THE UNIVERSITY OF MELBOURNE

The Centre for Excellence in Rural Sexual Health

Department of Rural Health

Driving Change: Leadership, Collaboration & Impact

Embedding the Sexual Wellness Action Plan (SWAP) in the Mildura Communities of Practice – An impact evaluation.

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Associate Professor Jade Bilardi
Anne-Marie Kelly
Professor Jane Tomnay

Foreword

The Sexual Wellness Action Plan (SWAP) in Mildura represents a significant advancement in sexual and reproductive health within rural Victorian communities. This impact evaluation report highlights the progress achieved, the challenges encountered, and the valuable lessons learned throughout the implementation of SWAP.

Through cross-sector collaboration, the SWAP has successfully bridged knowledge gaps and fostered open, supportive conversations around sexual wellness. The insights presented in this report offer a comprehensive understanding of the initiative's outcomes, providing a roadmap for future efforts to ensure continued growth and success in the region.

Acknowledgements

The success of embedding the SWAP within the Mildura CoP and this report resulted from the invaluable contributions of various stakeholders and member of the Mildura Community of Practice. We extend our heartfelt gratitude to the participating rural and regional sexual health providers and health services, as well as education providers, for their insightful input into this evaluation.

Special thanks to Sunraysia Community Health Services, Department of Education, Mildura Rural City Council, and headspace Mildura for their ongoing support and contributions to this initiative. We would also like to acknowledge the exceptional work of Ashleigh Colquhoun from the Centre for Excellence in Rural Sexual Health, who coordinated and led the SWAP with dedication and expertise.

Without the collaboration and contributions of these individuals and organisations, this report would not have been possible. Your commitment to improving SRH in rural communities has made a significant impact, and we are deeply appreciative of your efforts.

Contents

Abbreviations

ATSI	Aboriginal or Torres Strait Islander
CERSH	Centre for Excellence in Rural Sexual Health
CoP	Community of Practice
SWAP	Sexual Wellness Action Plan
SRH	Sexual and Reproductive Health
STI	Sexually Transmissible Infection

Summary

Background

The Centre for Excellence in Rural Sexual Health (CERSH) led Communities of Practice (CoP) have been operating since 2015, initially aiming to foster discussion and debate around sexual and reproductive health (SRH) issues relevant to rural areas, promote the sharing of promising practices and initiatives, and encourage service linkages and integration. CERSH currently oversees six CoP's across the Loddon Mallee and Hume Regions of Victoria, one of which is the Mildura CoP. In 2022, to improve the coordination of SRH efforts in the region, CERSH led the development of the Sexual Wellness Action Plan (SWAP) in consultation with the Mildura workforce to address and enhance sexual wellness within the community. Launched in January 2023, this SWAP outlines key objectives and strategies to improve sexual health and well-being in Mildura and its surrounding areas including events, training, resource development and campaigns. Evaluating the impact of integrating the SWAP within the CoP is essential for informing future initiatives, shaping upcoming SWAPs, and ensuring continued progress in fostering effective partnerships and service integration.

Aim

The aim of this study was to examine the impact of embedding the SWAP within the Mildura CoP on SRH service coordination and collaborative action in the region.

Methods

Members of the Mildura CoP were invited to take part in semi-structured interviews via Zoom teleconferencing, to provide feedback on the impact of embedding the SWAP within the CoP. To be eligible to participate, participants had to be a current Mildura CoP member or service representative and have a good understanding of written and verbal English.

Results

A total of ten members from the Mildura CoP participated in the study, representing a variety of sectors including education, community health, sexual health services, youth services, local government and women's health services. Members identified several challenges to engaging services in SRH activities and the CoP SWAP, as well as in providing care more broadly across the region. These included a transient workforce with high staff turnover, the vast geographic area, difficulties attending CoP meetings for front line workers or where SRH was not the core business, and ongoing stigma surrounding SRH.

Most members were fundamentally motivated to be part of the CoP by an interest or passion for sexual health and improving SRH service provision in the region. Members indicated that the CERSH-led CoP and the integration of the SWAP had been highly beneficial and impactful for many reasons. These included that it provided a very clear, actionable roadmap for SRH activities and agency partnerships in the region, a greater awareness of and engagement with other services, enhanced awareness of, collaboration and coordination of SRH activities and access to and sharing of SRH resources, information, education and training both between and among CERSH and other member services. Members reported enhanced collaborative SRH efforts and activities, both between services and within individual services, as a result of the SWAP. The enhanced partnerships between services and collective approach to SRH activities, reduced duplication of efforts and the feeling of working alone in silos, saving time and resources for services. Additionally, members felt participating in these initiatives provided the support, direction, and credibility needed to advocate for SRH activities within their own organisations.

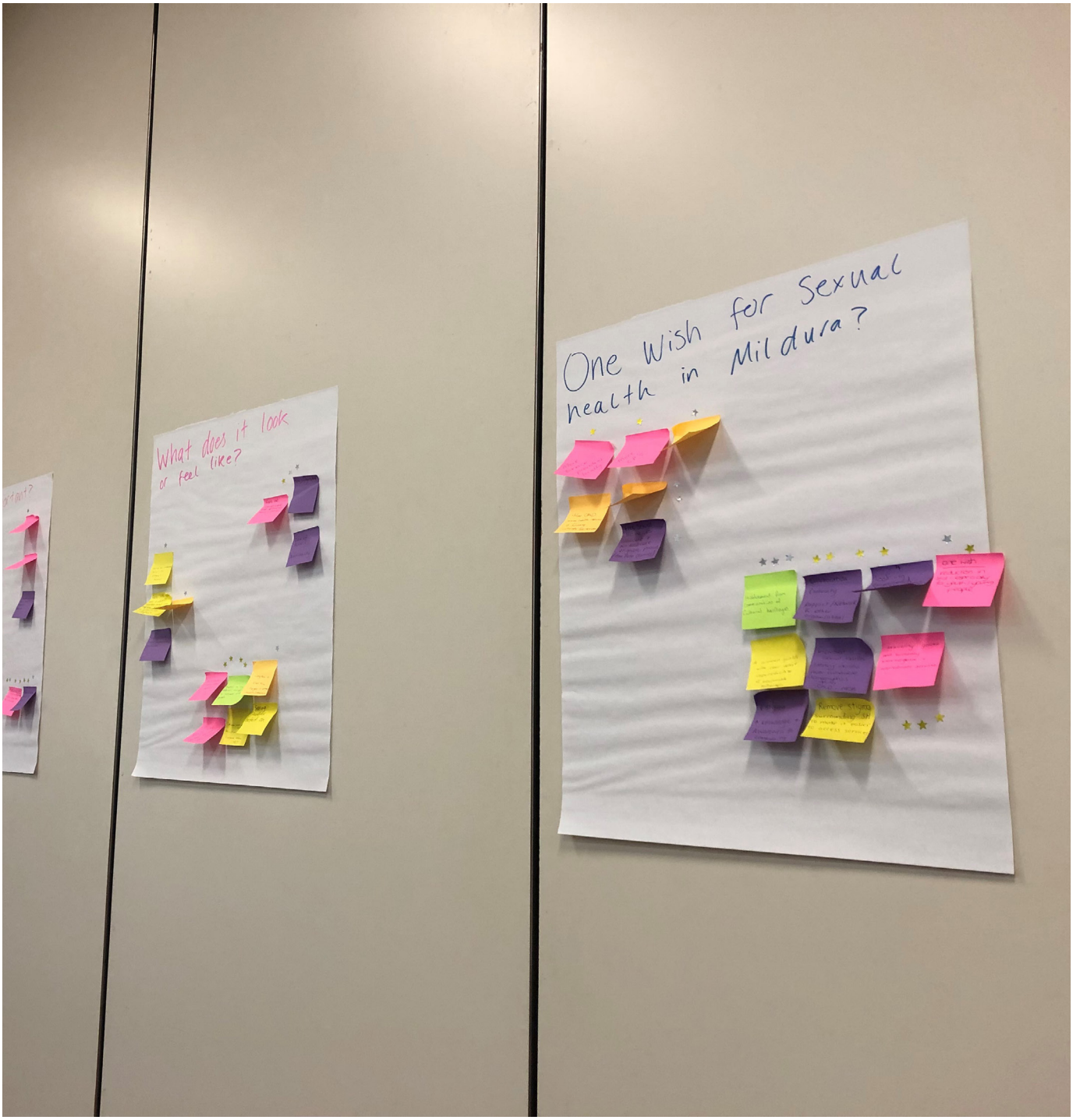
To sustain SRH activities and service engagement more broadly across the region, members believed it was essential for CERSH to continue leading, advocating for, and facilitating the Mildura CoP and SWAP, given their credibility, knowledge, and expertise in driving its success. They also emphasized the importance of regularly reviewing, updating, and communicating the outcomes of the SWAP to demonstrate its value and ensure SRH remains a priority in the region as well as ensuring services executive and management level staff are aware of the work of the CoP and SWAP to ensure continuity of service engagement with high staff turnover. Importantly, members noted continued funding was needed to ensure CERSH could sustain and lead the CoP and SWAP.

Overall, members expressed strong positivity and appreciation for the role CERSH has played in bringing the CoP and SWAP together, as well as in facilitating and advancing SRH efforts in the region. Minor suggestions for enhancing the CoP and SWAP included consideration of additional CoP key stakeholders and services, taking lived experience into consideration further, greater highlighting the work and accomplishments of the SWAP in CoP meeting, creating more chances for SRH education and awareness in the broader community, and increasing CERSH's presence at local SRH events.

