

# SHOUT!

## SEXUAL HEALTH OUT AND ABOUT

### Rural and Regional Victoria - Working Party

Terms of Reference, Created October 2019

#### Rationale

A range of organisations across rural and regional Victoria have been working towards: improving access to sexual and reproductive health information; improving sexual and reproductive health service provision; and strengthening workforce capacity. Several successful strategies have been implemented with measurable outcomes.

Members of the youth/community sector have identified that they could increase their capacity to support the sexual and reproductive health and wellbeing of young people and establish stronger links with local organisations working in sexual and reproductive health.

The rationale for the establishment of a working party is to bring the rural youth/community sector and rural health sector together to build on the success of these outcomes, increase the coordination of effort and sharing of strategies across rural and regional Victoria, produce resources for the youth sector, and undertake an independent evaluation.

#### Purpose

The proposed purpose of the Working Party is:

- To foster collective leadership and harness the knowledge and experience of the rural community sector, youth sector and the sexual and reproductive health workforce.
- To focus on: reducing inequities in access to means of prevention and services in identified settings and population groups; addressing systemic barriers; and reducing stigma and marginalisation.
- To promote multidisciplinary collaboration between providers of services and programs, with an intersectional lens, to plan, deliver and evaluate initiatives to support young peoples sexual and reproductive health.
- To identify youth sector workforce gaps and needs and guide the development/adaption of SRH resources and professional training and support.
- To share and document knowledge and innovation; including professional development activities, resources, protocols and operational procedures.

## Functions of the Working Party

The Working Party members will:

- Contribute to determining the parameters of the working party and planning and operational processes.
- Identify priority actions, settings, population groups and intersections.
- Contribute practice wisdom and evidence that will better enable the youth workforce to support the sexual health and wellbeing of young people.
- Assist in planning and facilitating workforce capacity building activities in collaboration with coordination organisations CERSH and YACVic.
- Facilitate the engagement of key stakeholders in their sphere of influence to promote the sexual health and wellbeing of young people.
- Be responsible for dissemination information and promoting the SHOUT project through their local means.
- Manage their organisation's processes and protocols related to Intellectual property, copyright and sharing of resources.
- Attend the meetings held every six weeks using the video-conferencing software *Zoom* or in set locations.
- Promote the participation in quality place-based and state-wide research, evaluation and consultation.

## Proposed organisational roles and operational design

Members of the rural workforce across all of rural Victoria are encouraged to join. These include health, youth and community workers, young workers, sexual health workers. Interested young people who live in rural and regional Victoria connected to a local organisation that can support their participation are also encouraged to attend. Organisations and sectors include:

- Rural LGA's
- Youth Service Providers Networks
- Aboriginal Services
- Thorne Harbour Health Country
- Sexual and Reproductive Health Services
- Headspace
- Family Planning Victoria
- School Nursing Program
- Out of Home Care Sector
- Regional Women's Health Services

The Working Party will be trialled for an initial eight months (November 2019 -June 2020), and will meet every six weeks. Meetings can be accessed in hosted locations and via videoconference. The Working Party will be reviewed at the completion of the trial, and then ongoing, subject to expressed need and resource capacity.

Approaches and principles underlying the Working Party proposal include:

- Endorsing a strength based sexual health promoting framework underpinned by the principles of human rights and equity of sexual expression
- Responsive to local systems and structures, respecting cultural views and practices, and promoting community identified needs and actions.
- Facilitating and modelling authentic participatory processes, with explicit attention to power relations.
- Utilising health promotion and respectful relationships interventions that are both theoretically informed, and specific and responsive to the local context and population.
- Providing strategic leadership, innovation and advocacy.

**Centre for Excellence in Rural Sexual Health (CERSH) will:**

- Provide the secretariat support for the Working Party. This would include managing communications with Working Party members, managing the format and content of meetings in consultation with YacVic and group members
- Facilitate opportunities for the rural workforce to lead elements of the Working Party meetings and initiatives
- Manage the video-conferencing and technical support
- Manage the documentation and evaluation of Working Party processes and outcomes.
- Fund the input of specialist sexual health educator Jenny Walsh to create/adapt resources for the youth/community sector
- Fund/manage the evaluation process
- Be the key conduit to and from the rural and regional sexual and reproductive health sector

**Youth Affairs Council Victoria- Rural (YACVic Rural ) will:**

- Chair the Working Party meetings
- Provide youth expertise to the Working Party.
- Manage the format and content of meetings in consultation with CERSH and group members.
- Be the key conduit to and from the rural and regional youth sector
- Facilitate opportunities for the rural workforce to lead elements of the Working Party meetings and initiatives

## Brief Policy and Evidence Context

The establishment of the Working Party aligns with a number of strategies and frameworks including:

- The National Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health<sup>1</sup>
- The Forth National STI Strategy 2018-2022<sup>2</sup>

<sup>1</sup> <http://www.coaghealthcouncil.gov.au/Portals/0/Healthy%20Safe%20and%20Thriving%20-%20National%20Strategic%20Framework%20for%20Child%20and%20Youth%20Health.pdf>.

