural communities has continued.

INTO THE FUTURE... 2014 AND BEYOND

The key activities planned for 2014 extend from the relationships and successes of 2013 and the continued support of the Department of Health Victoria through our funding agreement. These include:

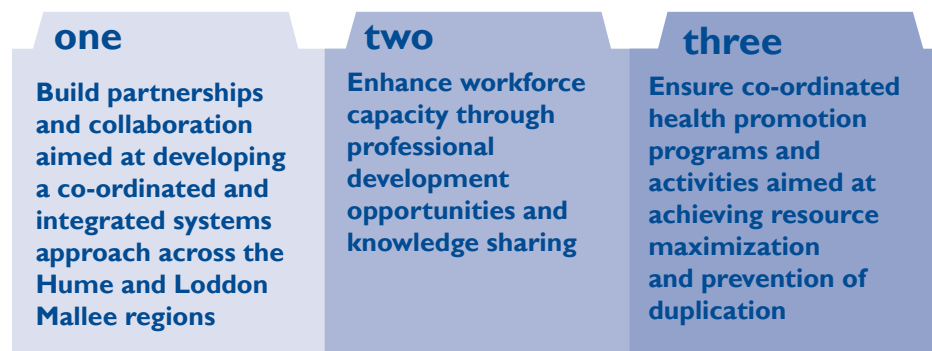
- The continued delivery of professional development opportunities directed towards rural health professionals working in community, private and public sector services in both the Hume and Loddon Mallee regions;
- The completion of the new CERSH website and development of ICT tools and resources;
- The continued strategic coordination, delivery and evaluation of health promotion activities with a significant focus on our identified target groups throughout the Hume and Loddon Mallee regions;
- Significant progress towards identifying “what key elements define a well functioning rural sexual health service system?”

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 continues 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 for the prevention of sexually transmissible infections in both the Hume and Loddon Mallee regions in rural Victoria. In achieving this, the Centre's priorities are to:



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

Key Objectives

CERSH has worked toward achieving the following objectives during 2013:

PARTNERSHIPS AND COLLABORATION

- Promote linkages between local government (councils), PCPs and regional service providers to build co-ordinated and integrated service responses aligned to the needs of local communities;
- Leverage existing networks to increase co-ordinated and integrated service provision;
- Reduce unnecessary and avoidable repetition and variability of service access across rural and regional areas.

WORKFORCE DEVELOPMENT

- Enhance the capacity of the rural workforce in the Hume and Loddon Mallee regions to provide sexual health promotion initiatives and sexual health clinical services to rural communities;
- Build effective knowledge dissemination strategies using available information and communications technology (ICT) to ensure equal access to resources.

SEXUAL HEALTH PROMOTION AND LITERACY

- Improve the sexual health literacy of rural and regional Victorians, with a particular focus on the following priority populations: young people, Aboriginal and Torres Strait Islander peoples, gay men and other men who have sex with men.

Report from the Director

The Centre for Excellence in Rural Sexual Health (CERSH) at the Rural Health Academic Centre continued to deliver sexual health leadership in rural Victoria throughout 2013. The activities of CERSH reported in this 2013 annual report demonstrate the intensity, dynamism and quality of work undertaken throughout the year. The outcomes reported here have resulted from the culmination of successful strategies employed by a hardworking, experienced and enthusiastic team of professionals.

In August 2013 the CERSH team, in collaboration with our partners, delivered a highly successful rural sexual health conference titled *SEXrurality: Sexual health and relationships in our rural communities* conference in which registration reached capacity. In total, one hundred and twelve delegates attended and all reports and feedback indicated that the conference objectives were more than met.

Throughout 2013 the CERSH team maintained the many and varied valuable relationships and partnerships established with Hume region services, professionals and individuals since CERSH commenced in 2009 and created new relationships with key individuals and services in the Loddon Mallee region.

Importantly there are a few key individuals who have been invaluable to the work of CERSH during 2013.

Firstly I would like to thank the CERSH staff team for their continued hard work, enthusiasm and professionalism in continuing to build a successful, well respected Centre. I would also like to thank the Executive Committee of the Rural Health Academic Centre and in particular Professors Julian Wright and Bill Adam for their leadership throughout 2013.

I would also particularly like to thank Professor Christopher (Kit) Fairley from the Melbourne Sexual Health Centre for providing guidance and expertise to myself in the role of Director and also to the advisory group throughout 2013.

I thank the CERSH advisory group who have also provided advice throughout the year, particularly during the expansion of CERSH into the Loddon Mallee region.

Specifically, I would like to thank the staff from the Sexual Health and Hepatitis team at the Department of Health Victoria, particularly Jenny Ejlak and Darryl Kosch for their ongoing expertise offered throughout the year to CERSH. I would particularly like to thank De Gilby, Public Health Manager at the Department of Health, Loddon Mallee Region Bendigo Office for her continued support of CERSH and her valuable advice offered throughout 2013.

*Associate Professor
Jane Tomnay*

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 at Shepparton, Wangaratta and Ballarat campuses within the Faculty of Medicine, Dentistry and Health Sciences. CERSH expanded during 2013 to establish a further location of activity within the Loddon Mallee region based at the School of Rural Health, Latrobe University Bendigo Campus.

The CERSH advisory group was expanded during 2013 to include representative members from key organisations situated in the Loddon Mallee region as well as retaining members from the Hume region.

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 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.

MEMBERSHIP OF THE CERSH ADVISORY GROUP (2013):

Professor Christopher Fairley (Chair):

Director, Melbourne Sexual Health Centre.

Professor Julian Wright:

Head, Rural Health Academic Centre, University of Melbourne.

Professor Bill Adam:

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

Professor Marian Pitts:

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

Mr. Daryl Kosch:

Manager, Department of Health, Sexual Health and Hepatitis team, Head Office.

Ms. Jennifer Ejlak:

Department of Health, Sexual Health and Hepatitis team.

Mr. Harvey Ballantyne:

Manager of Public Health, Department of Health, Hume Region Office.

Ms. De Gilby:

Manager of Public Health, Department of Health, Bendigo.

Ms. Anne Sexton:

Consultant School based Education.

Mr. Peter Wapples Crowe:

Manager, Sexual Health Team, Victorian Aboriginal Community Control Organisation (VACCHO).

Ms. Anne McLennan:

CEO Cobaw Community Health

Ms. Linda Beilharz:

CEO Womens Health Loddon Mallee

Mr. Paul Smith:

Executive Officer - Primary Care Services Swan Hill District Health

Ms. Eileen Brownless:

Executive Officer Bendigo Loddon Primary Care Partnership

Mr. Adam Wright:

Executive Officer CAN (Country Awareness Network).

Statement from the Advisory Group Chair

PROFESSOR CHRISTOPHER (KIT) FAIRLEY

The people of the Loddon Mallee region are now enjoying the benefits that those of the Hume region have for the last 5 years as Associate Professor Jane Tomnay and her team extend their beneficial influence further over the Victorian rural community. A greater proportion of the Victorian rural community now have clinicians with improved knowledge as do the public with the broadly based health promotion projects. These developments will put downward pressure on the rates of sexually transmitted infections and improve the overall health of rural Victorians.

One enormously important highlight of 2013 was the Rural Sexual Health Conference held on the 19th and 20th of August. It attracted 120 participants over 2 days, with more than 50 abstracts submitted. Feedback was very positive but more important than this was that the conference attracted exactly who it should have; rural health workers including those from as far away as Queensland. Substantial contributions were also made by Aboriginal workers which was one of the highlights of the conference. Organising a conference, let alone the first of its kind in Victoria, and then having it turn out to be such a success is a great achievement for Associate Professor Tomnay and her team.

Jane and her team have of course continued their work in the Hume region with the maintenance of the very successful Goulburn Valley and Northeast Victoria sexual health network, health promotion partnerships and CERSH also supported the development of new sexual health clinical services using existing resources and systems at the Shepparton Medical Centre and the Rural sexual health nurse practitioner at Goulburn Valley Health.

