

RURAL HEALTH ACADEMIC CENTRE
- MELBOURNE MEDICAL SCHOOL

ANNUAL REPORT 2014

Centre for
Excellence
in Rural
Sexual
Health



THE UNIVERSITY OF
MELBOURNE

FUNDED
BY THE
DEPARTMENT
OF HEALTH
VICTORIA



Purpose of the annual report:

This 2014 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 2014. This report is also a requirement as stipulated in the service agreement between the Department of Health Victoria and the University of Melbourne.

Table of Contents

Executive Summary 2

Vision..... 4

Purpose and Priorities 4

Key Objectives..... 4

Report from Director..... 5

Governance 6

Regions 7

CERSH Staff team during 2014..... 8

CERSH Key Milestones for 2014 9

CERSH partners and Collaborators in 2014 28

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 2014. 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 and Human Services Victoria, has an advisory group comprising academic, government and community representatives from the Hume and Loddon Mallee Regions of the Victorian Department of Health and Human Services 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 2014 are reported in this document under three key objectives:

PARTNERSHIPS AND COLLABORATION

The continued success of the Sexual Health Network: Goulburn Valley and northeast Victoria with a total of 131 participants attending four meetings during 2014. The meetings covered the following topics of interest:

- What's new: clinical and health promotion initiatives and innovations in Goulburn Valley and NE Victoria
- Working with Complexity
- Current Health Promotion and Research Opportunities
- Responding to sexual assault in the context of sexual and reproductive health care

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

Throughout 2014 CERSH also held regular professional development seminars for rural workers. A total of 788 participants attended at least one of these seminars, including doctors, nurses, medical students, allied health professionals, front line rural workers and students.

The seminars covered the following topics of interest:

- Working with very young clients aged less than 16 years
- Clients with an intellectual disability and their sexual health
- The role of the GP in facilitating termination of pregnancy
- Sexual Health clinical management and STI testing for nurses and Aboriginal Health workers
- Sexual Health in Community Pharmacy
- Understanding inclusive practice focusing on LGBTI communities
- Men's sexual health and opportunistic STI testing
- Rural Adolescent sexual health issues
- Creating an online learning module for rural doctors and GPs.

Another important achievement in 2014 in rural workforce development was the consolidation of the Rural Sexual Health Nurse Practitioner model for service delivery. The endorsement of Suzanne Wallis in this role in the previous year created the opportunity to expand specialist sexual health services to vulnerable and difficult to reach rural communities in Northeast Victoria. It is hoped that there will be ongoing commitment to the funding of this role by Goulburn Valley Health following the completion of the MOU between CERSH and Goulburn Valley Health in June 2016. This will demonstrate sustained increased workforce capacity in action.

SEXUAL HEALTH PROMOTION AND LITERACY

CERSH developed and/or completed five health promotion strategies throughout 2014. 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 also features 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. CERSH has contributed expertise to the development of a monitoring and evaluation framework for the project, including measures of the cultural integrity of the resource design, development, validation and dissemination processes.
- **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, in collaboration with VACCHO and local Aboriginal community agencies in Wodonga was undertaken by CERSH throughout 2014
- **Bendigo-Loddon:** Capacity strengthening in monitoring and evaluation for sexual health - CERSH continued in 2014 to support the Bendigo Loddon Primary Care Partnership Sexual Health Task Group member agencies in the design and implementation of program monitoring and evaluation activities. General presentations to the Task Group members on program logic were subsequently made by CERSH on several occasions. 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 again provided. Design support was also provided to a Task Group Chlamydia project, focusing on the development of a youth engagement process to guide health promotion and education resource development. Design support was also provided to Bendigo Community Health and Bendigo TAFE to guide the development of a male trade apprentices (sexual) health clinic and research project.
- **Condom Vending Machines:** Loddon Mallee Region - The condom vending machine program was rolled out, in partnership with local councils, in the Loddon Mallee region throughout 2014. This program aims to replicate the successes of the previous CERSH project in the Hume region
- **Ilbjerri Theatre Production:** North West of Nowhere. CERSH is committed to value adding to sexual health promotion activities / education and training at the local level and as such optimized the opportunity to partner with Ilbjerri to bring their most recent work to the Loddon Mallee Region. In this instance, CERSH aimed to capitalise the potential of the show as a health promotion mechanism to raise sexual health awareness, particularly with young people; and to support local communities and existing service system responsiveness. 'North West of Nowhere' was a 45 minute performance that was 'raw, honest and took a fresh approach to raising awareness of sexual health and the importance of respectful sexual relationships.' It was specifically written for secondary school audiences with its primary focus for Indigenous audiences, but with relevance to 'mainstream' communities. During the tour within the LMR, CERSH played a key role in ensuring the flow of information relevant to and from the local community sector to Ilbjerri support staff, and to hosting communities and schools. CERSH also provided technical support to the Ilbjerri Theatre Company's evaluation survey design at the conclusion of the regional tour.

INTO THE FUTURE... 2015 AND BEYOND

The key activities planned for 2015 extend from the relationships and successes of 2014 (and the previous years) and the continued support of the Department of Health and Human Services Victoria through our funding agreement. These include:

- The delivery of the second Rural Sexual Health Conference titled "SEXrurality 2015" which will showcase rural innovations and achievements in sexual health and will be held in Bendigo.
- 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, in particular on line teaching modules for rural doctors and GPs;
- 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;

INTO THE FUTURE... 2015 AND BEYOND (cont.)

- In 2015, CERSH is undertaking two research projects that will contribute significantly to informing the overarching question “what key elements define a well-functioning rural sexual health service system?”
 - The first research project will explore three different models of sexual health service delivery, operating in rural Victoria, to understand how different sexual health service models work, for which priority population groups, and in what contexts. This research will improve sexual health outcomes for rural people, particularly the priority groups of sexually active rural young people and women of childbearing age, through the provision of evidence that can inform both policy makers, providers of rural sexual health services, and other stakeholders.
 - The second research project is based in Wodonga and will focus on understanding the systems, stakeholders, and interventions that play a role in contributing to the sexual health and wellbeing of rural young people attending formal education environments.

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 Department of Health and Human Services regions in rural Victoria. In achieving this, the Centre's priorities are to:

- 1** Build partnerships and collaboration aimed at developing a co-ordinated and integrated systems approach across the Hume and Loddon Mallee regions
- 2** Enhance workforce capacity through professional development opportunities and knowledge sharing
- 3** Ensure co-ordinated health promotion programs and activities aimed at achieving resource maximization and prevention of duplication

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 2014:

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, Melbourne Medical School continued to deliver sexual health leadership in rural Victoria throughout 2014. The activities of CERSH reported in this 2014 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.

Throughout 2014 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 solidified 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 2014. 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 continued leadership throughout 2014.

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 2014.

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 and Human Services Victoria, particularly Jenny Ejlak and Darryl Kosch for their ongoing expertise offered throughout the year to CERSH. I would particularly like to thank our regional partners at the Department of Health and Human Services, De Gilby, Public Health Manager in the Loddon Mallee Region Bendigo Office and Sandy Geddes, Program Manager Public Health and Well Being in the Hume Region Wodonga office for their continued support of CERSH and their valuable contributions offered throughout 2014.



Associate Professor Jane Tomnay

Governance

CERSH is funded by the Department of Health and Human Services 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 has also established a location of activity within the Loddon Mallee region based at the School of Rural Health, Latrobe University, Bendigo Campus.

The CERSH advisory group included representative members from key organisations situated in the Hume and Loddon Mallee regions and was completed in 2014 due to the fact that CERSH is now well established in rural Victoria. CERSH will continue to maintain strong day to day partnerships and collaborations with key agencies, networks and individuals within both regions and meet the reporting responsibilities and requirements with the Department of Health and Human Services Victoria.

MEMBERSHIP OF THE CERSH ADVISORY GROUP (2014):

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. Sandy Geddis:

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 Waples 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).

THE HUME REGION – NORTHEAST VICTORIA

The Hume Region as defined by the Department of Health and Human Services Victoria includes four Primary Care Partnerships (PCP's) - Upper Hume PCP, Central Hume PCP, Lower Hume PCP and the Goulburn Valley PCP and encompasses twelve local government areas (LGA's). The Hume Region covers north eastern Victoria and the Goulburn Valley and is bounded by the Murray River to the north and metropolitan Melbourne rural fringe to the south. It is geographically diverse including major parts of Victoria's alpine areas, some relatively remote farming communities and the major regional centres of Wodonga, Wangaratta and Shepparton. Hume contains twelve local government areas.

