

**Family Planning Victoria
Organisational Integrated
Health Promotion
Plan
2007 - 2009**



FAMILY PLANNING VICTORIA

Family Planning Victoria (FPV) Organisational Integrated Health Promotion Plan 2007 - 2009

PART 1 - Priority Setting

The development of the Health Promotion Plan is underpinned by Family Planning Victoria's (FPV) Organisational vision and key objectives:

Vision

Enhance Victorians' understanding and awareness of their sexual and reproductive health and wellbeing through the provision of education, training and clinical services.

Key Objectives

- Strengthen the capacity of the health care, education and human service workforces to provide quality sexual and reproductive health care and information.
- Enhance the provision of timely and accessible sexual and reproductive health services
- Strengthen the capacity of individuals, families and communities to better understand and manage their sexual and reproductive health and wellbeing.
- Strengthen our organisation's capacity to meet our vision.

The planning and development of this plan is informed by a series of planning and consultative processes including:

- Management strategic planning and the development of FPV's Business Plan,
- Consultative meetings with managers and key staff program members,
- Consultation with FPV's Health Promotion Reference Group (HPRG),
- Consultation with external stakeholders, for example – the Victorian Department of Human Services (DHS), local governments and service providers from the City of Casey and the City of Wyndham, Cardinia Casey Community Health Service, Youth Resource Centre at Hoppers Crossing, regional Women's Health services, Women's Health Victoria, Royal Women's Hospital, Goulburn Valley Primary Care Partnership (PCP).

The development of this plan is also informed by the review of reports and evidence based documents including;

Victorian Sexually Transmissible Infections (STI) Strategy 2006-2009
Victorian HIV/AIDS Strategy 2002-2004 and Addendum 2005-2009
Victorian Hepatitis C Strategy 2005-2009
National Sexually Transmissible Infections Strategy 2005–2008
National HIV/AIDS Strategy 2005-2008
The National Hepatitis C Strategy 2005-2008
The Sexual and Reproductive Health of Young Victorians Report 2005
The Australian Study of Health and Relationships 2003 report on Sex in Australia
The State of Victoria's Children report 2006
Surveillance reports of notifiable infectious diseases in Victoria
Victoria Women's Health and Wellbeing Strategy Stage 2: 2006-2010
Primary Care Partnerships Community Health Plans
The Review of Sexual Health Clinical Services in Victoria, 2004
The Health Costs of Violence – Measuring the burden of disease caused by intimate partner violence
Reproductive Health Indicators, Australia, 2002.
DHS Integrated Health Promotion Resource Kit 2003
Indicators to Help with Capacity Building in Health Promotion 2000
A Framework for Building Capacity to Improve Health 2001

Priority 1 – Capacity Building

Capacity building is defined as 'the development of sustainable skills, structures, resources and commitment to health, improvement in the health and other sectors to prolong and multiply health gains many times over'.¹ Capacity Building is recognised by FPV as a key priority to ensure the development and expansion of FPV's organisational skills, structures and resources to strengthen the organisation's capacity to meet our vision, and to undertake key challenges to meet the objectives of our Strategic Plan, which underpins FPV Health Promotion Plan 2007-09.

The DHS outlines pathways to build capacity to promote health, including “strengthened systems, program sustainability and increased problem solving abilities.”² Over the past five years, FPV has been working towards building a knowledge base and culture of health promotion practice. This has given us a foundation to continue our efforts to build supportive systems within the organisation to strengthen integrated health promotion practice at both the internal and external levels. We anticipate the outcome of these efforts to equip us to better address the emerging and changing needs of target population groups and be more strategic in partnership development across the service sector.

Priority 2 – Sexual and Reproductive Health (S&RH)

Sexual and Reproductive Health (S&RH) is fundamental to the sense of well being experienced by people in their everyday lives. The United Nations International Conference on Population and Development (1994) defines sexual and reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Sexual and reproductive health is a broad concept that can encompass:

- Freedom from gender discrimination and violence
- A safe and satisfying sex life without fear of infection, unwanted pregnancy or coercion
- The capacity to reproduce and the freedom to decide if, when and how often to do so
- The ability to go safely through pregnancy and childbirth
- The ability to bear and raise healthy children”³

International, National, State and local studies and reports continue to highlight concerns on the increasing prevalence of sexually transmissible infections and unplanned pregnancy (particularly in young people), and recommend actions to address sexual and reproductive health issues, especially from a health promotion perspective. In particular, FPV referenced to the following key documents –

