

Mildura community needs assessment

A needs analysis report

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Centre for
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About this paper

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In making this Acknowledgement of Country we commit to respectful and responsible conduct towards all others according to the Traditional lores of this land, particularly at times of formal ceremony.

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Contents

Key findings	5
Introduction	5
Background	5
Methods	6
Recruitment	6
Results	8
Participants	8
Findings	10
Access	10
Availability and affordability	10
Stigma and confidentiality	13
Personal embarrassment	13
Enabling access	15
Health promotion and community awareness	17
Workforce and system capacity	20
Knowledge and education	23
Conclusion	26

Key findings

The five themes identified regarding gaps, barriers, and enablers are;

- Access and affordability
- Stigma and confidentiality
- Health promotion and community awareness
- Workforce and service capacity
- Knowledge and education

Introduction

Background

The Centre for Excellence in Rural Sexual Health (CERSH) led Communities of Practice (CoPs) have been operating since 2015. They were initially established to foster discussion and debate on sexual and reproductive health (SRH) issues relevant to rural areas, promote the sharing of promising practices and initiatives, and support service linkages and integration. A key limitation of the previous CoP model was that, although it facilitated robust discussion, the insights and ideas generated did not consistently translate into action. This was largely due to the absence of a formal planning structure or accountability framework to progress initiatives arising from CoP discussions.

In an effort to strengthen the coordination of SRH activities, CERSH hosted an appreciative inquiry workshop in Mildura in June 2022, with the aim of developing a Sexual Wellness Action Plan (SWAP) for Mildura and surrounding areas. The purpose of this process was to establish a localised plan that enhanced collaborative efforts and improved the coordination of SRH activities in the region. The co-designed SWAP was formally launched in January 2023, marking a significant step towards improving the coordination of SRH initiatives in Mildura and its surrounds.

Revision of the SWAP

Following the conclusion of the SWAP's first three-year cycle, a formal evaluation was conducted, resulting in a revision of the Mildura SWAP process. The revision provided an opportunity to formalise local insights by engaging the community and local service providers in data collection that would help shape the future of SRH services in Mildura.

The research component of this process gathered insights from a cross-section of the Mildura community, as well as clinicians and community leaders

Analysis of data collected through focus groups and interviews provided information on the current SRH needs, barriers to access, service gaps, and opportunities for improvement. This process supported the SWAP to be informed by lived experience and service provider expertise, that reflected the distinct priorities of Mildura's diverse communities. The findings directly informed the design of a revised SWAP intended to foster inclusive participation, coordinated action, and sustainable improvements in SRH access and outcomes across Mildura and its surrounds.

Aim

The aim of this study is to examine the SRH needs in Mildura to inform the design of a new SWAP that is inclusive, community-informed, and responsive to the diverse needs of the local population.

Methods

A qualitative approach was taken to understand the SRH needs in Mildura and surrounds to inform the design of a new SWAP. 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 and the broader Mildura community.

Recruitment

Key informants and service providers

Key informants and service providers engaged in SRH in the Mildura region were invited to participate in semi-structured, one-on-one interviews (45–60 minutes) to share expert insights into local SRH needs. Invited participants included members of the Mildura SRH Community of Practice, representing local health services, governing bodies, youth services, and education providers. Interviews were conducted via Zoom, audio recorded, transcribed verbatim, and analysed thematically. Each interview began with demographic questions, followed by open-ended questions about local SRH needs. To be eligible to participate in key informant interviews, participants needed to either be a service provider or stakeholder engaged in sexual and reproductive health activities in the Mildura region and have a good understanding of written and verbal English.

Community members

Community members were invited to participate via flyers shared at local health and community services, online, and through radio advertisement that directed people to the CERSH website. Flyers featured a QR code linking to a plain language statement (PLS) and consent form. Interested participants could scan the QR code, review the materials, and provide their preferred contact method. Potential participants were contacted through their preferred method and invited via email to a focus group. Focus groups ran for approximately 30 minutes, facilitated by experienced sexual health researchers. Participants either completed the consent form prior to participation or gave verbal consent before participating in the focus group. While focus groups were the intended mode of data collection, due to low numbers of participants, six participants attended a focus group alone, and two participants attended a focus group of two. Community participants were residents in the Mildura area, understood and spoke English and were aged 18

years or older. There were no set demographic requirements for community participants of this project, however, researchers attempted to ensure that diversity was represented wherever practicable by collaborating with a wide range of organisations who have a variety of populations they regularly work with.

Table 1: Sampling framework, eligibility criteria and interview schedule topics

Sampling framework
Service providers in Mildura
Stakeholders engaged in SRH activities in Mildura
Mildura community members
Eligibility criteria
Reside in, or work in, Mildura area
Understand and speak English
18 years or older
Interview topics
SRH health needs and priorities
Barriers to accessing SRH
Experiences and perceptions of accessing SRH
SRH service provision gaps
Opportunities for SRH improvement
Supporting inclusive community engagement, service coordination and collaborative action
Resourcing and supports

Data collection

All interviews were conducted by AC via Zoom teleconferencing facilities between 25th November 2025 to 7th July 2026. Key informants and service providers were asked a series of socio-demographic and occupational questions in one-on-one interviews, before being asked a series of open-ended questions relating to SRH needs in Mildura. Data was also collected from community members through focus groups and one-on-one interviews. Community members were not asked socio-demographic questions. All interviews were recorded for the purpose of transcription and analysis of resulting data; video recordings were permanently deleted, whilst audio recordings were maintained in a secure folder. Interview recordings were deidentified prior to analysis.