THE LODDON MALLEE REGION – CENTRAL NORTH VICTORIA

The Loddon Mallee region (LMR) 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 region encompasses ten Local Government councils. The Loddon Mallee Region has five Victorian Primary Care Partnership (PCP) offices within its boundary:

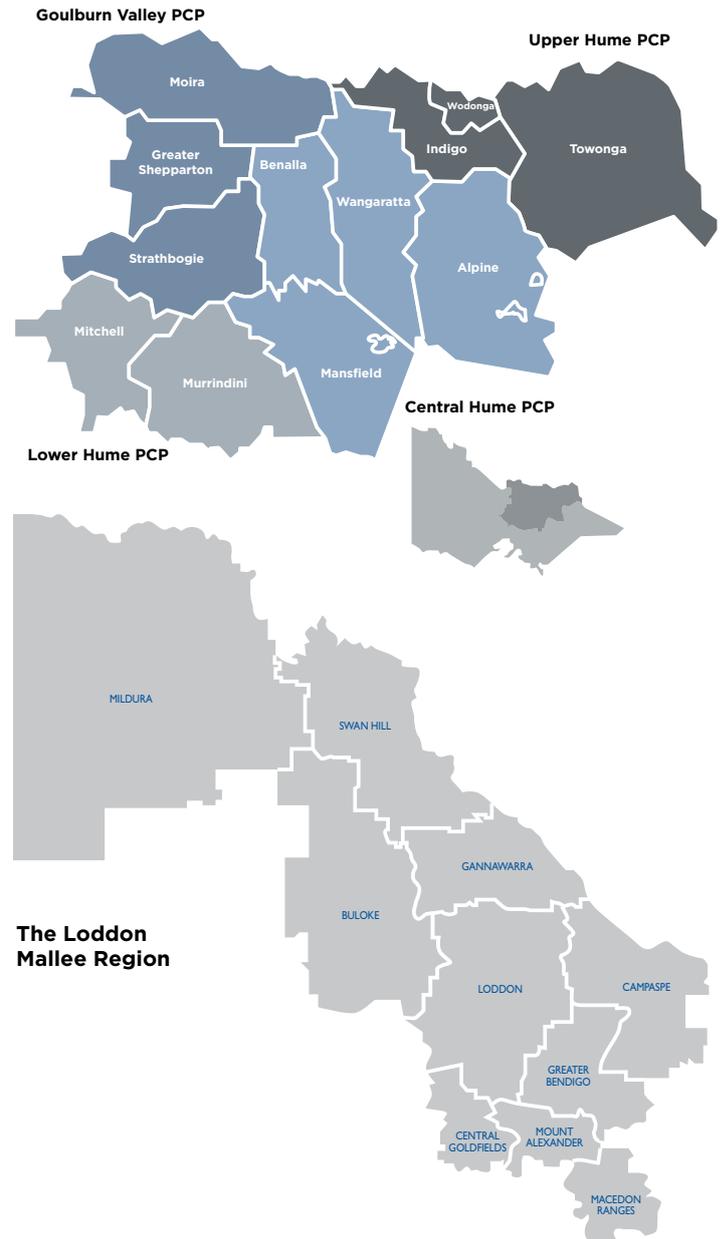
The Northern Mallee Primary Care Partnership is situated in the North West of Victoria, a regional area bordering NSW and South Australia. The Northern Mallee covers the Mildura Rural City Council region and Robinvale (Swan Hill Rural City Council). The area is approximately 22,090km² incorporating the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

Regions



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 2014



DIRECTOR:
Associate
Professor
Jane Tomnay



**SENIOR HEALTH
PROMOTION
MANAGER:**
Kylie Stephens



**SENIOR
RESEARCH
FELLOW:**
Dr. Alan Crouch



**SEXUAL
HEALTH
PHYSICIAN:**
Dr. Siobhan
Bourke



**RESEARCH
FELLOW:**
Dr. Alana Hulme
Chambers



**SENIOR
PROJECT CO-OR-
DINATOR (HUME -
RETIRED):**
Beth Hatch



**SENIOR PROJECT
CO-ORDINATOR
(LODDON
MALLEE):**
Louise Holland



**SEXUAL HEALTH
AND WELLBEING
PROJECT OFFICER
(LODDON MALLEE):**
Tara Gilbee

CERSH Key Milestones for 2014

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 2014 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.

THE KEY MILESTONES ACHIEVED BY CERSH IN 2014 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;

Continued success throughout 2014 in the attendance at CERSH regular professional development seminars for rural workers;

The building of a research program towards an improved understanding of "what constitutes a well functioning rural sexual health service system?"

Launch of the updated CERSH website

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: Loddon Mallee Region
- 6** Support of Ilbijerri Theatre company LMR Tour

KEY ACTIVITIES IN 2014

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 2014. 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.

What's new: clinical and health promotion initiatives and innovations in Goulburn Valley and NE Victoria

The February meeting was attended by 30 participants. "What's new: clinical and health promotion initiatives and innovations in Goulburn Valley and NE Victoria" presentations were given by a number of local organizations and included strategies and tools developed to conduct a needs analysis with young people, and research, planning, monitoring and evaluation strategies. A review of the 2013 sexual health network meetings was facilitated and network members indicated that they valued the diverse professional backgrounds that bring a richness to discussions and presentations; the mix of specialist presentations and locally based presentations; the fostering of the links between research and practice; and the networking and partnership opportunities that evolve and flourish.



WORKING WITH COMPLEXITY

The May meeting was attended by 23 participants. The primary focus of the meeting was on the presentation of a range of case studies by local workers. A facilitation process was adopted to help create robust and constructive discussion, generate possible solutions and ensure presentations complied with the privacy legislation. A summary of the recently released ARCSHS National Survey of Australian Secondary Students & Sexual Health 2013, and an update of the progress of the 'Well-Functioning Rural Sexual Health Service System' research was also presented.

Current Health Promotion and Research Opportunities

The August meeting was attended by 24 participants and the key topics presented were: iRespect: Helping Young Men Develop Respectful Relationships Smartphone App Development & Feasibility Study by Cynthia Brown, PhD Candidate, The University of Melbourne; a report from "Supporting Rural Women Experiencing Unplanned Pregnancy and Abortion" training day including an update about local service system development and further training opportunities; an update about the Young Peoples Toolkit and a presentation about how technology can support the well-being of young people; presentation by Dr Giselle Darling about menopause; and reports from those who attended the AIDS2014 conference including presentation of new resources.



SNAPSHOT	
FEBRUARY	30 PARTICIPANTS
MAY	23 PARTICIPANTS
AUGUST	24 PARTICIPANTS
DECEMBER	25 PARTICIPANTS
TOTAL:	131 PARTICIPANTS

RESPONDING TO SEXUAL ASSAULT IN THE CONTEXT OF SEXUAL AND REPRODUCTIVE HEALTH CARE

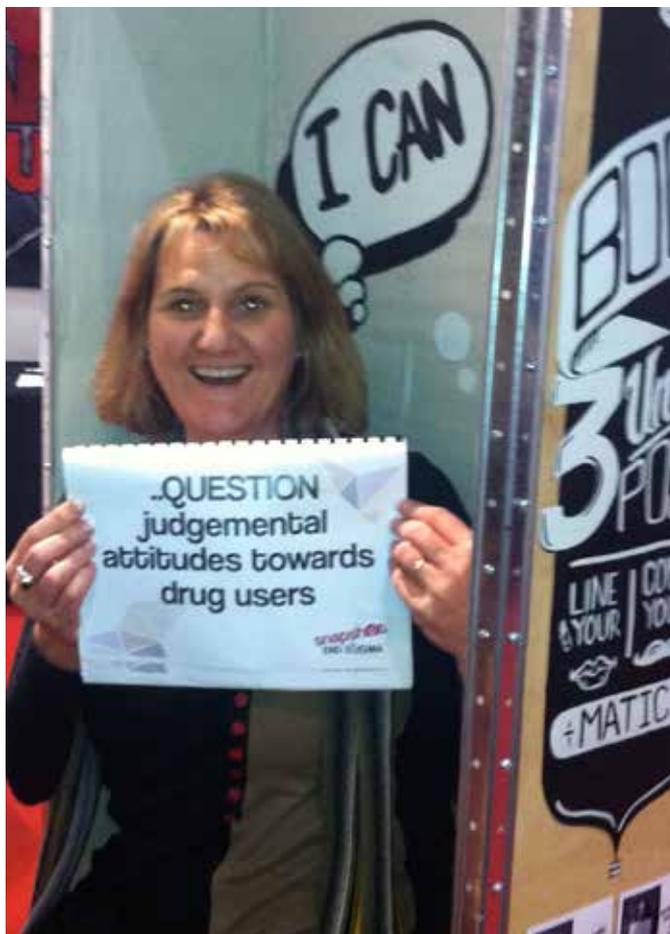
The December meeting included a workshop 'Responding to sexual assault in the context of sexual and reproductive health care' facilitated by the Centre Against Violence; and a presentation and discussion by Dr Cathy Vaughan from the Centre for Women's Health, Gender and Society, Melbourne School of Population and Global Health and Dr Chris Bayley from The Royal Women's Hospital about the recently released research 'Female Genital Mutilation/Cutting in Regional Victoria: Research to Practice'.

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

In 2014 CERSH continued to strengthen existing partnerships with agencies in the Loddon Mallee region to undertake workforce development and health promotion. 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 2014- 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 2014 by supporting the evaluation of health promotion activities for some membership agencies.

CERSH continued to strengthen its pre-existing relationship with the Country Awareness Network and negotiated areas of mutual interest and identified opportunities for potential future collaboration.



CERSH ENGAGEMENT WITH STAKEHOLDERS THROUGHOUT THE LMR.

