



*Annual Report 2002/2003*

## *Vision*

To be a practice based leader in reproductive and sexual health.

## *Mission*

To promote the reproductive and sexual health of the people of NSW.

## *Purpose*

To contribute to, collect and disseminate reproductive and sexual health knowledge, information and learning.

## *Values*

*Leadership:* providing leadership on reproductive and sexual health issues of importance to our clients and communities.

*Excellence:* aiming for the best in our services and products by valuing and supporting the professionalism of those who work for the organisation.

*Respect:* showing respect for the dignity and choices of our clients, communities and staff.

*Collaboration and partnerships:* working collaboratively with other organisations and sectors for the health of our clients and communities.

*Participation:* promoting opportunities for participation of our clients and communities in the development and review of our services and products to ensure our services meet the needs of our clients.

*Equity:* ensuring that our services and resources are distributed to maximising reproductive and sexual health outcomes for agreed priority groups.

*Access:* ensuring that our services and resources are accessible to and appropriate for our clients and communities.

*Accountability:* ensuring our accountability to our clients, communities, funders and stakeholders.

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## Who we are

FPA Health is an independent, not-for-profit organisation with a voluntary Board.

We are a company limited by guarantee and are incorporated under the Corporations Act 1991.

## Our global links

FPA Health is a member of Sexual Health and Family Planning Australia which, in turn, has been a member of the International Planned Parenthood Federation since 1969. This means we are linked to a network of organisations across Australia and the world with common objectives.

## Our funding

FPA Health gratefully acknowledges our major funder, the Commonwealth Department of Health and Ageing, and the support of NSW Health. We also receive funding from the community, the private sector, and research organisations.

We also raise a significant portion of our income from the sale of goods and services associated with reproductive and sexual health.

## **KRA 1: Regional, Rural & Remote**

Improving access to a range of reproductive and sexual health services for people who live in regional, rural and remote NSW.

- Successful completion of Coonamble Collaborative Women's Aboriginal and Torres Strait Islander Project.
- \$100,000 grant from the Rio Tinto Aboriginal Foundation.
- FPA Healthline launched into Northern Territory.
- 14,016 calls to FPA Healthline, an increase of 25%.
- 184,767 hits to the FPA Health website, an increase from 69,000 in 2001/2002.

## **KRA 2: Health Promotion**

Providing effective health promotion interventions which enable people to exert control over and improve their reproductive and sexual health.

- Developed and evaluated projects designed for communities of interest such as the Way Out Project
- Training in reproductive and sexual health for workers in the New England region through our innovative New England Youth Rural Road Show

## **KRA 3: Service Providers**

Developing reproductive and sexual health knowledge, skills and attitudes of service providers.

- Retained registration as a registered training organisation with VETAB.
- Trained almost 7,500 participants in health promotion, nursing and medical education courses.

## **KRA 4: Clinical Services**

Providing clinical services as a base for the training of health professionals and to provide clinical services with a particular focus on people who are members of priority groups. These include socially and economically disadvantaged groups and people resident in regional, rural and remote areas.

- A significant increase in the number of trainees undertaking clinical training.
- In line with our focus on young people, 46% of one to one clients who attended our primary health care centres were under 25.

## **KRA 5: Partnerships & Linkages**

Developing and maintaining partnerships and linkages with other organisations which enhance the work of FPA Health.

- Initiated a successful partnership with Choice to produce the book *Contraception: Healthy Choices*.
- Continued our productive partnership with the Inspire Foundation to develop more factsheets for the Reach Out! website.

## **KRA 6: Research**

Ensuring that research and evaluation underpins evidence based programs and activities of FPA Health and that outcomes are disseminated.

- Awarded a \$US1.3 million grant from the National Institutes of Health, USA to conduct a trial of three potential treatments for frequent and/or prolonged bleeding associated with Implanon.
- Ongoing participation in a multi-centre international project to study the Human Papilloma Virus vaccine.

## **KRA 7: Organisational Capacity**

To develop the organisation's capabilities to deliver the new strategic direction 2001-2006.

- Developed a Data Dictionary, subsequently adopted by Sexual Health and Family Planning Australia for use by all family planning organisations.
- Increased media exposure.

## 2003/2004 Outlook

- Commencing the Youth Health Literacy Project in Dubbo.
- Implementating our Foundation's marketing strategies for FPA Healthline.
- Further developing FPA Health's website.
- Strengthening partnerships with rural stakeholders.

- Increasing and improving dissemination of knowledge, information and learning through health promotion with the appointment of a Health Communication Officer.
- Developing a population health framework.

- Exploring innovative ways of delivering courses such as paper-based distance formats, and e-learning.

- Transferring City Centre clinical services to Chatswood and Hurstville Centres.
- Consolidating our inner metro Sydney clinical services into one new metro site within the next two years.

- Continuing to maintain and develop partnerships and linkages that enhance our work.

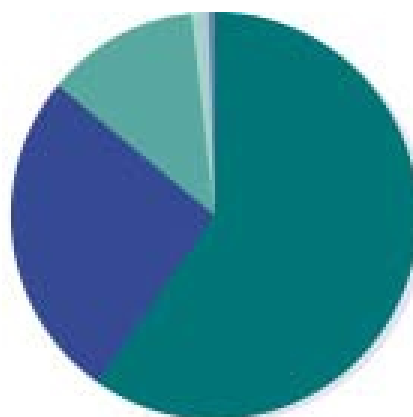
- Initiating the first phase of study funded by National Institutes of Health.
- Further developing the FPA Health website for information and updates about trials.

- Continuing investment in staff development activities.
- Further work with family planning organisations in Australia regarding data reporting.

## Staff Profile

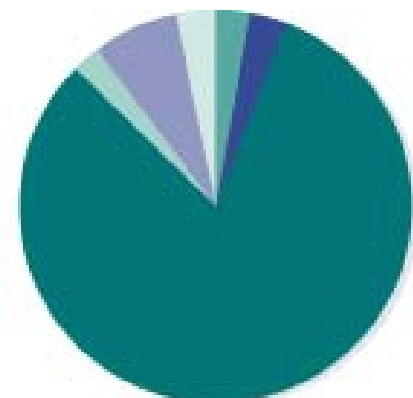
	2000/2001	2001/2002	2002/2003
Total Employees	175	161	123
Full Time Equivalents	91	87.7	84.7

## Income



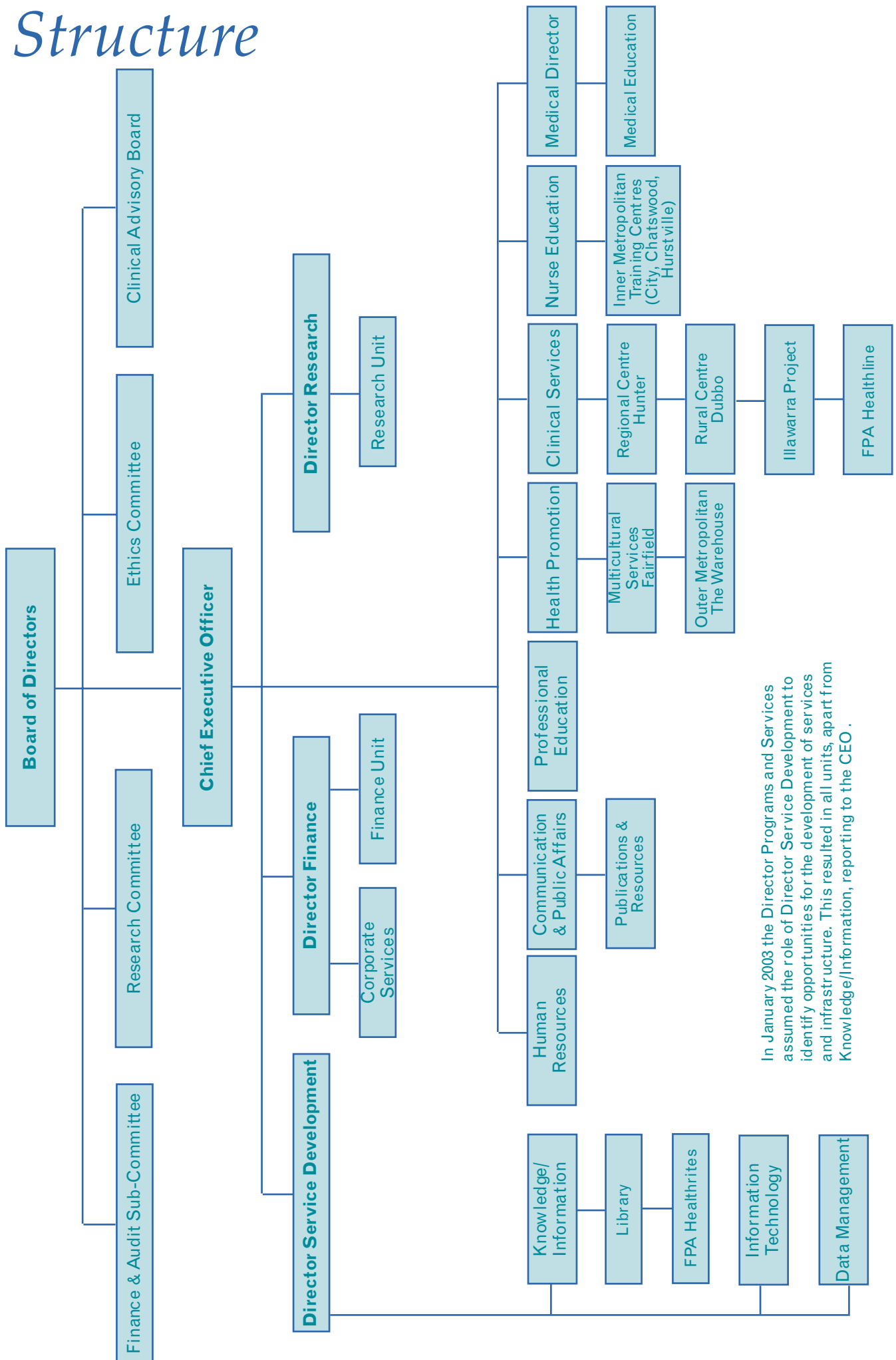
Federal Grants	\$4,843,236
State and Area Grants	\$2,126,900
Generated Income	\$903,200
Research Grants	\$107,064
FPA Health Foundation Grants	\$70,044

## Expenditure



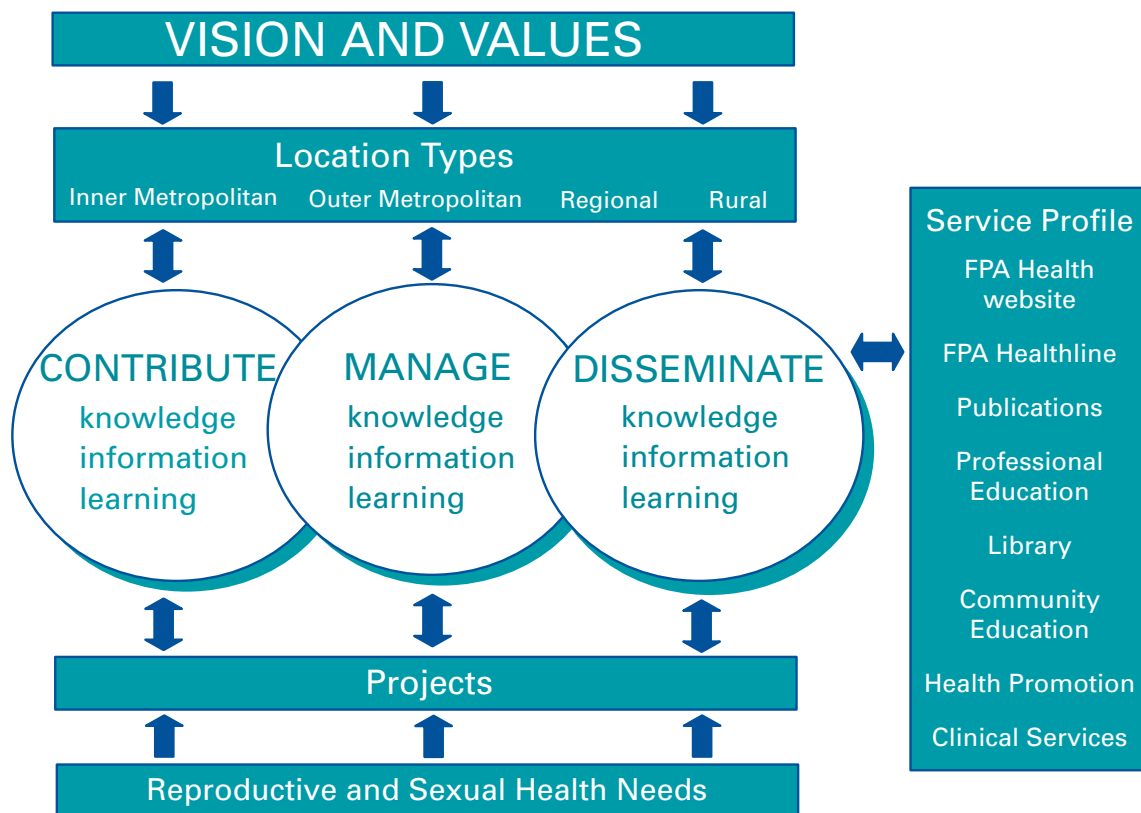
Salary and Related Costs	\$5,443,400
Other	\$1,672,300
Cost of Contraceptives	\$199,500
Depreciation/Amortisation	\$153,600
Insurance	\$467,200
Leasing	\$210,600

# Structure



In January 2003 the Director Programs and Services assumed the role of Director Service Development to identify opportunities for the development of services and infrastructure. This resulted in all units, apart from Knowledge/Information, reporting to the CEO .