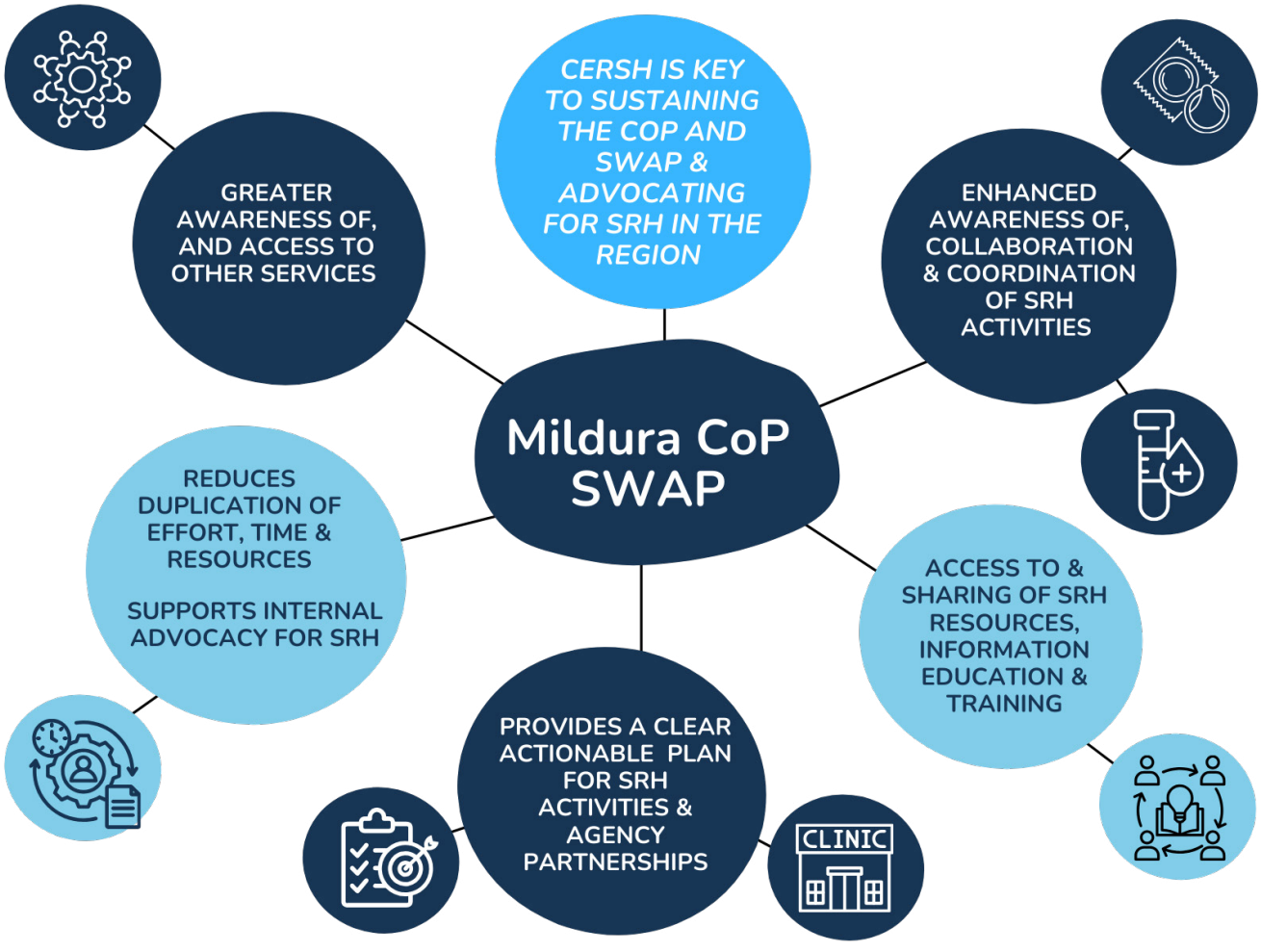
Conclusion & Recommendations

This study highlights the significant impact of the CERSH led Mildura CoP and the embedding of the SWAP in fostering greater collaboration, coordination, and awareness of SRH services and activities across the region. Members highly valued the initiative for offering a clear, feasible strategic plan to enhance collaborative efforts, engagement and activities in the region.

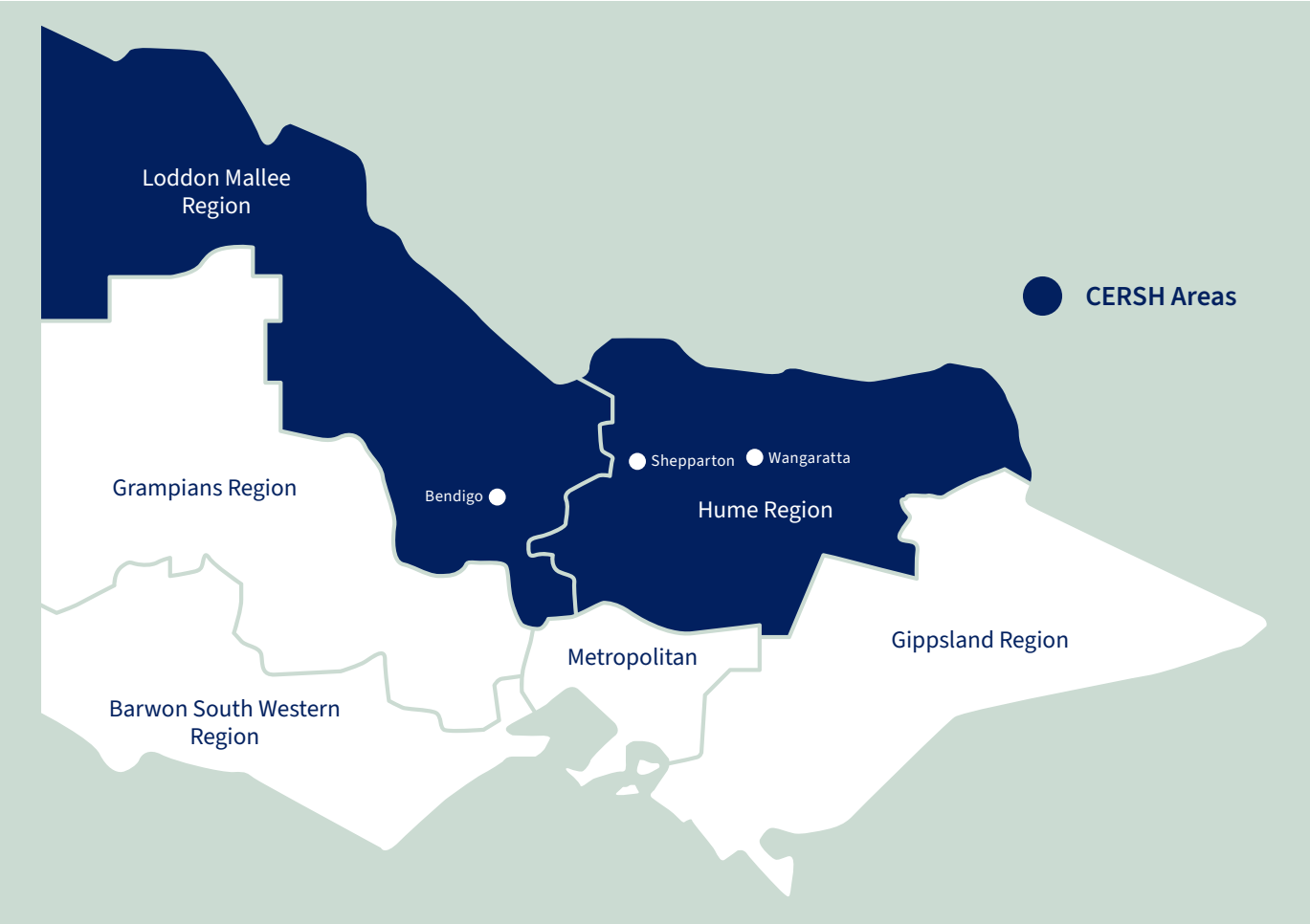
Additionally, the CoP and SWAP helped services advocate for SRH internally, saving time and resources and preventing duplication of efforts. Despite challenges in the region such as limited resources, high workforce turnover, and ongoing SRH stigma, CoP members strongly believed that CERSH should continue to lead and maintain these efforts, as they have the credibility, knowledge, and expertise in SRH necessary to ensure ongoing success.



Impact of the Mildura CoP SWAP



Background & Introduction



Centre of Excellence in Rural Sexual Health

The Centre for Excellence in Rural Sexual Health (CERSH) is an initiative by The University of Melbourne, aimed at enhancing sexual and reproductive health care for rural Victorians. Funded by the Victorian Government Department of Health through a service agreement with The University of Melbourne, the program sits within the Department of Rural Health in the Faculty of Medicine, Dentistry and Health Sciences at Shepparton, Parkville and Wangaratta campuses. CERSH also has a partnership with La Trobe University Bendigo campus, where their Loddon Mallee staff are located. Improving rural sexual health is at the core of their activities. They design, implement and evaluate programs that provide practical solutions to local sexual and reproductive health issues in two Department of Health and Human Services regions – Hume and Loddon Mallee. This report details the findings of an evaluation undertaken by CERSH to examine the impact of embedding a Sexual Wellness Action Plan (SWAP) within the Mildura Community of Practice (CoP) on sexual and reproductive health service coordination and collaborative action in the region.

