



Goulburn Valley Primary Care Partnership

Partnerships in Safer Sex and Testing (PSST!) Project

Final Report, May 2008



OVERVIEW OF THE PSST! PROJECT

Primary Care Partnerships are a voluntary alliance of service providers whose main motivation is to improve relationships and achieve better health and wellbeing outcomes for the community. The Primary Care Partnership Strategy outlines the following priorities for the 31 PCP's across Victoria.

- Partnership Development
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

GVPCP's 47 member agencies are characterized by primary care service delivery in a rural environment and their mix of funding sources. Member agencies include acute health services, community health services and a Division of General Practice; as well as a variety of non-government organisations (NGO's). Of particular relevance in this context is the membership of a number of service providers who specialize in service delivery to young people with diverse and complex psychosocial and physical needs. There are also a number of secondary school nurses within the catchment who, while not *signed-up* members of the PCP in their own right, are regularly included in GVPCP activities.

In September 2007 GVPCP entered into a short term contract agreement with Family Planning Victoria (FPV) as part of the *Health Promotion Funding Initiative 2006 – 2007 for HIV and STI Prevention* to manage and implement the Partnerships in Safer Sex and Testing (PSST!) Project.

A Project Worker commenced in November 2007, with an EFT of 0.2. The Project Officer was to work towards raising the awareness on Sexual and Reproductive Health (SRH) and Sexually Transmitted Infections (STI's) amongst GVPCP member agencies.

PRE-PROJECT CONTEXT OF SRH and STI IN GVPCP CATCHMENT

Each Primary Care Partnership is required to produce a Community Health plan to direct the Integrated Health Promotion component of its work and this Plan establishes shared health promotion priorities across the catchment. Currently GVPCP is operating on a three-year plan for the years 2006-2009. Each PCP is encouraged to tailor their plan to suit issues relevant to their geographic location (Victorian Government Health Information Primary Care Partnerships 2008 p1). Whilst the Plan is a *living* document there is minimal room for flexibility within it; i.e.

Authors: Judy Emmanuel, PSST! Project Worker & Barb Crawford, Team Leader Integrated Care, Goulburn Valley Community Health Service



Goulburn Valley Primary Care Partnership

Partnerships in Safer Sex and Testing (PSST!) Project

Final Report, May 2008



the PCP's capacity to take on new initiatives outside the stated health promotion priorities is limited.

In response to the 2204 – 2006 Community and Services Profile, GVPCP Member Agencies chose three of the Department of Human Services' (DHS) mandated, state-wide health promotion priorities:

1. Mental Health and Social Connectedness
2. Healthy Weight
3. Reducing Alcohol Tobacco and Other Drug Abuse

In addition GVPCP chose to continue to focus on a fourth local health priority issue:

4. Healthy Ageing

According to the Community Health Plan Implementation Agreement 2006-2009 (p18) GVPCP covers a geographic area of 10,433 square kilometers, incorporating the local government areas of Moira, Greater Shepparton and Strathbogie. The area serviced by GVPCP is characterized by:

- a. a rapidly growing and ageing population the largest population of Aboriginal people in regional Victoria
- b. A mix of significant cultural and linguistic diverse communities; due to Southern European post-war migration and recent migration from Turkey, Iraq, the former Yugoslavia, Arabic speaking refugees and, most recently, humanitarian refugees from The Democratic Republic of Congo

Prior to the start of the PSST! Project a number of member agencies were already engaged in initiatives to address SRH and STI prevention. Staff from these agencies were actively recruited into the relevant focus group work of the PSST! Project.

In December 2007 Numurkah Secondary College implemented a youth forum to address issues relating to, amongst other things, SRH and STI. Relevant findings from the forum funded by Australia Government Department of Education, Science and Planning, showed that:

- 78% of those students felt that sex education classes were adequate though classes should include more information about diseases, pregnancy and diversity, however
- A majority of students felt there was a lack of community support for safe sex practices including the lack of condom availability

Authors: Judy Emmanuel, PSST! Project Worker & Barb Crawford, Team Leader Integrated Care, Goulburn Valley Community Health Service

SHARING THE LEARNINGS FROM THE PSST! PROJECT

The GVPCP Project Worker, with guidance from the PSST! Project staff at FPV, planned for and delivered two focus group meetings in late January 2008. The focus group for health professionals was relatively well subscribed with 16 members of the target group attending.