# New Service Model



FPA Health is implementing a service model that will ensure our organisation continues to be relevant and effective in the years ahead. During 2002/2003 we made significant progress towards achieving our goals and realising our vision across our seven Key Result Areas.

Our new service model will increase our impact by improving reproductive and sexual health outcomes for priority professional and population groups. This includes groups such as medical practitioners, nurses, teachers, young people and those in rural and remote areas.

## Implementing a statewide service

During 2002/2003, our FPA Healthline telephone information service, and our FPA Health website were particularly effective in enabling people in regional, rural and remote NSW to access reproductive and sexual health information.

## Implementing projects

We will continue to improve reproductive and sexual health by delivering short, medium and long term projects throughout NSW. By conducting innovative projects, we can establish

models for others to adopt and adapt, and ensure that the allocation of our resources is as effective as possible. It allows us to target resources to areas of high need, and initiate projects in non-metropolitan NSW.

For example, during 2002/2003 we completed a clinical and health promotion project in Coonamble, located in rural NSW. This model is being considered for use by the local Area Health Service for the continuation of reproductive and sexual health services to the Aboriginal community in Coonamble.

## Implementing professional education and training

Our model is based on the premise that states our greatest impact is by disseminating our knowledge, information and learning in reproductive and sexual health through our services to others. For example, over time, we have trained hundreds of medical practitioners, nurses, teachers and social workers in reproductive and sexual health from all over NSW. Many of these service providers are now able to offer excellent services in their communities.

# Presidents' message



*Dr Devora Lieberman, Current President (L), and Ms Margaret Hansford CEO (R) farewell Ms Robyn Henderson, retiring President of FPA Health*

We are delighted to present FPA Health's 2002/2003 Annual Report. It outlines the many ways we are continuing to make a positive difference to the reproductive and sexual health of the people of NSW.

## **Advocacy on issues of reproductive and sexual health**

FPA Health strives to uphold its community values of access, equity, participation and respect, as they are the cornerstones of the community's trust in our organisation. This past year, FPA Health regained its leading role in the public sphere through our advocacy work. We lobbied NSW Parliamentarians by showing our strong support for lowering the age of consent for same-sex attracted young men. We also took a leading role in supporting the introduction of the Emergency Contraceptive Pill into Australia last July. Since then we have actively continued our lobbying to promote its availability over the counter in pharmacies from 2004.

## **Partnerships that enhance our capabilities**

Developing partnerships with other organisations is an effective and efficient way for FPA Health to achieve its goals. We currently have partnerships with the public sector, the private sector, academia, and other non-government organisations. Our partnerships range across all our core activities including health promotion, professional education,

clinical services and research. A prime example of an innovative partnership is the Rio Tinto Aboriginal Foundation's support of our Youth Health Literacy Project.

## **Leadership within our sector**

FPA Health has consolidated our position as leaders of research and innovation. An example was obtaining a prestigious and significant \$US1.3 million research grant from the National Institutes of Health in the USA to study potential treatments for the side effects of progestogen-only contraceptives. We have also expanded the coverage of our telephone information service, FPA Healthline, to the Northern Territory, while at the same time, the number of calls have increased by 25%.

## **Future challenges**

FPA Health continues to face external factors that influence the delivery of many of our services. Chief among these has been the tenfold increase in our professional indemnity insurance costs in the past five years, and the effect this has had upon funding our core activities. Fixed Government funding has compounded the effect of increases in insurance and salary costs. New challenges include an enhanced requirement to report on our direction and activities, and a renewed focus on community access to health services.

To meet these challenges, we will develop a new strategic plan that will enable us to accelerate the implementation of our approved service model. Integral components will be progressing toward our consolidated inner metropolitan Sydney clinical training centre, and developing a statewide focus in our health promotion and multicultural units.

FPA Health looks forward to a continuation of the long-term support we have received from members, supporters, the community and stakeholders, to fulfil our mission of making a positive difference in the lives of women, men and young people through improving reproductive and sexual health.

*Robyn Henderson*  
Resigned 28 May 2003

*Devora Lieberman*  
Elected 3 June 2003

# CEO's message

It is my pleasure to report on FPA Health's achievements for the 2002/2003 financial year. This year was a year of consolidation, as we focussed on implementing our strategic direction and service model.

We anticipated that the business and service models would better allow us to respond effectively to our changing external environment, while building on the historical strengths of our organisation. This has indeed been the case, with substantial development in services and in organisational capacity and infrastructure. During the year I have worked with stakeholders and decision makers to clarify FPA Health's aims, and I have continued to be very encouraged by the extensive support the organisation enjoys and the strong support for FPA Health's direction.

We have been particularly pleased that despite anticipated changes in our services, FPA Health has maintained the same range of programs and services. We have also increased our reach, both in terms of numbers of people accessing FPA Health and the geographic scope. FPA Healthline is now accessible to callers from the Northern Territory as well as throughout NSW. The number of callers has increased substantially over the year, as have the number of visits to our website. There has also been a large increase in the number of participants in professional education programs and formal courses and informal sessions are held all over the state.

During the past year we have developed a number of significant partnerships with other providers and organisations. In particular, we managed the Coonamble Collaborative Women's Aboriginal and Torres Strait Islander Project (see KRA1). Many other partnerships are detailed in the body of the report, all of which aim to provide improved services to identified communities.

Financial challenges remain significant. During the year FPA Health moved away from an historical model of funding, and moved towards allocating resources according to priorities. Opportunities to reduce staffing levels to control costs were taken when resignations were received, and staff agreed to changes to roles and work locations. The flexibility that staff brought to our financial challenges allowed us to minimise the negative impacts of such a constrained financial position.

The major challenge for FPA Health in the next 12 months is to continue to implement the strategic direction and the service model in a way that increases the effectiveness of our service delivery within continuing serious financial constraints. While we will be a lean organisation because of increasing costs and fixed income, FPA Health will continue to provide the high quality and innovative services the community, partners and funders have come to expect.

Over the next year we will revisit our strategic direction and develop a plan for the next three years. We will continue to work with decision makers, industry colleagues and opinion leaders to promote the repositioning of FPA Health. We also expect to make substantial progress towards consolidating our inner metropolitan Sydney centres into one site, and important developments in service delivery will continue from all units, particularly through partnerships.

It is the commitment and skill of the staff, the voluntary FPA Health Board, and their committees, our supporters and funders who all make a positive difference by making FPA Health a successful and visionary organisation. My thanks to all of you.

*Margaret Hansford*

## Key Result Area 1

# Regional, Rural and Remote

*To improve access to a range of reproductive and sexual health services for people who live in regional, rural and remote areas in NSW.*

*"I look forward to a successful partnership."*

*Mr Paul Wand, Chair, Rio Tinto Aboriginal Foundation*

Many people in regional, rural and remote NSW do not have the same level of access to reproductive and sexual health services as people in urban areas. Improving access to reproductive and sexual health programs and services for women and men in areas outside Sydney is the first priority for FPA Health.

### Highlights

#### **Coonamble Collaborative Women's Aboriginal and Torres Strait Islander Project**

The Coonamble Collaborative Women's Aboriginal and Torres Strait Islander Project ran from May 2002 to March 2003. It was a pilot of the Royal Australian College of General Practitioners (RACGP) Aboriginal and Torres Strait Islander Women's Project and run by FPA Health in conjunction with the Dubbo/Plains Division of General Practice, Macquarie Area Health Service and the committee for the Aboriginal Medical Service. The primary aim of this project was to pilot better prevention and management of breast and cervical cancer in Aboriginal and Torres Strait Islander women by primary health care providers, especially general practitioners.

Of the 106 participants attending the health promotion sessions, 60% were Aboriginal women. There was also involvement from an Aboriginal community 45km away from Coonamble.

The project provided an opportunity to address the many fears and misconceptions about contraception, sexually transmitted infections and common gynaecological conditions within the community. It also provided an opportunity for FPA Health to better understand the barriers to Aboriginal women taking part in cervical screening, and we achieved a deeper



*Macquarie Area Health Service Aboriginal Health Worker, Ms Jan Arrowsmith with Ms Judy Trindall, Aboriginal Community Liaison Worker from Coonamble*

understanding of the community, including the culture of the Aboriginal community, at the monthly clinics.

Positive outcomes of the project include improved cervical screening rates; improved relationships and cooperation between participating service providers; new clients requesting access to service; and community midwives asking us how they could refer people to the service.

The project ended in March 2003. The completed Coonamble Project report was published in the RACGP's Aboriginal and Torres Strait Islander Women's Project Evaluation Report in early 2003.

#### **Youth Health Literacy Project**

As a direct result of the success of the Coonamble project, FPA Health received a \$100,000 grant from the Rio Tinto Aboriginal Foundation for a Youth Health Literacy Project. The Rio Tinto Aboriginal Foundation is one of the leading non-government supporters of Aboriginal education, sport, culture and health in Australia.

The project will build on research that shows young rural women, particularly young Aboriginal women, are disadvantaged in terms of reproductive and sexual health. Examples include high teenage pregnancy rates; high incidence of sexually transmitted infections; lack of access to youth friendly services; and lack of access to information about reproductive and sexual health. Our strategies include employment of an Aboriginal Community Liaison Worker; a clinical session specifically for Aboriginal women once a month; health promotion on general reproductive and sexual health issues; and a structured program with a health literacy focus for young women.

During May 2003 an Aboriginal Women's Advisory Group was convened to advise and support the project. The Committee suggested that the project start with local cultural awareness training for the project team. Support for the project has come from many in the region, including local Aboriginal people, health services and individuals including local gynaecologists.

It is exciting that the Rio Tinto Aboriginal Foundation has given us the means to build on the work done in Coonamble and implement this innovative project in another part of rural NSW. We hope that it will serve as a model of best practice that can be replicated in other areas.

### **Improving access to Emergency Contraception**

FPA Health took a leading role in supporting the introduction of the Emergency Contraceptive Pill (the trade name of which is Postinor-2) into Australia in July 2002. It is a safe and effective option to prevent unwanted pregnancy for those who have failed to use contraception, or for those whose usual method of contraception has failed. However, access to Emergency Contraception needs to be improved, particularly in regional, rural and remote NSW, and FPA Health has been a leading advocate in seeking this outcome.

Emergency Contraception is currently only available to women in Australia with a prescription. During June 2003, the Therapeutic Goods Administration (TGA) considered the

rescheduling of Postinor-2 and recommended that it become available over the counter following further public consultation. Removing the requirement to obtain a prescription for Emergency Contraception will overcome a current barrier for women in obtaining this safe and effective medication.

FPA Health is strongly in favour of this proposal that will result in all women, but especially those in regional, rural and remote areas, having greatly improved access to Emergency Contraception. We have actively continued our lobbying to support its availability over the counter in pharmacies from the beginning of 2004.

### **FPA Healthline 1300 65 88 86**

FPA Healthline is our telephone information service for health professionals and the general community on reproductive and sexual health issues. Callers can access the 1300 number for the cost of a local call from anywhere in NSW and the Northern Territory. FPA Healthline is staffed by clinical nurse specialists in reproductive and sexual health, and operates Monday to Friday during business hours.

Table 1 shows that in the 12 months to June 2003, FPA Healthline has increased its number of calls by 25%. We also increased the number of service providers calling the FPA Healthline for information. FPA Healthline is an effective way to improve access for men to reproductive and sexual health information, as the number of men calling is significantly greater compared to the number of men who access FPA Health's clinical services. The table also shows that young people continue to account for almost one quarter of all calls, and that contraception and pregnancy are two of the key issues.

### **Our Website: [www.fpahealth.org.au](http://www.fpahealth.org.au)**

The FPA Health website is an important tool for disseminating information and providing information services to those who would otherwise be disadvantaged due to geographic and social isolation, or are unable to access a health professional for any other reason.

From July 2002 to June 2003, there were approximately 184,767 site visits. Average monthly visits to our website in the past twelve months has been approximately 15,397 showing an increase from 5,774 visits in 2001/2002.

Our website provides fact sheets, as well as a facility where users can submit questions via the "Go Ask Edith" email form. Clinical nurse specialists in reproductive and sexual health respond to these "Go Ask Edith" questions of which there were 1,363 in the past year. This email facility has become a key tool for engaging young people statewide. There are in excess of 100 Frequently Asked Questions (FAQs) posted on our website. These reflect community issues and answer many questions that people may find difficult to ask in a face-to-face situation. All the fact sheets have been updated and most are available as a pdf which can be downloaded. New fact sheets on men's health have been added.

### *Outlook*

Improving access to reproductive and sexual health services for women and men in regional, rural and remote NSW will continue to be FPA Health's primary focus. We will strengthen the partnerships we have with rural stakeholders, and develop models of excellence in reproductive and sexual health through a project approach.

Our health promotion and professional education activities have already led the way in appropriate modes of delivery for training, and we intend to use these programs to further strengthen our statewide focus.

We will expand the role that technology can play in removing the barrier of distance and isolation by promoting FPA Healthline, our telephone information service and our website, [www.fpahealth.org.au](http://www.fpahealth.org.au), to both service providers and the wider community.