In September CERSH contacted the organising committee of the Department of Health - Loddon Mallee Region - Prevention Conference, to express an interest in hosting a Breakfast meeting before the full day conference.

The purpose of this meeting was to gauge attendee's interest in the development of a sexual health network within the Loddon Mallee Region. CERSH designed a questionnaire for workers across the region to complete. This questionnaire specifically asked questions relating to the usefulness of different types of meeting arrangements and why workers might be interested. Issues such as the barrier of geographical distance and historical partnerships were addressed with different options identified.

The Breakfast meeting was held at the All Seasons Resort in Bendigo. Associate Professor Jane Tomnay presented information summarising CERSH work in the Hume Region and more recently in the Loddon Mallee Region. The audience was invited to discuss how they would see a Sexual Health Network working within the region. Participants identified with the issue of distance as a barrier, however some described that more regular use of technology such as video conferencing and teleconferencing would enable workers to gain further confidence and competency in these areas and may become a viable option in the future. Thirteen registered participants attended; hard copies of the survey were distributed to the attendees for completion.

CERSH also surveyed relevant workers throughout the Loddon Mallee region using existing contacts and existing networks and communication forums. The results from over 80 respondents were analysed and are being used as a basis to discussion and decision making about priority areas for CERSH in the Loddon Mallee region in 2015-2016. The results also indicated a preference for three regional networks in the Loddon Mallee region. Accordingly CERSH will initiate and trial three sexual health networks in the regions in 2015.

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 2014, the Loddon Mallee Murray Medicare Local continued to work with CERSH to identify opportunities to provide professional development activities together in the Loddon Mallee region.

WORKFORCE DEVELOPMENT

OVERVIEW

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

GOAL:

During 2014 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 2014

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 and health promotion 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

April 2014: Sexual Health: Working with young people 16 years and under

CERSH in collaboration with Gateway Community Health, specifically Clinic 35, presented this professional development seminar for nurses, community and allied health workers and other interested front line workers. Working with young people under the age of sixteen years often poses uncertainty for the health care provider particularly in relation to legal, consent, privacy and confidentiality issues. The program for this seminar was specifically designed to meet the needs of rural professionals who are grappling with some or all of these issues. Topics presented included:

- Current Victorian STI Epidemiology, Treatments and Management
- Clinical Engagement, Sexual History taking and the impact of pornography
- Hepatitis C update
- Working with younger patients: Legal issues, rights and responsibilities
- Panel discussion titled “Young people, sexual health and legal issues was facilitated by CERSH. The panel was made up of people representing the Victoria Police SOCIT unit, an experienced Adolescent Sexual Health Physician and DHHS Child Protection representatives.

The panel discussion was followed by an interactive workshop in the afternoon titled “Strategies and considerations when engaging with young people in research and health promotion”.

The seminar was well attended and participants were particularly engaged throughout the sessions with regular questions and comments coming from the floor. In total, fifty three participants attended from Albury, Wodonga, Beechworth, Benalla, Shepparton, Griffith, Numurkah and Wangaratta. Evaluations were completed by thirty nine participants.

Excellent – good speakers
 Excellent Excellent day
 All speakers did an excellent job and were engaging

An example of the comments reported included;
 More of the same please – good mix of health and legal practice
 Great to have this locally
 Venue – hard to hear speakers some of the time.

MAY 2014: AN UPDATE ON MEDICAL TERMINATION OF PREGNANCY (MTO) PROCEDURES.

CERSH also hosted a GP and nurses evening in Wodonga titled *“An update on medical termination of pregnancy (MTO) procedures”*. The report of this event is found in the Sexual Health Promotion and Literacy section of this report.

LODDON MALLEE REGION

February 2014: Engagement of Practice Nurses and Aboriginal Health Workers

The pivotal role that practice nurses and Aboriginal health workers play in the identification and ongoing support for clients in regards to sexual health issues in the primary care setting is crucial. This was the basis for CERSH, in partnership with the Loddon Mallee Medicare Local, providing a specific rural focused sexual health update for Practice Nurses and Aboriginal Health Workers.

The event in February 2014 was held in Echuca and attracted 22 participants. The evening session which included a meal was welcomed by the nurses, whom many had left their places of employment to travel to the venue. Nurses came from as far as Deniliquin in NSW.



The participants actively participated in a lively presentation by Associate Professor Jane Tomnay and Louise Holland. The themes of the presentation were the broad range of sexual health issues that may present at a primary health service. The attendees were provided with an update on current epidemiology of common Sexually Transmissible Infections (STIs) in Victoria and Australia. The diagnosis, testing and treatment protocols of the most common STIs and skill building strategies for taking a comprehensive sexual health history. Also included was practical tips for understanding the process and protocols of contact tracing and partner notification. Nurses had the opportunity to contribute their ideas, experiences and thoughts to the discussion around sexual health issues in rural communities.

The evaluations indicated that the local Medicare updates were the most efficient method of delivering information. The feedback from the event was that nurses felt this event was a worthwhile learning experience and that 75% stated they strongly agreed that this event improved their understanding of sexual health issues and increased their interest in sexual health. Over half of the responders (55%) stated that this event increased their capacity to deliver sexual health services in their current workplaces.

Areas the responders identified as requiring more attention were counselling skills for nurses in relation to sexual health issues, specific sexual health history taking sessions for nurses and reproductive updates including contraception and unplanned pregnancy updates.

April 2014: Engagement of Community Pharmacists

The emerging issue of support for community pharmacists regarding information and professional practice around Sexually Transmissible Infections and sexual health was the theme of this professional development session for community pharmacists in Bendigo in April 2014.

In partnership with the University of Melbourne's Rural Pharmacy Liaison Program, Loddon Mallee Murray Medicare Local (LMMML), and the Rural Pharmacy support network, CERSH invited Ivette Aguirre, Senior Pharmacist, Melbourne Sexual Health Centre to provide a presentation to local community Pharmacists regarding this topic.



The theme of the session was “Sexual Health issues in Community Pharmacy” and a total of thirteen rural community pharmacists attended. A presentation updating the participants of the latest epidemiology of notifiable STIs in Australia and Victoria, including emerging trends, was facilitated by Associate Professor Jane Tomnay.

This was followed by a presentation by the Senior Pharmacist at Melbourne Sexual Health Centre Ivette Aguirre, updating the participants in the latest information and evidence regarding HIV and STI treatment options and included topics such as antibiotic resistance and antiviral therapy.

The Rural Pharmacy Liaison support academic Kevin De Vries then facilitated a group work exercise. A scenario was proposed and the Pharmacists were

encouraged to work through the issues presented in their small groups and then reported back to the whole group.

The evaluations completed by participants after the evening was completed, indicated that this method of professional development delivery and the topic was very relevant to the participants. All of the participants reported either “very good” or excellent in relation to their rating of the learning activities and organisation of this event. There was a 70% “Strongly Agree” response to the participants understanding of sexual health and a 50% “Strongly Agree” response that this session improved the capacity to deliver sexual health in the clinical area.

Additional comments on further education to improve confidence to address sexual health issues for pharmacists were for role play and video type sessions and strategies of how to approach talking about STIs in combination with assessing a client for Emergency Contraception.

June 2014: Relationship and sexuality rights for people with an intellectual disability.

This comprised a full day professional development seminar held in Bendigo in June 2014. This day long program was attended by fifty eight health and allied professionals across the Loddon Mallee Region and also included workers from state funded agencies travelling from Melbourne. Dr Patsy Frawley Ph D, Internationally recognised academic in this field and the Victorian Government’s Chief Practitioner for the Office of Disability; Dr. Frank Lambrick Ph D, provided the two keynote presentations. Their respective presentations highlighted the complexity of working within the field of intellectual disability and sexual health.

Respectful and sensitive clinical practice was discussed by a Bendigo medical practitioner who is an expert in youth and mental health. Associate Professor Jane Tomnay provided the audience with the most recent epidemiology regarding Sexually

Transmissible Infections. Dr. Chris Sasse used case studies to identify the challenges and joys of working with people with an intellectual disability in General Practice. The specific men with disability sexual health perspectives were presented by Bendigo’s Male Nurse Practitioner Peter Strange.

The prevention of violence and response to sexual assault issues for people with an intellectual disability was discussed by the Loddon Campaspe Centre Against Sexual Assault service. The myth that all people with an intellectual disability are heterosexual was challenged by the Bendigo WayOut worker; Kathy Dent. She challenged the audience to recognise their own assumptions and hidden stereotyping around this issue.

Educational opportunities for individuals with an intellectual disability were discussed by presenters both from state funded and locally funded agencies. Family Planning Victoria presented their range of group and individual based education sessions.

A highlight of the seminar was the presentation by the Peer educator Rebecca Davie who co-presented the “Living Safer Sexual Lives- Respectful Relationships program”. Rebecca captivated the audience with how her involvement in this program had provided her with many opportunities to expand her career as an educator.

The conclusion of the program placed the prevention lens over this complex health issue and the Senior Manager of Bendigo Community Health Services’ Prevention and Population Branch, Kaye Graves provided the audience with thought provoking data regarding the physical and emotional health of people with an intellectual disability in our community.