Data analysis

Analysis was undertaken by a team of researchers with expertise in public health and health promotion. All interviews were audio recorded and transcribed verbatim for data analysis. Using a general inductive approach, themes were derived from the research questions, and interview schedule, as well as from emergent and recurrent patterns within the data. Interview transcripts were independently read and coded by two researchers (AK and AC) before convening to discuss, compare, and validate their coding and interpretation through cross-coding and multiple coding procedures. An initial coding framework was developed, and excerpts of coded text were categorised into themes and sub-themes, then analysed for meaning and compared for similarities and differences. Themes emerged that reflected the core concepts most important to participants. The coding framework was further refined, and key themes were decided through consensus among the research team. Although some variation existed among researchers in their coding frameworks and terminology, consensus emerged regarding the key themes and overall data interpretation.

Ethics

Ethics approval for this study was granted by the Office of Research Ethics and Integrity at The University of Melbourne on October 20, 2025 (number 33234).

Results

Participants

Key informants

A total of 10 Mildura service providers or SRH stakeholders were originally identified to take part in the study as key informants. Of the 10, one was not responsive, and three were unable to participate on behalf of their organisation but participated as community members. In total, six key informants representing six different organisations took place in the study. Interviews ranged from 12–20 minutes in length. Participants ranged from 29 to 65 years of age. Five participants were born in Australia, whilst one was born overseas. All key informants were women. Four key informants worked full-time and two worked part-time. Four held front-line positions, one was a team leader, and one was a manager. The key informants represented diverse sectors including youth mental health, community health, education, women's health, public health and sexual assault services. All six key informants expressed interest in SRH.

Community members

A total of 21 community members completed the survey linked via QR code on the recruitment flyer. Of these, 18 provided contact details and were contacted to participate in a focus group. In total, eight community members participated in a focus group. These ranged from 9-28 minutes in length.

Table 2: Key informant sociodemographic and occupational data

Characteristics	Number
Age range	29-65
Born in Australia	
Yes	5
No	1
Gender	
Woman	6
Man	0
Non-binary	0
Employment status	
Full time	4
Part time	2
Current employment role	
Front line	4
Team leader	1
Manager	1
Sector	
Youth mental health	1
Community health	1
Education	1
Women's health	1
Public health	1
Sexual assault	1
Length of time in role	
3 months – 25 years	6
Interest in SRH	6

Findings

Access

Access to healthcare can be defined as an overarching concept which is comprised of five specific areas of fit between the patient and the healthcare system: availability, accessibility, accommodation, affordability, and acceptability (Penchansky & Thomas, 1981).

Participants predominantly described barriers to accessing sexual and reproductive healthcare and programs in Mildura, rather than enablers. Analysis of the data identified three overarching themes: availability and affordability, approachability, and stigma and confidentiality.

Availability, affordability, and approachability relate to tangible barriers to access, whereas stigma and confidentiality are social and emotional barriers to achieving positive SRH outcomes.

Availability and affordability

Most participants reported that access to SRH services is constrained by geographical isolation, limited transport options, and financial barriers, including ineligibility for Medicare.

Geographic isolation

Limited availability of SRH services in Mildura necessitates travel to metropolitan cities such as Melbourne and Adelaide or other urban centres to obtain care.

'So, Melbourne 6 hours away, Adelaide 4 hours away, the costs and everything that's associated with that.' Key informant

It was observed that travel is required even to access state-based services, as these organisations do not provide outreach to Mildura.

'My only concern is a lot of, you know, these, services and organisations that are in Melbourne and that, that you have to remember that, you know, the border doesn't stop at Bendigo or Ballarat.' Community member

Participants observed that the barriers experienced by residents of Mildura were further intensified for those living in areas outside Mildura city within the Mildura Local Government Area. It was identified as necessary for SRH services to extend their reach to outlying towns.

'Important for services to expand past Mildura - Irymple, Ouyen, Merbein.' Community member

'We've got lots of rural, isolated towns around us. Some people have to travel an hour or so to get some of those resources, or the services here have to travel, so they're only...accessible a couple of times a month, or whatever, things like that' Key informant

Transport

Geographical isolation is a greater barrier when access to transport is poor.

'We're so far away, so having the right service center here, because we don't have the transport and the access readily to get to Adelaide and things like that, I think that places another emphasis on the quality and the accessibility of a service here.' Community member

'Distance definitely is a big factor. If you do not have a car, you're very disadvantaged.'

— Community member

Transport was identified as a more significant issue for young people and for migrant and refugee communities. Lack of access to a private vehicle was attributed to age, financial constraints, or the fact that newly arrived individuals had not yet obtained a driver's license. Public transport in Mildura was not considered an adequate way of addressing transport challenges.