*Ms Deborah Gough, CEO FPWNT, Senator Kay Patterson Minister for Health, and CEO FPA Health Ms Margaret Hansford launch the FPA Healthline into the Northern Territory.*

**Table 1: FPA Healthline July 2002 to June 2003**

<b>Total number of calls</b>	<b>14,012</b>	<b>100%</b>
Male	1,599	11%
Female	12,401	89%
Unknown	12	
<b>Type of caller</b>		
General public	12,392	88%
Service providers	1,620	12%
<b>Age of caller</b>		
< 24	3,021	22%
25 - 29	2,288	16%
30 - 39	4,090	29%
40 - 49	1,819	13%
> 50	947	7%
Unknown	1,835	13%
<b>Reasons for calling</b>		
Combined Oral Contraception	1,662	31%
Hormonal implants	891	16%
Emergency contraception	672	12%
General pregnancy issues	1,056	38%
Termination	868	31%
Preconception	437	16%
General Referral Information	1,960	33%
STI/HIV Information	1,037	17%
Female reproduction	937	16%

**Note:**

1,105 callers were from outside of NSW

448 medical practitioners and 465 nurses called the FPA Healthline.

# Health promotion

*To provide effective health promotion interventions which enable people to exert control over and improve their reproductive and sexual health.*

*"I think this is such a worthwhile activity you guys are running. I live out in the west and find it difficult to find venues to meet other young guys like myself, without feeling intimidated or worried about my safety."*

*An email received about our Way Out Project for same-sex attracted young men.*

Effective health promotion interventions enable people to improve their reproductive and sexual health through their ability to make choices that come with knowledge. As part of our new service model, FPA Health focused on improving the way in which we deliver services across NSW, and our State Health Promotion Unit has been integral to this development. This year's priority was the dissemination of information learned from project evaluations, and this is critical to our ability to replicate models in the future.

Over the past 12 months, a new health promotion structure and approach has been developed. In order to improve the links between centres and our state health promotion initiatives, we have trained all health promotion officers and managers in project management and introduced systems to ensure that this can be applied directly to our work. We have also developed a training course specifically for nurses to increase their knowledge and skills in health promotion. An Evaluation Officer position was created to retain and disseminate knowledge derived from projects, as well as to highlight successful models of practice.

We have concentrated our work with populations of interest by decentralising the unit and working collaboratively with others in the organisation.

A series of guidelines have been developed to assist staff in planning, implementing, monitoring, evaluating and reporting the findings of our health promotion projects. A total of 51 health promotion

projects were underway during 2002/2003 ranging from programs with schools to resources for priority groups to education of service providers.

**Table 2: Participants in community-based health education/health promotion sessions**

<b>Total no of participants</b>	<b>9,660</b>
<b>Total no of sessions</b>	<b>318</b>
Female	59%
Male	41%
<b>Target group</b>	
Aboriginal and/or Torres Strait Islander	5%
CALD	10%
Disability	7%
Rural	7%
Youth	54%
Other	18%
<b>Age of participants</b>	
12 years and under	2%
Between 12 and 18 years	45%
Between 19 and 30 years	23%
Between 31 and 50 years	17%
51 years and over	8%
Unknown/cannot determine	5%
<b>Primary session content</b>	
Disability	7%
FPA Health services	8%
Gay and lesbian issues*	18%
Relationships	9%
Safe sex	6%
Women's health	12%
Youth health	11%
Other	29%

\*Participants in a project in Western Sydney run in partnership with ACON.

# Health promotion



*New England Rural Road Show participants with FPA Health staff.*

## Highlights

During 2002/2003, significant progress was made through the development and evaluation of specific projects designed for communities of interest such as young people, people living with a disability, and culturally and linguistically diverse communities.

Some of our achievements in sharing our knowledge, expertise and learning to improve health outcomes in the community include:

### **Raising the Profile of Men (RPM project)**

The aim of this project is to improve rural men's reproductive and sexual health. The first stage has been successfully evaluated and disseminated to stakeholders. The second stage focuses on the health of Aboriginal men and is being implemented with activities conducted in towns such as Coonamble, Warren and Gulargambone.

### **Fact Sheets**

A number of years ago, FPA Health received a grant from the NSW Department for Women to finance a project to strengthen knowledge about HIV/AIDS for women from non-English speaking background communities. This year, in conjunction with NSW Health, the revised Treatments fact sheet has been translated into Spanish, Arabic, Vietnamese, Thai, Khmer and Chinese. There have also been fact sheets developed which focused on young people for the

Reach Out! website through our ongoing relationship with the Inspire Foundation (see KRA5).

### **The New England Youth Rural Road Show**

This project sought to provide training in reproductive and sexual health with a youth specific focus for workers in the New England region. The project was developed and delivered in partnership with the NSW Department of Education and Training and the New England Area Health Service. One day training sessions were conducted for teachers and Area Health staff at Armidale and Tamworth. Six contraceptive updates were held in Moree, Armidale and Tamworth. Three community consultations in the New England area were also held with young Aboriginal women to evaluate FPA Health's Aboriginal Young Women's Sexually Transmitted Infections booklet.

### **Way Out Young Men's Sexual Health Program**

Way Out is the product of an innovative partnership with ACON, and provides services and information, training and social support for same-sex attracted young men. This health promotion project targets young men under 25 in the Greater Western Sydney and Blue Mountains areas.

### **Real stories**

A secondary school based campaign constructed around "real stories" about being a young man and living in Western Sydney, targeting issues of sexism, homophobia, racism and masculinity.

### **Emergency Contraception**

A collaborative project with Singleton District Hospital has been developed to identify standing orders for nurses in the emergency unit when providing Emergency Contraception. FPA Health will provide training and ongoing support to improve access to Emergency Contraception for women in the region.

### **Young Peoples' Program**

This program targets the carers of young people such as teachers and social workers to improve their knowledge and awareness of reproductive

and sexual health issues. A pilot was undertaken at Warrina Hostel in Dubbo where teachers were trained in our *Talking Sexual Health Program*. Additionally, primary school teachers in Dubbo were trained in our "Birds and Bees" sexuality education program.

### **Chlamydia Campaign**

Our work around chlamydia awareness this year built upon NSW Health's Chlamydia Campaign to reduce the prevalence of the most commonly reported sexually transmitted infection in NSW. FPA Health's activities include a chlamydia prevalence study at our Outer Metropolitan and Regional Centres; a linkage with South Eastern Sydney Area Health Service and De Jour tampons to promote the FPA Healthline and website on information cards in tampon packs; editorial in popular magazines such as *Girlfriend*; and information on our website.

### **Introduction to cultural competency module**

FPA Health Multicultural Services Centre has reinvented the cultural awareness package and is developing an introduction to cultural competency in reproductive and sexual health. This unique training module will provide information, experiential activities and skill building for participants. Sections of the module have already been piloted with youth workers in South Western Sydney.

### **South Pacific Islander Young Women's Project**

FPA Health developed a peer education program with young South Pacific Islander women in conjunction with Canterbury Girls High School. It was conducted in consultation with the South Pacific Islander community, and actively endorsed by the NSW Department of Education and Training. Young women directly informed and participated in the program.

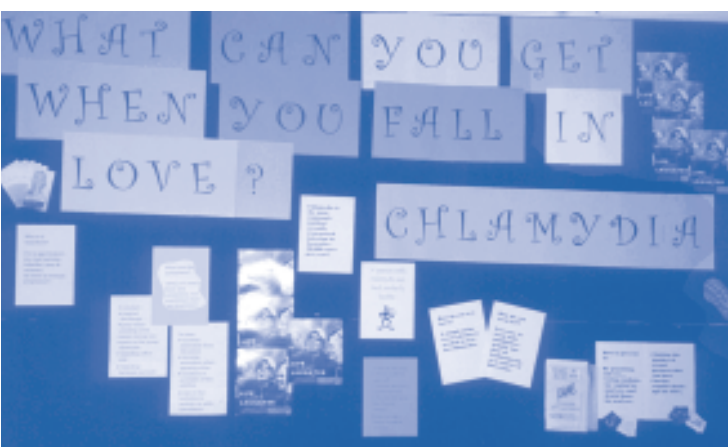
### **FPA Healthrites**

FPA Healthrites distributes high quality reproductive and sexual health books and resources such as videos and teaching materials via mail order. This is a very valuable service, especially for clients in regional, rural and remote NSW. The service has been revised during the year to make it increasingly responsive to consumers. During 2002/2003, 16% of FPA Healthrites orders in NSW were from non-metropolitan areas. Descriptions of resources can be viewed on our website, and we are currently investigating the possibility of allowing customers to make direct purchases online.

### **Outlook**

The primary challenge for health promotion is increasing the dissemination of the knowledge, information and learning that the organisation has acquired. To address this, we are piloting a Health Communication Officer role that will support the publication and promotion of our projects and knowledge to the community. Other challenges include increasing our reach statewide and influencing health policy and decision makers.

We will work to maintain and develop our partnerships, which includes key stakeholders such as the NSW Department of Education and Training, and our clients. We will continue the development, implementation and dissemination of innovative projects via creative and relevant strategies.



*The Health Promotion Board at The Warehouse highlights health issues for young people. Staff use the NSW Health Calendar as a trigger to display themes, and each member of the team has been involved in developing displays for the board.*

# Service providers

*To develop reproductive and sexual health knowledge, skills and attitudes of service providers.*

*"Thank you for all your time, guidance, support and knowledge given to us during the FPA Health course. It was a great learning experience and I am looking forward to using all this knowledge in my new position in the country. You all do a wonderful job."*  
Nursing Course participant

**Table 3: Number of participants attending professional education activities**

	No. of activities	No. attending
Education activities	210	6,325
Professional consultations	271	559
Supervision	29	71
Assessment	21	51
Conference presentations	17	442
<b>Total</b>	<b>548</b>	<b>7,448</b>

**Table 4: Participants attending education activities**

Profession	Total attending
Medical practitioners	2,082
Mixed professional groups	3,264
Undergraduates	434
Youth workers	113
Teachers	537
Nurses	280
Health/community workers	255
Disability workers	96
Psychologist	59
Postgraduates	104
Doctor/nurse	191
Social worker	28
Manager	5
<b>Total</b>	<b>7,448</b>

**Table 5: Profile of participants attending assessable and non-assessable courses**

Profession	Total attending
Medical practitioners	72
Nurses	124
Mixed professionals	51
Teachers	17
Care giver/Support workers	11
Social workers	6
<b>Total</b>	<b>281</b>

## Professional Education

The Professional Education Unit facilitates FPA Health's education and training and continues to offer relevant and timely courses for service providers.

## Highlights

During 2002/2003, FPA Health achieved re-registration as a training organisation with the Vocational Education and Training Accreditation Board (VETAB). This process included extensive documentation and a full scale review of accredited courses.

In line with our new service model, there has been a very large increase in the number of professional education activities and the number of participants attending our professional education. FPA Health can therefore be confident that we are continuing to have a significant impact on the knowledge, skills and attitudes of health professionals in NSW. In comparison with last year, there has been a 64% increase in the number of activities and a 48% increase in the number of participants.

FPA Health offers a wide variety of courses and programs across NSW for a range of health

professionals. Courses for medical practitioners and registered nurses are described in detail below. Professional education opportunities for other professional groups, including health promotion professionals, teachers and disability workers, are also offered.

In 2002/2003 the courses included: Certificate IV in Assessment and Workplace Training (VETAB accredited); *Birds and Bees: Teaching Sexuality to Primary Students*; and *Sexuality and Human Rights Core Training*, which is also VETAB accredited. We also developed a new course called *Quality not Quantity: Sexuality Not Ageing* that will be offered in distance mode late in 2003 together with *Basic Sexuality and Health*.

The *Birds and Bees* course was conducted in Byron Bay for Aboriginal Sexual Health Workers at the end of June. Participants came from Coffs Harbour, Gosford, Port Macquarie, Tweed Heads, Purfleet, Moree, Bourke, Grafton and Armidale.

### Partnerships

Important partnerships have been developed with organisations such as Breastscreen NSW, the NSW Department of Education and Training, and the Wentworth Area Health Service. We hosted delegations from China, Indonesia and Vietnam; worked closely with service providers in the South Pacific; and assisted Australian Family Planning Organisations with models of practice. Through the University of Western Sydney and TAFE NSW, student placements continue to occur.



*Participant presenting project for assessment as part of the Sexuality and Human Rights Course, Dubbo*

### Medical Education

FPA Health continues to offer medical education programs to reflect areas of contemporary practice within the field of reproductive and sexual health.

#### Highlights

FPA Health offers the National Family Planning Australia Certificate in Sexual and Reproductive Health three times a year, and acts as coordinator of the national course, setting examinations and issuing certificates to candidates across Australia on successful completion. Both the Medical Director and Medical Education Coordinator are accredited providers of medical education with the Royal Australian College of General Practitioners and all medical courses attract professional development points from the RACGP.

Medical education performs a vital role in the dissemination of knowledge about reproductive and sexual health to the wider professional community. A prime example of this is FPA Health's senior medical staff who lecture regularly at both an undergraduate and postgraduate level. Contributions have been regularly made to medical journals and publications, such as a monthly women's health column for *Australian Doctor*, and to FPA Health's *Contraception: Healthy Choices* (see KRA5).

Courses delivered to FPA Health staff during 2002/2003 include a *Women's Health Update*, *Critical Appraisal workshop* and *Management of Menopause*.

### Partnerships

Partnerships and linkages have been maintained and developed during 2002/2003. These include Divisions of General Practice throughout NSW; the Australasian College of Sexual Health Physicians; the Royal Australian and New Zealand College of Obstetrics and Gynaecology; the Jean Hailes Foundation; NSW Cervical Screening Program and other Australian Family Planning Organisations.

FPA Health's partnership with the pharmaceutical company, Organon, was initiated several years ago to train medical practitioners about the implant

# Service providers

contraceptive Implanon. This relationship has been ongoing with 40 training workshops held this year.