Community profile of Mildura

Mildura, located in the Sunraysia region of Victoria, Australia, is one of the areas that benefits from CERSH's work. Mildura is located in the Loddon Mallee region, in the far north-western corner of Victoria, bordering both New South Wales and South Australia. It occupies an area of just over 22,000km^{2,} or nearly 10% of the state, and has a population size of nearly 57,000 people (1).

The average age of the Mildura population is 40 years (1). The town has a significantly higher Indigenous population than the rest of Victoria, with 4.6% of its total population identifying as Indigenous, compared to the state average of 1% (1). Nearly 85% of the population are Australian citizens, while 8.2% are not Australian citizens (1).

Sexual & reproductive health challenges in Mildura

Mildura, like many other rural and regional areas in Victoria, faces considerable challenges in the provision of sexual and reproductive health (SRH) care. Geographical isolation, workforce shortages, inadequate resources and services, and persistent social stigma are just some of the obstacles this region faces. Mildura has higher rates of sexually transmitted infections (STI) including chlamydia, gonorrhea, hepatitis B and syphilis than the Victorian average. The increasing rates of syphilis in particular, are a growing concern. In 2023, Mildura reported syphilis rates of 2.1 per 10,000 females and 3.2 per 10,000 males, exceeding both regional and state averages of 0.7 and 2.7 respectively (1, 2). This trend has been a concern for several years; in 2021, women accounted for 75% of syphilis cases in Mildura, significantly higher than the 12.70% statewide average for female cases. Health officials expressed concerns about the potential for congenital syphilis, which can result in severe outcomes (3).

Chlamydia is the most frequently reported notifiable infection in Victoria. In 2023, Mildura reported chlamydia rates of 23.5 per 10,000 females and 13.0 per 10,000 males, higher than the Loddon Mallee region (13.6 females, 9.9 males) and state averages (16.3 females, 18.7 males)(1, 2).

In 2023, the gonorrhoea rate was 3.2 per 10,000 females and 5.8 per 10,000 males, higher than the Loddon Mallee region (1.6 females, 3.6 males) and the state average (2.5 females, 8.6 males) (1, 2). This represents a change from 2022, when Mildura's rate was 5.09 for females and 3.69 for males, compared to the Loddon Mallee region (2.1 females, 3.3 males) and state averages (2.2 females, 8.0 males) (2).

In 2022, 9,370 medication abortion services were provided to Victorian female patients, marking a 17.3% increase compared to 2021(2). Mildura's medication abortion rate was significantly higher than regional and state averages, reporting 8.0 per 1,000 females compared to the Loddon Mallee region's 6.6 and Victoria's 5.3 (2).

Mildura also reported consistently high rates of contraceptive implant services from 2018 to 2022, surpassing regional averages (2). They also have consistently higher birth rates than the Victoria average, most notably among adolescents (2). Adolescent birth rates in Mildura were notably higher than state and regional rates, with 21.2 per 1,000 females in 2020 compared to 11.4 in the Loddon Mallee region and 8.2 in Victoria (2).

What is the Mildura Community of Practice and Sexual Wellness Action Plan?

The CERSH led CoPs have been operating since 2015, initially aiming to foster discussion and debate around sexual SRH issues relevant to rural areas, promote the sharing of promising practices and initiatives, and encourage service linkages and integration. These objectives were designed to create mutually beneficial opportunities for service providers in rural regions. CERSH has six CoP's across the Loddon Mallee and Hume Regions of Victoria they service, one of which is the Mildura CoP. Across the six CoPs in 2023-2024, they had over 200 attendees across 21 meetings(4).

One challenge with the previous CoP model was that while it encouraged robust discussions, the insights and ideas often did not lead to action due to the absence of a formal planning structure or accountability framework to advance the initiatives generated during the CoP discussions. Additionally, there had been no comprehensive review of which partner agencies were responsible for different aspects of SRH services, nor an assessment of existing duplications and gaps in service delivery.

In an attempt to enhance the coordination of SRH efforts, in June 2022, CERSH hosted an appreciative inquiry workshop in Mildura, aimed at developing a SWAP for Mildura and surrounds. The purpose was to establish a localised plan that enhanced collaborative efforts and improved the coordination of SRH activities in the Mildura region.

By January 2023, the co-designed SWAP for Mildura and surrounding areas was formally launched, marking a significant step toward improving the coordination and effectiveness of SRH services in the region.

SWAP approach

The SWAP has been collaboratively developed in consultation with the Mildura workforce to address and enhance sexual wellness within the community. This high-level document delineates the key objectives and strategies aimed at fostering sexual health and well-being in Mildura and surrounds (see Appendix 1).

Objectives and Strategies

The SWAP outlines clear objectives that are aligned with the community's needs, supported by targeted strategies designed to facilitate the achievement of sexual wellness. These strategies encompass a range of activities that aim to increase awareness, accessibility, and quality of sexual health services.

Activities

Activities represent the actions taken or planned to achieve the objectives outlined in the SWAP. This includes:

Events: Community outreach programs and awareness campaigns.

Training: Professional development opportunities for healthcare providers.

Resource Development: Creation of educational materials and toolkits.

Campaigns: Initiatives to promote sexual health awareness.

Projects: Collaborative efforts aimed at improving service delivery and community engagement.

Governance Group

A Governance Group oversees the implementation of the SWAP, ensuring that progress is effectively monitored and documented. This group convenes every six weeks to review the implementation plan and assess the status of various activities. A member from the Governance Group reports to the CoP quarterly on SWAP progress.

Community of Practice

The CoPs serve as a forum for organisations to share updates on their SWAP-related activities and collaborate on planning new initiatives.

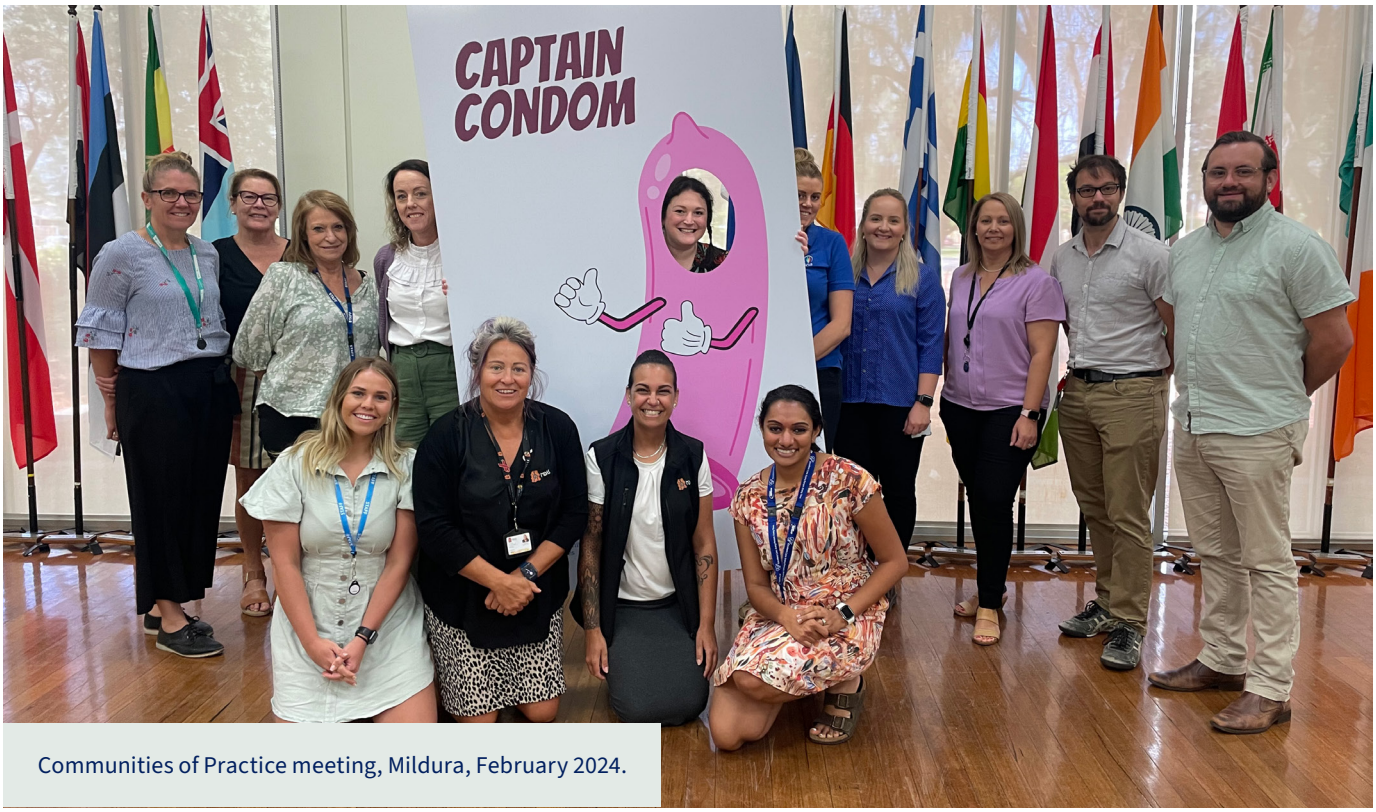
Mildura CoP SWAP achievements for 2023-2024

In 2023- 2024, multiple sexual health promotion activities were completed in the Mildura region as part of the CoP SWAP including(4):

- Installation of 5 condom vending machines
- Service staff received training on LGBTIQA+ inclusive care
- STI test vending machine (STI-X) piloted in Mildura
- 21 educators accessed Sexual Health Victoria teaching modules funded by CERSH
- Sexual Health Month Pub Trivia
- Captain Condom created for National Condom Day (4).