'Public transport is probably the biggest barrier, and again...even though public transport for under 18 years old is free in Victoria now, or will be next year, but we don't have public transport in a lot of our areas, so the difficulty of transport is hard.' Key informant

'I think if they've got to get out of that town to get care, it's the access, transport, the cost associated with that. There's no public transport. Making an appointment that lines up with the time that you can get access to a service is really tricky.' Key informant

Financial

Financial barriers were reported to include both the direct costs of services and indirect costs, such as accommodation required when travelling to access care. Participants highlighted a lack of bulk billing for general practitioner services and noted the compounding financial impact of consultation fees combined with transport costs.

'Trying to find a bulk billing GP or even just being able to get there if you can get an appointment can be a bit tricky sometimes.' Community member

Barriers to sexual and reproductive health care are exacerbated for diverse and vulnerable populations.

'We've heard from women that they don't have, you know, the funds to, you know, attend an appointment, but they also don't have the funds to get there, especially if they don't have a motor vehicle, they don't have phone credit, and this was... has been particularly pronounced for women from migrant and refugee communities.' Key informant

Many participants noted that many people living in Mildura are ineligible for Medicare. For these individuals, bulk-billed services are not available, and SRH care is associated with significant out-of-pocket costs.

'Everyone forgets is our migrant and seasonal workers that don't have Medicare cards, which is the biggest issue that we encounter up here because of the costs related, with all the [STI] testing.'

— Key informant

One community member who worked in health care said they would find ways to circumnavigate a lack of Medicare.

'But the issue becomes if they don't have Medicare. And I said, well, look, we still have to treat them. You can't not screen them.' Community member

Medicare ineligibility was identified as an issue that can significantly impact the health of individuals.

'Everything hard in our area because most of our clients have no Medicare. Some of the clients have no visa and they're scared to go to see GP or doctor or nurse, whatever. Sometimes waiting until very, very sick.' Community member

Culture and language

Systems that did not cater to culture and language diversity created barriers to accessing services, particularly for individuals who do not speak English, those from culturally diverse backgrounds, and those who identify as Aboriginal or Torres Strait Islander.

The healthcare system was described as difficult to navigate for people who speak a language other than English, and interpreting services were reported as not always being used appropriately or effectively.

'Facing barriers with, like, appointment systems, particularly language barriers, people are hesitant to call, because they find the accent quite difficult to navigate.' Community member

'They are big worry with their English. Some clinic here, some GP, they're not organised with the interpreter. Yes, and it's hard for them...but at the end, it's not easy to get interpreter in the same time when they need.' Community member

Some key informants expressed the importance of creating services that are culturally accessible, as well as physically accessible.

'Addressing the accessibility in terms of cultural safety of services, looking at appointment systems, looking at privacy and the setup of, you know, if the waiting room is right where the check-in is, looking at ways that those can be, adjusted to improve, sort of, privacy for people.' Key informant

'If it was available within a space that's more comfortable, and kind of less institutionalised, then it would be easier to access, those, like, point-of-care type services as well that could test and treat more on the spot.' Key informant

Trauma was identified as a barrier to SRH healthcare access for Aboriginal and Torres Strait Islander people.

'Aboriginal and Torres Strait Islander, there's a lot of reluctance to go to hospital in those spaces as well, because of the traumas associated with that' Key informant

'So, I think there's an element of also, racism for Aboriginal young people, so I think there's... that is also going to influence them reaching out to services. So accessibility, would... would, you know, be another challenge for them.' Community member

Access to specialised services

Access to specialist services was identified as a gap, largely attributable to geographical isolation. While basic SRH care is available locally, specialised services are lacking. Participants specifically

noted the absence of reproductive technologies in Mildura, resulting in delays in accessing fertility treatment.

'Our initial appointment for IVF and reproduction assistance...we ended up just changing our referral to Adelaide because it was going to basically put us forward a year in trying to have children' Community member

Data indicated that members of the LGBTQIA+ community were disadvantaged regarding the specialist services available for gender affirming care, and social supports.

'There's a lot of... services that we're missing being so rural, especially, like, for trans people. I feel like they're missing out so much in this community.'

— Community member

'We have to outsource. If it's a young person, we're always talking to, like, gender clinics in Melbourne and things like that for anything medical.' Key informant

While gender-affirming care services needed to be accessed out of area, positive experiences were shared between community members.

'We've had some older members who are, you know, currently accessing gender-affirming care and...they're able to share about their lived experience and, you know, recommend safe doctors and health services that they've accessed, but unfortunately, that's often had to be out of area.' Key informant

Surgical termination was identified as another area of SRH care requiring specialists that were not consistently available in Mildura. One community member reported that the need to travel outside the region for surgical termination placed a substantial burden on patients and was associated with poorer outcomes.

'There's been, you know, quite a few young females who have come through our service and have experienced medical trauma, which unfortunately, at times, probably could have been avoided, if they had better access to... Like, the early intervention kind of support.' Community member

Stigma and confidentiality

Shame, embarrassment, and social stigma surrounding SRH were reported to prevent individuals seeking care. Every participant in this research referred to issues related to stigma and confidentiality. Social taboos concerning sex and sexuality were closely associated with both the provision of services and programs, as well as an individuals' capacity to access them.