I would also like to acknowledge the very significant help that Jane has received from a number of key individuals. Kylie Stephens, Beth Hatch, Alan Crouch and Louise Holland. In addition to these individuals, I know Jane greatly values her board members for their insight. Of particular note is the help she receives for Professor Marian Pitts who brings a wealth of knowledge and guidance.

On behalf of the advisory committee, I would like to thank and congratulate Associate Professor Jane Tomnay and her outstanding team. We, and the communities that CERSH serve look forward to further innovative programs during the next 4 years.



Regions

THE HUME REGION Northeast Victoria

The Hume Region as defined by 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 and encompasses nine local government areas (LGA's).

THE LODDON MALLEE REGION Central North Victoria

In 2013 CERSH commenced work in the Loddon Mallee region (LMR). This region occupies more than a quarter of the state of Victoria and is often divided into the Northern region and Southern region.

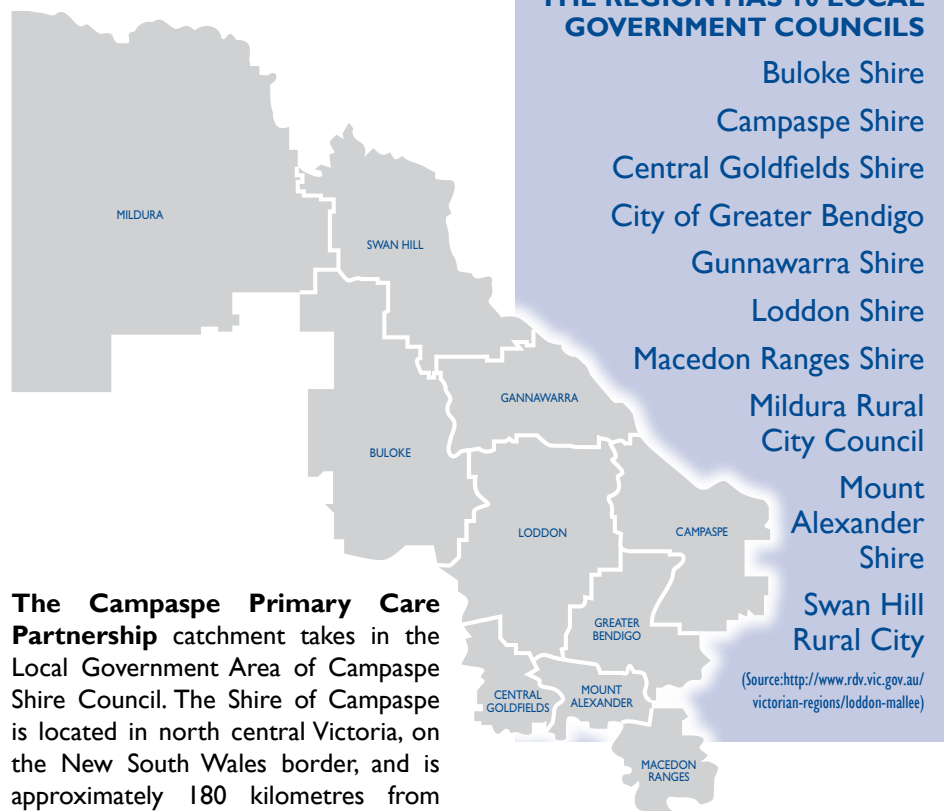
Southern LMR: Key centres are: Bendigo, Castlemaine, Gisborne, Kyneton, Maryborough, and Wedderburn.

Northern LMR: Key centres are: Echuca, Kerang, Mildura, Swan Hill, and Wycheproof.

The Loddon Mallee Region has five Victorian Primary Care Partnership (PCP) offices within its boundary (source: <http://www.health.vic.gov.au/pcps/about/>)

The Northern Mallee Primary Care Partnership is situated in the North West of Victoria, a regional area bordering NSW and South Australia. The Northern Mallee covers the Mildura Rural City Council region and Robinvale (Swan Hill Rural City Council). The area is approximately 22,090km² incorporating the Mallee Track. The region has the townships of Mildura, Merbein, Irymple, Red Cliffs, Ouyen and Robinvale

The Southern Mallee Primary Care Partnership is located in the north central and North West of Victoria. Its region takes in the Buloke and Gannawarra Shires and Swan Hill Rural City, excluding Robinvale.



The Campaspe Primary Care Partnership catchment takes in the Local Government Area of Campaspe Shire Council. The Shire of Campaspe is located in north central Victoria, on the New South Wales border, and is approximately 180 kilometres from Melbourne. The Shire's largest town is Echuca, with a population of 12,360. Other towns in the Shire include Kyabram, Gunbower, Lockington, Rushworth, Rochester, Stanhope and Tongala. The original inhabitants of the Campaspe area were the Yorta Yorta Aboriginal people.

Central Victorian Health Alliance combines the partnership of organisations that provide, fund or support public or not for profit primary health or community services in the Shires of Central Goldfields, Macedon Ranges and Mount Alexander.

The Bendigo Loddon Primary Care Partnership covers a broad landscape, encompassing the two Local Government areas of Greater Bendigo and Loddon and 9,700² kilometres of rural and regional Victoria. The primary care system in this PCP provides services to over 108,000 people within the catchment, including more than 1,500 indigenous people.

CERSH STAFF TEAM during 2013



DIRECTOR

Associate Professor
Jane Tomnay



**SENIOR HEALTH
PROMOTION MANAGER**

Kylie Stephens



SENIOR RESEARCH FELLOW

Dr. Alan Crouch



**SENIOR PROJECT
CO-ORDINATOR (HUME)**

Beth Hatch



**SENIOR PROJECT CO-ORDINATOR
(LODDON MALLEE)**

Louise Holland

CERSH Key Milestones for 2013

The key milestones achieved by CERSH in 2013 include:

- The continued success of the Sexual Health Network: Goulburn Valley and northeast Victoria;
- CERSH commitment to the establishment of relationships with key agencies identified as potential partners and key stake holders in the Loddon Mallee region;
- The successful delivery of the inaugural Rural Sexual Health Conference in August 2013 titled SEXrurality: Sexual health and relationships in our rural communities;
- Continued success throughout 2013 in the attendance at CERSH regular professional development seminars for rural workers;
- The successful endorsement by AHPRA of the Rural Sexual Health Nurse Practitioner, a combined position created in 2011 through a partnership between CERSH and Goulburn Valley Health.
- The continued success of CERSH health promotion initiatives including:
 1. Voices of Sexuality Education
 2. Yarn Soon Yarn Often
 3. Smart and Deadly Evaluation
 4. Bendigo-Loddon: Capacity strengthening in monitoring and evaluation for sexual health
 5. Condom Vending Machines: Hume Region

Key Objective 1: Partnerships and Collaboration

Background

CERSH supports 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. CERSH endorses a sexual health promoting framework underpinned by the principles of human rights and equity of sexual expression.

Overview

This priority works toward promoting linkages between local government councils, Primary Care Partnerships and regional service providers to build co-ordinated and integrated service responses aligned to the needs of local communities. CERSH also aims to leverage existing networks to increase co-ordinated and integrated service provision and to reduce unnecessary and avoidable repetition and variability of service access across rural and regional areas.

Goal:

During 2013 we again focused on building and strengthening our networks, reviewed existing activities and provided support to strengthen developing or existing sexual health services. Succession planning and other mechanisms were put in-place to guarantee the long-term viability of all interventions.

Objectives:

1. Build and maintain systems that promote efforts to collect and share data, knowledge and resources in order to maximize collective impact;
2. Provide leadership and co-ordination for existing sexual health networks in Hume and Loddon Mallee regions to ensure collaborative priority setting focused on health and well being promotion.