A new partnership with the pharmaceutical company Schering, was developed in late 2002 at the time the progestogen-bearing IUD Mirena was listed on the Pharmaceutical Benefits Scheme. FPA Health developed the training program used in all workshops conducted across Australia. So far 16 training workshops have been conducted, including one at the large annual Women's Health Conference and two in rural NSW.

FPA Health continues to train doctors in regional, rural and remote areas through distance education, as well as face to face workshops and seminars. In 2002 the FPA Health Foundation funded a project to develop the National Medical Curriculum into a paper-based distance education program. Ten medical practitioners, five from rural areas, enrolled in the pilot program with the majority successfully completing the course.

The Distance Course is now incorporated into the Medical Education Training Calendar, with a number of participants presently enrolled. There is a growing interest in this option particularly among rural practitioners. Twelve Implanon training workshops were held in rural areas this year.

Many of the rural Divisions of General Practice facilitate the delivery of ongoing medical education to their general practitioners and trainees by means of teleconferencing in order to overcome the distance between the participants. The Medical Director regularly facilitates such programs which have covered such topics as contraception, cervical cytology, the management of abnormal vaginal bleeding and other common gynaecological problems.

In September 2002 FPA Health worked with the Family Planning Welfare Association Northern Territory in a joint project aimed at delivering the Reproductive and Sexual Health Certificate/ Medicine in Darwin to participants from the Northern Territory.

## Nursing Education

FPA Health has expanded its work with registered nurses across NSW with a variety of professional education and training activities including partnerships with Area Health Services and improved access to education for non-metropolitan nurses.

A quarterly nursing newsletter is distributed to over 300 clinical service providers and organisations and provides up to date information on a range of clinical practice, education and research topics in sexual and reproductive health.

## Highlights

FPA Health continues to offer the *Certificate in Sexual & Reproductive Health (Nursing)*. This certificate is a core requirement for nurses working in the field of reproductive and sexual health and is offered via both block mode and distance education. In 2002/2003, 29 nurses enrolled with 28% of these from rural and remote areas. In addition, three nurses from the Northern Territory have completed the clinical component of the certificate course.

The development of the short course, *Well Women's Screening* (cervical and breast health), is designed to support the developing role and expectations of registered nurses working in general practices. So far, 89 registered nurses have participated in the program with 80% from rural areas. This course is provided in partnership with the NSW Cervical Screening Program and supports the recruitment and training of practice nurses to improve health outcomes, specifically in rural and remote areas. An impact evaluation has been completed for the pilot Well Women's Screening course and is being used to inform future program development and enhancement.

Three nursing updates were offered this year on *Continence Management*, *Sexually Transmissible Infections* and *Menopause*. A total of 67 nurses have attended, with 21% of these being from rural and remote areas.

*Clinical Instruction for Health Care Workers* is a short course designed to support the professional development and confidence of health workers involved in training other health workers. In 2002/2003, the course was delivered to 20 nurses in three sites, two of which were rural. It is an important strategy to support the provision of clinical training in a range of locations and practice contexts.

### **Partnerships**

FPA Health has a range of partnerships in nursing education with many different services. The highlights include:

**Far West Area Health Service.** FPA Health is in the second year of a three year Memorandum of Understanding with the Far West Area Health Service. This program is designed to enhance professional development and support for isolated women's health nurses in the area, and has been supported by a Rural Health Support and Education Training (RHSET) program grant for a 12 month period. The program includes courses, workshops, peer review, inservices and ongoing clinical supervision of the women's health nurses.

**Far West, Mid West and Macquarie Area Health Services.** *Rural Women's Health in the 21<sup>st</sup> Century* was a two day seminar conducted in conjunction with Far West, Mid West and Macquarie Area Health Services. Participants included women's health nurses from six rural area health services, Aboriginal health workers, Aboriginal health education officers, primary health nurses, sexual health nurses and area coordinators.

**Macquarie Area Health Service.** Further work with the Macquarie Area Health Service includes contributing to professional education courses for nursing and midwifery staff on reproductive and sexual health issues. Teaching at Charles Stuart University, Dubbo Campus, has included men's reproductive and sexual health for nursing undergraduates and sexually transmitted infections for indigenous health science students.



*Doctors attending the SHFPA Certificate Course in Northern Territory*

### **Outlook**

FPA Health will continue to train service providers and health professionals across NSW to improve their reproductive and sexual health knowledge and information.

The renewal of our VETAB accreditation will be built upon by developing partnerships and linkages that extend the coverage of our programs.

In medical education, we will finalise a revised edition of the *FPA Health Guidelines for Clinical Practice* which will be available through FPA Healthrites. These Guidelines will again be made available to other Family Planning Organisations through a licensing agreement. We will also be exploring the potential of expanding the present paper based Medical Distance Education Course to an e-learning format and will also be investigating the possibility of using modules from this course as a means of ongoing accreditation of medical practitioners throughout NSW.

In nursing education, we will increase the diversity of our programs and activities. *The Well Women's Screening Course*, *Clinical Instruction for Health Care Workers Course* and the *Certificate in Sexual and Reproductive Health* will continue to be offered via distance education and face to face mode, and in locations across the state. In addition, our responsive and relevant nursing newsletter and updates will continue to be disseminated across the state.

# Clinical services

*To provide services as a base for the training of health professionals and to provide clinical services with a particular focus on people who are members of priority groups. These include socially and economically disadvantaged groups and people resident in regional, rural and remote areas.*

*"I have used them for the past 15 years...they are so caring and provide an excellent and inexpensive service for many thousands of women throughout Sydney."*

*Extract from a letter written to Member of Parliament about FPA Health.*

Historically, FPA Health's most direct impact on people's lives has been through delivering one to one clinical services from sites generally located in metropolitan Sydney. The multi-faceted work of FPA Health and that of our many colleagues and supporters over the past 30 years has resulted in vastly improved levels of access to quality reproductive and sexual health clinical services. However, some groups (such as young people and those from rural and remote communities) have remained marginalised and disadvantaged.

This has resulted in two major program changes for FPA Health's clinical services:

- We believe that we can make the greatest positive difference to the people of NSW by focusing on disseminating our knowledge, information and learning in reproductive and sexual health through our range of services; educating and training health professionals is an integral component of this work.

To enable this focus, our inner metropolitan centres (Chatswood, Hurstville and City) have been classified as "clinical training centres" designed specifically to support the clinical training of health professionals (medical practitioners and nurses). We plan to consolidate our inner metropolitan Sydney clinics into one central training centre at an inner metropolitan site within the next two years.

- We will continue our clinical services for priority groups from our primary health care centres. Examples include clinical services from our rural centre (Dubbo) to isolated communities; and clinical services for young people from our outer metropolitan centre (the Warehouse Youth Health Centre) and our regional centre (Hunter).

A further change is how we report on our sites to funders, stakeholders and the community. Activity at our sites in the City, Chatswood, Dubbo, Fairfield, Hunter, Hurstville, Illawarra and Penrith now report across all the Key Result Areas rather than by unit, as we have done historically. This results in an increased understanding of our activities in terms of the outcomes achieved in Key Result Areas.

In 2002/2003 our focus for clinical services has been on training health professionals and reaching disadvantaged and marginalised groups. This is a major change from our traditional role that delivered "service for service's sake" for clients who often had the means to access other health services.

We believe the greatest impact on clinical practice can be maintained by disseminating knowledge, information and learning through the development of training centres and targeted clinical projects.

Total clinical visits in NSW in 2002/2003 were 30,338. We expect our number of clients to be stable once we have a consolidated inner metropolitan training centre which will have the capacity to see large numbers of clients and to offer opportunities for clinical training. In line with our new service model, FPA Health has reallocated

resources from one to one clinical services to enable an expansion of other activities including our rural centre, professional education and information services. All participants in medical and nursing education courses undertake practical components of their training in these centres (refer to KRA3).

### **Clinical Training Centres**

In 2002/2003, FPA Health designated three of its centres as clinical training centres - Hurstville, Chatswood and the City - to meet the goal of providing clinical services and offering opportunities for clinical training for registered medical practitioners and registered nurses. This decision was based on a realisation that the traditional model of "service for service's sake" is neither efficient nor effective in the 21<sup>st</sup> century.

In July 2003, FPA Health assumed the management of the Coral Lloyd Centre (owned by Sydney Reproductive Health Services P/L) and it became known as the FPA Health City Centre. This occurred after Sydney Reproductive Health Services was unable to obtain affordable professional indemnity insurance. It was a challenging time for many excellent and dedicated staff, as the transition involved converting a fee for service practice that had been operating for many years into an FPA Health training clinic.

Alterations included staff changes, new databases and filing systems, different funding arrangements, and amended opening hours. The transition was successfully achieved within existing resources in an extremely short time, with remarkable effort from staff involved.

The three training centres have continued to enhance the provision of professional training whilst maintaining the highest standards of clinical service provision. For example, appointment times have become standardised, with more time provided for clinicians to train medical practitioners and nurses.

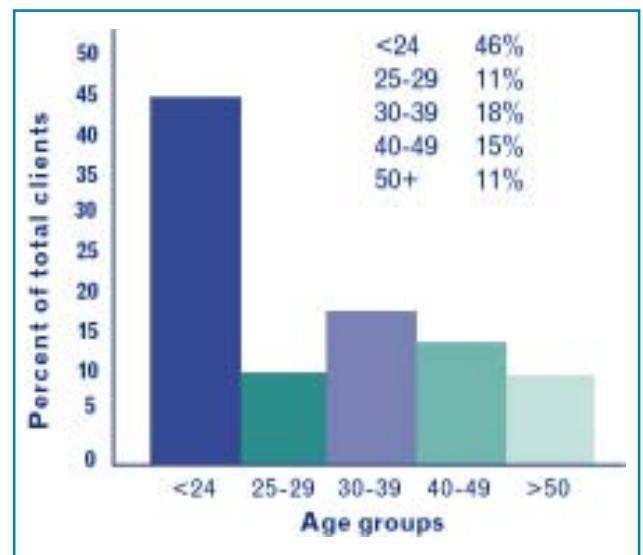
To provide optimal clinical training, it is imperative to have a conducive environment to learning. Our course trainees have one on one

instruction and are supervised at all times. This enables us to maintain excellent standards, and ensure that our clients continue to receive high quality care. A clinical training unit requires a balance of activities, provision of direct clinical training, provision of observation placements, involvement in research, delivery of professional education and the opportunity for our doctors and nurses to provide clinical services. For this reason, actual one on one clinical training at our consolidated inner metropolitan site will target approximately 40% of clinician time, with other activities and administration requirements combining for the remaining 60% of time.

At our clinical training centres - Hurstville, Chatswood and the City - a total of 29% of all nurse and medical practitioner hours were used for training health professionals. This equates to a total of 2,952 training hours at these clinics or 245 medical practitioners and nurses working across the state being better equipped to provide reproductive and sexual health care.

The primary health care centres at Dubbo, Hunter and Penrith and our sites at Illawarra and Fairfield also undertook some training of health professionals. For 2002/2003, this was a total of 146 medical hours and 374.5 nursing hours.

**Figure 1: Demographic Profile of clients at our Primary Health Care Centres**



# Clinical services



*Clinical Nurse Specialist Ann Hutchings at our Hunter Centre*

In response to a rapidly changing medico-legal environment there has been particular emphasis on identifying areas of medico-legal risk within FPA Health, and implementing processes to ensure an internal quality assurance focus and mitigate risks.

### Outlook

Late in 2002/2003, the FPA Health Board approved the transfer of all services from the City Centre to the Chatswood and Hurstville Centres. The transfer will be completed in September 2003 with all existing clients welcome to attend either of our full time clinical centres at Chatswood and Hurstville. This is an important step toward the consolidation of our inner metropolitan Sydney clinical training centres which we expect to achieve within the next two years. Both the Chatswood and Hurstville Centres will remain in operation until the new site is selected.

**Figure 2: Services provided in Clinical Training Centres**



**Figure 3: Services provided in Primary Health Care Centres**



### Primary Health Care Centres

Our primary health care centres provide an integrated approach to working with priority groups incorporating clinical, health promotion and professional education components. FPA Health has targeted the clinical services of primary health care centres toward people who are members of priority groups that have poorer reproductive and sexual health. These groups include people who are socially and economically disadvantaged and/or resident in regional, rural and remote NSW. This affirms our continued commitment to groups in high need.

As Figure 1 shows, 46% of all clients attending clinical services in primary health care centres were under 24 years of age. With young people a priority group in terms of access to health services, this shows that our outer metropolitan youth health centre and our regional centres focus on young people has been particularly successful.

Our centre at Dubbo has enabled us to improve access to reproductive and sexual health care for people in rural and remote NSW through its health promotion programs as well as its clinical

**A client may have more than one clinical issue covered by a clinician at a consultation.**

services. In the twelve months from July 2002 to June 2003, there were 1,054 visits from a total of 655 clients for clinical activities. Twelve percent of the clients identified as Aboriginal and Torres Strait Islanders which is a significant over-representation relative to the Aboriginal and Torres Strait Islander population for the region. Our centre's positive impact on the local Dubbo community led to a Dubbo Chamber of Commerce RHINO Award nomination for an 'Outstanding Business' in June 2003.

## **Outlook**

In line with our new service model, clinical services will be part of the integrated programs delivered from our primary health care centres to groups who find it difficult to access the mainstream health system while avoiding duplicating services currently offered by general practitioners and other agencies.