Personal embarrassment

Personal embarrassment due to the stigmatised nature of SRH was believed to prevent community from accessing SRH services. While this was recognised as affecting the broader

community, several participants observed that young people and individuals from culturally and linguistically diverse backgrounds were disproportionately impacted.

‘There could be a level of embarrassment, a level of shame, worry that, you know, if they’re young, they’re going to get that judgment.’ Community member

‘Kids are still so... Embarrassed and, ashamed about attending services.’ Community member

‘When people talk about sexual...sexual or sex, something make you embarrassed. I don’t want to talk. No one want to talk.’ Community member

Confidentiality

Perceived lack of confidentiality when accessing SRH care was identified as a significant barrier, exacerbated by the small size of the Mildura community. Participants agreed that these concerns were linked to the increased likelihood that people in small towns know each other, compared with metropolitan areas.

‘On the grand scale of things [Mildura] is still quite small-town mentality, whereas, you know, a lot of us will either know each other, or know of each other... I think a lot of people have that worry that confidentiality could possibly be broken.’

— Community member

‘I know for a lot of people, the confidentiality is... is a huge thing. And it is hard, because we are in, like, a smaller area.’ Community member

For most participants, this lack of confidentiality was described perceived, rather than fact. Only one community said that services were ‘not very confidential, and, you know, people talk.’

Stigma and discrimination

Several participants described stigma and discrimination associated with specific aspects of sexual health, including gender and sexuality, and access to abortion services. At a systems level, such stigma becomes discrimination and results in poorer healthcare outcomes for individuals.

It was noted that smaller outlying towns of Mildura have greater discrimination and that ‘Pride Days up here in schools, and... they’re still called Gay Day at schools down south.’ One participant shared their experience trying to fill a prescription for Pre-Exposure Prophylaxis (PrEP), a highly effective medication for HIV-negative individuals to prevent HIV infection before potential exposure.

‘I went to a chemist to get some PrEP...and they pretty much just handed me back the script and said, yeah, we’re not doing this.’ Community member

A lack of specialist services for LGBTQIA+ individuals can result in people accessing services that are unsafe.

'There's a lot of... services that we're missing being so rural, especially, like, for trans people. I feel like they're missing out so much in this community. They, you know, they have to either go online, or they access to doctors who aren't accepting of, you know, the people transitioning'
Community member

Abortion was mentioned as another area of SRH where discrimination leads to improper referral and obstruction of timely care.

'I just had a girlfriend, her daughter needed a termination and she went through lots of traumatic experiences to try and get to that point...Starting with a GP that didn't believe in it, so then wouldn't refer her to anywhere to actually have the conversations about whether she did or didn't want to go ahead with it and all that kind of stuff. So it was just really traumatic for them.'
Community member

'Another one is conscientious objectors working in that abortion space, and we, being a regional area, we're so limited in two specialists that do work in... especially with, surgical terminations. But even with seeing workups, for, like, path and radiology, from conscientious objectors'. Key Informant

Enabling access

Access to SRH services is enabled by innovative models. Options suggested to reduce barriers to access included text messaging services, outreach models and efforts to destigmatise sexual health care.

STI-X, an STI test vending machine was identified as providing discreet and anonymous testing, which several participants believed enhanced access. They suggested that a permanently installed machine would be an appropriate solution to improve access to STI testing.

'I know just having, like, the STI-X machine, that project being here has made, you know, I'm sure it's making a big difference to those people that want to just go and do something privately to, you know, for, their sexual health.' Community member

'Probably having permanent [STI-X] machine would be good.' Community member

'The machine that we had here, the STI testing machine. That would be great for anonymous access.' Key informant

One community member suggested that SRH service tours can reduce stigma, and that if people 'are given the chance to [tour] the sexual health rooms...it helps break down that kind of stigma.'

Several participants believed that online and text-based ways of booking services would reduce barriers, particularly for young people.

'An option where they can text. Rather than ring. Because that seems to be a big blocker, because...they're scared' Community member

Outreach models were also noted as another way to increase access for people outside Mildura city, and for people who are disengaged from mainstream services.

'Even like a van that, you know, could visit, equipped with your nurse, doctors, screening. Something like that would be amazing to go to Merbein for a month, or Red Cliffs...lyrymple'
Community member

'Mobile clinics...basically outreach to smaller towns. And as part of that, you know, is going out into the community to chase people if you need to.' Community member

An outreach model would also improve access for Pacific Australia Labour Mobility (PALM) scheme workers according to one key informant.

'A mobile outreach bus for them to have, as well, to use for their staff to go out and do testing, so they could just go do testing out on the farms, or wherever, like, the PALM Scheme workers and everyone are as well. That would be amazing, because they're unlike... some may be unlikely to even leave work to come out, so that's another kind of barrier for testing that group in particular.' Key informant

Successful models

Sunraysia Community Health Services (SCHS) are well known and respected by the Mildura community as a provider of SRH care. The majority of key informants and community members mentioned SCHS as a provider of sexual health care and most believed it to be a quality service.

'We have some good services that have been set up, like at Sunraysia Community Health with access to women's...reproductive services and the sexual health clinic there.' Key informant

'Sexual health clinic at Sunraysia Community Health, always recommend them. I've used them myself, they were really good.' Key informant

'I think the sexual health clinic we have at Community Health is fantastic.'