Evaluations of this event were overwhelmingly positive with participants acknowledging that this topic was rarely discussed and the diversity of speakers provided a wide range of information.



Participant feedback included:

“Great presentation would love for everyone in my organization to see it”

“Well done, a well-organized and interesting PD activity”

Participant suggestions for further areas to discuss included:

“Focus in capacity building for all of the community in relation to sexual health and sexuality”

“Incorporate how education services can implement this so you know where to go.”

October 2014: Understanding inclusive practice.

CERSH in partnership with Swan Hill and District Health facilitated this half day professional development seminar after local health promotion staff identified a lack of professional development training in the region in relation to Gay, Lesbian, Bi sexual, Transgender, Intersex and Queer health issues. The focus of the seminar was for participants to update their knowledge around inclusive practice principles, to identify their agencies current practices that are inclusive and to be informed of strategies to enhance inclusive practice in the workplace.

This program was attended by fifty professionals across the Loddon Mallee Region with the majority from the major agencies in the northern Mallee region. Participants also included workers from state funded agencies travelling from other regions of Victoria. Educator and researcher Dr Philomena Horsley Ph D from Gay and Lesbian Health Victoria was the key note speaker and her presentation provided the research evidence of the direct and indirect health related impact that discrimination has on people who are gender diverse within the community. In addition Dr Horsley discussed and compared legislative policy and reforms between Australia and other countries. Information regarding how agencies can access The Rainbow Tick Accreditation program was also discussed.

The WayOut team from Cobaw Community Health presented a workshop regarding the development of a draft of Statement of Cultural Safety that each agency could work towards and later present to their respective Senior Management. Way Out coordinator, Erin Ashmore, informed participants of their agency's progress towards obtaining the Rainbow Tick accreditation and spoke candidly about the joys and challenges.

The final session consisted of a panel of local health professionals, in addition to the guest presenters mentioned above. During this session local issues were discussed.

Over fifty percent of attendees provided written evaluations of this event, these were overwhelmingly positive with participants acknowledging that this topic was seldom discussed and the quality of the presentation from the speakers provided a wide range of information.

Participant feedback included:

- “Fantastic training day”,
- “This will assist with our agency’s processes around GLBTIQ issues”,
- “Thank you for this opportunity for training in our area”,
- “Excellent day”,
- “I am interested in intersex health issues”,
- “Can this be repeated in other local areas... Echuca?”

Participant suggestions for further areas to discuss included:

- “Focus in capacity building for all of the community in relation to sexual health and sexuality”
- “Incorporate how education services can implement this so you know where to go.”



October 2014: Men's sexual health education, information and opportunistic STI testing.

Rural and regional medical practices are well suited to undertake the opportunity to provide men's sexual health education, information and opportunistic STI testing. CERSH is committed to providing rural GPs and associated health professionals with the current evidence and clinical guidelines in the management of men's health.

A GP and Nurse event was held in Swan Hill to bring precisely this opportunity to rural GPs. Dr. David Lee DPH, NP from Melbourne Sexual Health Centre and Mr Tom Carter, Senior Partner Notification Officer from the Department of Human Services provided presentations relating to rural men's sexual health issues under the broader context of men's health. The theme of Dr. Lee's presentation was to provide an update on the diagnosis, testing and treatment of Sexually Transmissible Infections. The latest epidemiology and risk factors for men were identified and highlighted by Dr. Lee followed by practical hints and best practice protocols for partner notification presented by Tom Carter. CERSH worker, Louise Holland, then provided a presentation showcasing the use of current technology, such as YouTube clips and website information in assisting patients with sexual health education and information. A group of fifteen local GPs and nurses attended this seminar.

Evaluation of the seminar was overwhelmingly positive. Ninety one percent of evaluations reported having learning outcomes entirely met and eighty two percent of participant evaluations reported that the session was very relevant to their practice.

Comments from attendees included:

"Thank you for a great session, informative and sufficient for half a day"

"Thank you for coming to regional Victoria"

"A great opportunity to network with others who work locally"

"Loved the You Tube video"

SNAPSHOT OF REGIONAL PROFESSIONAL DEVELOPMENT ACTIVITIES BY CERSH IN THE LODDON MALLEE REGION 2014

ENGAGEMENT OF PRACTICE NURSES AND ABORIGINAL HEALTH WORKERS = 22 PARTICIPANTS

ENGAGEMENT OF COMMUNITY PHARMACISTS = 13 PARTICIPANTS

RELATIONSHIP AND SEXUALITY RIGHTS FOR PEOPLE WITH AN INTELLECTUAL DISABILITY= 58 PARTICIPANTS.

UNDERSTANDING INCLUSIVE PRACTICE= 50 PARTICIPANTS

MEN'S SEXUAL HEALTH EDUCATION, INFORMATION AND OPPORTUNISTIC STI TESTING= 15 PARTICIPANTS

RURAL ADOLESCENT SEXUAL HEALTH ISSUES= 15 PARTICIPANTS

IN TOTAL: 173 PARTICIPANTS

November 2014: Rural adolescent sexual health issues

This seminar for GPs and other health professionals was held in Charlton and co-ordinated by CERSH and the Loddon Mallee Murray Medicare Local. Dr Siobhan Bourke, Sexual Health Physician from CERSH provided a presentation about rural sexual health. Her presentation included the recent epidemiology, current best practice treatments and strategies to engage adolescents in primary health settings and educational settings.

The event was attended by fifteen local professionals including the local GP, school nurses, community health nurses and educators. Vibrant conversations were held during the dinner event, concerns raised during the session included; access to sexual health clinical services for rural teenagers, cost of medical services, 24 hour access to condoms, and the awareness by young people of the health consequences of unprotected sexual activity. CERSH informed the participants about the planned Condom Vending Machine project in the Buloke Shire and the current progress being made. Evaluation of the session included unanimous positive feedback about having expert clinical updates presented in a local rural town.



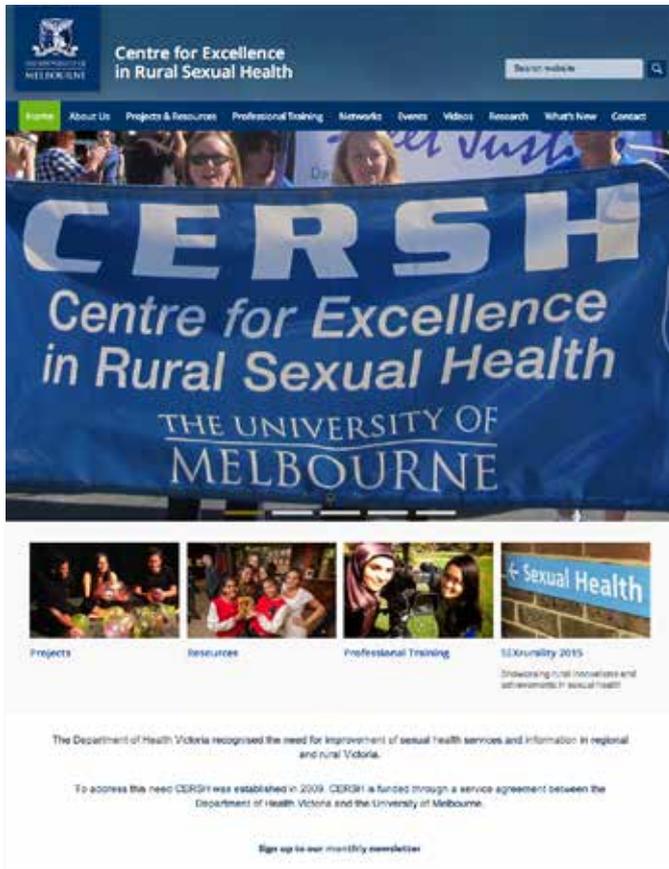
Responses included comments such as:

"...” informative discussions about the many aspects of adolescent health issues such as legal, medical social and public”.

“presenter engaged all professional capacities from GPs to community reps, terrific”.

Future topics suggested by the participants were gender identity issues in children and mental health impacts on sexual health.

TAKING CERSH PROFESSIONAL DEVELOPMENT AND EDUCATIONAL SEMINARS ON LINE



GOAL

The rural health workforce (like all health workforce) require continuing professional education. Not only to maintain their professional accreditation but to delivered accurate and up to date services to their clients. CERSH has been working on delivering sexual health education to health professionals online which will enable a broad reach across a large geographic area and provide convenience of access for health professionals.

OBJECTIVES

There is a extensive range of health education on line and indeed sexual health education is well represented but specific education about rural sexual health has yet to be delivered. CERSH aims to develop online education modules suitable for medical, nursing, pharmaceutical and allied health professionals exploring the ideas of sexual health that particularly pertain to the rural environment.

Teaching and Learning: Online

In the second half of 2014, CERSH initiated a partnership with the Australian College of Rural and Remote Medicine (ACRRM) to aid with the development of online education modules for rural practitioners who are both ACRRM members and non-members.