We will increase our projects targeted to marginalised and disadvantaged groups who have difficulty accessing the mainstream system. As Figure 3 shows, the main reason clients access our primary health care centres is for contraception, which is in contrast to our clinical training centres - see Figure 2 - where clients predominantly consult on intervention and management issues. This trend will inform our clinical services over the next 12 months.

We plan that over time, our work with marginalised and disadvantaged groups will be directed from our outer metropolitan centre, The Warehouse Youth Health Centre, our regional centre in the Hunter, and our rural centre in Dubbo. Highly targeted project work will continue in south western Sydney, as well as in the Illawarra.

The FPA Health Foundation is the fundraising arm that supports the work of FPA Health by funding research, education and health promotion programs, staff training, and the purchase of equipment and building infrastructure.

FPA Health receives funding from the Commonwealth and NSW Governments, but we also depend on annual donations from clients to maintain a high standard of service. Every time a tax deductible donation is made at one of our clinical training and primary health care centres, a contribution is made to the FPA Health Foundation.

In 2002 the FPA Health Foundation donated \$60,000 to fund the development of the Data Dictionary which is outlined in KRA7. This year the Foundation will be putting greater emphasis on raising the organisation's profile, providing funding for FPA Healthline and securing corporate sponsorship.

The FPA Health Foundation is an independent organisation with a voluntary Board that has diverse areas of expertise including public relations, business, public health, medicine, marketing and intellectual property.

The current FPA Health Foundation board members are:

Ms Sophie McCarthy (President)

Ms Alex Duchon

Ms Penelope Joye

Dr Cath Porter

Ms Jillian Wolfe

# Partnerships and linkages

*To develop and maintain partnerships and linkages with other organisations which enhance the work of FPA Health.*

*"It's a really great book: friendly, comprehensive, complete and up-to-date. It is an explanatory guide to help you judge and choose the contraception to use. I recommend the book highly."*

*Dr Cindy Pan, media broadcaster and GP commenting on the new book from FPA Health and ChoiceBooks: **Contraception - Healthy Choices**.*

Partnerships contribute to the development of the body of knowledge, information and learning in reproductive and sexual health, and assists service providers by improving knowledge, attitudes, practice and performance. They also assist to improve and reorient health services, influence public policy and develop community capacity to promote, improve and sustain reproductive and sexual health outcomes. From our extensive experience, we realise that better outcomes are achieved when organisations work collaboratively. During 2002/2003, FPA Health engaged in 66 innovative partnerships across all units. We participated in diverse joint activities with partners, and our communication with stakeholders was strengthened.

Some of our partnerships are ongoing, whilst others are project based. Partners for 2002-2003 included organisations such as the Rio Tinto Aboriginal Foundation (see KRA 1), ACON (see KRA 2), Far West Area Health Service (see KRA 3), Northern Sydney Area Health Service (see KRA 4), and the University of Western Sydney (see KRA 6). Other examples are highlighted in this section.

A prime example of a multilateral partnership was the Coonamble Collaborative Project (see KRA1). Though FPA Health managed the project, it was conducted in conjunction with the Royal Australian College of General Practitioners, the Dubbo/Plains Division of General Practice, Macquarie Area Health Service and the committee for the Aboriginal Medical Service.

Organisational guidelines for effective partnerships and linkages were created in June 2003 after extensive consultation with all units. The aim of these guidelines is to assist FPA Health to achieve a consistent approach in identifying and developing partnerships and linkages. Proposed partnerships are to be based on underlying principles, and developed through a series of suggested steps. Performance outcomes of partnerships are to be measured through evaluation.

The guidelines do not replace FPA Health's existing formal and informal partnerships and linkages that are currently operating in a productive and useful manner. These partnerships include our funders, other non-government organisations, members of local, state, federal governments, and senior management of NSW Area Health Services.

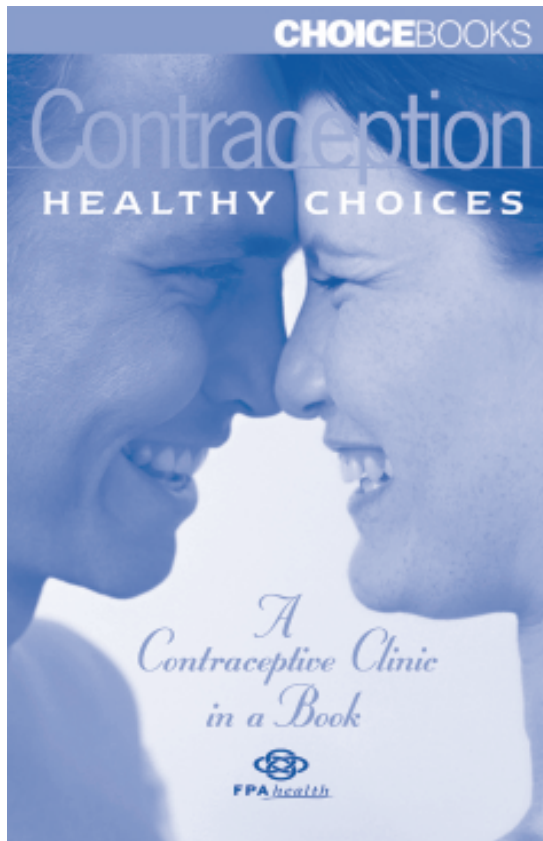
### **Highlights**

#### **Contraception: Healthy Choices**

*Contraception - Healthy Choices* was published by Choice Books in November 2002, and was a joint project between FPA Health and the Australian Consumers Association. The book was written by FPA Health in an easy to read format and explores new contraceptive methods, their effectiveness and the reasons for choosing various methods.

Through this partnership, *Contraception - Healthy Choices* was made available through FPA Healthrites as well as Choice. Over 1100 copies of the book were sold by the end of the financial year which is well above expectations.

The Australian Consumers' Association regularly posts customer information through their website, through their flagship magazine, *Choice* or through books published by Choice Books.



*"The book will be a valuable aid in every clinic that is involved in providing contraception and contraceptive advice, and to every GP wanting good and accessible information for patients"*  
*Dr Caroline de Costa, Obstetrician and Gynaecologist, Cairns Base Hospital, Qld*

### **Three year understanding with Reach Out!**

Reach Out! ([www.reachout.com.au](http://www.reachout.com.au)) is Australia's premier youth mental health website and is an initiative of the Inspire Foundation. It is a web-based service that inspires young people to help themselves through tough times. FPA Health and the Inspire Foundation have a Memorandum of Understanding for website content, and our relationship with them began in September 2001 and is currently ongoing. The aim of this partnership is to provide access for young people to current sexuality, reproductive and sexual health information. As a content partner, we write sexual health fact sheets for the Reach Out! site on agreed topics. It has proven to be a very productive partnership and we have developed

more content than what was originally agreed to. We regularly review our relationship with them and due to positive outcomes, we are extending our involvement to develop more fact sheets during the next year.

### **Working with ACON and the Gay and Lesbian Rights Lobby**

FPA Health worked closely with ACON and the Gay and Lesbian Rights Lobby to support the lowering of the 'age of consent' for same-sex attracted young men. This included holding a joint media conference at NSW Parliament House, as well as issuing a media release together. Members of Parliament were directly lobbied, and Parliamentarians also received personalised letters from FPA Health that addressed all the key issues.

During the Parliamentary debate, several Parliamentarians quoted directly from FPA Health's letter, and referred to our partners' lobbying. These included Mr Turner (National Party Member for Orange), Mrs Hopwood (Liberal Party Member for Hornsby), Mr Pearce (Labor Party Member for Coogee), and the Hon. R. Debus (Attorney-General and Minister responsible for the Bill). As this sample indicates, the sources of support for this Bill were very diverse, and our joint lobbying had tangible results.

### **Outlook**

FPA Health will continue to maintain and develop partnerships and linkages that enhance our work. This will include utilising the funds provided by the Rio Tinto Aboriginal Foundation to implement our Youth health Literacy Project in Dubbo, and conducting the research trials funded by the National Institutes of Health.

# Research

*To ensure that research and evaluation underpins evidence based programs and activities of FPA Health and that outcomes are disseminated.*

*"We continually have to... support organisations like FPA Health, that continue to research reproductive and sexual health."*

*Ms Wendy McCarthy, Chancellor of the University of Canberra, SMH, 21 July 2002*

Over the past year, the Sydney Centre for Reproductive Health Research, the Research Division of FPA Health, has continued to expand its activities, consolidating its importance in FPA Health's new service profile.

The Research Division recently won a large grant from the National Institutes of Health in the USA to conduct a trial of three potential treatments for frequent and/or prolonged bleeding associated with the contraceptive sub-dermal implant, Implanon. This is an important grant and aims to assist women who choose to have Implanon removed because of nuisance bleeding.

The number of studies undertaken by the Research Division increased during 2002/2003 and it is currently conducting 17 research studies. As well as participating in clinical trials for new contraceptive technologies, the Research Division is working with staff in FPA Health units to conduct 'in-house' projects.

Currently in progress are three trials. One study is assessing whether it is appropriate for women to return for a diaphragm check one week after it has been fitted. A longer term trial is looking at intra-uterine contraceptive device usage in FPA Health clinics, and a third trial is looking at whether Emergency Contraception is effective if taken after ovulation has occurred.

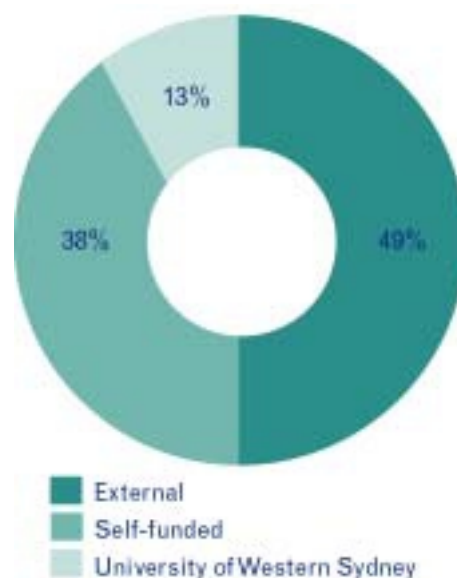
The Research Division also participates in international multi-centre trials for pharmaceutical companies. These include a multi-centre trial of the STOP device, a revolutionary new method for occlusion of fallopian tubes which will enable female sterilisation to be carried out without

requiring general anaesthesia or surgical incision. Another multi-centre international project, which has the potential to have an enormous impact on public health, is the current study of an Human Papilloma Virus (HPV) vaccine which, if effective, will protect both men and women from infection with the major types of HPV (wart) virus associated with the development of cervical cancer and genital warts. Other trials conducted at the centre include:

- Trial of a new medication for post menopausal women with libido or sexual arousal problems;
- A further new treatment for women who experience sexual arousal problems following the menopause;
- Multi-centre trial of a short course (two day) self initiated oral Famciclovir treatment for recurrent Herpes in women using Implanon.

FPA Health's website has provided a useful resource for recruiting volunteers for research. With the focus on research as a crucial element in our new service model, clinic staff have also become more involved in research recruitment.

**Figure 4. Sources of funding**



### **National Institutes of Health (NIH) research grant**

The National Institutes of Health (NIH) in the USA awarded a \$US1.3 million grant to an Australian research consortium made up of the Sydney Centre for Reproductive Health Research, the Research Division of FPA Health, Sydney; Prince Henry's Institute of Medical Research, Melbourne; Royal Women's Hospital, Melbourne; University of Western Australia, Perth; and University of Queensland, Brisbane. It is rare for any NIH grant to be awarded to a group based entirely outside the USA which makes us particularly proud of the achievement. The work could improve the lives of millions of women worldwide.

The grant will be used to fund a five year trial studying the management and treatment of erratic bleeding in Implanon users. Currently, tens of thousands of users in Australia of progestogen-only contraceptives like Implanon experience the side effect of frequent or prolonged bleeding which leads to a high rate of discontinuation.

A number of different treatments will be trialed, and it is hoped that any treatments developed will be long lasting, improve continuation rates and reduce overall costs to the community. Any treatment devised is expected to be applicable to users of other progestogen-only contraceptives like Depo-Provera.

### **AM Award**

Dr. Edith Weisberg, FPA Health's Director of Research received a Member of the Order of Australia (AM) in the 2003 Queen's Birthday Honours List. The AM was awarded "for service to medicine, particularly in the areas of women's health, family planning and reproductive health." Dr Weisberg has a highly respected research profile in reproductive and sexual health both in Australia and internationally. She is a tireless advocate for women and men in the area of reproductive and sexual health, and has made an outstanding contribution to the family planning movement.



*Dr Edith Weisberg, Director of Research, FPA Health announcing the NIH grant - "Because a number of women experience unacceptable bleeding in the first six months of using Implanon, a safe and effective treatment would be a major advance in improving contraceptive choice and the social wellbeing of women in Australia and worldwide."*

# Organisational capacity

*To develop the organisation's capabilities to deliver the new strategic direction 2001-2006.*

### **Introduction**

In order to support the significant change and development of FPA Health's programs and services as the new service model is being implemented, a major focus has been the improvement of FPA Health's organisational systems and processes.

### **Highlights**

#### **Developing national programs and initiatives**

Maintaining and developing strong links and sharing information and expertise with Family Planning Organisations across Australia strengthens our position in the wider community, funders and stakeholders results in improved service delivery. FPA Health works with other Family Planning Organisations and Sexual Health and Family Planning Australia (SHFPA), the federated body to which Family Planning Organisations from around the country belong.

FPA Health participates in national initiatives through SHFPA. For example, SHFPA has established a working party to develop an agreed national minimum data set and reporting pro forma in which FPA Health participated. FPA Health led the way by developing a National Data Dictionary which has been adopted nationally and will result in a standard method of reporting data across Australian Family Planning Organisations. The FPA Health Foundation donated \$60,000 to fund the development of the Data Dictionary.