— Key informant

There was one community member who highlighted potential issues for diverse populations accessing SCHS.

'I believe there might be some other nurses but they are all...in my experience, they are femme-presenting people, which I think can sometimes be a barrier for, I don't want to say males, because a lot of males would see women, anyway, but...Potentially can be a barrier for more of that peer relationship and education.' Key informant

For Aboriginal and Torres Strait Islander people, access is enabled through different ways of working.

'Those innovative ways, like doing, you know, doing pop-up outreach clinics, all of that type of stuff. You take the service to them, they don't really have to go to us.' Community member

Health promotion and community awareness

Health promotion needs to target everyone in the community and be available in multiple modes.

Approachability

Community awareness of available SRH services in Mildura was reported to be limited, with most participants indicating that they were not aware of what services exist locally. This finding applied to both community members and key informants working within the sector.

'As someone who... you know, works in the sector and, you know, has been kind of on and off involved with CERSH, I still don't have, like, a full understanding of what is offered in Mildura, and, you know, things change depending on staffing. and funding and stuff like that, too. So yeah, I think a limited knowledge of what is available.' Key informant

'I just know that there are programs, I just haven't really seen them out in the... in the community.' Community member

There was a strong belief that service promotions could be improved.

'I've said this before, and I'm going to keep saying it, is really finding a better way, or a more... finding...the most productive way of promoting those services across the district. I know the service providers do promote it, but I think we could be more overt in a whole lot of ways to promote the free services that are here in Mildura.' Key informant

There are additional barriers regarding service visibility for people who do not speak English.

'I've also noticed for a lot of people with English, that's not as...not their first language. There seems to be... like, a real...not a good understanding of what services are available.' Community member

As one participant noted, someone might not know about services if they have never needed to seek them out.

'It's just the information, like, I haven't come across any information out there that would direct me, but then again, I haven't been looking.' Community member

Although identifying the appropriate service was reported as challenging, participants noted that once accessed, people were satisfied with the SRH services.

'People, I think, feel like they're going around in circles and not knowing where to go. And I have heard that once they get to where they need to be, they're very satisfied. But it's how to get there.'

— Community member

'Like once they found [SCHS], they were just over the moon and knew everything about everything and all their options and had everything explained and felt like they had all the information they needed to make the right decisions. But until they got to [SCHS], they were just lost. Yes. And knowing, and you know, they knew that time was ticking and yeah, they just didn't know where to go or what to do. And yet didn't have the means to go away anywhere to find anything else.' Community member

Communication channels

Information sharing through professional channels is important to identify gaps, improve referral pathways, and coordinate action.

An identified barrier to strong referral pathways and service promotion was high staff turnover.

'I've been trying to engage with the doctors at A&E. And, in the mental health team, but they have so many doctors coming through A&E and coming and going, it's hard to catch them.'
Community member

One key informant suggested a centralised place for information sharing.

'Having a centralized place for healthcare information. I mean, we have things like, you know, 1800MyOptions, you know, map, but, you know, in terms of making people aware of that, looking at ways that that, can be spread out in local community, and get that resource to people.' Key informant

Knowledge of service availability increases referral.

'Even for clinicians who may not feel comfortable or treat many sexual and reproductive health issues, to refer to [SCHS] as well, so that's becoming more widely acknowledged. So being aware of, kind of, what's available in the area has made a big difference.' Key informant

For community members, word of mouth is a communication channel, however, one participant noted that there is currently no effective word-of-mouth mechanism within the LGBTQIA+ community.

'A lot of things get spread around here through word of mouth. But because we... At this point in time, we don't really have a very strong network, or word of mouth.' Community member

One key informant believed there to be good communication between members of a LGBTQIA+ social group that has been running for several years.

'We've had some older members who are, you know, currently accessing gender-affirming care and starting, like, testosterone medication and stuff like that, so they're able to share about their lived experience and, you know, recommend safe doctors and health services that they've accessed.' Key informant

Health promotion

Health promotion messaging must be across multiple settings, and through varied modes of communication.

Health promotion and community engagement are expanding, according to one key informant.

'I think it's getting out there and that community engagement stuff, but I think we've, like, this year really started that off, like, that expo, and... the condoms tree and getting things out on social media and stuff like that, so it is... I think it is starting and will continue.'

— Key informant

One participant reported observing health promotion materials at SCHS but was uncertain whether these resources were shared beyond the clinic setting

'I walked past, like, the Captain Condom, you know, backdrop and things like that, so I know they've got sexual health programs...but I don't know how...how well that message is... You know, distributed, say, around the town.' Community member

A participant suggested that health promotion messaging could be shared on toilet doors.

'And I don't know whether anyone looks at, the back of toilet doors and things like that would be good to get some education about, you know, when they should be getting checked, and...where they can go... I think that that would be a good idea, because that's one place where if you do use the toilet, you tend to look at the back of the door.' Community member

Schools were identified as key settings for health promotion, with messaging disseminated through formal channels by school nurses.