CERSH has worked on the development of education modules concentrating on areas of rural sexual health that will have a different context to urban sexual health, namely:

- Confidentiality and privacy
- Access and trust
- Youth and rural sexual health
- Sexual diversity
- Family planning
- Testing and treatment
- Contact tracing in small communities

CERSH now has an accredited education provider status with the Royal Australian College of General Practice (RACGP) and as such, the learning modules will be developed to a standard deemed necessary for the RACGP. CERSH education will attract continuing medical education (CME) points for members of RACGP and for ACRRM members through our partnership agreements. Individual agencies representing other health practitioners will be approached for accreditation once the modules are complete. This is a necessary requirement for other professionals such as nurses and gynaecologists.

Work has been commenced on the development of the content and setting up of the modules, and the IT specifics of their presentation on line. These modules will also be accessible through links on the CERSH website and other agencies websites of the target audience.

Teaching and Learning: Allied Health

CERSH staff provided lectures focusing on rural sexual health to students in the University of Melbourne Masters of Public Health and Masters of Adolescent Health and Welfare courses. Approximately fifty students attended the lectures or accessed the presentations on-line in each subject.

The CERSH Senior Research Fellow provided mentorship to a University of Melbourne Master of Public Health student undertaking a Professional Practice Unit in Aboriginal Sexual Health Promotion between April and September, 2014

Teaching and Learning: Medical Students

The University Department of Rural Health (UDRH) provided Rural Health teaching both in a "face to face" environment in the first half of the year and through the development of an online learning module during the second half of the year. CERSH staff contributed to both of these teaching strategies by providing face to face lectures and also contributing to the content of the online learning module. A total of 206 medical students from the Royal Melbourne, the Northern, the Western and St Vincents Campuses attended the face to face lectures.

CERSH SUPPORT FOR RURAL DOCTORS, NURSES AND CLINIC ADMINISTRATION STAFF TO BUILD CLINICAL SEXUAL HEALTH SKILLS AT MSHC

Following a professional development workshop facilitated by CERSH and presented by Dr. Siobhan Bourke in 2014, a rural medical practice committed to attending opportunities facilitated by CERSH for doctors and nurses to attend Melbourne Sexual Health Clinic to update clinical skills. St Anthony Family Medical Practice; comprises of five practices in separate locations throughout rural Victoria. These are in Strathfieldsaye, Heathcote, Rochester, Elmore and Boort. Over a three month period in 2014 ten doctors and six nurses travelled to Melbourne to the Melbourne Sexual Health Centre to attend clinical work experience and to network with specialist staff. Reports from the health professionals who attended this training stated that these opportunities are important for updating of knowledge and skills in this specialist health area.

SNAPSHOT OF BUILDING CLINICAL SKILLS THROUGH SPECIALIST MENTORING: RURAL DOCTORS AND NURSE 2014

PARTICIPANTS: DOCTORS: 10

PARTICIPANTS: NURSES: 6

IN TOTAL: 16 PARTICIPANTS

PARTNERSHIPS TO IMPROVE ACCESS TO SPECIALIST INFECTIOUS DISEASES SERVICES IN NE VICTORIA.

Throughout 2014, CERSH continued to work closely with staff at the Shepparton Medical Centre (SMC) in the areas of Sexual Health, HIV, 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 2014, with the client base continuing to grow and local medical officers continuing to refer patients to this locally established service. Over time Dr. Schulz has seen a steady increase in the number of HIV patients under his care in Shepparton and also has regularly used a portable fibroscan for assessment of patients with Hepatitis. The portable fibroscan is the only one of its kind being used in Victoria and has reduced the need for rural patients to travel to Melbourne to access this service.

Also, Dr. Schulz continues to provide a clinical service at Rumbalara Aboriginal Health Service in Mooroolbarna to ensure the provision of regular infectious diseases services (focusing on Hepatitis) for Aboriginal people living in Northeast Victoria during 2014.

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.

The Rural Sexual Health Nurse Practitioner (RSHNP) is a clinically focused role, set within a primary care / community framework with a predominantly outreach model of care.

As such the provision of a clinical service at GV Health was continued during 2014, as well as being a resource to the women's health nurses, nurse cervical screening providers, practice nurses and school nurses. Also during 2014 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 2014 the following tasks have been undertaken in the domains required for Nurse Practitioner competencies.

CLINICAL

Extensions to scope of practice

- Follow-up and management of clients commenced on nPEP in the Emergency Department
- PBS prescribing
- Ordering of pathology
- Private practice clinic, Medicare bulk billed, at headspace Shepparton, The Bridge, Shepparton and Seymour
- Outreach youth clinics to two Secondary Colleges in the Hume region
- Referral to Specialist clinics
- Treatment for identified infections

RESEARCH

- 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 and acceptance of an oral presentation at 22nd International Symposium on the Forensic Sciences of the Australian and New Zealand Forensic Science Society, Adelaide.

Presentation 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)

- Submission of an abstract and acceptance of a poster presentation at 2014 Australasian Sexual Health Conference, Sydney. Presentation title: Taking care of me. (Authors: Wallis S, Forrester S, Lloyd D, Metcalf M, Stanbrook L, Stevens D)
- Involvement in oral presentation given by J Tomnay at AIDS2014, Melbourne. Presentation title: Stepping beyond the city. (Authors: Tomnay J, Wallis S, Stephens K)

CURRENT RESEARCH

- 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
- Obtained grant from WHGNE to host an International Women's Day breakfast
- Deliver numerous professional development education sessions on sexual and reproductive health and the Nurse
- Practitioner role to internal business units.

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: Executive 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)
- Invited speaker at FAMSACA hosted breakfast meeting at the 2014 Australasian Sexual Health Conference, Sydney.

- Video interview used as part of the new suite of online resources on Sexual Assault and Domestic Violence by 1800RESPECT, Medicare.

Mentoring

The Rural Sexual Health Practitioner has throughout 2014 provided mentoring to all levels of medical and health care professionals on sexual health care across community and educational settings in order to enhance both the delivery of sexual health care and embed the role of sexual health nurse practitioners in rural and regional communities.

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

Clinical support has also been provided to the Emergency Department and the Gynaecology clinic, GV Health.

Evaluation / Feedback

A focus group of secondary school students provided much positive feedback for the outreach service and evaluation of the effectiveness of sexual health service provision and care that is responsive to the needs of the community. This service is ongoing.

SUMMARY

In summary, 788 participants attended CERSH activities aimed at building rural workforce capacity in sexual health in 2014. The fact that CERSH delivered professional development opportunities in varied locations across two separate Department of Health and Human Services regions during 2014 resulted in a higher number of participants attending as compared to 2013. Also, the participants attending in 2014 continued to provide overall positive evaluation and feedback after each learning opportunity.

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 2014 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 2014**SUPPORTING RURAL WOMEN EXPERIENCING UNPLANNED PREGNANCY AND ABORTION**

In response to the strong interest in 2013 by local health practitioners, CERSH worked in partnership with a range of organisations and practitioners in 2014 to improve the services and support provided for rural women experiencing unplanned pregnancy and abortion in regional Victoria, with a focus on Goulburn Valley and north east Victoria.

In March, a meeting was held at The Women's Hospital to discuss the viability of metropolitan agencies - The Royal Women's (RWH), Fertility Control Clinic (FCC) and Family Planning Victoria (FPV) - contributing to developing, in partnership with CERSH, affordable, accessible training delivered in northeast Victoria.

KNOWLEDGE AND SKILLS TO SUPPORT RURAL WOMEN EXPERIENCING UNPLANNED PREGNANCY AND ABORTION

A pilot training program, informed by a training needs analysis, was held in Benalla in June 2014 to increase practitioner's knowledge and skills to support rural women experiencing unplanned pregnancy and abortion. The training day was co-facilitated by all partner organisations, and attended by 50 workers.

An evaluation summary of the training day indicated a high degree of satisfaction with the training offered, and some ideas for improvement.

Just by having this day rurally helps to keep rural issues in the picture, so thanks for being advocates and supporters in providing rural PD training etc.

Increased knowledge of termination options - both medical and surgical for young people, with correct information re cost, process and support options available if needing to travel to Melb.

Responses to the four month follow up evaluation identified an increase in knowledge, the development of referral pathways and partnerships, and the establishment of some MTOP services. This work in rural communities has also resulted in FCC and RWH inviting professionals to come to their service in Melbourne for further experience.

We have put processes in place to ensure all women who have an unplanned pregnancy receive 'options counselling' with a trained nurse, GP or counsellor.

The networking of regional and rural health workers is a priority as it can overcome the tyranny of distance with contacts a phone call or email away. It is always useful to be able to put a face to a name.

Locally, we chose to implement the same procedure (as another GP clinic in same region) for services offering MTOP. Thus far, we are also

using the same pharmacy. The streamlined process was implemented with the intention of being able to adjust to service provider needs. We are also able to share our experiences, and discuss what is working, and what could work better.

Since the workshop, metro service providers have been very helpful facilitating procedures for our clients, and we have also noted better communication (e.g. discharge summaries.).

The Working Group reconvened in August to discuss the future of this work in rural Victoria. Marie Stopes Australia International also attended this meeting to discuss the role they may play in supporting future work.

