Convenor’s Welcome

I wish all our members a happy and prosperous 2011.

AWHN held a successful AGM and planning day at Women’s Health Victoria on 29 November, 2010. We were very pleased to have Dr Deborah Loxton, Deputy Director of the Australian Women’s Longitudinal Study on Women’s Health as our guest speaker. Three committee members who had given long and valuable service to the organisation, Marilyn Beaumont, Vicki Lambert and Cheryl Baxter, resigned from the committee. We thank each of them sincerely for their contribution. We also lost Cathy Crawford, who had been with us for a shorter time, thank you, Cathy. We welcome onto the 2011 committee Lucy Cirroco, Women’s Health Statewide, Adelaide; Kathy Faulkner, Women’s Health Queensland Wide; and Val Dearman from the Women’s Information Service, Alice Springs.

At the planning meeting, key decisions were taken about the 7th AWHN National Women’s Health Conference, which will be held in New South Wales in either 2013 or 2014. Preliminary planning is already underway. Watch this newsletter!

As usual, it has been quiet over the holiday season – except… EXCEPT… for the launch of the new National Women’s Health Policy, on 29 December, 2010!

Fortunately, it attracted significant press attention, despite making its way into the world in the depths of the holidays. Our media release was quoted in several newspapers, including the front page of The Age, along with the views of former AWHN Convenor, Prof Helen Keleher, now President of the PHAA.

A piece of work of which we are proud is the one last year of the National Aboriginal and Torres Strait Islander Women’s Health Strategy, by the AWHN Aboriginal Women’s Talking Circle. However, we are disappointed with the low level of interest that politicians have displayed in the document, despite advocacy in the relevant quarters. We hope that, at a time when the Commonwealth is committed to ‘Closing the Gap’ between Aboriginal and non-Aboriginal health outcomes, the relevant ministers will give the Strategy the attention it deserves. International research shows clearly that improving women’s health results in improved health for whole communities.

For many months now, committee members have been working to update our website. You should soon be able to see the fruits of their labours at www.awhn.org.au

Gwen Gray
Message from Her Excellency Ms Quentin Bryce, AC
Governor-General of the Commonwealth of Australia

for the Australian Women’s Health Network newsletter

My warmest welcome to Network News and to 2011; a new and busy year for the Australian Women’s Health Network (AWHN) and the women’s sector.

The effects of natural disasters are felt across our nation. Many readers will have been personally impacted, and others will be involved in the enduring recovery efforts to bring relief and support to communities. Australians, facing such devastating events, have responded with amazing strength, compassion, generosity and determination; stories about heroic acts, both large and small, abound.

The care and support of families and individuals who are affected by natural disasters does not end with the event. Indeed their needs will further add to the demands on health provisions and, in particular, women’s services.

This year brings new challenges and opportunities for AWHN members. The release of the National Women’s Health Policy – an acknowledgement of the tireless work and outstanding achievements by your members – will create new avenues of work for you. The publication of the National Aboriginal and Torres Strait Islander Women’s Health Strategy - developed in consultation with Indigenous women from Australia’s states and territories – will open the way for further important collaborations.

I praise your ongoing and critical contribution to national outcomes for women together with your focus on advocacy as a means to improve women’s health. As your Patron, I am full of admiration for the commitment and passion your organisation emits. I offer you my congratulations for your achievements to date and best wishes for your efforts in the coming year.

Her Excellency Ms Quentin Bryce AC
Governor-General of the Commonwealth of Australia

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2/1/2011
Relationship violence, child abuse and divorce have increased in the wake of overseas disasters. In the US, a 2009 study showed a four-fold increase in intimate partner violence following Hurricane Katrina. The increase was driven by first-time occurrences of violence amongst displaced people. New Zealand police reported a fifty-three per cent increase in callouts to domestic violence incidents over the weekend of the Canterbury earthquake on 4 September 2010.

In Australia, there is no published research on relationship violence and disaster, yet Australians have a one in six estimated lifetime exposure to natural disaster.

It is hard to acknowledge relationship violence when a man may have acted heroically or is now struggling, perhaps with unemployment or suicidal thoughts. Relationship violence is a taboo subject. It’s always been hard for women to report, but this is taken to a new level after a disaster. We have heard that women are sacrificing their own needs ‘for the greater good’. ‘Other people’s needs are greater than mine.’ And of course, after a disaster, support services are stretched.