'Whatever information, up-to-date information from [CERSH], or, Sunraysia Community Health, I tend to try to get out to all of the teachers at the schools that I know of, just so that the information is... out there for the teachers to give to the students. And then...at our, nurse meeting as well, when we all come together...to get the information to other schools. I think it's effective, and I hope the teachers are, you know, educating...the students and getting, service... services out there.' Community member

Health promotion messages need to be tailored to meet the needs of diverse populations.

For young people, a community member suggested that health promotion messages needed to be embedded in social media as this is a format they are likely to engage with and absorb.

'I think the way that you know, we're communicating and educating needs to be adapted for what the community and the younger community... Quick message, rather than, you know, they're not going to sit there and read a big poster on the back of a toilet door.' Community member

Culturally and linguistically diverse communities require messaging that is culturally appropriate. One community member reported that they endeavour to translate health messages into multiple languages and to provide information in a staged manner.

'And try to share with the step by step, not push, like give every information'. Community member

Messaging needs to be in language and tested for appropriate translation.

'We do have so many...different cultures, and they don't necessarily speak English, or English as a second language, so they wouldn't understand, you know, a certain amount of things...they might read it as...something different to what the message is that is trying to be brought across to them.' Community member

'No words for some of the things that you and I know. That there... there isn't a word in their language for parts of the body.' Community member

Key informants identified opportunities for additional health promotion initiatives.

'I think there could be a lot of really good work done through, Mallee District Aboriginal Services, so around that health promotion and, early intervention, kind of, health services. And that

education, both around, you know, healthy...sexual behaviours, but then also, like, consent and stuff like that, too.' Key informant

Workforce and system capacity

Most key informants reported gaps in workforce specialisation, access to training opportunities, and staff retention. They also noted that collaboration and partnerships were good enablers of effective service and program delivery.

Specialist workforce

Access to SRH services is dependent on availability of specialised workforce and service capacity.

While it was noted that SCHS provide menopause care, one key informant believed that additional providers of this service were needed.

'Reproductive care in terms of menopause, and that's becoming a bit of a goal, like, nationally as well, for women's health in particular, so... Probably some more resources locally around that, so we're not having to really kind of outsource that.' Key informant

Obstetrics and gynecology are two specialist areas that both key informants and community members believed to be lacking in Mildura. However, for those who were aware of these services, there were differing opinions regarding the quality of care.

'Consistent specialists. Obstetrics, gynecology, I think now that we've got a nurse prac in the, infectious diseases is...is great. Just that specialised skill set, I think. If we could get... and it all comes down to money, I think.' Key informant

'Recently had a personal experience of, seeing, seeing a gynaecologist through public... the public system through the hospital here, which was also pretty good and wasn't as long of a wait as I thought it was going to be, so that was quite positive.' Key informant

'A bad rap in Mildura around gynecologists. So, not only is it very hard to find a gynecologist, it's also very hard to, to get in once you... once you do find them. I'm not sure if there's a gap, but...I know for me, being a trans individual, if I was in a position where I needed to see a gynecologist, I would probably just go to a city. Just one, for that extra privacy, and two, because I've heard so many bad things that I am... I'm not willing to take that risk, personally.' Community member

One participant noted that the presence of specialists within the community health setting would be highly beneficial. However, they observed that there is competition from other services offering higher remuneration to clinicians, which community health services are unable to match.

Another specialist service noted as missing from Mildura was adolescent forensic services.

'We don't have a...pediatrician or a nurse that can do forensic medicals for youth here. So, like, anyone 18 and under, we have to take them to Bendigo or Melbourne or something like that to get forensic medicals.' Key informant

Workforce training and capacity building

Investment in training and professional development for the existing workforce is required to meet the SRH needs of the Mildura community.

Enhanced training and education for current providers in Mildura would support the delivery of a broader range of specialist services locally.

'Some kind of more local resources or upskilling of staff, if that's a possibility, to kind of, be able to provide that care [menopause] more locally, if there's GPs or clinicians with other interests or other NPs in the area.' Key informant

I think the sustainability specialists and all upskilling, ones that are already existing... upskilling and making that a...option for clinicians already working in that space.' Key informant

It is important to consider the location of training opportunities for clinicians, as needing to travel to undertake training is a barrier.

'Training opportunities, particularly Mildura being so far from Melbourne, and oftentimes a lot of things are in Melbourne and require travel. So looking at, sort of, ways that we can, you know, support things like [LARC insertion] training.'

— Key informant

When travel is required to undertake training, provision of additional support would facilitate greater participation by members of the Mildura workforce.

'I think if there was, kind of, funding grants for clinicians or, like, in the community to be able to do other upskilling, if there was funds around that, like, if there are grants for different scholarships to do that, whether included travel or accommodation reimbursement, similar to, kind of, the IUD program.' Key informant

One participant discussed a current program that provides training locally. This program brings experts from metropolitan settings to provide upskilling to Mildura clinicians.

'The Royal Women's Clinical Champions program is up here helping to upskill staff for clinicians in the area, so nurses, midwives, GPs for LARC and surgeons.' Key informant

The education workforce has additional challenges to attending training opportunities due to the need to backfill, and the low priority often placed on relationships and sexuality education.