CLINICAL TRAINING: THE ROLE OF RURAL GP PRACTICES IN FACILITATING EARLY PREGNANCY TERMINATION

In partnership with the relevant Medicare Locals (Hume, Goulburn Valley and Loddon Murray Mallee), CERSH organised three regional GP and nurse practitioners professional development evenings in 2014 facilitated by Dr Paddy Moore. The presentation included an update on MTOP procedures, GP training requirements for MTOP, the role of GP practices in managing medical termination of pregnancy and support offered for GPs offering MTOP. She discussed how rural GPs could liaise with the public hospitals in managing the infrequent emergency complications.

Seventeen GPs and nurses attended the Wodonga training in May and a follow up meeting was held with 10 interested GPs, specialists and nurses to share establishment procedures and pathways. There are now an estimated 5 additional GPs in Albury/Wodonga & Wangaratta regions that have completed the prescriber training and are now registered for MTOP. Protocols with chemists and ultrasonographers are established. Two GP clinics are committed to affordable MTOP, have shared their procedures, offer bulk billing, and have arrangements with bulk billing ultrasonographers. The practice nurse coordinates the process. The total cost for a MTOP is the cost of the two scripts for mifepristone and misoprostol.

Now offer medical terminations under 7 weeks fully bulk billed.

(We have) Links with a OBS/GYN consultant. We see his termination patients (bulk billed). He will ultrasound ours free and that day. Additionally, if we encounter a complication he will see them first rather than they present to ED.

With no Medicare Card, bulk billing is unavailable so the cost is \$300.00. There have been newly arrived women in this region who have paid the \$300.

Ten participants attended the Shepparton training in September, and there was valuable discussion about the capacity to strengthen the existing service system. Goulburn Valley Medicare Local and CERSH have agreed to provide follow up support. The Castlemaine training was attended by 24 GPs and nurses in October and a number of GPs are currently looking at the

practical steps in registering as MTOP providers and working through the related insurance issues. A local GP registered provider shared her practice's experience in setting up a medical termination service and the strategies they used to negotiate with critical partners such as pharmacies and radiology services.

SHARING THE LEARNINGS FROM REGIONAL VICTORIA

Dr Paddy Moore (The Women's) and Kylie Stephens (CERSH) presented a paper "Can We Decentralise Abortion Services In Victoria? A case study of collaboration in Northeast Victoria" at the PHAA National Sexual and Reproductive Health Conference in November. The presentation included the observation that each rural locality has the capacity to generate its own unique processes and solutions to establish and coordinate a MTOP service model utilising existing relationships and networks.

The presentation also highlighted the role that nurses play - whether it is the practice nurses that take on the role of developing systems and processes and supporting GPs, or school and community based nurses who ably support women experiencing unplanned pregnancy and abortion to navigate the often complex processes. Their role in rural communities is often understated and underrated.

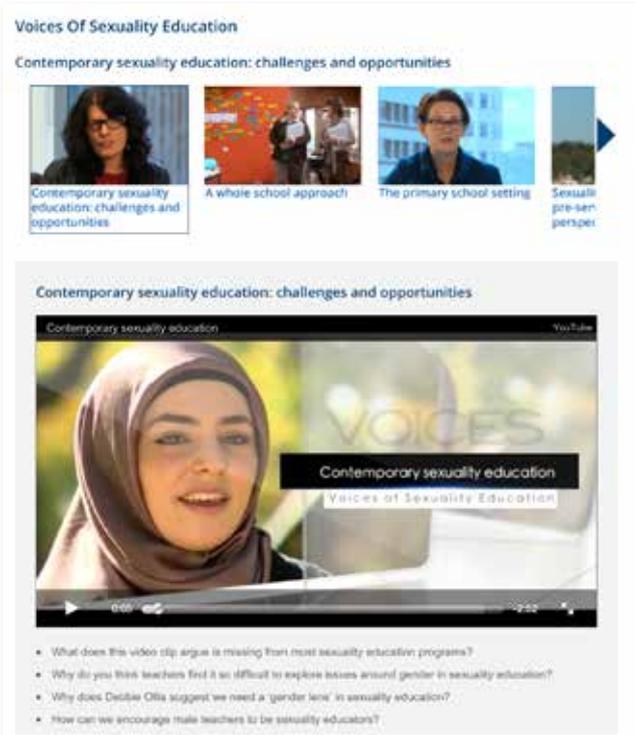
The conference presentation described the challenge of getting the information about local termination options and pathways of care to the 'front line' health practitioners whilst not exposing the GP practices to possible protests from the anti-choice groups, and not compromising women's right to privacy. Although we know that as a greater number of GP clinics and primary care services begin to offer MTOP the less of an issue it will become, it will be important to support the 'early adopters' in rural locations to manage risk and build support. In 2015, CERSH will consult widely with MTOP providers and potential providers to support this aspect. There is growing evidence that, at a local level, committed partnerships and training and organisational support can make a difference. It can advance service development to enable rural organisations to strive for equitable access to quality care for rural women experiencing unplanned pregnancy and abortion.

SNAPSHOT

**6 PARTNER AGENCIES
(METROPOLITAN BASED
AND LOCAL)**

101 TRAINING PARTICIPANTS

VOICES OF SEXUALITY EDUCATION



'Voices of Sexuality Education' project was completed in 2014 and uploaded to the CERSH website. It consists of a series of 21 short video clips portraying the sexuality education experiences 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 or sex and gender diverse. It is divided into two sections: Contemporary Sexuality education: challenges and opportunities; and Inclusive Practice. A range of sexuality education specialists collaborated to devise a series of prompt questions and assessment tasks for the viewer to consider with each clip and provide links to relevant resources. It aims to assist in preparing pre-service teachers to teach sexuality education, and support existing teachers and health workers. It is designed to align with sexuality education resources, particularly Sexuality Education Matters: Preparing pre-service teachers to teach sexuality education, by Deakin University

Voices of Sexuality Education was developed in partnership with: Deakin University School of Education; Victorian Aboriginal Community Controlled Health Organisation (VACCHO); Victorian Aboriginal Education Association Inc. (VAECI); Australian Research Centre in Sex, Health & Society (ARCSHS); La Trobe University; Multicultural Health and Support Services (MHSS); UnitingCare Cutting Edge (UCCE); Albury Wodonga Aboriginal Health Service (AWAHS); Monash University; Brophy Family and Youth Services; Golden City Support Services.

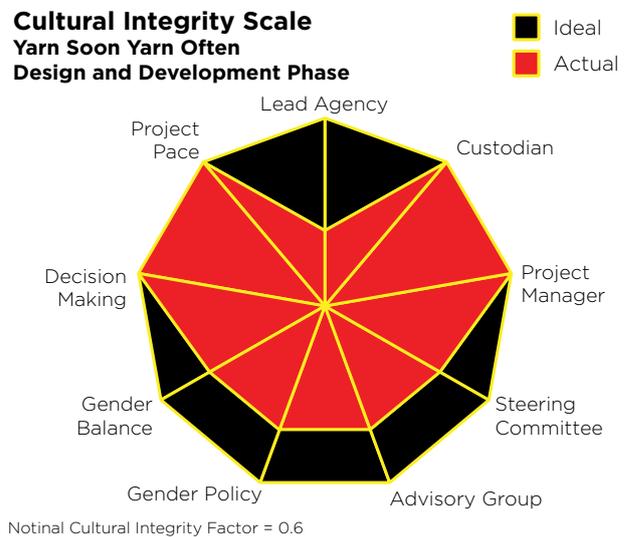
SNAPSHOT OF VOICES OF SEXUALITY EDUCATION
21 VIGNETTES 10 PARTNERS

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.

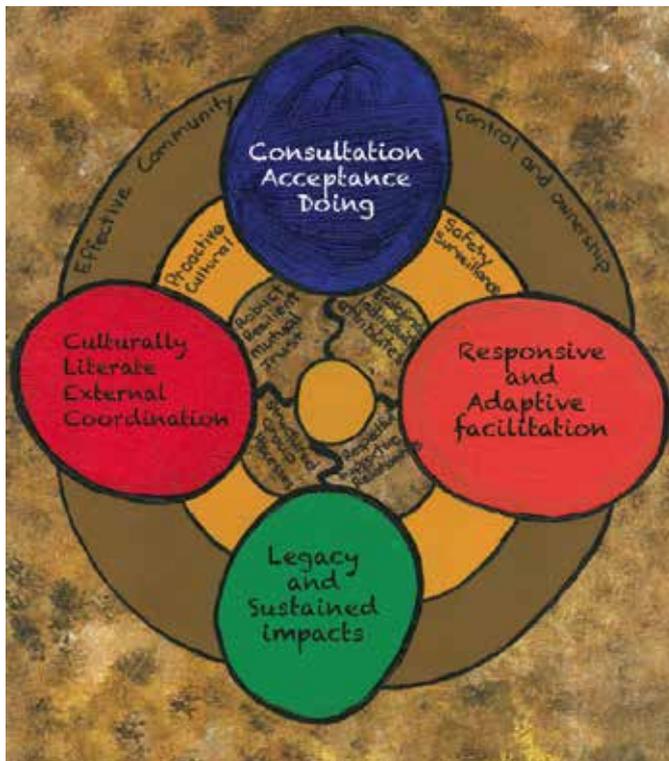
STRENGTHENING PROJECT MONITORING AND EVALUATION FOR YARN SOON YARN OFTEN



Throughout 2014, CERSH contributions have included the strengthening of the project monitoring and evaluation framework, with a specific focus on developing measures of the cultural integrity of the resource design, development, validation and dissemination processes. A novel approach to dimensioning cultural integrity (the Cultural Integrity Scale) was developed (Figure A) and applied to the design and development phase of the project. This approach was also presented as a proffered paper at the Public Health Association of Australia 2nd National Sexual and Reproductive Health Conference in Melbourne in November 2014. A paper describing the evolution of the Cultural Integrity Scale has been submitted to a peer-reviewed journal for publication. The overall project has been delayed due to changes in the lead agency's coordination staff. However, once new staff have been assigned, the project will ultimately 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.