- National Sexually Transmissible Infections Strategy 2005-08
- Victorian Hepatitis C Strategy for 2005-09
- Victorian HIV/AIDS Strategy for 2005-09
- Victorian Sexually Transmissible Infections Strategy 2006-09
- The Australian Study of Health and Relationships 2003 report on Sex in Australia
- The Sexual and Reproductive Health (S&RH) of Young Victorians report, 2005
- The Review of Sexual Health Clinical Services in Victoria, 2004

Examples of findings from some of the key reports and strategy documents:

1. ***The Sexual and Reproductive Health of Young Victorians Report (2005)***⁴ finds that the age of first sexual intercourse continues to fall, with the average age of first sexual activity in Australia now 16 years of age. It also finds that 17% of Australian women aged 20-29 years in 2001 reported at least one pregnancy in their teen years
2. ***The Australian Study of Health and Relationships: Sex in Australia report (2003)***⁵ reveals 1 in 5 women and 1 in 20 men report sexual coercion, and Knowledge about the transmission and health consequences of sexually transmitted infections is poor.
3. ***The Victorian Sexually Transmissible Infections Strategy 2006-09***⁶ reports significant increases in most notifiable sexually transmissible infections in Victoria since 1999, particularly Chlamydia, Gonorrhoea, Syphilis and HIV, with 75% of Victorian notifications being from those under 25 years of age. Chlamydia is the most commonly notified sexually transmissible infection in Victoria with the total number of notifications having increased 133% within the period 2000-2004, reported highest amongst 15-24 year olds. Notifications of Gonorrhoea and infectious Syphilis in Victoria have increased, with an ongoing and marked rise in notifications amongst men who have sex with men.
4. ***The National Sexually Transmissible Infections Strategy (2005-08)***⁷ identifies Aboriginal and Torres Strait Islanders to have an eight-fold rate of diagnosis of Chlamydia (per 100,000 populations) than non-Aboriginal people.

The report “*A Sexual Health Strategy for Australia – Time for Action*”⁸ highlights the consequences of poor sexual and reproductive health. It alerts us to the costs associated with poor investment in sexual and reproductive health promotion – for example an unplanned and unwanted pregnancy can place economic and psychological burdens on those affected. Sexually transmissible infections have potential for increasing health care costs due to complications arising, like ectopic pregnancies, pelvic inflammatory disease, infertility, neonatal blindness, morbidity and death related to HIV/AIDS.

PART 2 – Operational Integrated Health Promotion Plan

Priority 1 – Capacity Building (Goal 1)

1.1 Problem Definition:

Family Planning Victoria (FPV) acknowledges the five key action areas in capacity building - organisational change, workforce development, resource allocation, partnerships and leadership.⁹ Through continuous improvement strategies to progress in these key action areas, FPV will be better positioned to address the needs of its key target groups. The implementation of capacity building strategies at an organisational level will allow FPV to be a learning organisation, “that is more likely to take up new ways of working in order to respond to changes in strategic directions” . It will also prepare the organisation to be effective in addressing sexual and reproductive health issues at statewide level.

- As health promotion principles become embedded into organisational practices, in 2007-09 FPV will continue with internal organisational development efforts to build resources and skills to better place ourselves to strategically address sexual and reproductive health issues at the state level.

- FPV has been working towards implementation of new frameworks and resources to lead the progression of integrated planning across the organisation.

- Several changes to the organisational structure are planned to maximise the organisation’s reach and capacity to respond to changing needs amongst the internal and external workforce and these will be identified in our strategies for Goal 1.

- There will be a key focus on communication strategies internally and externally that ensure consistency and clarity of FPV’s profile and health information delivery and advocacy.

Goal 1: To strengthen the position and capacity of FPV as a statewide organisation to address the sexual and reproductive health of Victorians.

Objective 1.1: To uphold and further develop organisational skills, structures and resources that will increase FPV capacity to address and advocate for improved sexual and reproductive health in Victoria.

Objective 1.2: To maintain and improve the leadership role of FPV, and strengthen public relations through the establishment and function of an Information and Communication Services Unit.

Target Population: Organisation – Internal (FPV staff, Managers, CEO and voluntary Board of Directors); Organisations - External.

