



**Partnerships in Safer Sex and Testing (PSST!!)
Project**

Bendigo Loddon Primary Care Partnership

Final Report

Bendigo Loddon Partnership in Safer Sex and Testing (PSST!) Project Reference Group:

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PROJECT OVERVIEW

In January 2007, Family Planning Victoria (FPV) commenced a project for the prevention of sexually transmissible infections (STIs) in young people aged 15 to 24.

The Partnerships in Safer Sex and Testing (PSST!) aimed to establish sustainable prevention and treatment initiatives for young people outside school settings. The project also supported Primary Care Partnerships (PCPs) in capacity building, change management and workforce development with sexual health issues.

The Bendigo Loddon Primary Care Partnership (PCP) expressed an interest in partnering with Family Planning Victoria to implement the PSST! Project and was one of the six PCP's in Victoria chosen to participate. Sexual Health has been a priority for the Bendigo Loddon PCP catchment since 2002 and is evident in the Bendigo Loddon Community Health Plan 2006-2009. A part-time PSST! Project Officer was employed by the Bendigo Loddon PCP in August 2007 with funds provided by FPV.

The Bendigo Loddon PCP Sexual Health Task Group accepted the role of the PSST! Project Reference Group as the goal of the Sexual Health Task Group is to *"raise awareness of sexual and reproductive health issues amongst the community and build the capacity of service providers to respond to sexual health needs"*. This was an advantage to the PSST! Project as the group consisted of member organisations that had demonstrated an interest in sexual health issues in the PCP catchment. The Sexual Health Task Group had appointed the Country Awareness Network (CAN) as its lead agency and convener and this meant that the framework was in place to progress the PSST! Project quickly.

In the early stages of the PSST! Project two focus groups were convened. The first focus group was with young people aged 16-24 from the City of Greater Bendigo and the Loddon Shire. The second focus group was held with youth workers and other professionals from the Bendigo Loddon PCP member organisations who work with young people. While the information gathered from the focus groups has been provided to Family Planning Victoria, at a local level, the key findings from the focus groups will be integrated into future work of the Sexual Health Task Group using the information collected to inform the next Community Health Plan.

CONTEXTUAL INFORMATION

Sex and sexuality are fundamental to the sense of wellbeing experienced by people in their everyday lives. The growth in sexually transmissible infections (STIs) including Chlamydia, gonorrhoea, syphilis and HIV, is occurring at alarming rates in Victoria. Infection rates are highest in young people and disadvantaged groups (rural and indigenous). In 2004, 58% of Chlamydia notifications in Victoria were diagnosed among women, with 66% of notifications among young women aged 16-24 years (Communicable Diseases Australia, 2005; DHS, 2006).

Due to these factors, Sexual Health has been one of the health promotion priorities for the Bendigo Loddon PCP catchment.

The Bendigo Loddon PCP Sexual Health Task Group was established to identify and address significant sexual health issues in the PCP catchment and to implement the objectives and strategies on Sexual Health in the Bendigo Loddon PCP 2007-2009 Community Health Plan. The Sexual Health Task Group consists of representatives from local government, health and community services, government and non-government organisations and educational institutions.

The Sexual Health Task Group meets monthly and was enthusiastic about the FPV Project as it could see the benefits of integrating the PSST! Project into the work currently being undertaken by the group, including professional development of workers, identifying sexual health issues and gaps in the Bendigo Loddon PCP catchment and developing resources for workers.

In 2006, The Burnet Institute in partnership with Women's Health Loddon Mallee delivered the "Sex and Sport" project in the Bendigo Loddon PCP catchment. The "Sex and Sport" project piloted a Commonwealth funded community based chlamydia testing and treatment outreach program reaching young people in rural communities through their sporting clubs. Seven hundred and nine participants aged 16-25 years were recruited from 29 community sporting clubs in the Loddon-Mallee region.