EVALUATION OF THE SMART AND DEADLY PROJECT

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 implemented by Dr Alan Crouch of CERSH in collaboration with VACCHO and local Aboriginal community agencies. The evaluation identified the critical factors underlying the evolution of the Smart and Deadly approach and used these factors to describe the model of engagement enacted by the community collaboration partners. This model consisted of key critical factors: effective community control and cultural safety surveillance; cultural literacy of key external partner agency staff, and; flexible approaches to coordination and facilitation. These factors contributed directly to the broad-based community reports of the successes of the project, including a legacy of sustained change in community and family willingness to have conversations about sex and relationships with their young people. The model was presented visually by a local Aboriginal artist using local Aboriginal art techniques (Figure B).



For the evaluation, a total of thirty five people participated in individual or group in-depth interviews. These included Elders, cultural custodians, young people, stakeholder agency staff, parents, and Aboriginal health and education workers. A paper detailing these findings and presenting the model of engagement has been submitted to a peer-reviewed journal for publication.

The project also provided the opportunity to mentor a senior Melbourne-based women's health clinician, as a public health graduate student, through the processes of respectful Aboriginal community consultation and engagement. In this context, it has contributed significantly to the development of metropolitan capacity in this field to engage with rural Aboriginal women in culturally safe and respectful ways on issues of sexual and reproductive health.

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. Throughout 2014, short program logic presentations were made to Task Group members in April and July. In addition, one-on-one support to the Primary Care Partnership Health Promotion and Planning Unit (PCP) and to the Headspace WayOut program for specific sexual health event evaluation design was provided following those meetings.

Specifically, Dr Alan Crouch provided research design advice to the PCP for the evaluation of its BreastScreen recruitment program. This included strategic development of the event recruitment process targeting never-screened and under-screened women, and the design of the survey instrument. Dr Crouch also mentored the project officer managing the evaluation through literature search and review processes to inform the analysis of survey data, as well as in the articulation of the research questions for the evaluation. Following analysis of the survey results, the project officer produced a first draft of a paper describing the evaluation and its findings. The publications mentoring process is on-going and it is planned to submit a revised paper to a peer reviewed journal in 2015.

Dr Alan Crouch also provided data analysis advice to the WayOut program of Bendigo Headspace for the evaluation of a sexual health event targeting gender questioning young people. Specifically, advice was provided on methodology to thematically analyse the responses contained in free text fields in 70 completed participant survey forms. The project officer then developed a framework for the analysis and further advice was provided on the recording of findings. This support was suspended when the officer responsible for this project left the agency. Following the recruitment of two new project officers, Dr Crouch conducted a mini-workshop on the development of a strategic plan and monitoring and evaluation framework for the WayOut project in Bendigo. Support and mentoring in the evaluation process and publication of findings will be ongoing in 2015.

Bendigo Community Health, in partnership with the Bendigo TAFE, has commenced a trade apprentices (men's) health initiative. Dr Alan Crouch on behalf of CERSH has, throughout 2014, conducted two strategic planning workshops with the partners to support the

monitoring and evaluation of the partnership approach and the project effectiveness. Initial support was also provided in the development of human research ethics applications and mentorship of the project managers and staff through the ethical research process will be on-going in 2015.

The Sexual Health Task Group agencies funded under the state government Integrated Health Promotion stream have commenced a project targeting Chlamydia prevalence among young people in the Bendigo Loddon Region. In this context, youth engagement strategies have been identified as key to project success. CERSH, through the participation of Kylie Stephens, Tara Gilbee and Dr Alan Crouch, have advised the funded agencies on the development of a research approach and rationale to determine the optimum strategic approaches for communicating safer sexual practices with young people. This support will be on-going throughout the first half of 2015 and will include mentoring in the preparation of an application to the University of Melbourne Human Research Ethics Committee.

In further support to Bendigo Loddon Sexual Health Task Group agencies, in January 2014, Assoc. Prof. Jane Tomnay and Dr Alan Crouch conducted a strategic planning workshop with the Country AIDS Network, to support monitoring and evaluation information needs identification and the development of systems for data collection and analysis.

CONDOM VENDING MACHINES (CVM): LODDON MALLEE REGION

In 2014, CERSH consolidated and expanded the condom vending machine project into the Loddon Mallee region. Four local councils in the Loddon Mallee region have negotiated a Memorandum of Understanding with CERSH to install condom vending machines in their Shire. In 2015 these agreements should see sixteen vending machines installed across various locations of the region. Alongside the process of installation, CERSH will be working to assist with youth sexual health promotion activities that support this initiative.

CERSH has also shared documentation and advice with other organisations in other parts of Victoria to assist them to work with their local councils to install CVMs. The other geographic locations that CERSH has collaborated with are the Department of Health and Human Services Gippsland region, Women's Health West and the inner west suburbs of Melbourne and most recently the Bass Coast Shire.

ILBIJERRI THEATRE COMPANY TOUR OF 'NORTHWEST OF NOWHERE'

CERSH's sponsorship of Ilbijerri's sexual health promotion play 'Northwest of Nowhere' tour within the Loddon Mallee Region (LMR) resulted in the following activity:

- In March CERSH promoted the forthcoming play to key stakeholders and Indigenous community organisations within the region
- CERSH developed a LMR draft tour schedule which was provided to Ilbijerri
- In August, prior to the commencement of the tour, CERSH communicated with all key contacts in LMR to ensure that everyone understood that the show was about sexual health
- CERSH convened meetings with Bendigo and District Aboriginal Cooperative, Bendigo Catholic College, and Bendigo TAFE
- During the tour, CERSH co-ordinated the flow of information relevant to and from the local community sector and schools to Ilbijerri staff, and vice versa
- CERSH encouraged existing service system responsiveness
- CERSH also worked collaboratively with VACCHO to 'book end' the tour. VACCHO's Kat Byron conducted the question and answer session following the show, and CERSH engaged with staff including principals and assistant principals, health agency representatives, and local organisations on the day of each performance
- CERSH staff travelled with the tour throughout the region and responded to feedback, and managed risk when identified to maximise the potential of the show.



PARTICIPATION

The following schools and organisations hosted the performance:

Bendigo TAFE	Bendigo & Castlemaine TAFE students, Bendigo & Echuca Koori students, support staff, Njernda staff, BDAC staff	220 participants
Bendigo & District Aboriginal Cooperative (BDAC)	Community show, Bendigo Catholic College (BCC) staff, 2 BCC drama students	56 participants
Crusoe College	Year 10, BDAC staff	173 participants
Irymple Secondary College	Year 9 & 10	155 participants
Robinvale Secondary College	Years 9 & 10, Robinvale Aboriginal Cooperative representative	92 participants
Swan Hill Secondary College	Years 9 & 10	147 participants
Kerang Technical College	Years 9-11, Gannawarra Shire Council Arts & Culture representative	210 participants
Cohuna Secondary College	Years 9-11, Njernda staff	97 participants
Total Exposure		1150 participants

FEEDBACK

In addition to participating on the steering committee for the development of the play, CERSH also contributed to the evaluation methodology by developing on-line survey questions for both students and teachers. The student questions focused on recall (retention of information) and resonance (significance of the information and generation of conversations). The teacher questions focused on efficacy.

The results of the online evaluations and feedback were provided to the reference committee for review.

Examples of feedback received by CERSH staff during and following the tour included:

The show was “perfectly” targeted and captured the behavioural characteristics of many female adolescents, the confusion experienced by many as to sexual identity, the reality of small town gossip and bullying, the language used by some students, concern regarding confidentiality and accessing services, and gender stereotyping.

‘The staff liked the performance. They felt it was engaging and highly relevant to our young people. Students have also spoken to their teachers about it. They also liked the performance. We think our year 8’s should have seen the performance. I’m disappointed that they didn’t as they also need this information.’

‘The performance was fabulous. I loved the cultural content and the contemporary nature of the dialogue. Please thank all the people involved in bringing it to our students. I am sure it benefitted many of them in a range of ways.’

‘..the language and the way things were expressed was inappropriate’.

The messages were exactly what the students needed to hear.

OUTCOMES

The 2014 tour provided opportunity to further strengthen CERSH’s relationship and engagement with Ilbjerri and VACCHO, following on from the significant work undertaken in previous years within the Hume Region, and including CERSH’s participation on the reference committee as noted.