Intended impact:

Improved co-ordination of existing rural services to provide a co-ordinated response to the sexual health needs of rural communities in the Hume and Loddon Mallee regions of Victoria.

Key activities in 2013

SEXUAL HEALTH NETWORK: GOULBURN VALLEY AND NORTHEAST VICTORIA

CERSH continued to organize and facilitate the Sexual Health Network for Goulburn Valley and northeast Victoria in 2013. The direction and content of the network meetings was decided by the network members and negotiated at each meeting, with network members taking on organizing roles when appropriate. The meetings were well attended with an average of 43 workers attending meetings during 2013.

February 2013: Exploring practical approaches to planning, monitoring & evaluating our sexual health services & programs

This network meeting, attended by twenty two participants, focused on

- current knowledge and practice in sexual health planning, monitoring and evaluation;
- practical examples and ideas to support work at a local level;
- what we know (and don't know) about public health interventions to reduce STIs in young people including school based, primary care based and peer led approaches.

Guest presenter was Dr Alan Crouch who had recently joined the CERSH team. Alan's presentation "*Adapting to Change, Organising for Change, Meeting actual community needs in sexual health*" was illustrated by using his most recent experience working for the Queensland Government Tropical Population Health Unit in Aboriginal and Torres Strait Islander sexual health promotion and STI/HIV prevention in far north Queensland. Alan began by looking at the key principles, strategy areas and practices that informed sexual health promotion since the 1990's until present day. The three major sources are the Ottawa Charter and its principles; the social determinants approaches and the developments in

social change theory, especially those drawing on Everett Rogers diffusion of innovations discourse.

Alan described the process of evidence building using a diverse range of reliable sources which confirmed the profound sexual health disadvantage in Far North Queensland remote Indigenous populations, especially young people. Based on this evidence, and guided by key state and federal policy and planning documents, Alan described how the multi-strategic initiative addressing sexual health disadvantage was envisioned and realised, including mass media communications, twelve episodes of a radio-drama, social marketing activities in condom promotion to young people and a new approach to youth screening including screening for chronic disease risk factors and STIs. This initiative, conducted over a number of years, included a focus on sexual health promotion at the community level, with committed partners engaged in a practical action agenda.

Throughout the presentation, there were opportunities for participants to discuss the current context in the Goulburn Valley and northeast Victoria and how the Far North Queensland experience can inform practical action at our local level.

Kylie Stephens from CERSH, presented some information about what we know, and don't know, about the effectiveness of public health interventions to reduce STI's in young people, based on the report by ARCSHS titled: *Rapid Review: Reducing Sexually Transmissible Infections in Young people*.

Sue Reid from Tallangatta Health and Suzanne Wallace from Goulburn Valley Health gave a presentation about the process of becoming a Nurse Practitioner in Victoria. Both Suzanne

and Sue were undertaking this process at the time of the presentation and they provided details of the range of ways this can be achieved, and what is involved. Sue and Suzanne encouraged others to consider becoming a Nurse Practitioner specializing in sexual health.

Bernie Fraser from Women's Health Goulburn North East (WHGNE) gave an update about the planning processes to develop the future three year Hume Region sexual and reproductive health promotion plan.

May 2013: "Eroticising Inequality Pornography, young people and sexuality"

Fifty four participants attended this workshop facilitated by Maree Crabbe from Brophy Family and Youth Services. The high level of interest in this topic indicates that rural educators and workers are motivated to respond to the issues presented by pornography becoming both more mainstream and more hardcore. For young people growing up in this era of ever-new and accessible technology it is almost impossible to avoid exposure to pornography. Consumption, particularly for young men, has become normalised. The ways young people understand and experience gender and sex are being influenced by what they, or their partners and peers, observe in porn. This workshop was filmed to produce a 10 minute webinar for the CERSH website.

December 2013: Exploring sustainable models for delivery of termination services in our rural region

Dr. Paddy Moore, Clinical Head of the Choices Clinic at the Royal Women's Hospital Melbourne led a presentation and discussion about the current context

for developing sustainable models for delivery of termination services in our rural region. Fifty five participants attended including obstetricians and gynaecologists, GPs, clinical managers, nurses and youth workers. Three state-wide services were represented.

The objectives of the meeting were to

- outline the current context for the provision of terminations in Victoria;
- identify the current services involved in the provision of termination care for rural women in NE Victoria and GV;
- discuss the key elements in service development required for comprehensive termination care;
- open dialogue between metropolitan based services and rural providers and identify potential partners.

Some feedback about the meetings held during 2013 from participants included:

Very useful for me to keep in touch with what is happening in the area. Vital for networking for me as work is a little isolated.

Great opportunities to hear and discuss relevant/current topics.

I am always inspired and energised by the meeting –Kylie and Beth awesome :) but find it hard to implement things or sustain – but that’s OK – because sexual health is only part of what I do in my work.

Great to have a network to share learn and network as used to have more groups which have gone over the years.

It’s nice to see the link between research and practice.

BUILDING AND ENHANCING PARTNERSHIPS BETWEEN CERSH AND AGENCIES WITHIN THE LODDON MALLEE REGION.

In 2013 CERSH continued to strengthen existing partnerships with agencies in the Loddon Mallee region to undertake workforce development and health promotion. CERSH had previously collaborated with these agencies between 2009 and 2012 whilst our activity was focused in the Hume Region. CERSH prioritized work within the Loddon Mallee Region to focus on the Bendigo Loddon area as existing sexual health services such as Bendigo Community Health Services (BCHS), Bendigo and District Aboriginal Cooperative (BDAC), Cobaw Community Health’s WayOut program and the Country Awareness Network (CAN) are located and established in these areas.

The Bendigo Loddon PCP has nominated sexual health as a health priority since 2002 and is one of the few PCPs currently in Victoria with this focus. Within the Bendigo Loddon PCP Strategic Plan 2013- 2017 sexual health is a subsidiary priority under the mental health priority. CERSH participated in the Bendigo Loddon PCP Sexual Health Task Group monthly meetings and strengthened the relationship in 2013 by supporting Health Promotion opportunities for membership agencies. CERSH also provided opportunities for member agency staff to gain skills in the



snapshot

February 2013	22 participants
May 2013	54 participants
December 2013	55 participants
Total:	131

evaluation of health promotion activities by facilitating 'Planning for Evaluation' workshops during the September and November meetings. CERSH also contributed to the discussions and development of the Bendigo Loddon PCP Sexual Health Task Group *health promotion priorities* for the 2013-2017 plan.

CERSH also attended and participated in the Bendigo Loddon PCP planning workshop for all Integrated Health Promotion funded agencies as a networking opportunity. These agencies included Northern Districts Community Health Services, Inglewood and District Health Services, Heathcote Health, Bendigo and District Aboriginal Cooperative (BDAC) and Bendigo Community Health Services (BCHS). This networking opportunity identified key synergies between some of the priorities of participating agencies and CERSH where future partnerships in sexual health promotion activities may develop. These include work focused on rural young people, Aboriginal and Torres Strait Island people and same sex attracted and gender diverse young people. CERSH continued to strengthen its pre-existing relationship with the Country Awareness Network and negotiated areas of mutual interest and identified opportunities for future collaboration.

CERSH committed establishment time to engage with other key agencies that were identified as potential key stakeholders in the LMR.

The Loddon Mallee Murray Medicare Local (LMMML) is responsible for the continuing professional development of GPs, practice nurses, practice managers and Allied health professionals and covers a large geographical area of the Loddon Mallee region. During 2013, the Loddon Mallee Murray Medicare Local completed a *professional education needs analysis* project which provided CERSH an opportunity to establish links. CERSH staff attended meetings with the professional development coordinator during the project, and these meetings also included introductions and professional liaison with the Echuca coordinator and the project worker involved in the project.