A short questionnaire about sexual risk behaviour was completed and a urine specimen collected to test for chlamydia infection. Participants were provided with educational material about sexually transmitted infections (STI), details of STI services in their region and condoms. Participants who provided a urine sample were notified of their result by either telephone or SMS. Those who tested positive were telephoned by their local community health nurse to arrange appropriate treatment and referrals.

The prevalence of Chlamydia was approximately 4% (slightly higher in females), condom use was low and inconsistent, and drug and alcohol use was common. This study found that sporting clubs are a feasible and acceptable community based setting to screen and provide sexual health information to young people in rural and regional areas.

The priority of Sexual Health as a health promotion issue for the Bendigo Loddon PCP and the "Sex and Sport" project results enabled the Bendigo Loddon PCP Sexual Health Task Group to be informed and responsive to the establishment of the PSST! Project in Bendigo Loddon.

KEY LEARNINGS

In the early stages of the PSST! Project two focus groups were convened. The first focus group was with young people aged 16-24 from the City of Greater Bendigo and the Loddon Shire. The second focus group was held with youth workers and other professionals from the Bendigo Loddon PCP member organisations who work with young people. The findings from these focus groups were as follows:

Access

According to those participating in the focus groups there are a number of issues for young people when accessing GPs and hospitals which included: difficulty in getting appointments with a doctor due to shortages, long waiting periods, high costs, a lack of bulk billing practices, limited hours of operation, lack of youth-friendly environment and minimal or no understanding of what confidentiality means. They also felt that some health professional provide selected information to young people and do not present all the options due to some professionals applying their own moral standards to the services they provide. Youth workers and other professionals in the focus group felt that by enhancing the availability, flexibility and diversity of sexual health services and products (including schools, community health and neighbourhood houses that operate after hours) and setting up a youth clinic and outreach as a service model to provide services outside of school hours will increase access to sexual health services for young people.

Youth workers and other professionals working with young people highlighted issues for young people when accessing emergency contraception which included costs being prohibitive and at times inflated (after hours or on weekends), limited stock available, pharmacies operating only during limited hours, hospitals not sure about 'pill-handling' protocols, lack of suitable space and time to dispatch the emergency contraceptive and in some places it was said that the emergency contraceptive is not available at all.

During the focus groups it was also highlighted that there is limited access to free condoms and no access in some rural communities. The young people in the focus group suggested that free condoms should be made available in health clinics, toilets, schools and in places where alcohol is on sale. Installing condom vending machines was a suggestion made by youth workers and other professionals in the focus group.

Social Marketing

The development of effective and sustainable campaigns that speak to young people is a major challenge which was identified by young people in the focus group.

Young people in the focus group did not appear to have a good awareness of STIs and safer sex awareness and identified that there are a number of ways in which this could be improved. Solutions included:

- Displaying Safer Sex information in a variety of ways (e.g. on the internet, U-tube, magazines, provide links on school websites to relevant organisation, through free accessible SMS and catchy ring tones, on TV shows and in movies, in public toilets, on condom packets (STI warnings), on clothing (range of slogans in fluoro colours), and in hospitals.
- Using catchy slogans such as 'Drop Beats no herpes/STIs'
- Updating useful resources such as the KISS booklet on a regular basis
- Developing safer sex messages cards to swap
- Presenting successful stories of 'combating' STIs in the media.

Privacy and Confidentiality

The understanding of the right to confidentiality and privacy awareness appeared to be limited amongst the young people in the focus group. Young people said they had a lack of privacy and that buying condoms in a small town was difficult. There was also embarrassment felt by some young people when discussing sexual health issues with a GP or their family doctor.

Education

Young people in the focus group felt that the quality of their sexual health education depended on a type of school they attended (e.g. private vs. state, religious vs. non-religious) and delivery of this education was often ad hoc. They felt that the sexual health education being taught focused mainly on biology and on the female sexuality and that it lacked education about STIs, sexual diversity, male sexuality and negotiating relationships.

