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# Men's, Women's and Sexual Health Program

Initiative Type

Model of Care

Status

Deliver

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/sexual-health-tsi>

## Summary

An established program of two Clinical Nurse Consultants (CNCs) and two Indigenous Health Workers (IHWs) was supplemented with the temporary employment of two additional CNCs and two IHWs in 2015. This increase of staff meant that each IHW and CNC was responsible for providing Men's, Women's and Sexual Health Services to two Cape York remote communities, rather than

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four. In January 2016, two Clinical Coordinators were appointed with expertise in sexual health, HIV and remote clinic experience. The Clinical Coordinators provided clinical expertise were appointed and support to the staff of the Men's and Women's Sexual Health program and the staff of remote Primary Health Care Clinics, and implemented a clinical quality improvement program. The project was a finalist in the Promoting Wellbeing Category at the 2017 Queensland Health Awards for Excellence.

### Key dates

Jan 2017

Dec 2017

### Implementation sites

Torres and Cape Hospital and Health Service

### Partnerships

Communities, Peer Recruiters, Primary Health Care Clinics, Apunipima, Royal Flying Doctor Service

## Key Contacts

Joanne Leamy

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[paul.blee.hiu](mailto:paul.blee.hiu)

Men's, Women's Sexual Health Program Coordinator

Torres and Cape Hospital and Health Service

(07) 4226 3096

Joanne.Leamy@health.qld.gov.au

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## **Aim**

To improve testing rates for sexually transmitted infections (STIs) and blood borne viruses (BBV) in 15-39 year olds, and reduce syphilis incidence in Cape York.

## **Benefits**

Testing and treating people as soon as possible as untreated STIs can lead to complications, neonatal death and increased risk of acquiring HIV.

## **Background**

This project was initiated in response to the Syphilis outbreak. Torres and Cape Hospital and Health Service (TCHHS) received extra funding from the Aboriginal and Torres Strait Islander Health Branch to increase their capacity to address the outbreak.

## **Solutions Implemented**

Program function:

1. The program provided baseline screening data;
2. Informs clinics of screening rates monthly;
3. Identifies barriers to screening and develops strategies to overcome these;
4. Increased number of visits to communities;
5. Developed reminder systems;
6. Standardised contact tracing for STIs;
7. Conducted large-scale community screens in partnership with community, Apunipima, Royal Flying Doctor Service, Councils and Tropical Public Health Services;
8. Developed orientation package for agency nurses;
9. Provides orientation and ongoing education to clinic staff.

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## **Evaluation and Results**

The TCHHS teams held very successful community screens in Hope Vale, Kowanyama, Napranum and Aurukun in 2017. The model for the screens involves health promotion officers working with local peer recruiters who encouraged young people to attend and be screened. There is usually about three months of preparatory work. In early 2017, 70 per cent of people aged 15 to 29 years were screened in Hope Vale for STIs and BBV; in Kowanyama 75 per cent of the target age group were screened; In Aurukun 64 per cent of the target age group were screened; in Napranum 102 people of all ages were screened. In addition, opportunistic testing has been very successful and in December 2017 Primary Health Care Centres in the Southern Sector tested 100 per cent of people with chlamydia and gonorrhoea for HIV and syphilis.

## **Lessons Learnt**

Peer recruiters are crucial to success of community screens.

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