In October 2013, CERSH initiated a meeting with the Coordinator of the WayOut Diversity program at Headspace Bendigo to identify opportunities that exist to facilitate collaboration within the broader sexual health field with a specific focus on working with Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) young people. These discussions centred on CERSH capacity to provide professional development opportunities for health and other relevant local professionals in future years.

In August and September 2013, CERSH initiated and commenced building on work from the University Department of Rural Health at RHAC in the Maryborough Township. CERSH attended arranged meetings with academics and project workers and the teaching and management staff of the Maryborough Education Centre to look at opportunities for sexual health information, staff professional

development within the framework of ongoing research. CERSH met with the Maternal and Child Health staff to gain insight regarding sexual health issues of young people in the town especially teenage mothers.

In September 2013, CERSH initiated a series of meetings with the Pharmacy Academic Program at the University of Melbourne Rural Health Academic Centre. These meetings identified opportunities for professional development seminars in sexual health for pharmacists working in the Loddon Mallee region. Sexual health was identified by the Loddon Mallee Murray Medicare Local and the Pharmacy Guild of Australia as a significant opportunity for capacity and workforce development for pharmacists in this region.

In 2013, CERSH had an established health promotion partnership with the Bendigo and District Aboriginal Cooperative. In December 2013, CERSH worked with the Manager of Health Promotion to establish opportunities for CERSH to support initiatives aimed at providing ongoing education and training opportunities for Bendigo and District Aboriginal Cooperative staff.

The CERSH partnership with Latrobe University Bendigo campus commenced when CERSH established an office within the Health Sciences faculty at the campus. Opportunities to partner in research and teaching will be explored in future years. In September 2013, CERSH met with Latrobe University Student Support Services Manager to identify sexual health opportunities within the Bendigo campus for staff and students.

WORKFORCE DEVELOPMENT

Overview

This priority works toward building workforce capacity for rural professionals in sexual health clinical service provision and health promotion.

Goal:

During 2013 we again focused on delivering strategies which would enhance the capacity of the rural workforce in the Hume and Loddon Mallee regions to provide sexual health promotion initiatives and sexual health clinical services to rural communities. We also focused on building effective knowledge dissemination strategies using available information and communications technology (ICT) to ensure equal access to resources through the development of the CERSH website.

Objectives:

1. Deliver sexual health training and development opportunities for regional workforces in their local community
2. Improve access to metropolitan based training opportunities for rural workers
3. Build and maintain an accessible CERSH website
4. Produce workforce resources and e-tools for on line learning using appropriate ICT

Intended impact:

Improved delivery of sexual health promotion and clinical services in the Hume and Loddon Mallee regions.

Key activities in 2013

RURAL SEXUAL HEALTH CONFERENCE: 19th AND 20th AUGUST 2013

SEXrurality: Sexual health and relationships in our rural communities conference

This inaugural conference was initiated by CERSH with our aim to provide strategic leadership and advocacy, and work in partnership with rural communities, networks and agencies to improve sexual health and well-being in rural Victoria.

Held at the Rural Health Academic Centre at the University of Melbourne in Shepparton, the conference provided a forum for:

- sharing practitioner wisdom and current rural research evidence,
- showcasing the work, experiences and learnings of practitioners in the field of rural sexual health and well-being,
- helping build connections, collaborations and alliances between practitioners, researchers, policy makers, and advocates,
- participants to debate, share, network and organise around issues relevant to rural sexual health and well-being
- an inclusive and participative conference experience

The conference was organised into plenary lectures, delivered by invited speakers in the morning sessions, followed by two concurrent streams each afternoon. The streams had been developed, organised and delivered by four key organising sub-committees which included representatives from key rural and metropolitan agencies and CERSH staff.

The streams delivered were:

- ❖ Sexual health and diversity in the rural context
- ❖ Gender and equity as social determinants of sexual health and respectful relationships
- ❖ Sexually transmitted infections: prevention, testing and treatment in the rural context
- ❖ Aboriginal and Torres Strait Islander sexual health and well being.

The official conference opening was delivered by the Hon. Dr. Sharman Stone MP, Federal Member for Murray. In total there were more than forty presentations from participants and invited speakers and two facilitated workshops and two yarning circles. The topics covered in the workshops and yarning circles included:

1. Sexual Health through the lens of gender and power. Why is this important and what is the current context in our rural communities?
2. Exploring the elements required to deliver successful sexuality and relationship education and health promotion initiatives, including identifying mechanisms for evaluation, in diverse rural communities
3. Aboriginal and Torres Strait Islander Yarning Circle: Sexuality education in focus: Schools, family and community
4. Aboriginal and Torres Strait Islander Yarning Circle: Working collaboratively: Principles in action: a yarning circle for reciprocal sharing and learning, the passing on of cultural knowledge and ways of working with this knowledge.

Participation and Feedback

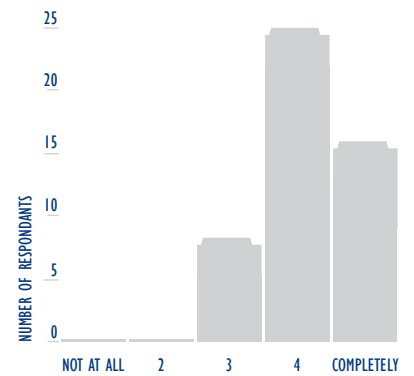
In total 112 participants attended the SEXrurality conference over the two days. Feedback from the participants was overwhelming positive. Some examples of the written feedback are as follows:

- *Well what a wonderful conference! You should be very proud of your hard work in bringing this together. What a success. The yarning circle was particularly informative and fun.*
- *The presentations were fantastic and extremely thought provoking. However, more time to workshop would also have been great. That said, there is only so much you can do at events and the choice of speakers for this forum was great for stimulating thought and conversation - even if much of this takes place after the conference.*
- *Inclusivity was a strength*
- *How brilliant to have a conference specific to rural sexual health! 100 people meant it was easy to find/ approach people for networking opportunities during the breaks. The CERSH team were incredibly welcoming and supportive! Well done and thank you to all!!*

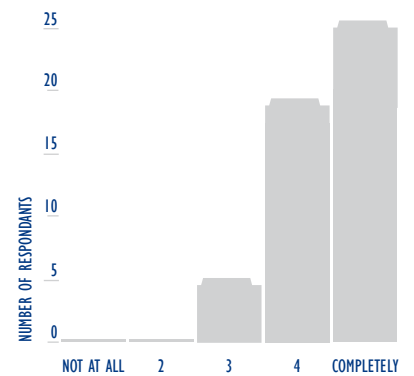




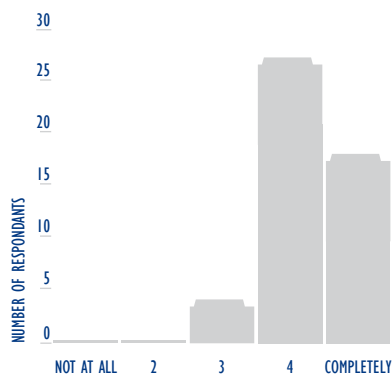
Feedback after the conference was also sought from participants in relation to the key objectives of the conference. Almost 50% of participants completed online feedback. A summary of the results are shown here:



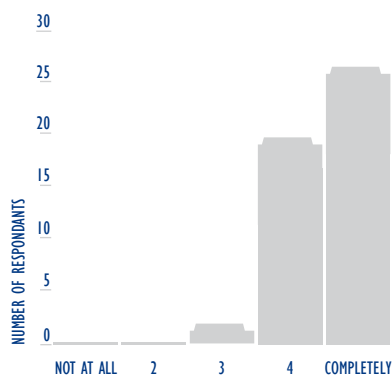
PROVIDE A FORUM FOR PARTICIPANTS TO DEBATE, SHARE, NETWORK AND ORGANISE AROUND ISSUES RELEVANT TO RURAL SEXUAL HEALTH AND WELL-BEING.