Evaluation aim

The aim of this evaluation was to examine the impact of embedding the SWAP within the Mildura CoP on sexual and reproductive health service coordination and collaborative action in the region.



Communities of Practice meeting, Mildura, February 2024.

Methods

Ethics

Ethics approval for this study was granted by the Office of Research Ethics and Integrity at The University of Melbourne on the 6th January 2025.

Methodological approach

A Qualitative Descriptive approach was taken to understand the impact of embedding the SWAP within the Mildura CoP. Qualitative description is a pragmatic rather than theory driven approach commonly used in healthcare research as it aims to gain a straight description of participants experience around a particular topic or event (5). Semi-structure interviews were chosen as the most appropriate method of data collection as they allowed the research team to seek the views and experiences of members involved in the Mildura CoP and SWAP(6).

Recruitment

Mildura CoP members were invited to participate in semi-structured interviews about their experience of the CoP and SWAP. CoP members included local agency and service provider representatives as well as regional service representatives. CoP members worked in a range of sectors including education, community health, sexual health services, youth services, local government and women's health services. Table 1 outlines the sampling framework, eligibility criteria and interview topics explored as part of the study. To be eligible to for the study, participants had to be a current member of the Mildura CoP and have a good understanding of written and verbal English. Members of the Mildura CoP were emailed by the research team inviting them to participate in the study and complete an online scheduling poll with their preferred date and time for an interview. Participants who completed the poll were emailed the plain language statement and consent form and asked to return a signed copy prior to their interview.

Table1: Sampling framework, eligibility criteria and interview schedule topics

Sampling framework
Members of the Mildura CoP
Member representatives of range of local agencies and service providers and regional partners
Eligibility criteria
Current member of the Mildura CoP
Good understanding of written and verbal English
Access to a device with Zoom conferencing capabilities
Interview topics
Motivation to participate in the CoP/SWAP
Impact of the CoP/SWAP on SRH activities
Impact of the CoP/SWAP on service collaboration and coordination of SRH activities
Engagement between CERSH and the Mildura SRH's
Barriers to SRH in the region
Stigma and taboo around SRH and sexuality in the region
Sustaining the CoP/SWAP and SRH activities in the region
Enhancing CoP/SWAP service engagement in the region

Data collection

All interviews were conducted by JB via Zoom teleconferencing facilities between 21st January to 6th February 2025. Participants were asked a series of nine socio-demographic and occupational questions, before being asked a series of open-ended questions relating to their involvement in the Mildura CoP/SWAP (see Table 1 for question topics). No financial reimbursement was offered for their participation in the study. Data collection continued until all available Mildura CoP members were interviewed.

Data analysis

All interviews were audio-recorded and transcribed verbatim for data analysis. Field notes were written immediately after each interview to provide contextual information about the interview and summarise the key points arising. After all interviews were complete, the data was analyzed using qualitative content analysis, the approach typically used in Qualitative Descriptive studies (5). This approach involved importing all the transcripts into NVivo 15 for data management. Once imported, each interview transcript was read in full and an initial coding framework was developed from the interview schedule and field notes. Each interview was then re-read and excerpts of text coded and categorized into themes and sub-themes. Coded text within each theme and sub-theme were finally examined for meaning and compared for similarities and differences, and the coding framework further refined and finalised.

Results

Participants

A total of 13 Mildura CoP members were originally identified to take part in the study. Of the 13, three were unavailable due to reasons including relocating interstate, feeling they were not actively involved enough in the CoP to offer sufficient insight or due to a change in employment. In total, 10 members of the Mildura CoP took part in the study. Interviews ranged from 30 – 58 minutes in length. Table 2 outlines the brief sociodemographic and occupational characteristics of the participants. The data has been aggregated and reported in a way that ensures the privacy of individuals, preventing the identification of any person within the small sample group.

All participants were born in Australia and none specifically identified as Aboriginal or Torres Strait Islander (ATSI). Most identified as heterosexual. Nearly two thirds worked full time, and worked in a range of sectors that intersected with SRH. Participants reported a wide variety of durations for the time they have spent in their current role. Participants had all been involved in the Mildura CoP for at least 18 months and up to four years at the time of the interview. All participants had an interest in SRH.

Table 2: Participant sociodemographic and occupational data

Characteristics	Number (%)
Age range	37-65 years
Born in Australia	10 (100%)
Identify as ATSI	
No	9 (90%)
Yes	0 (0%)
Prefer not to answer	1 (10%)
Sexual orientation	
Heterosexual	8 (80%)
Gay	1 (10%)
Do not know	1 (10%
Employment status	
Full time	6 (60%)
Part time	4 (40%)
Sector	
Community Health	5 (50%)
Local Government	2 (20%)
Education	1 (10%)
Women's health	1 (10%)
Other	1 (10%)
Length of time in current role (range)	1-24 years
Interest in SRH	10 (100%)
Length of time as a members of the Mildura CoP (range)	1.5-4 years

Key findings

Four key themes arose from the interviews:

1. Challenges to engaging services in SRH activities and the CoP & SWAP

2. Motivation to participate in the CoP & SWAP

3. Benefits and impact of the CoP & SWAP

4. Sustaining and enhancing the CoP & SWAP

1. Challenges to engaging services in SRH activities and the CoP SWAP

Members of the Mildura CoP spoke about a number of challenges in engaging services in SRH activities, participating in the CoP SWAP and providing SRH care in the region more broadly. Major challenges identified included workforce shortages and transient staff in the region, where SRH was not the core business of the agency or service and ongoing stigma around SRH.

Workforce shortages and transient staff

One of the biggest challenges in the provision of SRH care in the region, was workforce shortages, with high staff turnover and the prevalence of short-term and part-time positions.

> *Mildura is quite a transient place in that regard [staff turnover]. I mean you do have your long termers but you have the transient people that come up and they join the public health unit and then they last 12 months and then they move to the next place and things like that (Participant 12).*

> *I think just lack of services. We really only have the one service that provides the sexual health nurse. [Name of service] is supposed to have a GP and a sexual health nurse at our service and we have not had that for years due to not being able to recruit. It's really just redirecting everyone to [another health service], which as I said, great service (Participant 6).*

Not only did staff shortages impact on the provision of SRH services in the community more broadly, but it also impacted on members continuity of engagement and involvement with the Mildura CoP.

I know at times I've been - like I just can't get there and I will send a staff member and Ash doesn't have that connection with that person so that person's starting fresh or they don't want to talk up because it's a new environment (Participant 8).

Some services also spoke of the challenge of trying to cover such a large and geographically isolated area such as Mildura, as part of their service responsibilities and for services more generally.

> *Mildura can be sometimes a bit of a hard nut to crack, because they're so far away. Because they're so far away, I find the grouping and the working there is often quite insular, because they're used to operating with each other in relative isolation from the rest of Victoria, but certainly from the rest of the region (Participant 11).*

Part of our work we cover 10 local government areas and one of them is Mildura. The opportunity for us to be place-based in our work doesn't always - it's not always an easy thing to be covering 10 LGAs. As we know Mildura, it's a bit further away as well so they're socially isolated on top of everything else (Participant 12).

SRH not core business

Being a frontline worker, part of a clinical service, or working in a service where SRH was not the primary focus, also impacted members ability to attend CoP meetings, especially if more pressing tasks or responsibilities arose when meetings were being held.

> *That's the difficulty in schools, is getting out of the school or making time in your busy day to be involved with the CoP (Participant 4).*

> *…we haven't had anyone at [name of service] in the community awareness and health promotions team or role. I certainly have enjoyed staying, I guess up to date as I can but in my current role it's not a part of my duties so it's only for when I have the time for it and it's just if something pops up with one of my young people, that takes a bit of priority unfortunately, which is a bit tricky (Participant 6).*

Ongoing stigma around SRH

Another challenge commonly faced in SRH, and in the Mildura region, is the ongoing stigma and taboo surrounding sexual health and sexuality. Some members felt there had been some progress made in terms of a shift in attitudes around SRH, both within the community and across different sectors and organisations in the region.

> *I think the biggest difference I have seen is the increased level of acceptance. So, sexual health is often a very challenging topic and some people don't want to – it can be quite invisible. It's probably gained more visibility over the time in which there's been this wellness plan [SWAP]. So, awareness of what you're trying to achieve and that this isn't a negative thing that we're trying to do. It's to do with the stigma and to-do that sits around sexual health. Sometimes it does push people's beliefs to a position where they're not comfortable. So, I think we've seen that we can get things over the line whereas probably years previous it hasn't been easy to do that. It's often just getting shut down. I think at a community level it [stigma around SRH] is decreasing, yeah (Participant 2).*

A couple of members provided examples of where they felt changes or progression had been made in SRH in Mildura and the broader region.