A leading US disaster researcher, Elaine Enarson, wrote that from Peru to Alaska, men cope through alcohol abuse and aggression. Another, Duke Austin, wrote of a kind of ‘hyper-masculinity’ that emerges from the stress and loss that can

References

As workers in communities planning for disasters or in disaster recovery, what can we do?

- Ask women if they feel safe. Support them to access appropriate services.
- Be aware that women are at increased risk of violence and male control over resources. Ensure caseworkers are aware of this and services are available.
- Engage women in the recovery and disaster planning process – not every woman needs to make sandwiches. Think leadership, non-traditional skills programs and decision-making. Resist stereotypes.
- Compensate women for their participation in planning and recovery and provide support for their participation, such as childcare and transport.
- Do not overburden them.
- Tap women’s knowledge about their community, identify sex-specific needs. Use existing women’s networks.
- Collect data and get the facts on women, men and children.

Women and Disaster continued…

lead to increased levels of violence.³
Community attitudes continue to excuse this violence. A 2006 VicHealth survey found that a large proportion of Australians believed ‘relationship violence can be excused if it results from temporary anger or results in genuine regret’.⁴ Such violence may even be seen as legitimate, and excused because this is ‘the way men behave’. After a disaster, all kinds of behaviour are excused as existing social structures and norms are put on hold while a community recovers.

Alongside this, demands on women - caring for children and the elderly, looking out for community members, volunteering and increased workloads - can be excessive and increase the stress on individuals, families and communities. Lack of services and difficulty in accessing services because of childcare and transport restraints can further endanger and isolate women.

Single women, lesbians, widows, single mothers and divorced women can be overlooked in the recovery process and become further isolated from mainstream services and support, including financial aid.

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We are very pleased that the new Policy is now a public document after three years of development and it is encouraging to see the endorsement of a social view of health, the prevention of chronic disease and other principles that we fully support. Nevertheless, we are extremely disappointed that no funding has been announced to expand women’s health services or even to allow existing centres to extend their activities and pay their staff a reasonable wage. Our views were set out in our media release reproduced below.

We plan to work with the Public Health Association of Australia, The Centre for Women’s Health, Gender and Society, Melbourne University, Children by Choice, and other organisations that wish to join with us to ensure that the principles set out are kept at the forefront of the health system reforms that are in train.

Gwen Gray

Australian Women’s Health Network Welcomes New National Women’s Health Policy ~ with Reservations

AWHN congratulates Health Minister Nicola Roxon and the Gillard Government on the Commonwealth’s recommitment to promoting the health of Australian women. The new National Women’s Health Policy is the first positive national statement on women’s health for 21 years.

“We are thrilled that the new policy is finally out”, said AWHN convenor, Dr Gwen Gray. “Our organisation has been working to achieve an update of the original, groundbreaking 1989 policy, the first of its kind in the world, since the 1990s. Unfortunately, the Commonwealth’s commitment to women’s health fell dramatically after the release of the first policy”, she said. But in preparation for the 2007 election, the Australian Labor Party made a commitment to renew the policy.

“The 2010 Policy has both strong and weak points”, Dr Gray said. “AWHN members are extremely pleased that it supports a social model of health, a position strongly endorsed by the women’s health movement since the 1970s”. “We are delighted that the policy takes into account the social determinants of health which affect women’s lives and their health so strongly and we are optimistic that a stronger focus on primary prevention and strong primary health care will henceforth emerge, as the current health reform process is guided by these objectives”. AWHN is well placed and ready to work with the Commonwealth to achieve these ends.

However, AWHN is disappointed that no funding has been announced to give effect to the aims of the policy or to support the women’s health services sector which has struggled for years to serve women in the face of seriously insufficient funding.

“Without a funded women’s health program to support service implementation, the new policy runs the risk of becoming a piece of paper promoting high sounding ideals” said Dr Gray.

“AWHN is extremely disappointed that the important role played by women’s health centres has been overlooked. Policy writers have not recognised the strong support for the sector that Australian women expressed in submissions and consultations for the policy”. Women’s health workers serve those most at risk of poor health outcomes and have developed major innovations in primary prevention programs and services. “It is a loss to Australian women and to preventive primary health care in general that the valuable models and experiences developed in the sector over the last 36 years are not being supported and further extended”.