1.2 Solution Generation - Health Promotion Interventions and Capacity Building Strategies

Objective 1.1 –To uphold and further develop organisational skills, structures and resources that will increase FPV capacity to address and advocate for improved sexual and reproductive health of Victorians.

FPV will undertake the following health promotion interventions:

Community Action

- Generate evidence through research with relevant organisational partners to strengthen a knowledge base that will improve sexual and reproductive health screening and enable best practice in sexual and reproductive health information dissemination.

FPV will undertake the following key capacity building strategies:

Organisational Development

- Implement a framework for integrated planning across the organisation.
- Management to facilitate, monitor and review integrated health promotion planning and activities across program areas.
- Establish a Clinical Education Unit to support FPV’s training and education programs for nursing and medical personnel.
- Develop and implement organisational guidelines and processes to progress FPV’s capability to work with and improve the sexual and reproductive health of the culturally and linguistically diverse (CALD) communities.

- Implement guidelines and procedures to maintain Registered Training Organisation (RTO) status.
- Examine the relationship between FPV Pregnancy Choices Service with external counselling services on planned and unplanned pregnancy issues.
- Develop, plan, monitor and report on FPV's Organisational Health Promotion Plan.

Workforce Development

- Training and professional development for staff in sexual and reproductive health and health promotion practice, particularly in evaluation skills.
- Plan and conduct regular staff forums to share and profile health promotion projects, resources and tools.

Resources

- Update of FPV screening protocols and processes to ensure efficiency and consistency in sexual and reproductive health promotion and screening practices.

Objective 1.2 - To maintain and improve the leadership role of FPV, and strengthen public relations through the establishment and function of an Information and Communication Services Unit.

FPV will undertake the following health promotion interventions:

Social Marketing/ Health Information

- Disseminate reports, articles and resources on sexual and reproductive health and health promotion to keep staff informed on current trends and best practice.

FPV will undertake the following key capacity building strategies:

Organisational Development

- Establish an Information and Communication Services Unit to lead organisational communication practices by supporting staff in integrated health promotion information dissemination.
- Create and maintain an organisational Intranet.
- Conduct a review of FPV's Library and Bookshop, including an audit, survey of stakeholders, report, recommendations and implementation.
- Identify and develop sexual and reproductive health resources eg: FPV Position Statements, advocacy and evidence based information papers.
- Work with Sexual Health & Family Planning Australia (SH&FPA) for a national consensus to ensure consistent practice and information dissemination on sexual and reproductive health issues, eg. contraceptive information and practice.

Workforce Development

- Training and professional development for staff in communication and writing skills.

Resources

- Maintain and enhance the FPV client database system to improve data quality for reporting and planning purposes relating to health promotion activities.
- Develop an electronic database for the Education and Training area to improve efficiency in data collection for reporting and planning purposes.
- Management and coordination of Information Technology (I.T) systems and networks across the organisation to improve communication and staff access to information on sexual and reproductive health issues and practices.
- Employment of Data and Information Systems Officer to support data collection and analysis, and generation of reports.
- Ensure available administrative and physical resources to support health promotion activities.

1.3 Stakeholders

Roles and responsibilities of key stakeholders:

- FPV's voluntary Board of Directors will support the adoption and implementation of the Health Promotion Plan.
- The management team will support the advancement of an integrated framework across the organisation and coordinate the implementation of key health promotion interventions and capacity building strategies of this Plan.
- The Senior Health Promotion Officer and the Health Promotion Officer will develop; facilitate the implementation of and co-ordinate the reporting of the Health Promotion Plan.
- FPV staff will have key roles in the implementation of various interventions and strategies.

- Health Promotion Reference Group (HPRG) members will provide leadership in health promotion across the organisation, represent their respective program areas in guiding health promotion planning and development and provide a communication means between staff and program managers.
- MacFarlane Burnet Institute, University of Melbourne, Melbourne Sexual Health Centre, Deakin University and the Key Centre for Women's Health will collaborate with FPV to participate in research that collects data and monitors trends which will inform practice.
- Sexual Health & Family Planning Australia (SH&FPA) will work in partnership with FPV towards achieving a national consensus to ensure consistent practice and information dissemination on sexual and reproductive health issues.