> *I know when I first started we were getting emails bounce back because we had the word condom from the private schools…I knew one of the nurses who had just started as a school nurse there and she's like, no, send it to me directly, I'll get it through, can't guarantee - this is a private Catholic school… Not long after that we had at [private school] one of the teachers bring a group of students down to the IDAHOBIT event…. There were no other schools there but the private Catholic school brought students to an IDAHOBIT event during school hours. So, that was interesting, and a win. (Participant 1).*

> *I think with some of the work that we do with multicultural women, we are seeing a change where they're accessing more information in language and so they're building their awareness of Australian culture and what's acceptable and what's not acceptable and what they can access. So, I think yes, we are seeing it (Participant 12).*

Other members however felt there was still a long way to go in addressing the stigma and taboo around SRH and sexuality, particularly among older cohorts in the region. A few members spoke about 'The Condom Tree', a collaborative SWAP activity between a number of the CoP services and agencies, in which condoms were placed in a zip lock bag and hung from a string on tree with SRH information. Council approval was required as the tree was in a public park.

> *…it [the condom tree] was a very mixed response from the community. But that's like got nothing to do with the group. That was just - you know, there was lots of comments from, I guess, uneducated people like you've got it out in public for my children - you know, it's like breaching the grooming act - things like that. So, we had a very interesting sort of response…Oh, if I look at that tree then no [we have not reduced stigma] … I would say teen - like depending on your cohort - like teens it's probably much better. But older generation probably not (Participant 8).*

> *…the condom tree, the comments on social media were terrible, so - and kudos to [name of service] some of the comments they would actually write a beautiful response to about how it's information and health promotion and da, da, da. Obviously, you've got the old fuddy-duddies that just - you shouldn't be encouraging kids to have sex. 'My kids go to that park'. (Participant 3).*

Nevertheless, members reported their efforts were appreciated by many in the community and they felt progress had been made.

> *These are the stories I'm hearing from the LGBTIQA plus individuals who live in and around Mildura, in and around Swan Hill, and this is what they're telling us. That they're grateful for the work, they're grateful for the social groups. They're very happy we post them free condoms to their – some Rainbow group up in Mildura. They're very grateful that [name of service] and [name of service] went to [name of service]- did I say that, sorry - and trained their young people and their staff in inclusive practice (Participant 10).*

2. Motivation to participate in the CoP & SWAP

Members expressed a range of reasons for joining the Mildura CoP, with most invited to join directly by the sexual and wellbeing health officer, Ashleigh, who assists in managing the CoP. Some participants noted CERSH was already aware of their services through existing networks, word of mouth or long-term collaborations in the SRH sector.

> *… [we were] invited by CERSH simply through the solid networks and word of mouth and long-term collaborative and other things that have been going on with [health service] with CERSH, with all of the key players… (Participant 10).*

Participants reasons for joining and participating in the Mildura CoP varied, however most were fundamentally motivated by an interest or passion in sexual health and improving service provision in the region.

> *I suppose my intrinsic interest in sexual health, and I've always been keen, even not just from a job perspective, if you like, but because this is my passion and I live in the region, and I plan to live here long-term (Participant 11).*

> *…my motivation would be, I'm passionate about making sure people know how to care for themselves and where to go and how to keep themselves safe and all of the above (Participant 4).*

One participant stated that they were motivated to join the CoP because they felt personally invested in improving sexual and reproductive health for others in their community due to their own lived experience.

> *I'm personally invested in this work. I'm an LGBTIQA plus peer. I bring my lived experience…I do this work because I know it saves lives. I know it makes a difference for the barriers, improving mental health and wellbeing for those who are experiencing isolation or discrimination (Participant 10).*

Other members shared that the SWAP itself motivated them to join the CoP, as it offered a clear plan with activities they believed were both achievable and impactful for the region.

> *I think initially what motivated me was reading the plan and seeing how clear it was and how easy to read it was and how the actions read as though they're easy to achieve and they're partnership based… So, I think that probably prompted me to go, well, we need someone at the table. We need to know what's going on. We need to be a part of the activities that are going to come out of it (Participant 13).*

> *…it's also because you can see the benefit that it [the SWAP] has on a huge number of people. So, if we go and empty the condom vending machines and we've sold 100 condoms, that's 100 people that have practiced safe sex and potentially avoided getting an STI or pregnancy, whatever else that can affect them in so many ways; infertility down the future. So, I really see that it has very - it's easy to see the benefit and the health affect that those measures can take (Participant 3).*

For another member, it was the connections to other services and seeing what else was being offered in the region, outside their normal role or core business, that motivated them to be part of the CoP.

> *I think it's the connections with the other services and the rapport building and it's really interesting to see what else is offered, especially within the health services that we kind of don't normally touch (Participant 8).*

> *…I think that that is a motivator as well, that they get to then learn from others or just have that understanding of what else is happening in the region where they can be pulling levers (Participant 12).*

3. Benefits & Impact of the Mildura CoP & SWAP

Members highlighted numerous benefits and positive impacts of being part of the Mildura CoP and the embedding of the SWAP. These included the SWAP providing a very clear, actionable roadmap for SRH activities and agency partnerships in the region, a greater awareness of and access to other services, enhanced awareness of, collaboration and coordination of SRH activities and access to and sharing of SRH resources, information, education and training.

SWAP offers clear direction for SRH activities & partnerships

Possibly most importantly, members felt that embedding the SWAP within the CoP had provided a very clear direction and plan for SRH activities and agency partnerships in the region.

> *I think [the SWAP] has provided an action plan to guide those activities and collaboration, it's done it really, really well. It made a really inclusive plan of all of the services that were involved in some form of sexual health or sexual wellness or services for our area…we know who is who, so we can stick to what we're doing, we can call on these people if we need to, we know where we're all headed. I feel like the SWAP has definitely done that... (Participant 1)*

> *…having a spreadsheet that shows all of the individuals that are part of the CoPs and putting together the SWAP is a very clear map and plan for me to be able to go, look, at all of the people I can call and collaborate with that Ashleigh has done all the work for me, and post out all my resources, and job's done. I would say, tenfold, certainly, the evidence that they exist - the evidence that the activity exists, that it's recorded, that it's grown looking at one SWAP plan to the next SWAP… (Participant 10)*

> *I remember reviewing it, because that's when I read it and thought, yeah, this is great. It's an easy read and it's actionable. I think that's a huge benefit in terms of any of the activities. I think the SWAP gives the COP direction (Participant 13).*

Members also noted it allowed them to clearly see what they have achieved across the lifespan of the plan.

> *…it's so good to be able to, as a group, look back and go, here are all of the wonderful things that we have achieved, and if nothing else, then the Sexual Wellness Action Plans are great for that. Look at all the things we said we'd do, and look how many of them are green because we've suddenly started or we finished, or whatever. I think it's been incredibly beneficial (Participant 11).*

Members also valued their position as a conduit between the community or other service or agency staff who could not attend meetings, ensuring their input was communicated and incorporated into the SWAP activities.

> *So, I really like being able to bring feedback from our young people. For example, we have a youth reference group here and we have some ongoing youth groups. I would bring the SWAP to them and read it out and be like, how's this sound to you? Do you have any suggestions? Is this youth friendly type thing? Getting that youth feedback and then bringing that back to the SWAP for any recommendations. I really like being that, I guess conduit of sharing the voice from our young people (Participant 6).*

> *We designated that the health promotion team would take the lead [as CoP member representative] and we would just feed into them but they would be the main person that would provide the communication between CERSH so that we were still able to have input into that plan. So, I think that's worked really well for us (Participant 2).*

> *It is important in our role to be that conduit between a CoP and the school and the resources and sharing those things (Participant 4).*

Greater awareness of, and engagement with other services and agencies

Being part of the CoP and SWAP significantly increased members' awareness of and engagement with other services and agencies, not only within the SRH field but also across the sectors that intersect with sexual health and are represented within the CoP.

> *It's been really great particularly for linking those intersections – linking services that intersect with sexual health. They might not necessarily be health driven so it might be in the education sector or it might be that they're sitting in sexual assault or domestic violence but that CoP involves lots of stakeholders who work in the Mildura LGA so it's a really good networking opportunity to know what's going on in other services and how we can work together to engage the community in sexual health (Participant 2).*

> *I think CERSH does an excellent job. Being able to pull everybody together to hold their interest, to have all kinds of different presentations and topics that come through the SWAP, as well as our general awareness – for the COPs rather, of what's happening across the region and who's doing what (Participant 11).*

Learning what other services offered through membership of the CoP, meant services had greater awareness and networks through which to refer people to, or utilise as a service.

It's just knowing what's available. I think there's been some key people that we've had present that you go, that's useful because I will use that in my referral pathway. Or that will give me information to know where to refer someone if I need to (Participant 2).

I think was just learning who's doing what, what our role are, where we can point people in what direction, and how we can support each other, I think, with what we're already doing (Participant 1).

Access to networks in the sector was particularly helpful for agencies that provide support and resources to Mildura but are based elsewhere.

I think because we're not physically located in Mildura, it's more difficult for us to find out who's doing what and where the relationships are. So, this actually is the vehicle that allows us to step in and see who is working in the space. I think for us, without having that opportunity to come in, we would be having to do that mapping ourselves. Whereas this partnership has allowed it to be already there, established and growing and building trust and rapport amongst each other and knowing who can contribute what (Participant 12).