#### **Knowledge Unit**

The Knowledge Unit coordinates the knowledge management at FPA Health which aims to ensure others have the knowledge they need to both perform and improve the way they work. The Knowledge Unit encompasses the library, the website (FPA Health website - see KRA1), and FPA Healthrites (see KRA2).

Our library is viewed as a leader in resources in reproductive and sexual health throughout Australia. Our collection is highly regarded by other health and social science libraries, evidenced by continued requests from other services for journal articles and interlibrary loans.

In the latter part of 2002, the library's classification scheme was reviewed, and this also led to an extensive inventory check and weeding of old resources. The last time an inventory of the library's resources occurred was in 1992, and this major project was successfully completed in April 2003. The development of systems and "information tools" have ensured that the library processes are efficient and information is used effectively.

#### **Staff development**

Building organisational capacity through the expertise of our staff is a long term strategy for FPA Health. Where possible, FPA Health has used a community development model to recruit staff from populations of interest to better link our health promotion programs with these population groups. Examples include programs for Aboriginal women in rural NSW and for young same-sex attracted men at our outer metropolitan centre.

FPA Health provides staff with the opportunity to develop professionally through a focus on enhancing work roles and access to professional development. New opportunities created have been instigating research coordinators at each centre; training nurses in health promotion activities; and internal promotion to positions of management. We have also continued to train and empower young staff, for example, a new graduate position of communication officer was created.

Following consultation with our staff development committee, FPA Health maintained expenditure of \$60,000 to support staff development activities in 2002/2003 despite financial constraints. Priorities include targeted training activities in research and evaluation, project management, presentation

skills, computer training and Certificate IV in Assessment and Workplace Training. Staff are also encouraged to self identify job specific training programs. This is in addition to fire training for all; and for some, Occupational Health and Safety training, fire warden training, and Cardio Pulmonary Resuscitation (CPR).

### **Communication - External and Internal**

To maintain a strong presence with stakeholders and local communities across NSW is a priority, and to achieve this, external communication has focused on developing regular communication with members, clients, stakeholders and the wider community. We have also raised the profile of FPA Health through the targeted promotion of our programs and services, conference presentations, publications, media activities, and specific initiatives such as a new client focused service charter. Internal communication has concentrated on regular and informative material being conveyed to staff.

During June 2003, a leaflet (*What's Important at FPA Health?*) was distributed to all clinic clients to inform them about current activities at FPA Health, as well as highlighting the new direction in which the organisation is heading. Other materials that we have developed this year for clients include the *FPA Health Client Charter*, *FPA Health Privacy Policy* and *Confidentiality Information for Young People*.

Communication with stakeholders and decision makers has continued and occurs through individual projects and units, as well as more widely on a needs basis. A pamphlet (*New Directions*) explained the new service model and was distributed in July 2002. A comprehensive newsletter (*FPA Health News*) was distributed during June 2003 to all stakeholders, with information about organisational activities over the last few months.

FPA Health had in excess of 145 hits in the media during the year - a significant increase on the previous 12 months. Sixty percent were in media that covered the whole of NSW, with 19% non-metropolitan areas only, and 18% restricted to



*During the debate about Hormone Replacement Therapy, staff member Ms Carol McIntosh was interviewed and appeared on page 1 of the Sydney Morning Herald - 11/07/02*

Sydney. Our dissemination comprised of 52% in print, 35% in radio, 11% on television and 2% on the internet. Contraception was the most popular topic, followed by young peoples' health, and information about access to reproductive and sexual health services. To assist staff in interacting with the media, our media guidelines were revised and updated, giving staff a procedural reference about dealing with the media, which will ensure that we continue to have an effective single voice as an organisation.

Throughout the year, FPA Health engaged in many community initiatives. Our advertising activities aim to be relevant and proactive. For International Women's Day 2003, we placed information about our services in the IWD supplement in all Cumberland Newspapers and had stalls at community events. During the Sydney Gay and Lesbian Mardi Gras, we placed an advertisement in the leading newspaper for the gay community, *The Sydney Star Observer*, to show our support for the event. During National Youth Week, we sponsored a competition that attracted hundreds of young people from across Australia. We also continued television and radio advertisements promoting FPA Healthline in the Hunter and western NSW.

# Organisational capacity

To achieve optimal internal and external communication, the first FPA Health Style Guide was developed for staff usage. This document is a very valuable and useful resource, and will improve efficiency and organisational consistency.

The organisation's internal communication is maintained through a fortnightly newsletter written by staff for staff; a monthly Team Brief from the CEO; and periodic staff memos to update and advise staff on important issues.

## Conference Presentations

FPA Health staff presentations at conferences are a key strategy for the dissemination of our information, knowledge and skills to other service providers.

Bowden, Matthew. *21 years after the International Year of People with Disabilities and The Year HIV Was Discovered: How is HIV affecting people with intellectual disabilities?* The Australian Society for the Study of Intellectual Disability. Wollongong, July 2002.

Bowden, Matthew. *HIV Post Exposure Prophylaxis and People with an Intellectual Disability.* The Australian Society for the Study of Intellectual Disability. Wollongong, July 2002.

Critchley, Anthony. *Is Health Promotion More Like Snooker or Water Polo?* University of Western Sydney, October 2002.

Critchley, Anthony. *Adolescent Sexuality & Mental Health.* Australian College of Sexual Health Physicians Conference. Sydney, November 2002.

Critchley, Anthony. *Some Boys Do Have Them: A snapshot of adolescent fathers.* Paediatric & Child & Family Nursing: an update in 2003. Westmead Children's Hospital, February 2003.

Dziedzic, Chris & Farnsworth, Annabel. *Update on Contraception,* Women's Health & Hormone Interest Group/Division of Hunter Post Graduate Medical Institute. Newcastle, March 2003



*Ms Shane Jasiak with the FPA Health poster presentation at the Tango Down South Sexual Health Conference in Christchurch, New Zealand, June 2003*

Foran, Terri. *Contraceptive Update.* General Practitioner Conference and Exhibition. Sydney, May 2003.

Hammond, Liz & Tilley, Donna. *Talking Sexual Health.* Juvenile Justice Nurses' Conference. Sydney, November 2002.

Hansford, Margaret. *FPA Health: A story of Change.* Public Health Association of Australia 34<sup>th</sup> Annual Conference. Adelaide, September 2002.

Jasiak, Shane. *What do You Get When You Fall in Love (Poster on Chlamydia)* Tango Down South Sexual Health Conference. Christchurch NZ, June 2003.

Osborn, Mary. *Rural reproductive and sexual health issues: A needs assessment.* Public Health Association of Australia 34<sup>th</sup> Annual Conference, Adelaide. September 2002.

Osborn, Mary. *Knowledge and use of emergency contraception by women seeking termination of pregnancy and prescribing habits of a randomised group of GPs in NSW*. Research from the ground up. Sydney. September 2002.

Read, Christine & Beange, J. *The Coonamble Project: a partnership with consumers to improve cervical and breast screening in Aboriginal women*. Division of General Practice Network Forum. Brisbane, November 2002.

Read, Christine. *A Project Based Approach to Improving Services in Reproductive and Sexual health in Rural Areas*. 7<sup>th</sup> National Rural Health Conference. Hobart, March 2003.

Taggart, Angela. *Heterosexual HIV Resource Kit Development (Poster)*. Australian Social HIV/AIDS Medicine Conference. Sydney, October 2002.

Weisberg, Edith. *Hypothetical on HRT for NSW Health*. October 2002

Weisberg, Edith. *Update on Contraception*. Tango Down South Sexual Health Conference. Christchurch NZ, June 2003

Wray, L. *STIs in Primary Care*. RANZCOG Diploma O & G revision course. Sydney, January 2003

## **Publications**

FPA Health's publications are of key importance to the dissemination of knowledge, information and learning to the community, both in Australia and internationally.

'Answering Children's Questions' fact sheet for a NSW Department of Education and Training internal website. 2003.

Dezarnaulds G, Fraser IS. Vaginal ring delivery of hormone replacement therapy. *Expert Opin Pharmacother* 2002; 4: 201-212.

Hickey M, Fraser IS. Superficial endometrial vascularisation in Norplant users: relationship to breakthrough bleeding and ovarian steroid hormones 2002; *Human Reproduction Update* 17: 2428-2434.

Foran T. Monthly articles for Women's Health column, *Australian Doctor*.

Foran, T. Emergency contraception. *Australian Family Physician* 2002; 31: 10.

Foran, T. New contraceptive choices across reproductive life. *Medical J Aust* 2003; 178(12): 616-620.

Fraser IS, Kovacs GT. The efficacy of non-contraceptive uses for hormonal contraceptives. *Medical J Aust* 2003; 178(12): 621-623.

Livingstone M, Fraser IS. Mechanisms of abnormal uterine bleeding. *Human Reproduction Update* 2002; 7: 60-67.

Pham, S. Let's talk about sex. *SIECUS Report* 2003; 31(4): 14-16.

Teirney R, Fraser IS. How to recognise and manage endometriosis. *Medicine Today* 2002; 3(8): 30-38.

Tumuluri V, Thomas GA, Fraser IS. Analysis of the Ki-67 antigen at the invasive tumour front of human oral squamous cell carcinoma. *J Oral Pathology & Medicine* 2002; 31: 598-604.

Weisberg E. Oral contraceptives. *Australian Family Physician* 2002; 31(10): 891-896.

Weisberg E. Emergency Contraception. *Women's Health*. Adis Press. 2002.

Weisberg E. OCs and community failure rate: what can the GP do to reduce it? *Women's Health*, Adis Press. 2002.

Zieman M, Guillebaud J, Weisberg E, Shangold GA, Fisher AC, Creasy GW. Contraceptive efficacy and cycle control with the Ortho Evra/Evra transdermal system: the analysis of pooled data. *Fertility and Sterility* 2002; 77(2 suppl. 2): S13-8.

# FPA Health committees

## FPA Health Board

Dr Devora Lieberman	President
Mr John Brooks	Vice President
Ms Rosalind Winfield	Vice President
Mr Stephen Armstrong	Treasurer
Mr Neil Jackson	Legal Adviser
Mr Adrian Lovney	
Ms Angeline Low	
Ms Jane Riley	
Ms Victoria St Lawrence	

## Finance and Audit Sub Committee

Mr Stephen Armstrong	Treasurer
Mr John Brooks	Vice President
Ms Karen Gannon	Director Finance
Ms Margaret Hansford	Chief Executive Officer

## Ethics Committee

Mr John Brooks	Chair
Dr Walter Stern	Layperson
Dr Elizabeth Proude	Scientist
Prof Jim Hyde	Scientist
Mr Neil Jackson	Lawyer
Ms Kerrie Chambers	Lawyer
Ms Helen Webber	Lawyer
Dr Christine Hampshire	Medical Practitioner
Ms Sandra Nicholson	Layperson
Ms Alison Wells	Layperson
Ms Joanne Whitley	Theologian
Dr Terri Foran	FPA Health Medical Director <i>ex-officio</i>
Dr Robyn Godding (Resigned 06/03)	Medical Practitioner
Ms Christine Cargill (Resigned 06/03)	Theologian
Ms Veronica Ryan (Resigned 11/02)	Layperson
Dr Cindy Pan (Resigned 11/02)	Medical Practitioner
Ms Margaret McDonald (Resigned 11/02)	Scientist

## Research Committee

Ms Angeline Low	Chair
Dr Edith Weisberg	
Ms Sue Stuart	
Mr Anthony Critchley	
Dr Christine Read	
Ms Tanya Jochelson	
Dr Deborah Bateson	
Dr Terri Foran	
Ms Jane Hutchens	
Ms Sally Goss	

## Clinical Advisory Board

Prof Ian Fraser	Chair
Dr Ken Atkinson	
Prof Richard Benn	
Dr Eric Fisher	
Dr Terri Foran	
Dr Georgina Hale	
Dr Devora Lieberman	
Dr Michael Lowy	
Dr Meredith Makeham	
Dr Barbara Simcock	
Ms Patricia Tzannes	
Dr Edith Weisberg, AM	
Dr Lynne Wray	



*Patron and Life Member, Dr Stefania Siedlecky AM with Ms Sandy McKenzie and Ms Albertje Gurley at the farewell for retiring President, Robyn Henderson.*

# Financial Statements

## 30 June 2003

### Directors' Report

Your directors present their report on the company for the financial year ended 30 June 2003.

The names of the directors in office at any time during or since the end of the year are:

Dr D Lieberman President (appointed 18/11/02)	Dr L Dayan (resigned 28/5/03)
Ms R Henderson (President resigned 28/5/03)	Ms L Garton (resigned 18/11/02)
Ms R Winfield Vice President	Mr R Hozack (resigned 26/11/02)
Mr J Brooks Vice President	Mr A Lovney
Mr S Armstrong Treasurer	Ms A Low
Mr N Jackson Legal Adviser	Ms J Riley
	Ms V St Lawrence

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The loss of FPA Health for the financial year amounted to \$5,726 (2002: \$273,609 profit).

No significant changes in the company's state of affairs occurred during the financial year.

The principal activities of FPA Health during the financial year continued to be the provision of clinical, health promotion, educational and research services in the area of reproductive and sexual health.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

There are plans for further development of rural initiatives by FPA Health. Likely developments in the operations of FPA Health and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to FPA Health.

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Under the constitution no dividends are permitted.

Under FPA Health's constitution no director is permitted to receive fees or a salary.