In response to this discussion young people identified a number of ways to improve sexual health education which included;

- Introducing education earlier and include information on the role of condoms in sexual health protection.
- Encourage safer sex rather than abstinence and should be taught in a way that makes it trendy to be sexually healthy.
- Organising sexual health forums to educate more young people.
- Empower women to build their confidence and self esteem to look after their own health and protect themselves (take responsibility for condoms)
- Delivering sexual education sessions to single-gendered groups
- Cover a diversity of topics including negotiating safer sex (how to tell someone to put on a condom), self-esteem and self confidence in sexual education (how to say no to sex), how to get you and your partner tested for STIs

Young people in the focus group also stated that talking to parents about sex is sometimes difficult and some young people said that this depends on their parents' upbringing and values. They felt that parents need to be more understanding and helpful, particular in terms of same sex attraction. They suggested that there needs to be sexual health education initiatives and resources that target parents and assist them to talk to their children about sexuality, like the nation-wide government strategy similar to drug information booklet that was sent to every household.

Professional Development and Practice

There is a need to provide more opportunities for service providers to maintain their professional development.

It was highlighted by youth workers and other professionals in the focus group that there is a lack of service awareness among those providing sexual health services. Following this discussion the following solutions were identified;

- Map out local services and knowledge and develop local referral systems to enable referral to other services
- Provide networking opportunities for workers to share materials, resources and strategies
- Introduce and administer a consistent policy on sexual health education at schools across Victoria
- Update resources such as the KISS booklet on a regular basis

Culture Change

Improving the community's acceptance and perception of safer sex, sexual health knowledge and sexual diversity was raised in the focus group. Changing the culture of a community and sourcing additional funding to increase service provision are major challenges which were identified by the youth workers and other professionals in the focus group.

OUTCOMES OF THE PSST! PROJECT IN BENDIGO LODDON PCP

The PSST! Project has strengthened existing PCP partnerships and has been effective in creating a number of new partnerships. New Sexual Health Task Group members have been engaged, in particular, the Project has created new partnerships with professionals working with young people outside school settings.

Regular PSST! project updates and sexual health professional development opportunities were highlighted each month in the Bendigo Loddon PCP Newsletter (NewsFlash) in order to reach a wider target audience and to engage not only existing Bendigo Loddon PCP members but also non-member organisations. This Newsletter goes to 400 people in the Bendigo Loddon PCP catchment. A PSST! Project report was also provided by the PSST! Project Officer at the monthly Sexual Health Task Group/ Project Reference Group meetings to ensure the Group was actively involved in the planning and implementation of the PSST! Project.

The Sexual Health Training Workshop attended by youth workers and other professionals working with young people was conducted in March 2008 to increase the knowledge and skills of working with young people and their sexual health. This training was effective in building capacity among those who attended as well as providing

networking opportunities which has created further partnerships i.e. A local Specialist School enlisted the assistance of the Bendigo Loddon PCP in organising sexual health training for staff in Bendigo with a focus on students with disabilities.

The Sexual Health Task Group will continue to meet monthly and work in partnership to achieve the outcomes of the Sexual Health component of the Bendigo Loddon Primary Care Partnership Community Health Plan 2006-2009. Key findings from the PSST! Project will be integrated into future work of the Sexual Health Task Group with a Sexual Health Planning Workshop arranged for early June 2008 where members of the Sexual Health Task Group will develop the next 12 month work plan. Information collected throughout the PSST! Project will be used to inform the next Community Health Plan. Through the Sexual Health Task Group and the work of the PSST! Project, Sexual Health will be maintained on the agenda for the Bendigo Loddon PCP.

IMPACT OF THE PSST! PROJECT ON THE BENDIGO LODDON PCP

The PSST! Project has had a positive impact on the Bendigo Loddon Primary Care Partnership and in particular a positive impact on the work of the Bendigo Loddon PCP Sexual Health Task Group. The PSST! Project has provided a clear focus on young people and their sexual health.