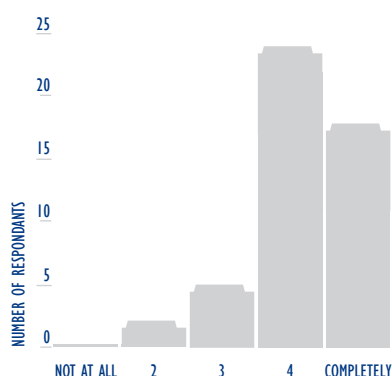
TO PROVIDE AN INCLUSIVE AND PARTICIPATIVE CONFERENCE EXPERIENCE



SHARING PRACTITIONER WISDOM AND CURRENT RURAL RESEARCH EVIDENCE.



SHOWCASING THE WORK, EXPERIENCES AND LEARNINGS OF PRACTITIONERS IN THE FIELD OF RURAL SEXUAL HEALTH AND WELL-BEING.



HELPING BUILD CONNECTIONS, COLLABORATIONS AND ALLIANCES BETWEEN PRACTITIONERS, RESEARCHERS, POLICY MAKERS AND ADVOCATES

ACCESS TO CONFERENCE PRESENTATIONS BY RURAL WORKERS

Most of the conference presentations were filmed and have been edited into short online resources that will be available on the CERSH website following the launch in 2014. This will allow rural workers who were unable to attend the conference in person, access to a wide variety of *SEXrurality* conference presentations.

RURAL CLINICAL WORKFORCE CAPACITY BUILDING

CERSH was restructured in 2012 to ensure a distribution of existing resources over two regions rather than the previous structure focused only on the Hume region. The project co-ordinator role which is responsible for the delivery of clinical workforce professional development opportunities was divided across the Hume and Loddon Mallee Regions with a 0.5 equivalent full time position being established in both regions.

HUME REGION

February 2013: Bisexual Men and their Female Partners

CERSH in collaboration with the Gay and Married Men's Association (GAMMA) Project organized a one day workshop for interested nurses and allied health and community workers in the Hume region to gain more knowledge and insight into this area of sexual health that focuses on working with men who have sex with men and women. CERSH recognized this is a niche area of sexual health and would not attract large numbers of rural workers but felt the learning opportunity should be provided to those who may be interested or work with bisexual clients in their rural practice.

Two presenters from the GAMMA Project with extensive knowledge and experience in the field of working with bisexual clients kept the small audience interested with lively discussion and vignettes throughout the day. The evaluations were very positive, and included the following: *awesome day, Thank You, continue, great day.*

The topics covered in the workshop included:

- Consensus Activity
- Understanding Bisexuality
- Bisexual men- Behaviours from Fantasy to Reality
- Female partners of Bisexual men
- Counselling – Issues and Strategies
- Bisexual Men and their Female Partners: Between two Communities - Case Histories

Whilst eight participants registered for this workshop only three attended. They were a nurse, a GP Registrar and a rural counsellor.



**snapshot
of Regional
Medical and
Nursing
Professional
Development
activities by
CERSH in the
Hume Region
2013**

**May 2013
GP and Nurses
Evening
Wangaratta**
4 Doctors
15 Nurses
In Total:
19 participants

**Nov 2013
GP and Nurses
Breakfast**
3 Doctors
4 Nurses
6 Allied Health
In Total:
13 Participants

May 2013: Sexual Health Professional Development Evening for GPs and Nurses

CERSH worked in collaboration with Hume Medicare Local to co-ordinate this event which was presented at the Gateway Hotel in Wangaratta. QI and CPD points from the RACGP were available to the delegates. Dr Siobhan Bourke, Sexual Health Physician from the Victorian Cytology Service and Sexual Health Society of Victoria, provided the most recent sexual health diagnostic and treatment information through the presentation of case studies.

Topics included through the presentation of case studies included:

- Most commonly reported STI's
- Cervical Screening
- Testing, Treatments and Management
- Partner Notification, Sexual History taking
- Legalities
- Practice Nurse role in Sexual Health

Much discussion and many questions ensured the evening was interactive and very lively. Evaluations were extremely

positive and included the following: *all interesting and relevant, spoke on all professional levels-easy to understand, interactive presentation-able to discuss questions and get answers.* Resources to take away were provided by CERSH to the participants. In total, four rural doctors and fifteen rural nurses attended the seminar.

November 2013: Trans, Intersex, gender diverse and same sex attracted young people: A part of General Practice

CERSH in collaboration with Goulburn Valley Medicare Local (GVML) and Uniting Care Cutting Edge (UCCE) conducted a breakfast meeting for General Practitioners (GPs) and Practice Nurses to explore some of the stigma surrounding Transgender, Intersex, gender diverse and same sex attracted young people in rural communities. The presentation also included important practical guidance for rural GPs who may work with patients in this group. This meeting was an introduction to the 'Out in the Open' gender diverse education day organized by UCCE. The presenter for this breakfast meeting was Dr Alan Wallace, a Shepparton GP with

an interest and many years of experience working in sexual health and sexuality in the diverse and general community.

The topics included in the presentation covered:

- Mental and Sexual Health issues
- Routine Primary Health care
- The likelihood of seeing patients in this demographic
- Administrative barriers: Mr, Mrs, Miss, ??- at reception and in the consulting room
- The Genderbread Person: A non threatening graphic outlining the diverse spectrum of sexual identity
- Working with Intersex patients
- Working with Transgender Patients
- Same sex attracted patients
- How people present

The voice of a young rural transgender person...

It was a privilege to also have a young rural person who had transitioned from female to male offer to present his experience to this breakfast meeting. He described his journey from an early age to the present time and included his experience of medical/ surgical interventions and included the psychiatric and psychological supports he required. He also clearly described his access issues as a rural young person and described the care he received as having been entirely provided in the metropolitan area due to the lack of services in his rural community.

Positive feedback from participants attending this breakfast included:

need to learn more, clear presentation and language, more sessions like this would be great.

In total three rural doctors, four rural nurses and six allied health professionals attended this breakfast seminar.

LODDON MALLEE REGION

October 2013: Sexual Health Update for GPs who work in rural townships

CERSH in collaboration with the Loddon Mallee Murray Medicare Local (LMMML) and Dr Siobhan Bourke, Sexual Health/Liaison Physician for Victorian Cytology Service organized a professional development evening for rural GPs and Nurses. To ensure optimal attendance for rural GPs in the Loddon Mallee region, CERSH partnered with Strathfieldsaye Primary Health Services, a large medical practice that employs GPs and Nurses to work in rural towns under the management of the medical practice. CERSH and the LMMML collaborated to provide the required professional information and technological support for the evening. Dr. Bourke has been a regular visiting Sexual Health specialist to rural Victoria and as always, was well received with her practical and interactive presentations.

The topics covered in the workshop included:

- Testing, treatment and management of sexually transmissible infections particularly Chlamydia.
- Epidemiology of sexually transmissible infections
- Rural partner notification and contact tracing
- Cultural and religious issues for practitioners working in sexual health
- Referral pathways and resources
- Research on the likely reduction of the wart virus post the introduction of the HPV vaccine for 12 – 13 year old males.

A total of twenty three participants, including ten GPs attended the evening. The majority of GPs who attended were overseas trained doctors who were new to practising medicine in Victoria and in particular, rural Victoria. Participants received information from Victorian Cytology Services, CERSH and Melbourne Sexual Health Centre. Local resources were included particularly relevant was information for GPs to refer women for termination services.

November 2013: Exploring sustainable models for delivery of medical terminations in the Bendigo Loddon region

In partnership with the Loddon Mallee Murray Medicare Local (LMMML), CERSH invited Dr Paddy Moore, Obstetrician and Gynaecologist, Clinical Head of the Royal Women's Hospital Pregnancy Advisory Service to provide a professional development seminar to

local GPs. Topics covered included the recent approval from the Therapeutic Goods Administration for Mifepristone which has created an increase in public awareness and requests for information about accessing medical terminations. Dr Moore presented information from her experiences of this work in Australia and New Zealand over the past six years. Discussions were held by the GPs regarding the training requirements, the infrastructural support from the Tertiary sector public hospitals and the complexity of providing evidenced based information to the community.