No indemnities have been given or insurance premiums paid, during or since the end of the financial year for any person who is or has been an officer or auditor of the company with the exception that the company has paid premiums to insure officers of the company and each of the persons listed above as directors against certain liabilities arising out of their conduct while acting in the capacity of officer of the company.

Under the terms of the insurance contract, neither the nature of liabilities insured against or the premium paid can be disclosed.

No person has applied for leave of court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of these proceedings.

The company was not a party to any such proceedings during the year.

# Profiles of Directors



## **Dr Devora Lieberman, MD MPH FRANZCOG: President - June 2003**

Dr Devora Lieberman is the Associate Medical Director Women's Health for Organon Australia. Devora is a Research Fellow for the Menopause Clinic, Royal North Shore Hospital. Prior to migrating to Australia in 1998, Devora was a lecturer at Harvard Medical School in Obstetrics and Gynaecology and received her Masters Degree in Public Health from Harvard in 1996. Devora began her career in women's health as a contraception and abortion counsellor at Planned Parenthood of New York City, while attending university. Devora has a long standing interest in and commitment to women's health issues as well as several years experience within the commercial sector. Elected to the Board in November 2002. Attended 6 out of 6 meetings.

## **Ms Robyn Henderson, B.Sc, BA (Hons), Assoc Dip Labour Studies, MLitt**

Robyn Henderson is currently the Director-General, Department for Women. Previous positions include Chief of Staff, Minister for Fair Trading & Women and Executive Director of the Royal Institute of Public Administration. Robyn was also a previous Board member of FPACT and former member of ESEAOR, IPPF and Family Planning Federation. Resigned May 2003. Attended 7 out of 10 meetings.



## **Ms Rosalind Winfield, BA, LL.B: Vice President**

A lawyer in private practice since 1982, Rosalind Winfield has a special interest in legal issues affecting women and women's health. President of the Women Lawyers' Association of NSW 1988-1989 and Committee member 1983-1991. Rosalind was a member of the Women's Advisory Council 1986-1989 and Director of the Women's Legal Resources Centre 1983-1987. Elected to the Board in November 1986. Attended 10 out of 11 meetings.



## **Mr John Brooks, B.Ed, JP: Vice President**

Previously a national trainer for the Australian Association for Marriage Education. John Brooks has been a marriage and family counsellor for nearly 20 years. FPA Health representative to the FPA Council. Board member since October 1992. Attended 9 out of 11 meetings.



## **Mr Stephen Armstrong, F.C.A, B. Fin. Admin: Treasurer**

Stephen Armstrong is a Chartered Accountant with twenty-five years experience, the last 14 as a principal in public practice. Stephen has extensive experience in a wide range of practice areas including audit, taxation and management of both domestic and international clients. Elected to the Board in November 1996. Attended 9 out of 11 meetings.



**Mr Neil Jackson, LL.B, B.Ec., LL.M : Legal Adviser**

Neil Jackson practises as a barrister mainly in family law and de facto relationships law. He is a member of the Conciliators and Arbitrators Association, the Australian Association of Family Lawyers and Conciliators and the Family Law Section of the Law Council of Australia. He is currently the secretary of the Family Law Committee of the Bar Association of New South Wales. Neil is the national editor of the CCH De Facto Relationship Service. In 2002 Neil was appointed an Arbitrator of the Workers Compensation Commission. Elected in November 1999. Attended 10 out of 11 meetings.

**Dr Linda Dayan, BMedSc; MBBS; DipRACOG; FACSH; MRCMA; MM(Ven Sci)**

Linda Dayan is Director, Northern Sydney Sexual Health Services and Head of Department, Sexual Health, Royal North Shore Hospital; Clinical Lecturer, Department of Community and Public Health, University of Sydney; Chair, NSW Medical Directors of Sexual Health Clinics (2001); Chair, NSW Chapter of Australasian College of Sexual Health Physicians (1998-2000). Private practitioner, Taylor Square Clinic and Honorary Consultant, Sydney Sexual Health Centre. Linda is interested in improving collaboration of service delivery with sexual health and family planning services. Elected to the Board in November 2001. Resigned May 2003. Attended 7 out of 10 meetings.

**Ms Lesley Garton, B.SocWk**

Lesley Garton is Manager of state wide women's health training and non-government organisation grants program at Western Sydney Area Health Service. She is also the Manager NSW Education Program on Female Genital Mutilation and has worked in women's health and sexual assault for the last 24 years. She has been a Board Member of ACOSS, NCOSS and the Community Health Association. Resigned November 2002. Attended 2 out of 5 meetings.

**Mr Rod Hozack, B.Ed., M.Bus.**

Rod Hozack spent 15 years in the pharmaceutical industry, holding positions in sales, marketing, and divisional and global management, where he developed a close relationship with Family Planning Organisations. Rod has held the position of Honorary Treasurer for the National Menopause Federation in Australia, and was a founding member of the organising committee for the Asia Pacific Menopause Federation. Rod is currently a management consultant developing best-practice business process for organisations in Asia Pacific. Resigned November 2002. Attended 4 out of 5 meetings.



**Mr Adrian Lovney, LL.B (Hons)**

Adrian Lovney has worked extensively in community and government as President of the Queensland AIDS Council for three years and, after moving to NSW, as President of the AIDS Council of NSW. Adrian's professional background includes a number of years providing political, strategic, and program advice to government in a range of roles. Adrian currently manages public affairs for the Australian credit union industry association. Elected to the Board in November 2001. Attended 9 out of 11 meetings.



**Ms Angeline Low, B.Econs, Dip.Mgt, M.Mgt**

Sydney based entrepreneur with many years of Asian and Australian professional and business experience. Angeline was a partner in Malaysia and Director of Asia Pacific Consulting in Australia of Deloitte Touche Tohmatsu. Currently Angeline is engaged in family business. Angeline is a Board member of the Northern Sydney Area Health Service. She is an active advocate for the improvement to the status of women and speaks regularly at international conferences on issues of female entrepreneurship and gender equality. Elected to the Board in November 2001. Attended 9 out of 11 meetings.



**Ms Jane Riley, MA (Comm Mgt/PR), BA (Th St)**

General Manager for the Apex Foundation. Previous employers include Children's Cancer Institute Australia, and Breast Screen NSW. Jane has extensive experience in the marketing of services, strategic planning for business development, organisational communication and major fundraising and education campaigns. Jane enjoys the opportunity to contribute to significant, sustainable organisational growth through targeted activity. Jane has a strong interest in empowering people through education and in facilitating community access to health service options. Elected to the Board in November 2001. Attended 10 out of 11 meetings.



**Ms Victoria St Lawrence, B.Comm, Dip Ed, AIMM**

Based on the North Coast of NSW, Vicki established her Management and Human Services Consultancy business in 1999 and specialises in the rural community and public sectors. She has tertiary qualifications in Commerce & Education. From 1996 to 1999 Vicki established and managed the NSW Rural Health Support Unit and from 1991 to 1996, the North Coast Area Assistance Scheme. She has been an active Board member of many large & small community organisations and is currently a member of the NRAHS Hospitals and Community Health Council. Vicki brings a rural woman's perspective to FPA Health and a good understanding of rural health issues and the role of a Board of Management. Elected to the Board in November 2000. Attended 8 out of 11 meetings.

Signed in accordance with a resolution of the Board of Directors:

Devora Lieberman – President

Stephen Armstrong – Treasurer

Date this 30<sup>th</sup> day of September 2003

# Statement of Financial Performance for the year ended 30 June 2003

	Note	2003 \$	2002 \$
Revenues from ordinary activities		8,140,906	8,600,364
Changes in inventories of finished goods		(132,648)	(26,925)
Employee benefits expense		(5,443,351)	(5,432,297)
Cost of contraceptive supplies		(199,468)	(231,609)
Depreciation and amortisation expenses		(153,641)	(207,670)
Lease/rent expense		(210,572)	(203,206)
Insurance expense		(467,159)	(167,776)
Guarantee to Sydney Reproductive Health Services Ltd		-	(129,411)
Other expenses from ordinary activities		<u>(1,539,793)</u>	<u>(1,927,861)</u>
Profit/(Loss) from ordinary activities	2	<u>(5,726)</u>	<u>273,609</u>
Net increase in asset revaluation reserve		<u>2,745,936</u>	<u>-</u>
Total revenues, expenses and valuation adjustments attributable to members of the company recognised directly in equity	11	<u>2,745,936</u>	<u>-</u>
Total changes in equity other than those resulting from transactions with owners as owners		<u>2,740,210</u>	<u>273,609</u>

The accompanying notes form part of these financial statements

# Statement of Financial Position as at 30 June 2003

	Note	2003 \$	2002 \$
<b>CURRENT ASSETS</b>			
Cash assets	4	3,106,868	2,807,516
Receivables	5	261,031	221,715
Inventories	6	94,935	227,583
Other	7	507,246	449,214
<b>TOTAL CURRENT ASSETS</b>		<u>3,970,080</u>	<u>3,706,028</u>
<b>NON -CURRENT ASSETS</b>			
Property, plant & equipment	8	5,846,683	3,196,978
<b>TOTAL NON-CURRENT ASSETS</b>		<u>5,846,683</u>	<u>3,196,978</u>
<b>TOTAL ASSETS</b>		<u>9,816,763</u>	<u>6,903,006</u>
<b>CURRENT LIABILITIES</b>			
Payables	9	2,188,375	2,044,124
Provisions	10	305,431	338,170
<b>TOTAL CURRENT LIABILITIES</b>		<u>2,493,806</u>	<u>2,382,294</u>
<b>NON CURRENT LIABILITIES</b>			
Provisions	10	418,463	356,428
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>418,463</u>	<u>356,428</u>
<b>TOTAL LIABILITIES</b>		<u>2,912,269</u>	<u>2,738,722</u>
<b>NET ASSETS</b>		<u>6,904,494</u>	<u>4,164,284</u>
<b>EQUITY</b>			
Reserves	11	2,955,846	722,910
Retained profits	12	3,948,648	3,441,374
<b>TOTAL EQUITY</b>		<u>6,904,494</u>	<u>4,164,284</u>
Capital & leasing commitments	13		
Contingent liabilities	14		

The accompanying notes form part of these financial statements

# Statement of Cash Flows for the year ended 30 June 2003

	Note	2003 \$	2002 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES:</b>			
Government grants received		7,002,198	6,352,858
Other grants received		709,439	182,178
Receipts from customers		884,008	1,046,701
Payments to suppliers and employees		(8,373,382)	(7,733,369)
Interest received		142,726	133,436
Net cash provided by (used in) operating activities	18(b)	<u>364,989</u>	<u>(18,196)</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES:</b>			
Proceeds – sale of property, plant & equipment		7,955	32,136
Payment for property, plant & equipment		(73,592)	(58,305)
Net cash provided by (used in) investing activities		<u>(65,637)</u>	<u>(26,169)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Net increase (decrease) in cash held		299,352	(44,365)
Cash at beginning of year		<u>2,807,516</u>	<u>2,851,881</u>
Cash at end of year	18(a)	<u>3,106,868</u>	<u>2,807,516</u>

The accompanying notes form part of these financial statements

# Notes to the Financial Statements for the year ended 30 June 2003

## 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial report preparation requirements of the Corporations Act 2001. The directors have determined that the company is not a reporting entity.

FPA Health is a company limited by guarantee, incorporated and domiciled in Australia.

The report has been prepared in accordance with the requirements of the Corporations Act 2001, and the following Accounting Standards and Urgent Issues Group Consensus Views:

AASB 1001:	Accounting Policies – Disclosure
AASB 1002:	Events Occurring after Reporting Date
AASB 1018:	Statement of Financial Performance
AASB 1021:	Depreciation of Non Current Assets
AASB 1025:	Application of the Reporting Entity Concept and Other Amendments
AASB 1026:	Statement of Cash Flows
AASB 1031:	Materiality
AASB 1034:	Financial Report Presentation and Disclosures
AASB 1040:	Statement of Financial Position
UIG Abstract 35:	Disclosure of Contingent Liabilities

No other Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The report is also prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report:

### (a) Principles of Consolidation

The directors believe that the controlled entities of FPA Health are not material, as their omission or non-disclosure does not have the potential to adversely affect:

- (i) decisions about the allocation of resources made by users of the consolidated accounts; or
- (ii) the discharge of accountability by the directors or the members of the governing body of the entity;

and as such the financial statements of FPA Health have not been consolidated with its controlled entities.

### (b) Inventories

Inventories are measured at the lower of cost and net realisable value. Inventories are determined on an average cost basis.

### (c) Bad and Doubtful Debts

Bad debts are written off as they occur and the provision for doubtful debts is based on an appraisal of individual outstanding accounts that are in excess of normal trading terms.

**(d) Property, Plant and Equipment**

Each class of property, plant and equipment are carried at cost or fair value less, where applicable, any accumulated depreciation.

*Property*

Freehold land and buildings are measured on the fair value basis, being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction.

*Plant and equipment*

Plant and equipment are measured on the cost basis.

*Depreciation*

All assets excluding freehold land, are depreciated on a straight line basis over their useful lives to the company.

**(e) Employee Benefits**

Provision is made for employees' annual leave entitlements accrued at balance date. Provision for long service leave is raised in respect of employees who have in excess of five years continuous service.

**(f) Leases**

Lease payments for operating leases where substantially all the risk and benefits remain with the lessor are charged as expenses in the periods in which they are incurred.

**(g) Income Tax**

FPA Health is exempt from income tax under Subsection 50-5 of the Income Tax Assessment Act 1997.