During the course of the PSST! Project two of the Bendigo Loddon PCP member agencies - Bendigo Health and Bendigo Community Health Service, have expanded their Sexual Health services.

Bendigo Health has established an Infectious Diseases Clinic which aims to provide high quality care to Loddon Mallee region clients who have infectious diseases. Specialist physicians and a clinical nurse consultant, who is an active member of the Sexual Health Task Group, provide services for patients requiring Infectious diseases treatment and management.

Bendigo Community Health Services has established a Specialist Infectious Diseases Services which aims to provide education, support and referral to treatment options for people with Blood Borne Virus/Sexually Transmissible Infections (BBV/STIs). A Specialist Infectious Diseases Clinical Nurse, who is an active member of the Sexual Health Task Group, provides confidential and professional advice. Bendigo Community Health Service has also developed a Sexual Health “network of interest” for Bendigo Community Health Services staff involved in delivery of sexual health services/programs.

The PSST! Project has strengthened existing PCP partnerships as well as creating new partnerships. It has also enhanced the partnerships between the Bendigo Loddon PCP member and non-member organisations and Family Planning Victoria.

Overall the PSST! Project has increased the capacity of those working within the Bendigo and Loddon catchment to respond to Sexual Health. The Sexual Health Training Workshop for youth workers and other professionals who work with young people has enhanced the skills of people working with young people and their sexual health knowledge. In addition, these sessions provided the participants with

opportunities to share information and network. Two clinicians from the Bendigo Loddon catchment applied and were granted scholarships to participate in the Certificate in Sexual and Reproductive Health course organised by Family Planning Victoria in February 2008.

The resource which is currently being developed by Family Planning Victoria in response to the information gathered Statewide during the course of the PSST! Project will be well received by organisations within the Bendigo Loddon catchment.

BENDIGO LODDON PCP LEARNINGS

Throughout the implementation of the PSST! Project, this project has been effective in engaging a wide range of organisations, and was not limited to the Bendigo Loddon PCP members. A project such as this which is designed for specific target groups is effective in engaging a wide range of organisations which has overall benefits to individuals, organisations and the whole community.

Partnering with a Statewide organisation such as Family Planning Victoria in a project that fits within the existing PCP priority areas is a major strength in achieving the best outcomes and ensuring the sustainability of such outcomes. It enhances the work that is already being undertaken and existing PCP structures are able to support the work of the project. It is clear that the Sexual Health Task Group strengthened the outcomes of the PSST! Project in the Bendigo Loddon PCP catchment. This group provided a great link to the PSST! Project and will ensure the sustainability of outcomes after the life of the project.

Two models were adopted by six PCP's in the employment of a PSST! Project Officer which included;

- PCP PSST Project Officer based at a member organisation; and
- PCP PSST Project Officer based at the PCP;

The Bendigo Loddon PCP adopted the latter; employing a Project Officer with Health Promotion qualifications and this model was effective in the development of further partnerships and engaging a larger range of organisations. This model was transparent and information was 'owned' by all member organisations. Having the Project Officer based at the Bendigo Loddon PCP made communication simple. It allowed for information regarding the PSST! Project to be freely exchanged with the PCP Executive Committee, the Sexual Health Task Group, PCP Integrated Health Promotion Committee, Bendigo Loddon PCP staff and all member organisations and used PCP structures to widely promote the PSST! Project and receive feedback.

During the course of the PSST! Project, Family Planning Victoria convened one meeting for all PSST! Project Officers in Melbourne. This meeting involved professional development regarding Sexual Health and was effective in sharing of project learnings and idea's. Discussion on enablers and barriers was also of major assistance. Further meetings of this kind would have been welcomed to enable information to be shared by the project officers and initiatives in each area to be discussed and transferred where appropriate.