'Even if, say, for example, your services provided funding for Sexual Health Victoria to roll out after-school webinars for teachers. It's still difficult for principals to release their teachers with the time to access those things.' Key informant

Workforce retention

There are difficulties attracting and retaining the workforce in rural areas.

'And also address some concerns of the GP workforce more broadly...there's concerns over, like, work-life balance, you know, generally, recruiting workforce to rural areas. Housing is a

problem. So, addressing, like, systemic, sort of socio... like, socio-ecological barriers to, attracting and retaining GP workforce in rural areas, those would be, like, the broader, sort of systemic supports that I think are needed for... for us to better meet the sexual reproductive health needs in Mildura.' Key informant

The Mildura workforce is often composed of locum staff or practitioners in training, resulting in limited continuity of care and reduced capacity to build sustained relationships between practitioners and patients.

'Our hospital's a teaching hospital, so people are in and out, there's not many people that stay for a really long time.' Key informant

'The base is good, but it's forever changing, so I feel like the referrals, the path, requests, and things like that all get... sorted and settled, and it's happening, and then something changes, so... and that's just due to experts in the field working here, and they move and change, and locums, and all that sort of stuff. It's hard to be consistent.' Key informant

Partnerships and collaboration

Partnerships, collaboration, and coordinated action between organisations and sectors are essential to building a cohesive SRH system.

The CERSH led CoP and SWAP are mechanisms for collaboration, information sharing, and avoiding duplication of efforts.

'I think what's great is we do have the COPS, but to try to work together a bit more collaboratively, so, services aren't duplicated.' Key informant

'What we're doing now, with the SWAP, and having more collaborative approaches...but just more organisations talking together' Key informant

'I do think that since I've been working with [CERSH] in the [SWAP], like, I've noticed a difference. I'm just getting... the more you meet people and have to do with them, you have the confidence to just pick up the phone and chat to them.'

— Key informant

One participant believed that services in Mildura did work in silos, and that collaboration was not strong.

'I don't know, I just think there's a lot of people that work in silos, and there's not as many... I thought we'd have the opportunity to do more stuff around partnerships, and it's... it's not happened.' Community member

Delivery of SRH services and programs is strengthened by strong working relationships and trust. Some key informants believed that the CoP and SWAP had contributed to the development of effective stakeholder relationships.

'Just building those relationships and that trust, that collaboration, and I think it really... It... it has that snowball effect that, Yeah, you're building trust in services.' Key informant

'We can work together on with some of the other organizations doing work, I think, as well. And I think that should be one of, I think, the strengths here that we do have. Lots of keen people wanting to help and just collaborating some of those efforts a bit better, coordinating the efforts a bit better.' Key informant

'It's all about relationships and trusting and knowing who's working where, and having the right contact at the right place. So, I think that's hugely a result of the social wellness action plan and bringing people to the table.' Key informant

The relationships built through the CoP enabled warm referrals for clients.

'I really liked all the stuff...you know, the Sexual Health Expo, and doing lots of things together. I know that a couple of the girls have gone to the COPs, and then they've had really good experiences with [SCHS], in particular, and things like that afterwards, being able to take clients over, and really work well.' Key informant

Outcomes for the Mildura community are improved when services work in partnership.

'Oh, I'm happy, very happy to join work with MSAU MDVS and we are a good team, good partner. And now we have the SCHS come to join with us. I'm sure we will very big team and a good partner to work and we can share. When we work together, we can help clients be better.'

— Community member

It is important to acknowledge that organisations have different ways of working, particularly when they serve diverse populations. One participant described the distinct ways in which Aboriginal and Torres Strait Islander people access services emphasised the need for mainstream services to collaborate with specialist Aboriginal services to ensure continuity of culturally appropriate care.

Knowledge and education

Education needs to be embedded in multiple settings across the life course.

Formal education

In school settings, relationships and sexuality education (RSE) is important, however there are barriers to delivery, and some participants believed the education is inadequate.

'What my kids have learnt in school, they've come back and talked about with me. But I guess they've talked to me about it in the context of needing to know more. So I don't know whether they're getting enough or whether they in that context, they just maybe don't hear what they need to hear.' Community member

'We had a 15-year-old recently that didn't know what a condom was. So, like, just finding that the education is really lacking.'

— Key informant

One community member indicated that they believed their school health team provides RSE effectively.

'I suppose, you know, with a respect for relationships, and...education on contraception, I find that the PE Health team do well.' Community member

Schools are the ideal setting for SRH education of young people and teachers need to be equipped to deliver this education.

'In an ideal world, that would all happen...you know, in schools. And I suppose that's my [school nursing] priority in the schools that I've got, is equipping the teachers if they don't want me coming in, giving education, then equipping them with up-to-date information, services that are available.' Community member

Some key informants reported inconsistency in the delivery of RSE, and one noted significant difficulty in gaining access to schools located in outlying towns outside Mildura city.

'We deliver core of life and puberty and health education classes, but personal development classes are not being delivered consistency... consistently in schools, and that's for a whole lot of reasons.' Key informant

'As hard as we can, and we just can't get in with those service... those schools.' Key informant

The 'Let's Talk About It' schools and community exposition was noted as a good example of SRH education for young people.