...it's so easy to connect with everybody up in Mildura, even when we're all the way down in [another location], when we have scheduled meetings that catch up with a whole heap of those key people all at once. That's part of the reason that I think it's really great for us to be involved in the CoPs and the SWAP activities (Participant 11).

The CoP and SWAP also offered an invaluable network for other purposes including sharing or sourcing SRH products or resources, supporting internal SRH or community wellbeing plans, collaborating on grant applications, and connecting to broader networks.

When I'm doing funding applications…I can go, these are all of the partners who we're doing existing work of some kind within this region, like I'm leveraging the shit out of whatever work that we genuinely are involved and invested in with CERSH (Participant 10).

One of the pieces of work that we are looking to do very soon actually…[is] some more work around access to Medicare for migrant and refugee women. Now if we do decide to do some qualitative interviews on that, we will seek the people within that group to say, who can you link us in with? How do we make those connections? So, I guess that's an example of being able to leverage some of our work knowing that we've got those networks there existing. I think that's one example of where we can really benefit from those [CoP member] relationships (Participant 12).

…we tend to end up with expired condoms [laughs]. So, I've been able to then tap into providing them to the high schools and then they do activities with them. So, I don't know that that would have happened if I didn't have that connection [through CoP]. So definitely it's helped working collaboratively with other agencies (Participant 3).

Enhanced awareness of, collaboration and coordination of SRH activities

Importantly, being part of the CoP and the SWAP greatly enhanced awareness of, collaboration and coordination of SRH activities in the region and beyond.

> *It really pulled together what was already happening across all of the services and we all learnt who's who in the zoo and who was doing what…it [SWAP] got outcomes, there's no denying that and it had some really great wins but a lot of it I think was just learning who's doing what, what our roles are, where we can point people in what direction, and how we can support each other, I think, with what we're already doing (Participant 1).*

> *…it's been helpful, again, to have regular meetings with people who are doing [unclear] and seeing what they're doing and where it's up to, so that we can then go, that's something I can support with. Do you want assistance with X, Y, Z?... I think that's been really helpful for that collaboration, because of that collective oversight of what everybody is doing (Participant 11).*

> *It's a really good networking opportunity to know what's going on in other services and how we can work together to engage the community in sexual health (Participant 2).*

For many members, being part of the CoP and SWAP, meant SRH activities were no longer limited to token gestures or annual events like Sexual Health Week; they had become an integral part of their services agenda throughout the year.

> *Definitely for [name of service] [it has increased SRH activities] because prior to me coming into this role it was just yep, we do something for Sexual Health Week, okay, that's all you need to do now, we can tick that off. Whereas it keeps it on the agenda all year round. We're looking for opportunities to do all year round (Participant 1).*

> *I just feel like connection and investing time and resources in genuinely understanding what people are working on, how you can work better with people is not invested in enough and too often we are relegated back to that, oh, shit, I forgot it's World Hepatitis Day in a month and I still haven't done that thing. Let me put something together (Participant 10).*

A number of members felt there had been an increase in SRH activities as a result of embedding the SWAP, both across services and within individual services.

> *Definitely, yes [there's been an increase in SRH activities in the region]. I think we probably would have, I could even say, almost doubled what we've been doing or what we've mapped we've been doing (Participant 4).*

> *Look, number of activities and outputs, yes, I believe through the knowledge that I had before I was part of the CoP or the SWAP versus the knowledge I now have of the vast range and number of activities happening across the Loddon Mallee region, they have increased, they've certainly become more on my radar, and they are valuable (Participant 10).*

> *…having it that way and having us be involved in the governance group for the SWAPs, and also just the COPs in general means that it makes it easier for me to advocate, so it's probably increased our internal activities. (Participant 11).*

Others were uncertain whether the number of activities had increased but observed regular SRH events taking place throughout the community and services, along with greater acceptance of promoting these events.

> *There might be a slight increase in activities, like we might do the condom day awareness day and those sorts of things which might see a bit of an upscaling…I think there's increased acceptance of promoting sexual health awareness (Participant 2).*

> *…now I'm seeing the STI machine, the test machine, and just the different activities. I don't really know if it's increased activity, but I do see that there's obviously regular activity and things happening within the community and various organisations (Participant 3).*

Members also reported it was much easier to collaborate and coordinate SWAP activities having everyone in the one room regularly for CoP meetings.

> *I think that maybe the other point for coordination is that with the COP meetings, it provides an easy and timely opportunity to coordinate things. Again, because all of the relative parties, generally speaking, are in the room together already (Participant 11).*

SRH Community Trivia Night – SWAP Activity

…a couple of years ago during Sexual Health Week [we held] a trivia night at our local pub. It was all sexual health and we had mostly school teams enter so they were all schoolteachers. It was a great night. It was so fun. We had a table of clinicians from work, there was GPs, the obstetricians. A couple of the secondary schools had tables there and then there was just people that come - they had trivia every week but they had people who just regularly come. There was an age from like 18 - I think the oldest lady there was 74 at the trivia. It was so broad, it was so fun and then as we were packing up and clearing out, all the pubgoers were coming in and they were like oh, condoms, cool, or what's this and da-da-da. We were just giving out all the leftovers and they were so receptive of it and having a chat and probably a few beers deep but it worked. So yeah, that was really good…. We supplied freebie goodie bags, school nurses helped out…. it was quite a few people. So yeah, it was really, really good, really fun, really, really well attended. So, that was good. I'd love to be able to do it again. (Participant 1)

Access to and sharing of SRH resources, information, education and training

Members also frequently highlighted the benefits of being offered resources, education, and training opportunities through the CoP and SWAP, which provided SRH upskilling for themselves and other agency or service staff who otherwise would not have had access to such opportunities.

CERSH provided a link for free online training of modules and helping teachers to, how do you respond to difficult questions. Sexual Health Victoria and CERSH, in the response to requests for free training for educators in relationships and sexuality education, CERSH funded 250 licenses… Twenty-one educators from my last school, and [another school] completed the training. So, I was so excited to see that because that's a lot of people, considering…That was SWAP (Participant 4).

…through that [CoP] I guess I met the team at Sexual Health Victoria and their rural education team there, and I was lucky enough to get scholarships to do their sexual and reproductive education courses, the rural sexual health course that CERSH put on through the Uni of Melbourne, the online modules, and the cervical screening course. So, I'm now a cervical screener. They were all through scholarships and just networking, which all started with CERSH and the sexual wellness action plan… (Participant 1).

They also found the CoP to be a highly valuable forum for sharing and promoting their own service's work and activities. Additionally, increased awareness of what others were doing in the SRH space allowed them to promote the efforts and activities of fellow member services as well.

Where our work is probably more strategy and advocacy and that side of things, we can still then promote what others are doing, whether it be place-based activities and things like that (Participant 12)

I suppose drawcards or pluses is that we can contribute data that isn't necessarily something that a lot of the organisations either have easy access to, or they don't have the staff that are used to analysing data for action. We're trying to be able to bring that to the table (Participant 11).

Additionally, the CoP meetings often provided members with general SRH information and knowledge that many found very beneficial for their own learning and to feedback into their services.

It was good for my own learning as well, especially with different guest speakers and stuff like that. I certainly learned about other services and just sexual health in general… from my learning at the CoPs, then I'm able to feed that back to the team here at [service] so the clinicians are more aware and they can share that information with our young people, which is very beneficial (Participant 6).

I find that every time I go I come back with new resources for our clients (Participant 8).

Reduces duplication of effort, time and resources

The networks the CoP and SWAP brings together, the collaborative approach to SRH activities, and the forum through which to share information and resources, also meant there was less duplication of efforts across services, saving both time and resources, and ensuring services no longer operated in isolation.

> *…the fact that you've got a captive audience, if you like, already at set opportunities throughout the year, means we don't have to do all of that extra herding cat work, because everybody is already meeting. That helps in coordinating things (Participant 11).*

For many organisations, being aware of, and able to leverage the efforts, resources, or activities being undertaken by CERSH or other services—without necessarily taking the lead—proved to be highly beneficial and a more efficient use of resources.

> *The reality is, this is such a huge time saver and resource saver when it comes to the fantastic work that because of the strong relationships, because of the investment, because of the geographical area that CERSH is looking after initiatives around sexual and reproductive health, that we, as smaller organisations, can piggyback on, can work with, can leverage, can be grateful for. (Participant 10).*

> *… I think having the COPs and us being involved in the SWAP activities means that we can say, actually all of this is already nicely played out. Somebody else is running it, but it's something that we can be a part of, that can direct some of our work but is also collective and therefore hopefully will have a greater impact (Participant 11).*

Supports internal advocacy for SRH activities

Furthermore. members reported that being part of the CoP and SWAP, provided the support, networks, direction, and credibility needed to advocate for SRH action within their own organisations.

Knowing that you've got that backing, it's part of a plan, it's part of an action to take to exec and say no, we do want to hang condoms from a tree, we can do that and this is why… the CoP and having an external facilitator of that from Uni of Melbourne or part of the SWAP, it gives it credibility.

I feel like personally I pay more attention to - it probably sounds a bit demeaning to anyone else that I'd - like internal colleagues or anything like that, but it gives a bit of credibility, particularly if you're going to present it to a manager or a higher level of exec or something saying this is what we're attending and why. You've got that support (Participant 1).