Priority 2 – Sexual and Reproductive Health (S&RH) (Goal 2)

2.1 Problem Definition:

Family Planning Victoria (FPV) operates within a fairly conservative environment within which people hold a variety of attitudes towards sexual and reproductive health. The current discussions on issues about abortion do not address the wider issues of unplanned pregnancy. Studies and reports show adverse outcomes associated with an unplanned pregnancy, particularly in teenagers. The *Sexual and Reproductive Health of Young Victorians (2005)* report finds single teenage mothers' lives are significantly disadvantaged, are more prone to engage in substance abuse, are unaware of ante-natal health care or the gestation of their pregnancies, endure intimate partner violence, have increased likelihood of poverty, are early school drop outs, have mental health problems, are ignorant of safe sex and are more likely to be themselves the children of teenage mothers. However, from social determinants of health perspective, the wider socio-economic and sexual health factors need to be examined with regard to understanding what issues contribute to unplanned pregnancy, in particular among teenagers.

In the report "*The Solid Facts*" the World Health Organisation explained that poor social and economic circumstances affect health throughout life and people who have been or are disadvantaged, are at the greatest risk in life's critical transitions (e.g. emotional and material changes).¹⁰ Helen Keleher¹¹ reminds us that there is a range of social determinants of health through which complex interactions occur and inequities arises. She further argues for a comprehensive population health model that takes account of the effects of the determinants of health on the whole population as well as on particular population groups. This will apply to the issue of unplanned pregnancy. Berni Murphy points out that we must first understand the underlying social, economic, environmental and political determinants of health as they impact on the individuals, the communities and populations. FPV believes that current solutions to increase people's health knowledge and skills in sexual and reproductive health issues are not sufficient as strategies to address unplanned pregnancy at the societal level. Often people need access to resources or opportunities in order to be able to manage their circumstances and health, and this means examining co-existing factors at the social, educational, economic and environmental levels that contribute to equity issues, which impact on the health status of the vulnerable and disadvantaged. The Ottawa Charter identifies three key roles for health promotion – enabling, mediating and advocating. In order to fulfil these roles, FPV determines there is a need to first investigate the underlying broader social issues of the iceberg (of unplanned pregnancy). To have effective strategies and mixed interventions to promote sexual and reproductive health to address unplanned pregnancy, a whole of government and system level approach need to be considered, and strategies to enable people to overcome the barriers to equity are equally important as solutions to address unplanned pregnancy.

In our previous Health Promotion Plan 2005-2007 we informed the Department of Human Services (DHS) that many service providers, including those in the health sector, do not recognise or address sexual and reproductive health as an issue within their local communities. Our review of various Victorian Primary Care Partnerships (PCP) Community Health Plans 2006-09 shows only 1% of these plans with sexual and reproductive health as a health promotion priority.¹² This is in spite of the fact that the DHS has identified sexual and reproductive health as a health promotion priority for 2007-2012. The timing of submission of those Community Health Plans and Health Promotion Plans for the period 2006-2009 could be a contributing factor. However, while sexual and reproductive health remains statistically less of a disease burden when compared to other health issues, the issue of sexual and reproductive health as a health promotion priority will be a challenge for FPV to promote to stakeholders within the Primary Care Partnerships level.

There is sufficient literature and reports to give evidence of a resurgence of sexually transmissible infections like Gonorrhoea, Syphilis and Chlamydia in Victoria. The Surveillance of notifiable infectious diseases in Victoria Report¹³ highlights increased Chlamydia cases notified in Victoria (from 1,304 cases in 1995 to 8,953 cases in 2005) - a rise of nearly 700 per cent. The report also shows, for example that the Southern and North Western DHS metropolitan regions had the highest rates of Chlamydia, Gonorrhoea and infectious Syphilis notifications compared to all regions in Victoria in 2005. Yet it is interesting to note that there is no Primary Care Partnership in those regions to have included sexual and reproductive health as a health promotion priority. (See graph below for Chlamydia rates by region).