**(h) Cash**

For the purpose of the Statement of Cash flows, cash includes:

- (i) cash on hand and in at call deposits with banks or financial institutions, net of bank overdrafts and
- (ii) investments in money market instruments with less than 30 days to maturity.

**2. PROFIT FROM ORDINARY ACTIVITIES**

Profit from ordinary activities has been determined after:

a) Expenses:

	2003 \$	2002 \$
Depreciation of property, plant and equipment	153,641	207,670
Bad and doubtful debts	246	4,138
Remuneration of auditor		
- Audit or review	24,647	22,952
- Other services	4,349	4,050
Net loss on disposal of property, plant and equipment	447	-

b) Revenues:

Government grants	6,937,059	7,128,447
Other grants	210,696	229,278

# Notes continued

	2003 \$	2002 \$
<b>3. GRANTS RECEIVED DURING THE YEAR</b>		
<b>Commonwealth Government Grants:</b>		
Family Planning Program Grant	4,983,205	4,450,431
Rural Health Support, Education & Training Program	27,000	9,999
	<u>5,010,205</u>	<u>4,460,430</u>
<b>NSW Health Grants:</b>		
Fairfield Multicultural Women's Health	394,482	385,700
HIV/AIDS Program	417,175	407,900
Community Services Program	545,637	533,500
Outreach and Community Education, The Warehouse	342,700	335,000
Needle and Syringe Exchange	41,100	40,264
Young Men's Sexual Health	94,000	91,836
	<u>1,835,094</u>	<u>1,794,200</u>
<b>Area Health Grants:</b>		
Hunter-Health Program	35,900	34,128
Illawarra Area Clinical	24,700	46,800
CSAHS – Pozhet Project	11,299	-
	<u>71,899</u>	<u>80,928</u>
<b>Other Government Grants:</b>		
NSW Cervical Screening-GP's Upskilling	45,000	-
NSW Cervical Screening – Practice Nurses	40,000	-
Department of Urban Affairs & Planning	-	17,300
	<u>85,000</u>	<u>17,300</u>
<b>Other Grants:</b>		
Research Grants	537,189	127,540
Dubbo/Plains Division of General Practice	13,105	7,638
ACON - Young Men & Sexual Health	47,000	47,000
Rio Tinto Aboriginal Foundation –		
Young Womens Health Project – Dubbo	53,000	-
FPA Health Foundation – Data Dictionary	59,145	-
	<u>709,439</u>	<u>182,178</u>
<b>4. CASH ASSETS</b>		
Cash on hand	5,785	4,935
Cash at bank	3,101,083	2,802,581
	<u>3,106,868</u>	<u>2,807,516</u>

		2003 \$	2002 \$
<b>5. RECEIVABLES</b>			
CURRENT			
Trade debtors		92,180	99,651
Provision for doubtful debts		-	(1,000)
		<u>92,180</u>	<u>98,651</u>
Other debtors		168,851	123,064
		<u>261,031</u>	<u>221,715</u>
<b>6. INVENTORIES</b>			
Stock on Hand		<u>94,935</u>	<u>227,583</u>
<b>7. OTHER ASSETS</b>			
CURRENT			
Prepayments		<u>507,246</u>	<u>449,214</u>
<b>8. PROPERTY, PLANT AND EQUIPMENT</b>			
<b>Land &amp; Buildings</b>			
Freehold land at independent valuation 2003	(a)	<u>4,293,500</u>	<u>1,499,400</u>
Buildings at independent valuation 2003	(a)	906,500	1,015,600
less accumulated depreciation		-	40,624
		<u>906,500</u>	<u>974,976</u>
Total Land & Buildings		<u>5,200,000</u>	<u>2,474,376</u>
<b>Leasehold Improvements</b>			
at cost		62,469	62,469
at independent valuation 2000		338,500	338,500
Less accumulated amortisation		74,638	61,621
Total Leasehold Improvements		<u>326,331</u>	<u>339,348</u>
<b>Plant &amp; Equipment</b>			
at cost		646,904	1,011,189
Less accumulated depreciation		326,552	627,935
Total Plant & Equipment		<u>320,352</u>	<u>383,254</u>
Total Property, Plant & Equipment		<u>5,846,683</u>	<u>3,196,978</u>

(a) The revaluations of freehold land and buildings were based on the assessment of the current market value. The independent valuations on 23 April 2003 were carried out by Landsburys Property Advisory Services, Registered Real Estate Valuers.

No capital gains tax has been taken into account in determining revalued amounts as the company is exempt from income tax.

# Notes continued

	2003 \$	2002 \$
<b>9. PAYABLES</b>		
CURRENT		
Trade creditors	13,033	548
Sundry creditors	1,005,453	1,398,937
Unexpended grants	1,169,889	644,639
	<u>2,188,375</u>	<u>2,044,124</u>
<b>10. PROVISIONS</b>		
CURRENT		
Employee Benefits	<u>305,431</u>	<u>338,170</u>
NON CURRENT		
Employee Benefits	<u>418,463</u>	<u>356,428</u>
Number of employees at year end	<u>123</u>	<u>161</u>
<b>11. RESERVES</b>		
Assets revaluation	2,855,846	109,910
General reserve	100,000	613,000
	<u>2,955,846</u>	<u>722,910</u>
<u>Assets Revaluation Reserve</u>		
Movements during the year:		
Opening balance	109,910	109,910
Revaluation increment on freehold land and buildings	2,745,936	-
Closing Balance	<u>2,855,846</u>	<u>109,910</u>
<u>General Reserve</u>		
Movements during the year:		
Opening balance	613,000	135,310
Transfer from/(to) retained profits	(513,000)	477,690
Closing balance	<u>100,000</u>	<u>613,000</u>

Asset revaluation reserve records revaluations of non current assets.

General reserve records funds approved by the Board to be set aside to fund specific activities.

	2003 \$	2002 \$
<b>12. RETAINED PROFITS</b>		
Retained profits at the beginning of the financial year	3,441,374	3,645,455
Net profit/(loss) attributable to members of the company	(5,726)	273,609
Transfer (to)/from general reserve	513,000	(477,690)
Retained profits at the end of the financial year	<u>3,948,648</u>	<u>3,441,374</u>

### 13. CAPITAL & LEASING COMMITMENTS

Non cancellable operating leases contracted for but not capitalised in the financial statements:

Payable:

- not longer than one year	28,000	88,782
- longer than one year not longer than five years	24,133	82,208
- longer than five years	39	40
	<u>52,172</u>	<u>171,030</u>

### 14. CONTINGENT LIABILITIES

Estimates of the maximum amount of contingent liabilities that may become payable:

Controlled Entities:

Guarantee to Sydney Reproductive Health Services Limited	-	20,723
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External Parties:

Unsettled claims	-	10,378
	<u>-</u>	<u>31,101</u>

### 15. MEMBERS' GUARANTEE

FPA Health is a company Limited by Guarantee. If FPA Health is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of FPA Health. At 30 June 2003 the number of members was 90 (2002:117).

# Notes continued

	2003 \$	2002 \$
<b>16. RELATED PARTY TRANSACTIONS</b>		
Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.		
Transactions with related parties: Director related entities		
(i) Sydney Reproductive Health Services Limited		
- Sales of medical supplies to Sydney Reproductive Health Services Limited and provision of corporate services. Stephen Armstrong, John Brooks and Robyn Henderson were directors of both Sydney Reproductive Health Services Limited and FPA Health during the year.	-	188,596
- Marketing fees paid to Sydney Reproductive Health Services Limited.	-	58,939
- Guarantee paid of behalf on Sydney Reproductive Health Services Limited.	-	129,411
(ii) Organon Australia		
- Dr Devora Lieberman, FPA Health President, is the Associate Medical Director Women's Health for Organon Australia.		
- Pharmaceutical purchases from Organon Australia.	19,757	28,384
- Funding from Organon Australia for providing Implanon training.	17,134	28,252

## 17. COMPANY DETAILS

The registered office and the principal place of business are:

FPA Health

328-336 Liverpool Road

Ashfield NSW 2131

## 18. CASH FLOW INFORMATION

	2003 \$	2002 \$
<b>(a) Reconciliation of cash:</b>		
Cash at end of the financial year as shown in the statements of cash flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand and at bank	<u>3,106,868</u>	<u>2,807,516</u>
<b>(b) Reconciliation of cash flow from operations with profit/(loss) from ordinary activities</b>		
Profit/(loss)ordinary activities:	(5,726)	273,609
Cash flow not in operating activities but in operating result	8,780	(6,736)
Non-cash flows in profit from ordinary activities:		
Amortisation	13,017	13,955
Depreciation	140,624	193,715
Net (profit)/loss on sale of property, plant & equipment	447	(30,776)
Changes in assets and liabilities:		
Increase/(decrease) in employee provisions	29,296	38,480
Increase/(decrease) in provision for doubtful debts	(1,000)	(1,154)
Decrease/(increase) in receivables	(39,316)	261,525
Decrease/(increase) in other assets	(58,032)	(317,842)
Decrease/(increase) in inventories	132,648	26,925
Increase/(decrease) in payables	144,251	(469,897)
Cash flows from operations	<u>364,989</u>	<u>(18,196)</u>

# Directors' Declaration

The directors of FPA Health have determined that the company is not a reporting entity. The directors have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes:

(a) comply with Accounting Standards as detailed in Note 1 to the financial statements and the Corporations Regulations; and

(b) give a true and fair view of the company's financial position as at 30 June 2003 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Devora Lieberman – President



Stephen Armstrong – Treasurer

Date this 30<sup>th</sup> day of September, 2003

# *Independent Audit Report to the Members of FPA Health*



STIRLING WARTON WILLIAMS  
CHARTERED ACCOUNTANTS

## **Scope**

We have audited the attached financial report a special purpose financial report of FPA Health for the year ended 30 June 2003 comprising the Director's Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and Notes to and forming part of the Financial Statements.

The company's directors are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements are appropriate to meet the requirements of the Corporations Law and are appropriate to meet the needs of the members. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the company. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting requirements under the Corporations Law. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial statements are presented fairly in accordance with the accounting policies used in Note 1 so as to present a view which is consistent with our understanding of the company's financial position and performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

## Audit Opinion

In our opinion, the financial report of FPA Health is in accordance with:

(a) the Corporations Law, including:

- i) giving a true and fair view of the company's financial position as at 30 June 2003 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
- ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and

(b) other mandatory professional reporting requirements to the extent described in Note 1.

### STIRLING WARTON WILLIAMS

Chartered Accountants



AR Ridley

Sydney, 1<sup>st</sup> day of October 2003

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Liability is limited by the Accountants' Scheme pursuant to the NSW Professional Standards Act 1994

## Acknowledgments

FPA Health would like to acknowledge its members, as well as the individuals, groups and organisations which have supported us in many ways over the past 12 months.

## FPA Health Foundation

Donations to the FPA Health Foundation (ABN 57 002 643 834) are tax deductible. Cheques can be made payable to:

FPA Health Foundation  
328-336 Liverpool Road  
Ashfield NSW 2131

To contact the FPA Health Foundation:  
Write to: PO Box 3169 Bellevue Hill NSW 2023  
Email: [fpahealthfoundation@bigpond.com](mailto:fpahealthfoundation@bigpond.com)  
Ph/Fax: 02 9363 4776



ABN 75 000 026 335

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## Grants

Commonwealth Department of Health and Ageing  
NSW Health  
Hunter Area Health  
Illawarra Area Health

### Research Grants

Conceptus Australia Pty Ltd  
Merck Sharp Dohme  
National Institutes of Health, USA  
Pfizer Inc  
Pharmacia Australia Pty Ltd  
The Population Council Inc

### Other Grants

ACON - Young Men & Sexual Health  
Dubbo/Plains Division of General Practice  
FPA Health Foundation - Data Dictionary  
NSW Cervical Screening  
Rio Tinto Aboriginal Foundation  
Young Womens Health Project - Dubbo

## Donations

Kia-Ora Pacific Trading Pty. Ltd.  
Minter Ellison Lawyers  
Thanks to all the members who donated in addition to their annual membership fee.

## Sponsorship

Conceptus Australia Pty Ltd  
Cytoc (Australia) Pty Ltd  
Novartis Pharmaceuticals Australia Pty Ltd  
Organon (Australia) Pty Ltd  
Pfizer Inc  
Schering Pty Ltd  
Wyeth Australia Pty Ltd

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Tel 02 9716 6099  
Fax 02 9716 5046

FPA Healthrites  
(mail-order service)  
Tel 02 8752 4307  
Fax 02 9799 8835

FPA Healthline  
(information service)  
1300 65 88 86  
TTY (for deaf) 02 8752 4360

FPA Health website  
[www.fpahealth.org.au](http://www.fpahealth.org.au)

FPA Health Chatswood  
47 Hercules Street  
Chatswood NSW 2067  
Tel 02 9415 2700  
Fax 02 9411 4680

FPA Health Dubbo  
221 Darling Street  
Dubbo NSW 2830  
Tel 02 6885 1544  
Fax 02 6885 3677

FPA Health Hunter (Newcastle)  
15-19 Queen Street  
Cooks Hill NSW 2300  
Tel 02 4929 4485  
Fax 02 4926 2029

FPA Health Hurstville  
12 The Avenue  
Hurstville NSW 2220  
Tel 02 9570 7722  
Fax 02 9570 9884

FPA Health Multicultural Services  
356 The Horsley Drive  
Fairfield NSW 2165  
Tel 02 97541322  
Fax 02 9754 1676

FPA Health The Warehouse  
Youth Health Centre  
13 Reserve Street  
Penrith NSW 2750  
Tel 02 4721 8330  
Fax 02 4731 6787