> *I've found it helpful that going to the CoPs, including the one in Mildura, means that we have that stakeholder relationship already laid out, which makes it easier for me to advocate for sexual health activities as part of the work that we're doing at the moment. Obviously with so many different things we do and so many different regions that we work in, you'd need a degree of internal advocacy for, 'this is something that we should prioritise'…. I've already met all of the key people, which makes it a lot easier to say, I've got buy-in for this particular thing, can we do it, please? (Participant 11).*

One member provided a clear example of how having a staff member involved in the CoP made a significant difference in gaining internal approval for a particular activity, compared to a time when they did not have a member on the CoP.

> *So, our Sexual Health Week, this most recent one in 2024, we did a condom tree in Henderson Park which is the park across from where our organisation sits. In previous years, about three years prior, we tried to do it and we couldn't get approval from council to put condoms in a tree because we didn't have that level of advocacy in council to help say this isn't a big deal. So, fast forward three years and we were able to get that permission through the land owner's grant or whatever it was called. That was because there was a key member of council who sits in this action group who was able to be that sort of mediator for us (Participant 2).*

4. Sustaining & enhancing the Mildura CoP & SWAP activities

Members felt it was extremely important to sustain the CoP and SWAP, and there were a number of ways to ensure continued service engagement in the region. They strongly believed that CERSH should be the agency leading the initiative, which requires continued funding. They also emphasized the need for the SWAP activities to be reviewed and updated, with outcomes widely disseminated.

Additionally, they stressed the importance of informing service and agency executives and management about the initiative and its crucial work to ensure the retention of corporate knowledge and continuity of membership, especially given the high staff turnover in the region.

CERSH must continue to drive the CoP and SWAP

To sustain SRH activities and service engagement more broadly across the region, members believed it was essential for CERSH to continue leading, advocating for, and driving the Mildura CoP and SWAP.

> *There's been so much in this space, largely due to the CoPs and the SWAP I think, [has] been as a result of those actions and the driving force of CERSH behind it (Participant 1).*

> *I think Ash leading the work so it doesn't feel labour intensive has been great because I don't know whether there would be anyone with capacity within Mildura to lead the work themselves (Participant 12).*

> *I think it's critical [for CERSH to lead the CoP], because to be honest, unless you've got someone overseeing it and pushing that agenda, I actually don't think that we would on our own get-together. Unless there was an agency somewhere that took control of that to be that lead organisation, I don't know that it would actually happen (Participant 3).*

Members felt CERSH had the credibility, knowledge, and expertise in SRH to drive its continued success.

> *I think so because the CoP and having an external facilitator of that from Uni of Melbourne or part of the SWAP, it gives it credibility (Participant 1).*

> *…CERSH are the expert in the space. So that helps in terms of them bringing knowledge to the table, and particularly for us in Mildura, sometimes we feel like we're a bit left out…So if people [CERSH] are bringing us information and knowledge and wanting to share and wanting to be here, that drives motivation too, I think, because it feels like they care. Well, they do care (Participant 13).*

> *The Melbourne Uni logo actually gives us kudos (Participant 4).*

Members felt that most services or agencies would not have the time to lead the initiative, particularly if they are frontline workers or services or where SRH was not their core business.

> *I think the people that are on the coal face doing the doing don't necessarily always have time to step back and reflect or connect because they're so busy clinically. Having someone to actually do that and lead that is really beneficial, I think (Participant 13).*

> *The time it takes to coordinate, facilitate, and do the minutes and do the follow-up work. You'd need someone who would be allowed to have the - which is their core, but you need someone who that is part of their role to do that (Participant 4).*

Overall, members spoke very highly of the role CERSH played in facilitating the Mildura CoP and SWAP.

> *I think CERSH does an excellent job…I find it difficult to fault the approach, to be honest, and the staff are wonderful…you can feel the enthusiasm and the passion for the work… the collaboration and the togetherness of the group. It makes it really easy (Participant 11).*

> *What keeps me going is the continuing engagement with Ash and the team (Participant 1).*

> *The meetings have always been really well facilitated and a productive use of time, which has been really good. CERSH has been great with their communication and organisation of things. Absolutely could not fault them. They've been awesome (Participant 4).*

They also highly valued and appreciated the effort they put in to coming to Mildura for face to face meetings, which they felt enhanced their collaborative relationships with other members and services.

> *I'm super impressed that they actually make the effort to come to Mildura to host the meetings rather than just having it online. I think that's amazing, and I think that's really appreciated… It's just when you can meet face-to-face and form those connections with people from the different agencies, I feel like more is achieved than at just online meetings. So, I think it's fantastic that the people actually make the effort to come to Mildura to have those Community of Practice meetings (Participant 3).*

I think you don't realise how valuable the CoP is until you do a face-to-face and they bring along resources and you see other people that you don't normally see and you get to talk about issues in the community and raise things. I think they're really vital… I think the amount of people that turn up at those meetings - so, there'll be over 20 - that's pretty damn good, sometimes more (Participant 4).

Regional partner members in areas located a long distance from Mildura also valued the opportunity to meet face to face, however, at times had to weigh up the time to travel to Mildura with other work commitments.

…the in person for us for Mildura, unless we've got other pieces of work that bring us to that area it's a similar time as the COP, we won't be attending because it's too far. So, we have to weigh it up, what else can we do at that time? Then if that happens to work out, we'll go. Otherwise we generally would miss a face to face in those situations. I think it's wonderful that the offer of a face to face is there because I feel like - I know for us in our work whenever it is a face to face its more engagement. Online is just really hard. So, I get it. It's not a complaint; it's just that is the way it is (Participant 12).

Others however, reported they arranged visits and meetings with other stakeholders in the region at the same time to ensure they made the most of the trip to Mildura for the meetings.

I prioritise trips to Mildura and Swan Hill when those meetings are happening because they're the valuable pivotal point to then meet other stakeholders around the same time…I think other people prioritise and value the SWAPs and the CoPs. So, you might go to Swan Hill only once or twice a year, but you go the week that Ashleigh's going because everyone put in their diary that that's the week they need to be there so you can meet everyone else because they're going to the SWAP (Participant 10).

Continued funding to facilitate the CoP and SWAP

Importantly, members noted continued funding was essential to ensure CERSH could sustain and lead the CoP and SWAP.

CERSH needs ongoing funding from the government to fund CoPs and SWAPs… if you look at CERSH and you look at this valuable, deeply important work... it's about prioritising the investment to keep it funded to a level that is - I think the word's sustainable (Participant 10).

…that would be the only thing that I think would jeopardise the current service delivery of the model that they deliver is that funding interruptions could cause a loss of momentum in this space (Participant 2).

SWAP to be reviewed and outcomes communicated

Members also emphasized the importance of regularly reviewing, updating, and sustaining the SWAP, as well as ensuring that its outcomes are widely communicated to demonstrate the value of the CoP/SWAP and ensure SRH remains a priority in the region.

I think this is probably a good time to highlight that coming into the end of the plan that we can look at what we have achieved and promote those wins really, really well so that we can gain momentum for the next cycle (Participant 1).

I think it's just making sure that as they go along, the action plans are updated and revised and everyone's aware of the outcomes…what's actually worked and how have we worked together to improve all those things?... Just a short capture of, yes, this was successful because X, Y, Z, or no, this didn't happen because X, Y, Z. Does that make sense? (Participant 13).

Raise awareness of CoP and SWAP at service executive and management level

Given workforce shortages in the region and the risk of losing the corporate knowledge and connection with the CoP, a number of members also stressed the importance of service executives and management being aware of the CoP and the work of the SWAP.

One of the biggest potential barriers is we often get a lot of turnover of staff and that's probably the importance of having meetings and ensuring that it's corporate memory of this particular meeting that it gets passed on to the new employees that take those positions. I think sometimes it can get lost and then we do see turnover in roles across all sectors and we probably see a lot of it in rural areas. So, I suppose, just maintaining that connection to the service, a key representative from the service rather than employees because sometimes they can move on and then it gets lost in translation (Participant 2).

When I worked at council, I knew it existed, didn't really know what it meant, didn't go into any meetings. It was never fed back to us from exec level about where the plan was at, what it meant, who was contributing. It might be a level of awareness and education through the staff but it did put barriers in place… I think the more awareness we've got of it at a management and an exec level the better supported it is across the organisations (Participant 1).

Enhancing the Mildura CoP and SWAP

While members were extremely positive about CERSH and the role of the CoP and SWAP in facilitating and driving SRH awareness, collaborative partnerships and activities in the region, a few suggestions were made to enhance the initiative.

One suggestion was consideration of additional key stakeholders and services who are not currently represented on the CoP, including further CALD, ATSI, domestic violence and early years services and community organisations.

I think there possibly might be more people that would come to the table and maybe that might be an opportunity for some additional mapping of the group to be done to think about who might be missing (Participant 12).

One member also felt it was important for the CoP, in developing the SWAPs, to consider the lived experience of people in the region.

I wonder if the CoPs, especially when it comes to developing the SWAPs, so the activities, the outputs that are very relevant to the communities that they're being delivered in, could in a way that still maintains the integrity and the professionalism and the space that many qualified professionals will say they want and they need as part of the CoP in developing the SWAPs. Having the lived experience… I wonder if there is a way that we can more invite a couple of maybe one person per region that brings a lived experience based on the gaps perhaps that we might have (Participant 10).