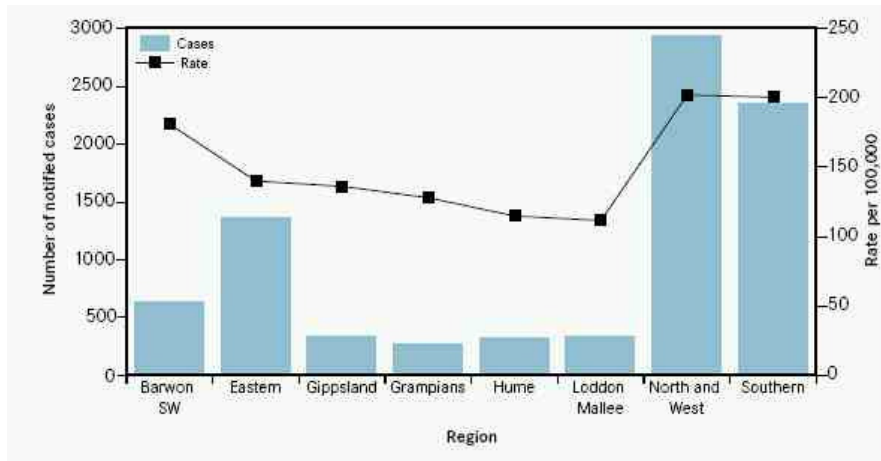


Figure 2: Notified cases and notification rates of chlamydia by region, Victoria, 2005

The inclusion of sexual and reproductive health as one of seven health promotion priorities in Victoria for 2007-2012 is a significant opportunity for FPV to further examine how to engage with a broader range of service sectors. For sustainable programs and actions to improve sexual and reproductive health in Victoria, systematic and local commitments to resources and health planning are required for coordinated multi-dimensional approaches to address the social determinants of sexual and reproductive health. We will work towards 1) generating evidence to inform us on strategies for effective leadership to address unplanned pregnancy and other emerging sexual and reproductive health issues; and 2) using evidence based studies, including research undertaken by FPV, to develop a best practice model that reflects a whole of government approach. We will maximise opportunities to identify complementary strategies to improve the sexual and reproductive health of the Victorian population through actions and evidence generated from existing projects without duplication of activities. For example, the Partnerships in Safer Sex and Testing (PSST!) project, which focuses only on sexual health issues in certain PCP catchments, will be a springboard for other collaborative works in sexual AND reproductive health promotion.

FPV as a state wide organisation will take a proactive and responsive approach, informed by evidence based studies to work with other sectors to build and strengthen their capacity to address and respond to sexual and reproductive health issues within their communities. FPV has built partnerships with local communities and organisations where our satellite services are located and an emphasis of addressing sexual and reproductive health issues will continue in these areas.

Goal 2: To provide leadership for increased understanding and commitment to sexual and reproductive health as a health promotion priority in identified Primary Care Partnerships (PCPs) catchment areas.

Objective 2.1: To build the capacity of relevant partner organisations to recognise and respond to sexual and reproductive health issues.

Objective 2.2: To develop a communication strategy to support stakeholders across sectors to address sexual and reproductive health with a coordinated approach.

Target Population: Organisations – external (PCPs, LGA, Neighbourhood Renewal, Community Health Services, Women’s Health Agencies, Education Department, Social and Welfare agencies, Department of Human Services, Tertiary Institutions, Schools, Community agencies, etc)

2.2 Solution Generation - Health Promotion Interventions and Capacity Building Strategies

Objective 2.1 - To build the capacity of relevant partner organisations to recognise and respond to sexual and reproductive health issues.

FPV will undertake the following health promotion interventions:

Settings and Supportive Environments

- Representation on Networks and Committees (to widen knowledge and understanding of sexual and reproductive health issues that affect Victorians; to raise discussions and awareness of the social determinants of sexual and reproductive health, and to stimulate stakeholders to identify common grounds for a coordinated approach to integrated sexual and reproductive health planning and service delivery).

- Work with the Department of Human Services (DHS) to contribute to the planning and implementation of sexual and reproductive health promotion priority in Victoria
- Strengthen linkages across a range of service sectors to increase commitment, support and capacity to promote sexual and reproductive health and well being – e.g. Gippsland Women’s Health Service, Key Centre for Women’s Health (University of Melbourne), Victoria Police, Centre Against Sexual Assault (CASA), etc.
- Use evidence based findings from the unplanned pregnancy scoping study to inform approaches and identify relevant health and non-health stakeholders for collaborative efforts to address the social determinants of unplanned pregnancy.

FPV will undertake the following key capacity building strategies:

Organisational Development

- Identify and work with key stakeholders that can advocate for sexual and reproductive health issues through their involvements in PCP activities and other health promotion initiatives – e.g. Gippsland Women’s Health Service, Women’s Health Grampians, and various community health centres based within the Central Highlands PCP.
- Work with Goulburn Valley PCP, Goulburn Valley Health and other stakeholders to increase local commitment to support sustainable sexual and reproductive health services in Shepparton.
- Work with a range of government departments, including the DHS, local governments and the Education Department, to identify and implement policies that will contribute to improved sexual and reproductive health outcomes.
- Implement a scoping study to investigate the socio-economic and sexual health factors contributing to unplanned pregnancy.