'I think the expo was a really good thing in terms of putting sexual health on the map and getting people thinking about it...And yeah, like it was just really not a scary thing. It was friendly, it was welcoming. Lots of services were involved.'

— Community member

'The expo was so good. When you have inspirational speakers like [Wise ed.], I think it'd be great to film his talk that he did in the morning, and use that as a resource, and provide that as a resource link to schools, as a sustainable thing, rather than have him just come up all this way to deliver what he did, and inspire the students, and really educate the students on all those topics that he covered.' Key informant

Topics that participants believed should be taught in schools included healthy relationships and online harms.

'I think just more education around, like, healthy relationships as well, as it pertains to, yeah, sexual health and, yeah, around consent and, that kind of thing too.' Key informant

'I think it's more just, like, you talk to any teenager, they don't get it [choking]. They don't get that it can still cause issues or harm before someone's passed out. Things like that. They still don't get that it's sexual assault when you're in a relationship.' Key informant

'Maybe around safe online sexual behaviour. You know, we often hear of so many young people of, like, nudes being leaked and stuff like that, and engaging in unsafe online behaviour.' Key informant

Community education

Education regarding sexually transmissible infections (STIs) was identified as one of the biggest needs when it comes to SRH, due to the high rates of STIs in Mildura

'I think education, around STIs. Especially, you know, some of the, like, people seem to have a good understanding of, like, HPV, but, you know, you see such a big number of, like, syphilis and chlamydia in town. I know syphilis is always a constant at the hospital where numbers are quite high, and I don't think people sort of understand or have the education surrounding that.' Community member

'We have quite high STI rates in our region, so I think, yeah, especially that education's really important.'

— Community member

'I still think there's a lack of understanding. There needs to be a lot more education. There's sort of lack of understanding of our transmission of STIs and bloodborne viruses.' Community member

SRH education needs to be embedded across the life course and not only delivered to young people.

'I'm probably thinking more like the people like middle age that have been out of school for a while and might not have that STI stuff front and centre of their mind that, you know, need to be aware of what's going on.' Community member

'Just in terms of that, probably more sexual health literacy, if that's a thing. and across all ages, I think. Yeah, but more the older demographic, I think that probably have forgotten what they learnt at school or didn't necessarily learn it or don't know the latest stuff. Yeah. And I think that informed consent and not having to rush into anything.' Community member

Parents and carers

Several participants noted that parents play a critical role in the education of young people and that they require access to more information and resources to support this role.

'I don't think there's enough information given to parents about what children are taught in school.' Community member

'We sort of have identified that we go into schools, we do education, and stuff like that, and then there's so much responsibility on the child, like, we're not getting in with the parents when it's a group thing, so we're missing, like, that whole...cohort.' Key informant

One participant shared a story about a time their father was excluded from an education setting.

'And I know my dad actually got really frustrated, because at that point in time, when they start talking about things like periods, they actually ask all the men to leave the room, and for him,

having daughters, he actually really wanted to be part of that, that chat, so he had a better idea of what was going on, what to expect, and how he could help.' Community member

Considerations for diverse groups

The needs of diverse populations must be considered regarding education topics and modes of delivery.

In work with culturally and linguistically diverse communities, education has been delivered successfully by focusing on broad health topics rather than specifically on SRH. One education program described delivers monthly workshops for women.

'And with Women Health workshop this time, we take time only one hour, just one topic. But before we start with the one topic, we will add about sexual violence education. And I will do like a board education...and we hope after we have the more series every month, one times a month, hope everyone in our community more understand and look, take care, look after themselves and take care of their sex health.' Community member

In school settings, programs are tailored to migrant and refugee students at the English Language Centre.

'I've been working with primary and secondary schools during that time, and I've also been working with the English Language centre and helping staff to develop curriculum material for the new arrival students and refugees.' Key informant

Culturally and linguistically diverse parents may face additional challenges when discussing SRH with their children.

'A lot of parents that I'm talking to nowadays that are from CALD backgrounds. So, potentially, they're going into these sexual health, like, education chats with their young people with no idea, kind of, how to...have those, because the Australian sexual education is at a different level, potentially, where they've come from, or vice versa, and there's cultural ideas as well.' Community member

Aboriginal and Torres Strait Islander young people also need to be considered in education initiatives and mainstream initiatives may not be appropriate.

'I attended the Sex Expo last year. I won't be going to it again this year, but there was feedback from the Indigenous guys that they didn't think it was that beneficial. So we've got to think about how we do services for them.' Community member

Conclusion

The revised Mildura SWAP is firmly grounded in the voices, experiences, evidence and expertise of the local community. The needs assessment identified five interconnected priorities: access and affordability; stigma and confidentiality; health promotion and community awareness; workforce and service capacity; and knowledge and education. It also highlighted the additional and intersecting barriers experienced by culturally and linguistically diverse communities.

Importantly, the process moved beyond identifying challenges. Community members and key informants highlighted effective approaches, recognised opportunities for greater coordination and

proposed practical, locally relevant solutions. These findings provide a clear evidence base for the second edition of the SWAP and will guide coordinated action to strengthen services, build workforce capacity, improve community knowledge and reduce barriers to care.

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outcomes through evidence,
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