A total of nine GPs attended the session. The LMMML representative informed the group that their organisation would consider the GPs discussion points and would be interested in supporting further professional development opportunities for GPs in this health area in the future.



**snapshot
of Regional
Medical and
Nursing
Professional
Development
activities by
CERSH in the
Loddon Mallee
Region 2013**

**Oct 2013
GP and Nurses
Evening
Bendigo**

10 Doctors
13 Nurses
In Total:
23 Participants

**Nov 2013
GP Breakfast
Bendigo**

9 Doctors
In Total: 9
participants

TEACHING AND LEARNING: ALLIED HEALTH

The CERSH Senior Research Fellow, was invited by Federation University Australia (formerly the University of Ballarat) as a guest presenter on sexual health promotion to an audience of more than one hundred graduate psychology students and practitioners. The lecture drew on experiences working in Aboriginal and Torres Strait Islander sexual health promotion and STI/HIV prevention in far north Queensland.

CERSH staff provided lectures to the University of Melbourne Master of Public Health students in the Health Promotion and Sexual Health subjects. The focus of these lectures was rural sexual health. In total one hundred students attended.

CERSH was invited to present a lecture to the Centre for Women's Health Gender and Society, School of Population and Global Health, The University of Melbourne titled 'Exploring rural young people's access to sexual health services'. In total 15 participants who were mostly academics attended.

TEACHING AND LEARNING: MEDICAL STUDENTS

CERSH in collaboration with the University Department of Rural Health (UDRH) provided Rural Sexual Health training sessions throughout 2013 to a total of 135 medical students from the Parkville, Northern and Western Campuses.

snapshot of teaching and learning: Medical Students 2013

Participants: University of Melbourne MD students at Northern and Royal Melbourne Hospitals

135 Medical Students
In Total: 135 participants

CERSH SUPPORT FOR RURAL NURSES TO BUILD CLINICAL SEXUAL HEALTH SKILLS

CERSH provided support to a nurse in the Hume region to attend and complete the Clinical Sexual and Reproductive Health course offered by Melbourne Sexual Health Centre (MSHC) and the University of Melbourne. The nurse who attended the course is currently employed by Goulburn Valley Health as a midwife and will use these enhanced skills in her continuing clinical role.

CERSH also supported a Men's Health Nurse Practitioner from Bendigo to attend Melbourne Sexual Health Centre (MSHC) for 5 days to enhance his clinical sexual health skills. The Bendigo nurse worked with MSHC's Men's sexual health nurse practitioner to gain advanced skills, particularly in working with men with HIV and men who have sex with men (MSM). As a consequence of building these skills, the Bendigo nurse has expanded his services to ensure young men and men who have sex with men can access appointments for clinical care after normal business hours.

snapshot of teaching and learning: Allied Health 2013

Participants: Federation University Australia
100 psychology students and practitioners

Participants: Master of Public Health
100 Public Health students and practitioners

Participants: Centre for Women's Health
Gender and Society
15 Academics

In Total: 215 participants

PARTNERSHIPS TO IMPROVE ACCESS TO SPECIALIST INFECTIOUS DISEASES SERVICES IN NEVICTORIA.

Throughout 2013, CERSH continued to work closely with staff at the Shepparton Medical Centre (SMC) in the areas of Sexual Health, Hepatitis and Refugee Health. CERSH continued to support regular visits to Shepparton by Dr Tom Schulz, Infectious Diseases Physician and Refugee Health Fellow from the Victorian Infectious Diseases Service (VIDS) at the Royal Melbourne Hospital to provide specialist services at Shepparton Medical Centre. The partnership between the Shepparton Medical Centre, CERSH and Dr Schulz has been very successful in 2013, with the client base continuing to grow and local medical officers continuing to refer patients to this locally established service. Also, Dr. Schulz continues to provide a clinical service at Rumbalara Aboriginal Health Service in Mooroopna to ensure the provision of regular infectious diseases services (focusing on Hepatitis) for Aboriginal people living in Northeast Victoria during 2013.

RURAL SEXUAL HEALTH NURSE PRACTITIONER

The Rural Sexual Health Nurse Practitioner position was created through a partnership between CERSH and Goulburn Valley Health (GVH). The position is based at Goulburn Valley Health, Shepparton campus, but is focused to respond to identified gaps in sexual health service provision across the whole of the Hume Region. As such, it has been necessary for the candidate to meet and liaise with key stakeholders and explore their vision for service provision.

The Rural Sexual Health Nurse Practitioner (RSHNP) is a clinically focused role, set within a primary care / community frame work. As such the provision of a clinical service at GV Health was continued during 2013, as well as being a resource to the women's health nurses, pap test providers, practice nurses and school nurses. Also during 2013; the RSHNP was an available local resource and referral point for medical officers.

The RSHNP regional role is an opportunity to provide a holistic approach to sexual health provision with education, health promotion, contraception, forensic follow-up, nPEP follow-up as well as STI screening and risk assessment.

During 2013 the following tasks have been undertaken in the domains required for Nurse Practitioner competencies **and endorsement with AHPRA achieved.**

Clinical

Extensions to scope of practice

- ❖ Follow-up and management of clients commenced on nPEP in the Emergency Department
- ❖ Recognition of medication formulary and PBS prescriber number

- ❖ Capacity to order pathology
- ❖ Private practice clinic, Medicare bulk billed, at headspace Shepparton
- ❖ Outreach Pap test clinics
- ❖ Outreach youth clinics
- ❖ Referral to Specialist Gynaecology clinic
- ❖ Treatment for identified infections

Research

- ❖ Submission of abstract and acceptance of a poster and rapid oral presentation at the 8th Conference of The Australian College of Nurse Practitioners, Hobart. Poster title: *The establishment of a Nurse Practitioner led sexual health service in the Hume region of Victoria – 12 months on and the lessons learned.*
- ❖ Submission of abstract and acceptance of an oral presentation at SEXrurality: Sexual health and relationships in our rural communities conference, Shepparton. Presentation title: *Euroa SC – Does it have a sexual health story to tell?*
- ❖ Submission of abstract and acceptance of an oral presentation at International College of Nursing, 8th International Nurse Practitioner / Advanced Practice Nursing Network Conference, Helsinki. Presentation title: *The establishment of a Nurse Practitioner led rural sexual health service in Victoria, Australia – 24 months review.*
- ❖ Submission of abstract to 22nd International Symposium on the Forensic Sciences of the Australian and New Zealand Forensic Science Society, Adelaide. Title: *The evolution of a regional, nurse-led model of best practice in the care of clients reporting sexual assault. (Authors: Biesiekierski C, Guilmartin B, Wallis S)*

Current research

- ❖ Exploring the relationship between community approaches, personal beliefs, knowledge and confidentiality in relation to Aboriginal women undertaking recommended cervical screening: lessons learned through local Peace of Mind (POM) campaign. (Collaboration with Gay Giovanetti [Women's Health Nurse] and GV Health ALOs.)
- ❖ An exploration of possible links between chlamydial infection and subsequent ectopic pregnancies in the GV Health female population, using a retrospective audit over 2 years.