However attendance at the focus group for young people was very poor; only one young person participated. This poor attendance by the target group was thought to be more reflective of the complex nature of SRH and STI education rather than a lack of preparation. The forum was promoted through youth agencies by direct contact by the Project Worker, all the GVPCP member agencies were also asked to support recruitment into this focus group, the project worker distributed leaflets to local businesses employing young people; even the availability of a small gratuity payment for attendance seemed to have little impact.

During the Health Professionals' focus group meeting a number of key opinions were voiced and the participants agreed that:

- many young people are sexually active and do not practice safe sex
- whilst some sexual health education is delivered to young people, the curriculum is very poor and is not sustained
- there is a lack of dedicated health professionals (nurses) to deliver sexual health training to other service providers
- there is a widespread notion in the community that access to condoms will result in increased sexual activity amongst young people
- there is an overall lack of access to sexual health services across the region particularly in relation to:
 - Access for marginalised, young people in the catchment, whose access to sexual health services is even more limited than those in school/employment
 - Even further reduced access to services in the small rural *satellite towns* within the catchment (e.g. access to services such as contraception in towns where the counter staff are family friends and/or openly unhelpful to young people trying to purchase condoms)
 - access to gender-specific and/or youth-friendly General Practitioners (GPs)
 - prohibitive costs of contraception
 - access to bulk billing GPs
 - access to public transport

Members of this focus group then made a number of recommendations for improving SRH and STI service delivery in the GVPCP catchment:

1. Education:

- Focus group members thought that SRH and STI education needed to be ongoing, more strategic and directed at a greater variety of service providers, such as
 - School communities & teachers
 - Nurses (school/community/practice) and GP's
 - Sporting coaches
 - Parents
 - Community members at large
- SRH and STI education needed to cover a wider range of topics to include:
 - how to deal with peer pressure
 - contraception and STI services
 - condom use
 - how to deal with sexually transmitted infections
- TAFE and ACE needed to be more responsible for this type of education.
- On-going education needed to be delivered constantly and through a variety of media, such as mobile phone networks, MySpace, TV advertising, youth events, flyers and posters and in places that young people use such as schools, community houses, youth venues, sporting facilities and toilets (both school and public).

2. Service Delivery:

- The number and type of SRH and STI services needs to increase
- Accessibility to contraception, condoms and emergency contraception (morning-after pill) needs to increase
- The feasibility of a mobile youth sexual health service should be investigated

In summary, the PSST Focus Group Meeting attended by school health nurses, support workers from youth specific services and staff from various community health organizations voiced a general consensus that

- STI education amongst young people aged between 15 and 25 was a major challenge and
- Service delivery in the GVPCP for SRH and STI education encounters the following barriers:
 - marginalized youth have limited access to SRH and STI education
 - marginalized youth display a lack of commitment toward safe sex practices
 - the youth are reluctant to approach health workers regarding STI education
 - there is a lack of age appropriate and gender specific facilities
 - isolation and distance, lack of transport, cost, peer group pressure are all compounding factors in this context

Authors: Judy Emmanuel, PSST! Project Worker & Barb Crawford, Team Leader Integrated Care, Goulburn Valley Community Health Service

PSST PROJECT OUTCOME'S TO DATE

Following the successful PSST! Focus Group meeting FPV provided an STI Education Workshop for Youth, Professional and Allied Health Workers, on April 9th 2008.

The Workshop provided a range of sexually transmitted infection and disease education, updates and statistics as well as school based STI education strategies. Attendance by the previous Focus Group participants proved difficult due to a variety of commitments beyond the project's influence. These difficulties highlighted the problems of fragmented service delivery within the rural community.

IMPACT OF THE PSST PROJECT IN THE GVPCP TO DATE

The PSST project has highlighted the following;

- there are considerable gaps in service delivery within the catchment which result in
 - reduced access to SRH and STI treatment for young people and
 - reduced access to programs designed to build young people's capacity to prevent unwanted pregnancy and/or STI's
- the nature of SRH and STI education and its provision to a wide cultural demographic in rural settings is complex
- While there are professional development and health promotion initiatives occurring within the catchment the *buy in* by service providers could be improved by better coordination; with GVPCP ideally placed to do this
-
- To plan and promote SRH and STI treatment and prevention may require
 - greater coordination between service providers
 - an increase in funding and
 - leadership from service providers and the community.

Significantly, the outcomes of the PSST! Project will be used by GVPCP member agencies as they progress into the planning and development stage for the next Community Health Plan, 2009 – 2012. This process will commence within the next financial year, making the arrival of these learnings most timely.