Any future tours by Ilbjerri in this region will provide CERSH an opportunity to further engage with LMR schools, health agencies, rural and Indigenous communities, the DEECD School Nursing Program, and the Bendigo Loddon Indigenous Network.



LODDON MALLEE

'SAVE YOUR BACON BREKKIE' - CERSH SUPPORTS LOCAL INITIATIVE FOR BENDIGO 'TRADIES' AND APPRENTICES

CERSH Loddon Mallee Region began the health promotion component of the Centre's work by supporting and participating in a local initiative headed by Hope Assistance for Local Tradies (HALT). CERSH partnered with a diverse range of stakeholders including Bendigo Community Health Services, Standby (Suicide Prevention Program), Lifeline, Bendigo TAFE, ABC Radio, Rotary, the National and Commonwealth Banks.

The focus of the breakfast was to raise awareness of mental, financial, work related, personal and sexual health issues. Over 300 'tradies' and apprentices attended the breakfast. In addition there was a strong representation from local businesses.

CERSH provided 240 condom packs and safe sex messages for the show bags. CERSH staff chatted with those present about sexual health, and the mention of condoms during the formal speeches raised considerable mirth. CERSH has prioritised young and often hard to reach young men, such as apprentices, as a focus for activity in Bendigo. In order to develop sustainable sexual and health promotional services, CERSH is working collaboratively with the Bendigo TAFE Student Support Services, the Apprenticeship Support Officer, and the Bendigo Community Health Services men's health nurse practitioner to explore possibilities and support new initiatives.

WELL-FUNCTIONING RURAL SEXUAL HEALTH SYSTEMS

The well-functioning rural sexual health systems project originated following CERSH team discussions in October 2013 on the diversity of approaches to the provision of sexual and reproductive health services implemented in rural north-eastern Victoria. In February 2014, following a team round-table on research design for this project, a preliminary conceptual framework was drafted around the question 'What constitutes a well-functioning rural sexual health service system?' The initial iteration of the framework proposed an emphasis on participatory processes with priority populations, to build community leadership as well as ownership of the project development process across those populations and the health, youth, education and other relevant sectors.

The framework further identified a range of potential partners in research activities including four regional primary care services, respective Medicare Local organisations, local council agencies implementing the Healthy Together program, regional schools, Aboriginal community-controlled organisations, relevant academic institutions and civil society agencies. The framework further scoped possible sources of population-level data for questions on service utilisation and related issues, as well as identifying need for further qualitative data on questions related to social drivers of service utilisation,

the importance of social networks, cultural norms, sub-cultures, perception of sexual and reproductive health rights and control of reproductive and sexual health choices.

This initial iteration of the conceptual framework became the basis for information-sharing presentations including at the Goulburn Valley and North-East Victoria Sexual Health Network Meeting in Benalla in February 2014, attended by a range of sexual and reproductive health service providers and at a prospective project stakeholder agency briefing, held in Wangaratta in April 2014, attended by representatives of health service organisations, clinicians, local council program staff, and Medicare Local organisations.

Following the April stakeholder briefing, an environmental scan of health systems performance and strengthening literature and initiatives was conducted that identified a body of conceptual and practical information to support the further development of the research agenda. Specifically, the World Health Organisation publication 'Key Components of the Well Functioning Health System' and subsequent derivative documents definition of key building blocks for effective health systems indicated key areas for research focus. These included: Leadership and governance; health information; health financing; essential health products and technologies; health workforce and; service delivery systems. These documents also suggested benchmarks, targets and performance indicators for functional assessment of these key components of health systems.

In October 2014, CERSH commissioned a review paper on leadership and governance within sexual health services located in rural contexts, in Australia and internationally. The purpose of the review was to answer the question 'To what degree does current leadership and governance of sexual health services in rural Victoria correspond with national and global best practice?' This study, completed in December 2014 identified national and global best practice in countries similar in context to Australia, documented current leadership and governance domains for sexual health in the rural northeast Victoria and New South Wales border context and proposed a strengthened leadership and governance model incorporating policy, strategic and regulatory frameworks for the rural northeast Victorian context.

Also in October 2014, planning began for the development of a research project to explore different delivery modes for sexual health services in rural Victoria in order to determine how they influence the (i) quality and (ii) extent of outcomes for service users. This study is of considerable significance as rates of diagnosis of HIV, Chlamydia and Gonorrhoea have all risen in Victoria in the period 2003-2012. Understanding how different modes of delivery of sexual health services in rural Victoria relate to quality and extent of outcomes for service users will help to inform policies and strategies to reduce sexually transmissible infection rates. By December 2014, the research rationale was finalised and work on the multi-site ethics application was commenced. The project plan is for roll-out in 2015. Finally, in December 2014, planning commenced for a research project investigating sexual health issues

among rural school-aged youth in north-eastern Victoria. An initial project scoping document has been developed, with a research question 'what systems, stakeholders and interventions play a role in contributing to the sexual health and wellbeing of young people, attending formal education environments, in the rural city of Wodonga?' As with the health services study, this research project will roll out in 2015.

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

CERSH has continued to work hard during 2014 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 and/or applicability 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 six years that support the translation of successful strategies to other regional areas.
- 2 The Centre has actively sought to access existing mechanisms to assist or facilitate translation of CERSH findings more broadly across the State.

These mechanisms have included:

- Working with Primary Care Partnerships in the Loddon Mallee Region to facilitate coordination of groups and networks
- Engagement with DHHS regional networks
- Engagement with regional councils throughout the State
- Engagement with Medicare Locals
- Engagement where possible with education (DEECD) networks
- Engagement with established rural networks

CERSH ONLINE

The CERSH website was re-launched in 2014, and now provides resources and information online for interested professionals, as well as addressing issues of internet accessibility in rural communities during its development. During 2014 we continued working with an external company to develop the new website which now has the capacity to host 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.

CERSH E NEWSLETTER

In 2014, CERSH established a monthly E newsletter to enhance communication about CERSH activities and other relevant training, research and resources for rural workers and organisations. This is distributed to approximately 500 contacts.

COMPLETED ACADEMIC PUBLICATIONS IN 2014.

Crouch A and Fagan P. (2014) Are insights from Indigenous health shaping a paradigm shift in health promotion praxis in Australia?. *Australian Journal of Primary Health* **20**, 323-326. <http://dx.doi.org/10.1071/PY14039>

Fagan P, Robertson H, Pedrana A, Rauli A and **Crouch A**. Successes in sexual health communications development, programmatic implementation and evaluation in the

Fitzgerald L, Whittaker M, Preston Thomas A, **Crouch A** and Fagan P. Life History Project: Final Report. Queensland Health. July 2014

Tomnay JE, Bourke L, and Fairley CK. Exploring the acceptability of online sexually transmissible infection testing for rural young people in Victoria. *Aust. Journal of Rural Health* (2014) 22, 40-44

Tira C, Jackson A and **Tomnay JE**. Pathways to late-life problematic gambling in seniors: a grounded theory approach. *The Gerontologist*. Dec 2014, Vol. 54 Issue 6, p1035, 14 p.

PRESENTATIONS IN 2014

Crouch A, Holland L and **Tomnay JE**. Can sexual health interventions translate from one region to the next? Loddon Mallee Region Prevention Conference 2014, Bendigo.

Crouch A, **Stephens K**, Waples-Crowe P and Walsh J. A framework for evaluating cultural integrity in program development and implementation. PHAA 2nd National Sexual and Reproductive Health Conference 2014, Melbourne.

Stephens, K and Richardson, R Understanding Rural and Regional Context, National LGBTI Ageing and Aged Care Conference, 2014 Melbourne

K Stephens, A Hardiman, S Allanson, A Steele, P Moore Can We Decentralise Abortion Services In Victoria? A case study of collaboration in northeast Victoria PHAA 2nd national Sexual and Reproductive Health Conference 2014, Melbourne.

Tomnay JE. Invited presentation. 'Stepping beyond the city' AIDS2014 Melbourne, July 2014.

Tomnay JE. Invited presentation. *Issues in rural access to achieve optimal sexual health for young people*. Barwon South West Sexual and reproductive Health Conference. July 2014.

Tomnay JE. Invited workshop facilitation. *Exploring the acceptability of online STI testing for rural young people in Victoria & Condom Vending Machines - improving access for rural young people*. Barwon South West Sexual and reproductive Health Conference. July 2014.

Tomnay JE. Invited presentation. *Partner Notification: reflections of past practice, exploring future possibilities*. 18th International Union against Sexually Transmitted Infections (IUSTI), Asia Pacific Congress, Bangkok, November 2014.

CERSH partners and collaborators in 2014

(IN ALPHABETICAL ORDER)

Partners 2014

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 2014

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



THE UNIVERSITY OF
MELBOURNE

RURAL HEALTH ACADEMIC CENTRE
- MELBOURNE MEDICAL SCHOOL

GENERAL ENQUIRIES

PO Box 6500
Shepparton, Victoria 3630

Tel: +61 3 5823 4500
Fax: +61 3 5823 4555

For more information visit our website:
www.cersh.com.au