Objective 2.2 - To develop a communication strategy to support stakeholders across sectors to address sexual and reproductive health with a coordinated approach.

FPV will undertake the following health promotion interventions:

Social Marketing/ Health Information

- Monitor media and distribute relevant information internally and externally.
- Write and distribute media releases and brief journalists to communicate the importance of sexual and reproductive health promotion.
- Review and further develop FPV’s website in consultation with key stakeholders and community groups.
- Inform and update service sectors and the community of sexual and reproductive health issues and FPV activities via regular distribution of FPV electronic newsletter, e_Update.
- Develop a promotional package for external stakeholders outlining what FPV does and how and when to include FPV in integrated planning.

FPV will undertake the following key capacity building strategies:

Organisational Development

- Develop and implement a media and communication strategy.

Resources

- Ensure available administrative and physical resources to support health promotion operations, including infrastructure costs.

2.3 Stakeholders

FPV will work with a range of stakeholders from the health and non-health sectors (including media and other communication sectors) to increase commitment to address sexual and reproductive health issues at regional and local levels. For example:

- FPV will disseminate news, reports, articles and information on sexual and reproductive health to a range of intersectoral stakeholders including Divisions of General Practice, Universities, Local Government Authorities, Community Health Services, schools, Migrant Resource Centres, Disability services, etc.
- FPV will work with the Centre Against Sexual Assault (CASA), Victorian Police, Domestic Violence Information Resource Centre (DVIRC), Victims of Crime, and Eastern Access Community Health (EACH) to establish a Sexual Assault and Intellectual Disability Support Service (SAID).
- FPV will work with a range of Victorian PCPs to inform and advocate for sexual and reproductive health to be recognised as a health promotion priority.
- Goulburn Valley PCP and Goulburn Valley Health will collaborate with FPV to address sexual and reproductive health issues in their catchment areas.

- FPV will work with various community health centres based within the Central Highlands, including Gippsland Women's Health Service and Women's Health Grampians to advocate for sexual and reproductive health issues to be addressed within their PCP catchment area, and to partner in relevant projects or activities.
- Community Health Services across Victoria will partner with FPV as required, to address sexual and reproductive health issues of local community groups
- FPV will work with the DHS to implement sexual and reproductive health as a health promotion priority in Victoria
- FPV will participate on the DHS - HIV/STI Advisory Committee and contribute advice and support for the implementation of an Action Plan.
- FPV will work with DHS, Department of Education and local governments on policy development that contributes to improved sexual and reproductive health outcomes for Victorians.
- FPV will participate on networks and committees in partnership with other agencies including Centre for Ethnicity and Health, Victorian Police, Women's Health East, Centre for Multicultural Youth Issues (CMYI), Department of Education, etc.
- FPV will partner with the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, in knowledge and resource sharing.
- Consumer groups will be consulted on the re-development of FPV's website.

Priority 2 – Sexual and Reproductive Health (S&RH) (Goal 3)

3.1 Problem Definition:

In the Rationale for Priority 2, we posed evidence of the impact poor sexual and reproductive health knowledge and practices are having on the population, in particular the rising number of sexually transmissible infection (STI) notifications in Victoria, and the costs associated with unplanned pregnancy. At the same time, through our role on Advisory Committees of the Multicultural Health Support Services and the Centre for African Australian Women's Health Issues, our attention is drawn to the issue of lack of sexual and reproductive health promotion to the culturally and linguistically diverse communities, including newly arrived migrants and refugee groups. This is a concern and must also be given priority. The report, "*Health Needs of Newly Arrived African Refugees from a Primary Health Care Perspective*"¹⁴ draws some conclusions on the concern of African refugees who come from sub-Saharan African countries that are reported to have high rates of sexually transmitted infections. Existing services deal mainly on settlement issues or only the sexual health of those high risk communities. There is still a gap in coordinated planning and knowledge sharing between relevant service sectors to address both the sexual and the reproductive health of these population groups.