<sup>2</sup> [https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/STI-Fourth-Nat-Strategy-2018-22.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/STI-Fourth-Nat-Strategy-2018-22.pdf)

- The Victoria HIV Strategy 2017-2020<sup>3</sup>
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy 2018-2022<sup>4</sup>
- The Victorian Public Health and Wellbeing Plan 2015–2019<sup>5</sup>
- The Victorian Women’s sexual and reproductive Health: Key priorities 2017 – 2020<sup>6</sup>
- VicHealth’s Strategy to Promote Young People’s Health and Wellbeing 2017 - 2019<sup>7</sup>
- Ottawa Charter<sup>8</sup>
- Youth Affairs Council Victoria Code of Ethical Practice<sup>9</sup>
- What would it take to optimise marginalised young people’s sexual health? Roberts & Crane (2012) Youth Affairs Network of Queensland<sup>10</sup>.

Sexually transmissible infection rates in are high in Australian young people aged 15-29 years<sup>11,12</sup> . In 2018, Victoria had the highest number of STI cases notified since records began in 1991.<sup>13</sup> . The number of notifications per 100,000 people has increased indicating that new STI/BBV cases are becoming more common in Victoria.

Previous work in rural locations has focuses on access to means of prevention as condom use is a key element in comprehensive approaches to the prevention of STIs<sup>14</sup> . However, 24-hour access to condoms for rural young people can be problematic<sup>15</sup> . Condom Vending Machines (CVMs) and dispensers are recognised as a means for addressing inequitable access to condoms for rural young people. Installing CVMs and dispensers in settings readily accessible by young people is known as a structural level intervention, meaning it is focused on increasing availability of condoms<sup>16</sup> . Such interventions aim to make condoms widely available to a range of population groups<sup>17</sup> , including young people. This project aims to both consolidate this approach and expand the work to include the rural youth sector.

Youth workers have expressed concern about their capacity to provide information and support about sexual health, and a desire to learn how to respond more effectively<sup>18</sup> . In this phase we will work with rural youth service providers to identify specific workforce needs, share existing evidence-

<sup>3</sup> <https://www2.health.vic.gov.au/public-health/preventive-health/sexual-health/policy-and-legislation-sexual-health>

<sup>4</sup> [https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf)

<sup>5</sup> <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

<sup>6</sup> <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/womens-sexual-health-key-priorities>

<sup>7</sup> <https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-youth-strategy>

<sup>8</sup> <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

<sup>9</sup> <https://www.yacvic.org.au/resources/code-of-ethical-practice/>

<sup>10</sup> <https://eprints.qut.edu.au/53610/1/53610P.pdf>

<sup>11</sup> Douglass CH, Vella AM, Hellard ME, Lim MSC. Correlates of sexually transmissible infection testing among a sample of at-risk young Australians. Australian Journal of Primary Health 2017; 23:272-77

<sup>13</sup> DHHS, 2019; Public Health Event Surveillance System.

<sup>14</sup> de Visser R. One size fits all? Promoting condom use for sexually transmitted infection prevention among heterosexual young adults. Health Education Research 2005; 20(5):557-66.

<sup>15</sup> Tomnay J, Hatch B. Council-supported condom vending machines: are they acceptable to rural communities? Sexual Health 2013; 10:465-66.

<sup>16</sup> Charania MR, Crepez N, Guenther-Gray C, Henny K, Liao A et al. Efficacy of structural-level condom distribution interventions: A meta-analysis of U.S. and international studies, 1998-2007. AIDS Behav. 2011; 15:1283-97.

<sup>17</sup> Malekinejad M, Parriott A, Blodgett JC, Horvath H, Shrestha RK, Hutchinson AB, et al. (2017) Effectiveness of community-based condom distribution interventions to prevent HIV in the United States: A systematic review and meta-analysis. PLoS ONE 12(8)

<sup>18</sup> For example, at YacVic Joining The Dots Conference February 2019

based approaches and develop resources so that youth services can incorporate sexual health into policy and practice<sup>19</sup>.

Rural considerations that inform this program of work include social and cultural factors, structural factors and intersectionality. Social and cultural factors impact on rural young people's willingness to access social and practical supports such as heightened visibility, lack of privacy and confidentiality, constrained gender roles and norms<sup>20</sup>. Structural factors include financial, including access to bulk billing, limited choice of health care provider, and no real consistent pattern of service delivery<sup>21</sup>. Intersectionality - how the overlapping and interdependent systems and social categories. (e.g., gender, ethnicity, religion, sexual orientation, able-bodiedness, etc.) contribute to discrimination or disadvantage.

### Limitations

Sexual and reproductive health cuts across the fields of public health, reproductive health, disease prevention, clinical care, policy, advocacy, health equity, and the social determinants of health. Whilst acknowledging that targeted and multiple public health interventions across interpersonal, social and structural levels are most effective for sustained long term impact and addressing the social determinants, this proposed program of work and working party has the capacity, resources to undertake limited elements. Outside the scope of this project is, for example, sexuality education in and out of school settings, clinical education and capacity building, and broader service system change. It is anticipated that the work undertaken by this working party and the collaboration between the youth/community sector and the health sector in rural Victoria will however make a valuable contribution to supporting young people's sexual and reproductive health.

### Meeting Schedule

Working Party meetings will be held via zoom and at a number of sites across Victoria every six weeks until June 30, 2020.

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# RURAL



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<sup>19</sup> See, for example, resources created for NSW services <https://stipu.nsw.gov.au/resources/>

<sup>20</sup> Warr D, Hillier I. 'That's the problem with living in a small town': privacy and sexual health issues for young rural people. *Aust J Rural Health* 1997; 5: 132-9.

<sup>21</sup> Quine S, Bernard D, Booth M, Kang M, Usherwood T, Alperstein G, et al Health and access issues among Australian adolescents: a rural-urban comparison. *Rural Remote Health* 2003; 3: 245-56.