Leadership and Collaboration

Internal

- ❖ Emergency Department – Forensic Examination Liaison Committee
- ❖ Co-ordinate the activities undertaken by GV Health, in the regional Peace of Mind Campaign
- ❖ Obtained grant from WHGNE to host an International Women's Day brunch (theme related to health, cost and food)
- ❖ Obtained a Victorian Nurse Practitioner Project, Department of Health Publication Grant

External

- ❖ Australian College of Nurse Practitioners: Member
- ❖ Sexual Health Society of Victoria: Member
- ❖ Australian and New Zealand Association of Nurses in AIDs Care: Member
- ❖ Australian Sexual Health and HIV Nurses Association: Committee Member
- ❖ Women's Health Nurse Association of Victoria: Member

- ❖ Australasian Society for HIV Medicine (ASHM): Member
- ❖ Forensic and Medical Sexual Assault Clinicians Australia: Vice President Nursing
- ❖ Hume Region Sexual Health Network
- ❖ Benalla Youth Clinic Committee
- ❖ Hume Region Sexual and Reproductive Health Strategy Steering Committee
- ❖ Honorary Fellow, Rural Health Academic Centre, University of Melbourne
- ❖ Deliver numerous professional development education sessions on sexual and reproductive health and the Nurse Practitioner role. (rural & metropolitan)
- ❖ Deliver lecture in Sexual and Reproductive Health Course, University of Melbourne (Carlton)

Mentoring

The Rural Sexual Health Practitioner has aimed throughout 2013 to mentor all levels of medical and health care professionals in sexual health care in health, community and educational settings in order to enhance the role of sexual health nurse practitioners in rural and regional communities.

Mentoring partnerships include the following: Practice Nurses in Shepparton and Community Health Nurses in Wangaratta, Benalla, Kerang, Tallangatta and Numurkah respectively.

Clinical support has also been provided to Rumbalara Aboriginal Cooperative Medical Service, Mooroopna and the Gynaecology clinic, GV Health.

Evaluation / Feedback

Evaluation of the effectiveness of sexual health service provision and care that is responsive to the needs of the community is ongoing.

SUMMARY

In summary, five hundred and eleven participants (17 Doctors, 135 medical students, 32 nurses, 215 allied health students and professionals and 112 others at the CERSH conference) attended CERSH activities aimed at building rural workforce capacity in sexual health in 2013. The fact that CERSH delivered the first rural sexual health conference in Victoria and provided professional development opportunities in varied locations across two separate Department of Health regions during 2013 resulted in a higher number of participants attending as compared to 2012. Also, the participants attending in 2013 continued to provide overall positive evaluation and feedback after each learning opportunity.

snapshot

Summary of all CERSH Professional Development activities participation during 2013

17 Doctors

32 Nurses

135 Medical Students

215 Allied Health Professionals/Students

112 CERSH Conference attendees

In Total: 511 Participants

SEXUAL HEALTH PROMOTION AND LITERACY

Overview

This priority works toward improving the sexual health literacy of rural and regional Victorians, with a particular focus on the following priority populations: young people, Aboriginal and Torres Strait Islander peoples, gay men and other men who have sex with men. Sexual health promotion is mobilizing individuals, families and communities to address inequities in sexual health. It is creating the conditions in which good sexual health can flourish.

Sexual health promotion requires a multi-strategic approach informed by an understanding of the social context. It is a key component of integrated public health practice using the combined strengths of health promotion; primary health care, and clinical sexual health services offering testing and treatment (secondary prevention or preventive medicine) and efforts to minimise the impact of long-term disease and maintain the health and well-being of those with STIs/BBVs (tertiary prevention). The linkages are particularly important in the rural context where workforce capacity and resources are minimal.

Goal:

During 2013 we again focused on delivering strategies which would enhance community activism for respectful relationships and optimal sexual health.

Objectives:

1. Enhance and support sexual health promotion strategies aimed at increasing the capacity of young rural people to experience respectful relationships and live healthy sexual lives
2. Increase the awareness of STI prevention, clinical management strategies and access to clinical care for rural residents
3. Increase knowledge and awareness of specific sexual health promotion strategies aimed at achieving optimum sexual health for Aboriginal young people, their families and communities; and men who have sex with men (MSM) in rural communities.

Intended impact:

Improved sexual health for rural Victorians.

CERSH's approach to sexual health promotion has evolved from focusing on developing networks and supporting evidence based STI prevention efforts, to improving the evidence, refining programs and developing mechanisms to build capacity of rural organisations to deliver high quality sexual health promotion efforts. CERSH also works to establish or link with effective mechanisms to translate new methodologies to other regions of Victoria.

Key Projects in 2013

VOICES OF SEXUALITY EDUCATION

This resource will consist of a series of twenty one short video clips portraying the sexuality education experiences and opinions of young people and their parents/carers from a range of cultural backgrounds, belief systems, abilities/disabilities, from rural locations, and including those who are same sex attracted and gender diverse. It will also feature a number of sexuality education professionals who share their insights and opinions.

It aims to assist in preparing pre-service teachers to teach sexuality education, and support existing teachers and health workers who teach sexuality education. The range of views expressed is not intended to be inclusive of all. They provide *examples* to stimulate discussion and reflection, and to generate strategies and actions. The resource will comprise two sections: Contemporary Sexuality education: challenges and opportunities; and Inclusive Practice. CERSH has worked with a range of Sexuality Education specialists and have devised a series of prompt questions and assessment tasks for the viewer to consider with each clip and will link relevant resources to each theme.

In 2013, forty people were filmed for the resource. The geographical spread of interviewees included Ballarat, Bendigo, Geelong, Melbourne, Wagga and across the Goulburn Valley and Northeast Victoria.

Project partners were involved in the development of the concept, filming and review of vignettes, and the creation of a series of prompt questions and assessment tasks. It will be uploaded onto the CERSH website and linked to the Deakin University resource "Sexuality Education Matters" for pre-service educators, and other related education resources.

Project partners are Deakin University; La Trobe University; Victorian Aboriginal Community Controlled Health Organization; Victorian Aboriginal Education Association Inc.; Brophy Family and Youth Services; Multicultural Health Support Service, Centre for Culture Ethnicity and Health; Monash University.

In addition to the creation of a short vignette about a peer education project for women with an intellectual disability for the Voices of Sexuality Education resource, CERSH produced a short "promotional" DVD for the Living Safer Sexual Lives and Respectful Relationship peer education project.

snapshot of Voices of Sexuality Education

50 interviews

21 vignettes

YARN SOON YARN OFTEN

Yarn Soon Yarn Often is a project aimed at producing a written resource for Aboriginal parents and carers to support them to talk with their children about sex, reproduction, sexuality and relationships. This will contribute to improving the sexual health literacy and confidence of Aboriginal parents and carers in Victoria so they are able to talk to their children about sexual health, and promote sexual health within the family and community.

It is a partnership project between Victorian Aboriginal Community Controlled Health Organization (VACCHO); Victorian Aboriginal Education Association Inc.; Australian Research Centre in Sex, Health and Society, La Trobe University; Bendigo and District Aboriginal Health Cooperative; Albury Wodonga Aboriginal Health Service, the Aboriginal communities in Bendigo and Albury Wodonga and CERSH.

To develop the content of the resource, two forums, one of parents and carers and one for young people, were organised with Bendigo and District Aboriginal Corporation. This was followed by a number of “yarning circles” and smaller meetings with parents and carers in Bendigo and Albury/Wodonga throughout the year. The resource will be finalised in 2014. Distribution will be throughout Victoria and beyond.

A Project Advisory Group (PAG) was established, chaired by VACCHO, to oversee the project process. VACCHO included an evaluation of the development, distribution and uptake of the written parent-carer guide in the project design. Dr Alan Crouch from CERSH was asked to advise the PAG on an appropriate evaluation approach. This resulted in the formation of an evaluation advisory group and the development of a framework of goals, objectives, indicators, information sources and



underlying assumptions and risks, that defined measures of project progress, cultural integrity, resource quality and community demand parameters.

This approach was endorsed by the PAG in March 2013. An application for human research ethics committee endorsement of the project evaluation was lodged on the 29th October 2013.