There is a significant need to give our attention to population groups that struggle with equity issues because of their marginalised and disadvantaged status, and those who have risk behaviours. With supporting evidence from the Victorian Sexually Transmissible Infections Strategy (2006-2009), Family Planning Victoria (FPV) will maintain increased focus on connecting with

- Young people
- Same sex attracted and Transgender people
- People with disability

And collaborate with multicultural service and indigenous providers to address the sexual and reproductive health of

- The culturally and linguistically diverse (CALD) communities (including newly arrived migrants and refugee groups), and
- Aboriginal & Torres Strait Islander people

Focusing on these targeted population groups is in alignment with one of the key objectives of our Strategic Plan – "To strengthen the capacity of individuals, families and communities to better understand and manage their sexual and reproductive health and well being". Our aim is to work with the communities to improve their understanding of sexual and reproductive health issues in the context of their daily living, and to promote shared community responsibility for improved sexual and reproductive health outcomes.

In 2007-2009, FPV will continue to provide community education and training programs, and support sexual and reproductive health screening services. Recognising the value in working with community organisations to reach key target groups across Victoria, in 2007-2009 FPV will continue to partner with key stakeholders to engage with, develop and deliver strategies to their communities.

As a statewide organisation it can be difficult for FPV to meet the demand for direct sexual and reproductive health service provision, especially in rural and regional Victoria. As a result this impacts on our ability to reach high risk marginalised groups living within these communities. FPV has recognised the limited connections it has with marginalised groups within these regions and will implement proactive and coordinated strategies in 2007-2009 to reach these population groups through capacity building and organisational development activities. FPV also believes that for sustainable sexual and reproductive health services to local communities, organisations need to make commitment to support their workers in professional development programs and we will work with them to address this. Over the next two years FPV will therefore focus on working with local agencies in rural and regional areas with the view to achieving sustainability and commitment to local sexual and reproductive health services.

Goal 3: To improve the sexual and reproductive health of the Victorian community, particularly at risk population groups, through wider information dissemination, education and increased access to local sexual and reproductive health services.

Objective 3.1: To provide sexual and reproductive health services, support and education to at risk population groups across Victoria.

Objective 3.2: To work with service providers to build sustainable local sexual and reproductive health services

Target Population: Organisations – external, young people, people from culturally and linguistically diverse backgrounds, aboriginal people and/or Torres Strait Islanders, people with a disability, parents, carers, same sex attracted and transgender people, mixed population group.

3.2 Solution Generation - Health Promotion Interventions and Capacity Building Strategies

Objective 3.1 - To provide sexual and reproductive health services, support and education to at risk population groups across Victoria.

FPV will undertake the following health promotion interventions:

Social Marketing/ Health Information

- Promote sexual and reproductive health information and news through appropriate websites (including Department of Human Services (DHS) Better Health Channel, NineMSN, SSAFE and Somazone).
- Provide a sexual and reproductive health support telephone service for the Victorian population.
- Maintain our role and support for National sexual and reproductive health promotion campaign, for example: 2 to Tango, World Contraceptive Day.
- Review all FPV information resource materials, and identify new sexual and reproductive health information resources for development and distribution, with consumer participation, to key target population groups.

Health Education & Skill Development

- Plan and implement sexual and reproductive health education to communities, with a particular focus on at risk groups (e.g. young people, including those in alternative education settings, people with a disability, people from culturally and linguistically diverse communities (CALD), including newly arrived immigrants and refugee groups).
- Support stakeholders in providing sexual and reproductive health education and training, including peer education, to key target population groups (eg: Aboriginal & Torres Straits Islanders, young people within the juvenile justice system and those in alternative education settings, bilingual community educators from the Multicultural Health and Support Services and Centre for African & Australian Health Issues.)

Community Action

- Work with special interest groups to increase existing supportive environments (eg: Same Sex Attracted social support groups and networks, Teenage Pregnancy Support Groups)

Objective 3.2 - To work with service providers to build sustainable local sexual and reproductive health services.

FPV will undertake the following health promotion interventions:

Social Marketing & Health Information

- Review all FPV education and training resource materials, and identify new resources to develop, with consumer participation, for targeted service providers (eg: teachers, youth and disability workers.)

Health Education & Skill Development

- Develop an integrated sexual and reproductive health schools approach professional development program for school staff in accordance with the Victorian Essential Learning Standards (VELS).