Another suggestion was to showcase more overtly in the CoP meetings, some of the activities and achievements of the SWAP.

I wonder if we could do more showcasing of some of the work that's happening as part of the SWAP?... we do a general [round to the grounds] of what's happening at each organisation and what they're doing. But probably because that's phrased somewhat informally, we don't necessarily showcase some of those things specifically. Sometimes the agenda will have another spot for either a guest speaker or a particular agency to present something. I don't feel like we always use those opportunities in the agenda to say, this is something amazing that's come out of the SWAP, here it is. Let's talk about it, let's celebrate it, let's replicate it, you know? (Participant 11).

Further suggestions also included finding more opportunities for SRH education and awareness in the broader community, and where possible, an increased presence by CERSH at local SRH events.

…I know that a lot of our research and stuff, we want to get in as early as possible and we're starting at primary but kids are on their iPads from four and five now. So, we need to be getting in there with certain levels of education… [at] a younger age in terms of sexual and reproductive health education and knowledge...Even if it's just about consent knowledge with storybooks and things like that. Like we've done that at kinders [kindergarten] but getting - or even educating people in that community to be aware of things (Participant 8).

I do wonder if it would be possible if someone [from CERSH] could come up to Mildura and support our - sometimes when we have community events and that kind of thing for more of that sexual health promotion type thing. So, for example, for IDAHOBIT Day, International Day Against Homophobia, we typically have a community event and services come together and share resources. That's open to the public. Normally frequented by a couple of hundred people at least…So even for events like that sometimes it could be nice to see some services that are involved in Mildura but don't sit here full time (Participant 6).

Conclusion and Key Recommendations

Conclusion

In geographically large and isolated regions like Mildura, CERSH plays an essential role in tackling the unique challenges of rural sexual health care. Through the Mildura CoP and SWAP, they bring together a diverse range of key stakeholders intersecting across SRH care in the region.

The Mildura CoP and SWAP has played a pivotal and important role in bringing together services and agencies to work collaboratively to improve SRH care in the Mildura region. The SWAP, developed and embedded in the CoP two years ago, has provided a very clear plan and direction to enhance the coordination of SRH efforts. The benefits and impacts of the SWAP initiative are clear and widely praised by its members. SWAP provides a clear, actionable roadmap for SRH activities and agency partnerships in the region, offering increased awareness of and engagement with other services, improved collaboration and coordination of SRH efforts, and better access to and sharing of SRH resources, information, education, and training.

Crucially, the Mildura CoP and SWAP have helped services avoid duplication, saving time and limited workforce resources and importantly, provided the support, networks, direction, and credibility needed to advocate for SRH action within their own organisations. While ongoing challenges in the provision of SRH in the region continue, including limited resources, high workforce turnover, and ongoing stigma around SRH, service members clearly emphasized the positive impact CERSH and the Mildura CoP and SWAP has had in the region and on SRH activity and agency partnerships.

Going forward, members identified several strategies to ensure the long-term sustainability of the Mildura CoP and SWAP. Central to this is the continued leadership of the CoP and SWAP by CERSH, whose expertise, credibility, and knowledge in sexual and reproductive health, along with their pivotal role in the initiative's successful delivery so far, are essential to its ongoing success.

Recommendations

Based on the findings from this evaluation, the following recommendations are proposed to sustain and enhance the Mildura CoP and SWAP.

1.CERSH to continue leading the CoP and SWAP in Mildura

To sustain SRH activities and broader service engagement across the region, it is crucial for CERSH to continue leading, advocating for, and facilitating the Mildura CoP and SWAP. They are regarded as the most suitable agency to drive the initiative due to their credibility, knowledge, and expertise in the sector.

2.Continued funding is essential to sustaining the CoP and SWAP

To ensure the continued success and sustainability of the Mildura CoP and SWAP initiatives, it is essential that ongoing funding is secured to enable CERSH to maintain its leadership role, facilitate further collaboration, and expand SRH activities across the region.

3.Ongoing review, update and communication of SWAP outcomes

Members emphasized the importance of regularly reviewing, updating, and communicating the outcomes of the SWAP, including sharing them at CoP meetings. This is crucial to keeping member services engaged and ensuring that SRH continues to be a priority across the broader region.

4.Explore opportunities to broaden CoP membership

Review the current CoP membership and identify services in the region that intersect with SRH, which could benefit from joining the CoP and SWAP.

5.Raise awareness of CoP and SWAP at service executive and management level

Engage executive and management level staff at member services to ensure they are aware of the CoP and SWAP and are aware of the benefits of the initiative and the importance of ensuring continuity of service participation.

6.Find opportunities for further community education and attendance at local events

CERSH to explore additional opportunities for SRH education and awareness in the community, and where possible, increase their presence at local SRH events.

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Appendix

Appendix 1: SWAP Action Plan

Vision

All persons in Mildura achieve the best sexual health outcomes, have access to quality sexual health care and information, and live free from stigma associated with sex and sexuality.

Objectives	Strategies	Evaluation	Stakeholders
Reduction of stigma associated with sex and sexuality.	Delivery of sexual health education considerate of diversity to students and parents.	Qualitative measurement of sexual health education on both learning outcomes and facilitator capacity and confidence. SHV traning opportunities sought and co-funded.	Department of Education Respectful Relationships Project Lead. Relationships and Sexuality Education Working Group (DET, SCHS, SHV & education providers)
	Members of the sexual health workforce engage with the CERSH and Sexual Health Victoria Professional Mentorship Program.	Number of people completing the training.	CERSH to hold two face-to-face workshops in 2023.
	Rainbow Ready Roadmap	SCHS be leaders amongst service providers in starting this, encourage other services to be involved and start their own Rainbow Ready Roadmap (MRCC, Hospitals, and other service providers). Share progress on Social Media, and be visible about the process	SCHS *2022/2023*

Objectives	Strategies	Evaluation	Stakeholders
Reduction in STIs through increased knowledge of prevention, testing, and treatment, and increased access to sexual health care.	Delivery of sexual health education to students and parents (e.g. through an education bus/SHV)	Qualitative survey and interviews to measure impact of education. School based education sessions/ workshops/PD opportunities.	RSE Working Group (DET, SCHS, SHV & education providers), MSAU-MDVS *2022-2023 and ongoing*
	Review existing sexual health services for accessibility, availability, and comfortability.	Evaluation of own services including delivery options. Develop framework for assessing services. Service report to be shared with providers and community workers so that they can appropriately refer their clients and/or students.	SCHS, Thorne Harbour Country *2022/2023 and ongoing*
	Seek outside the standard testing opportunities, such as pop up testing, STI test vending machines, self collections, drop off/collection points.	Off site education and promotion opportunities. Seek participation in already planned events in the community for education & promotional opportunities (concerts & youth events etc).	Thorne Harbour Country, Headspace, Hospital, GPs *2023 and ongoing*
		STI Test Vending Machine.	Consumer reference group.
	Educate and empower education providers to deliver consent, relationships and sexuality education. Educate and engage parents in whole of school approaches.	Workshops/Professional learning aimed at empowering schools and education settings, networking between schools & education settings	Mallee Family Care MSAU-MDVS
	Implement Core of Life training in secondary schools.		Mallee school nurses

Objectives	Strategies	Evaluation	Stakeholders
Increased clarity regarding organisation service provision, funding, and responsibilities.	Sharing of resources through networks and joint development of resources as a SWAP working group.	SWAP working group have access to resources.	RSE Working Group (DET, SCHS, SHV & education providers). CERSH via CoP and CoP attendees.
	Undertake service mapping to establish a shared understanding of local services and establishment of clear referral pathways.	Service mapping shared with SWAP working group. Contact list shared with Mildura workforce to create clear referral pathways to services.	CoP attendees, SWAP members.
		Create reference guide of key stakeholders, including information on role in the SWAP, locations, services provided, contact details, and service relation to sexual health.	CoP attendees, SWAP members, other working groups (RSE).
Increased communication and collaboration between all sectors and workforces with a link to sexual health.	Develop a terms of reference for the SWAP working group.	Yearly review of terms of reference.	CERSH to write a ToR to share at February CoP.
	Attendance and participation of SWAP working group at quarterly CERSH Community of Practice meetings	Meeting attendance of CoPs.	CERSH to coordinate CoPs. Mildura 2023 CoPs will be held: February 14, May 18, August 15, November 14th
	Implementation of a joint project to improve the sexual health of a target population in Mildura.	Agenda item to showcase a local organisation at each CoP.	Activities and campaign for Sexual Health Week 2023. CERSH to coordinate working group meetings.
		Qualitative and quantitative evaluation of project.	
Intersectionality and inclusion are prioritised.	Culturally and linguistically diverse communities, LGBTIQA+ communities, and Aboriginal and Torres Strait Islander populations are prioritised and included in action planning.	Diverse communities and services are represented in the SWAP working groups and diverse organisations are invested in the SWAP.	Thorne Harbour Country
		Terms of reference, reports, service mapping and projects have considered implications for culturally and otherwise diverse communities.	Thorne Harbour Country

THE UNIVERSITY OF MELBOURNE

Get in touch with us

Get to know us better in your own time

cersh-admin@unimelb.edu.au

www.medicine.unimelb.edu.au/cersh

PO Box 386 Wangaratta, VIC 3676

RFQ 12906