SMART AND DEADLY

The *Smart and Deadly: Sexual Health Promotion for Aboriginal Young People Initiative* was a community collaboration, coordinated by CERSH. It was held over a 12 month period in 2011-2012 and targeted young people, Elders, parents and caregivers living in the Albury - Wodonga border town between Victoria and New South Wales. It was based on cultural respect, community ownership and inter-agency collaboration. A project to evaluate the *Smart and Deadly* initiative was designed by Dr Alan Crouch of CERSH in collaboration with VACCHO and local Aboriginal community agencies, seeking to identify the critical factors underlying the evolution of the *Smart and Deadly* approach. Specifically, the evaluation design sought answers to the following questions:

1. What are the key strengths and weaknesses of the approach?
2. What conditions contribute to the long-term sustainability of this approach among Victorian rural-Aboriginal communities, and Aboriginal young people?
3. How generalisable are the learnings in these settings?
4. How do these learnings compare with documented findings in other settings and locations?
5. To what degree can the *Smart and Deadly* approach be transferred to other rural and remote Indigenous community settings in Australia and elsewhere?

Ethics approval was gained to commence the evaluation on the 24th September 2013. Community consultation planning processes were initiated in October 2013, with the aim of commencing interviews in early 2014.



BENDIGO-LODDON: CAPACITY STRENGTHENING IN MONITORING AND EVALUATION FOR SEXUAL HEALTH

CERSH was invited by the Bendigo Loddon Primary Care Partnership Sexual Health Task Group to support member agencies in the design and implementation of program monitoring and evaluation activities. Presentations to the Task Group members on program logic were subsequently made by CERSH at the September 2013 and November 2013 meetings. In addition, one-on-one support to the Primary Care Partnership Health Promotion and Planning Unit and to the Headspace WayOut program for specific sexual health event evaluation design was provided following those meetings. This has resulted in requests for on-going support for embedding monitoring and evaluation frameworks for learning and dissemination into agency strategic and annual operational plans, for implementation in 2014.

CONDOM VENDING MACHINES: HUME REGION

CERSH continued in 2013 to monitor the successful partnership with two rural Shires, Campaspe and City of Greater Shepparton in the Hume region for the Condom Vending Machine (CVM) project. Strathbogie Shire was unable to fulfill the requirements of the MOU with CERSH due to staff shortages in 2013 and it was most unfortunate that the machines had to be removed from Violet Town and Nagambie as a result. CERSH subsequently focused on other appropriate and committed rural Shires in the Hume region to re-install the condom vending machines from the Strathbogie Shire into another area that had the capacity to meet the requirements of the MOU. This will allow twenty four hour access to condoms for young people in the local government area that agrees to partner with CERSH at some time in the future.

During 2013 the City of Greater Shepparton has had incidents of extreme vandalism resulting in machines having to be removed for major repairs or replacement. The Shire remains committed to CVMs as a public health measure and will continue with CERSH to provide this public health strategy into the future. CERSH met with the staff from the City of Greater Shepparton to ensure their ongoing commitment to this project and to review alternative placement locations for the CVMs in the future as a way to potentially interrupt this extreme vandalism. Robust cages to cover the CVMs have also been considered by the City of Greater Shepparton as a way to reduce vandalism and the frequency that the machines are inspected and monies collected increased to ensure any damage or graffiti is promptly observed and attended to.

DEVELOPING MECHANISMS FOR THE TRANSLATION OF CERSH FINDINGS AND ACHIEVEMENTS THROUGHOUT THE STATE

CERSH has continued to work hard during 2013 to ensure that achievements can be translated to other regions of Victoria. The strategies used have been:

1. All CERSH projects have included a priority to consider the translation of project outcomes across the State. CERSH has focused on building evidence to ensure best practice for service delivery and community engagement and has developed models and systems of practice over the past five years that support the translation of successful strategies to other regional areas.
2. The Centre has actively sought access to existing mechanisms to assist or facilitate translation of CERSH findings more broadly across the State.

These mechanisms have included:

- Working with Primary Care Partnerships to facilitate coordination of groups and networks;
- Engagement with DHS regional networks;
- Engagement with Medicare Locals;
- Engagement where possible with education (DEECD) networks;
- Engagement with established rural networks.

CERSH ONLINE

The CERSH website continues to be developed, in terms of resources and information available, as well as accessibility. During 2013 we continued working with an external company to develop a new website which would assist us in producing video resources, e-tools and other communication mechanisms aimed at improving our reach in health promotion and workforce capacity building for health and allied professionals living in regional Victoria and beyond. 2014 will see the launch of the new CERSH website.

Key Activities for 2014 – Looking Forward

The key activities planned for 2014 extend from the relationships and successes of 2013 and the continued support of the Department of Health Victoria through our funding agreement (2012 – 2016). These include:

- The continued workforce development program directed towards rural health professionals working in community, private and public sector services across both the Hume and Loddon Mallee regions
- The completion of the new CERSH website
- The continued strategic coordination, delivery and evaluation of health promotion activities with a significant focus on our identified target groups throughout the Hume and Loddon Mallee regions
- The completion of the evaluation of two significant Aboriginal health promotion projects.

Completed Academic publications in 2013

1. **Tomnay JE and Hatch B.** Council-supported condom vending machines: are they acceptable to rural communities? *Sexual Health* (2013) 10, 465–466 <http://dx.doi.org/10.1071/SH13050>
2. McEwan A, **Crouch A**, Robertson H and Fagan P. The Torres Indigenous Hip Hop Project: evaluating the use of performing arts as a medium for sexual health promotion *Health Promotion Journal of Australia* - <http://dx.doi.org/10.1071/HE12924> Published online: 9 May 2013
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Presentations in 2013

1. **Tomnay, JE**, Bourke, L. & Fairley, CK. Exploring the acceptability of online STI testing for rural young people in Victoria. Invited presentation Australasian Sexual Health Conference, Darwin 2013.
2. **Tomnay, JE**, Bourke, L. & Fairley, CK. Exploring the acceptability of online STI testing for rural young people in Victoria. Poster presentation at the IUSTI & AIDS World Congress, Vienna 2013.

CERSH partners and collaborators in 2013

(in alphabetical order)

PARTNERS 2013

Albury Wodonga Aboriginal Health Service (AWAHS)

Australasian Sexual Health Medicine (ASHM)

Australian Research Centre in Sex Health and Society (ARCSHS), La Trobe University

Bendigo and District Aboriginal Cooperative (BDAC)

Deakin University Faculty of Arts and Education

Department of Health Victoria

Melbourne Sexual Health Centre

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

COLLABORATORS 2013

Albury Wodonga Aboriginal Community Working Party

Bendigo Loddon Primary Care Partnership

Bendigo Loddon Primary Care Partnership Sexual Health Task Group

Bendigo Community Health Services – Settlement Services Program

Bendigo Health – Women’s Health Services

Brophy Family and Youth Services

Campaspe Shire

City of Greater Shepparton Shire

Cobaw Community Health – Wayout program

Country Awareness Network (CAN)

Family Planning Victoria – Loddon Mallee Project

Gateway Community Health Services

Gay and Lesbian Victoria, La Trobe University

Golden City Support Services

Goulburn Valley Health

Goulburn Valley Medicare Local

Griggmedia

Heathcote Health

Hume Medicare Local

Ilbbijerri Theatre Company

Latrobe University Bendigo – Rural School of Health Sciences

La Trobe University, Melbourne Faculty of Health Sciences

Loddon Campaspe Centre Against Sexual Assault

Loddon Mallee Murray Medicare Local

Multicultural Health and Support Services

Monash University Faculty of Education

Mungabareena Aboriginal Corporation

Numurkah District Health Service

Primary Care Connect

Royal Women’s Hospital – Choices Clinic and Pregnancy Advisory Service

Sexual Health Society of Victoria

Shepparton Medical Centre

Strathfieldsaye Primary Health Services

Uniting Care Cutting Edge-Diversity and CALD

Victorian Aboriginal Education Association Inc

Women’s Health Loddon Mallee

Wulumperi Aboriginal and Torres Strait Islander Sexual Health Unit

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