Settings and Supportive Environments

- Maintain alliances and implement joint health promotion activities with specific community groups and agencies to address service gaps and barriers to sexual and reproductive health services (Eg: Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI), refugees, young people, etc.)
- Collaborate with stakeholders to address discrimination issues from the GLBTI communities (eg: Victorian Police Force, schools, etc).
- Work with the Office of Public Advocate to set up appropriate referral processes and secondary consultation with clients with an intellectual disability.

FPV will undertake the following key capacity building strategies:

Organisational Development

- Review and evaluate service direction of FPV's satellite service in Shepparton
- Develop an Action Plan with local stakeholders to support and achieve sustainable sexual and reproductive health services in the Cranbourne and Hoppers Crossing areas.
- Identify strategic approaches to develop sustainable partnerships with multicultural and ethno-specific organisations and other agencies to deal with sexual and reproductive health of culturally and linguistically diverse communities and newly arrived migrants. (Eg: Multicultural Health Support Service, Centre for Ethnicity Health).

Workforce Development

- Work with DHS and service providers, particularly in rural and regional Victoria to address workforce development needs of local disability workers who will provide sexuality education and Human Relations counselling to people with Intellectual Disability.
- Development of sexual and reproductive health training and education for other service providers (eg: social workers, teachers, nurses, doctors.)

Resources

- Ensure available administrative and physical resources to support health promotion operations, including infrastructure costs.

3.3 Stakeholders

FPV will work with communities, organisations and service providers across Victoria to plan, deliver and implement health promotion programs and community education to targeted population groups. For example:

- FPV will provide content for website partners DHS, NineMSN and Australian Drug Foundation (Somazone).
- The Office of Public Advocate will work with FPV to set up appropriate referral processes and secondary consultation with FPV clients with an intellectual disability.
- FPV will affiliate with Multicultural Health and Support Service (MHSS) to share sexual and reproductive health resources for effective partnership service delivery.
- FPV will partner with the Centre for Ethnicity and Health and Centre for African & Australian Health Issues to address the sexual and reproductive health of at risk target multicultural groups.
- The Department of Education will be engaged in the development of an integrated sexual and reproductive health schools approach professional development program for staff (consistent with the Victorian Essential Learning Standards (VELS)).
- FPV will work with Schools, Alternative Education Settings and Juvenile Justice (eg: Malmsbury) to develop appropriate S&RH education and training for staff and community groups.
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO) will work with FPV to identify training needs for Koori Health Workers and Koori Liaison Officers and in the provision of peer education.
- Victorian Police will partner with FPV in the Your Choice and Operation Newstart Western projects.
- FPV will collaborate with Wyndham School Focussed Youth Service, Hobson's Bay City Council, Create, Western Centre Against Sexual Assault, The Cottage, Wyndham Youth Services, Laverton Secondary College, The Grange Secondary College, Galvin Secondary College, Werribee Secondary College, Hoppers Crossing Secondary College to develop and implement specific health promotion programs targeted at young people in the local area.
- FPV will continue to build its relationship with Family and Reproductive Rights Education Program (FARREP), informing services, training and education.
- FPV will participate on networks and work with Special Interest Groups such as the Teenage Pregnancy Interest Group, Rainbow Network, Same Sex Attracted Support Groups, etc.
- FPV will partner with the Australian Council for Health, Physical Education and Recreation (ACHPER) in knowledge and resource sharing.
- Cardinia Casey Community Health Service (Southern Health), City of Casey, Wyndham City Council, ISIS Primary Care and Goulburn Valley Health will be key partners with FPV in the development, review and implementation of satellite sexual and reproductive health services
- Consumer groups will be consulted in the development of FPV resources and information.

4. Flexible Component

FPV may utilise up to \$50,000 of the health promotion budget to respond to any new or emerging needs on sexual and reproductive health by;

- Undertaking further strategies to build the capacity of external agencies to address sexual and reproductive health.
- Engaging in opportunities that allow our organisation to advocate for the recognition of sexual and reproductive health as a key health promotion issue, particularly with other stakeholders.
- Considering working with government bodies and inter-sectoral stakeholders to further actions from reports of external projects.
- Partnering with new stakeholders in projects to increase access, equity and sustainability of sexual and reproductive health services and training for our key target population groups.
- Engaging with community groups (particularly our key target population groups) to build supportive environments for individuals to increase their sexual and reproductive health knowledge and skills.
- Working towards developing sustainable services and support for local target population groups in partnership with "new" agencies.

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