Gwen Gray
National updates

The National Health Reforms

The Commonwealth announced a major health reform process in March 2010, a key part of which was to take over responsibility for funding all health primary care, with one or two exceptions. The advantage of having a single funder is thought to be that performance-based pay can be introduced, involving requirements to do things differently, especially in the area of prevention, as a condition of funding. So far, it is not clear where women’s health services will fit in the new system.

However, Medicare Locals are to be set up across the country, along with a network of GP super clinics and these will have a strong bearing on what happens in primary health care delivery. AWHN and consumer health groups take the view that the governing bodies of Medicare Locals should be broadly representative of the community and the responsibilities of Medicare Locals must be broad enough to encompass a comprehensive primary health care approach.

The Queensland government announced in December that it will create seventeen separate and autonomous health networks across the State. Each will have a hospital network and primary care network. NSW has taken similar steps and has formed eighteen regions. However, not all States have agreed to proceed. WA has never agreed with the proposals. Victoria’s new Liberal government is reviewing its participation in the COAG endorsed reforms and the New South Wales opposition leader has said he will not support the reforms if he is elected in March. We will know more about the stance of the states after the next COAG meeting in mid February.

Sixteen Medicare Locals are due to be in operation by 1 July but there is a disturbing lack of clarity about these and Local Hospital Networks. How will they be governed and what will their roles and responsibilities be?

Gwen Gray

The Equal Pay Test Case

A test case on equal pay for women has been mounted by a group of unions, led by the Australian Services Union. On 11 March 2010, the unions lodged an application for an Equal Remuneration order with Fair Work Australia, the national workplace relations tribunal. The unions want legal precedents from previous New South Wales and Queensland equal pay cases to be the basis of the tribunal’s decision. It will be argued that the social and community services sector is undervalued because it is dominated by women. The case, being heard by a Full Bench of the Tribunal, has significant implications for women working in women’s health services.

Gwen Gray
This Alliance continues to raise the profile of climate and health issues. The Climate and Health Alliance (CAHA), formed in August 2010, will continue its advocacy for policy action to reduce the risks to public health from climate change in 2011, with a strong emphasis on Alliance policy development to support CAHA’s positions.

CAHA has attracted the membership of a significant number of major health care stakeholders, boasting a membership that includes Australian Hospitals and Healthcare Association, Public Health Association of Australia, Australian Nursing Federation, and Australian Psychological Society to name a few. The Australian Women’s Health Network is a founding member. All members support the CAHA position that further global warming poses grave risks to human health and biodiversity and, left unchecked, threatens the future of human civilisation. The Alliance also recognises policies to reduce greenhouse gas emissions have the potential to bring important public health benefits.

In joining the Alliance, members acknowledge that health stakeholders have a particular responsibility to the community in advocating for public policy that will promote and protect human health, and commit to doing so through CAHA.

CAHA’s advocacy to date has included calls for:
- The Australian Government to include consideration of the economic benefits arising from avoided ill health in the terms of reference for the Productivity Commission study into climate policy economics;
- A price on carbon that reflects the climate and health costs associated with greenhouse gas emissions;
- A national commitment to a comprehensive suite of policies and strategies that will achieve strong emissions reductions to reduce current and future negative health impacts;
- The Australian Parliament to set emissions reduction targets that are consistent with science of climate change and to establish mechanisms that will achieve them in order to protect human health;
- Action to improve the level of literacy on the science of climate change in the Australian community;
- A national plan that outlines how Australia will approach its share of the global responsibility to reduce emissions; and
- A national taskforce on climate and health developing the above plan.

The Climate and Health Alliance was founded and is convened by Fiona Armstrong, former Chair of the Australian Health Care Reform Alliance. It currently operates on the basis of in-kind support and pro bono contributions of members and delegates.

To donate, volunteer or find out more information, please see the new CAHA website at: www.caha.org.au

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The Equality Rights Alliance ~ ERA

The Equality Rights Alliance now has fifty-three member organisations. It is currently managed by a steering group, with the support of a secretariat team of three. The present nominated steering group meets regularly by teleconference and is preparing to hold elections for the 2011-12 steering group. ERA has a Young Women’s Advisory Group, which includes Kate Marsh from Children by Choice, with whom AWHN has often worked on sexual and reproductive health issues.

ERA is planning two face-to-face meetings in 2011, one a general member meeting and the other a planning day for projects and the work plan. There are currently five projects: Closing the Wealth Gap, which documents women’s experiences of income management in the Northern Territory, stronger laws for women’s equality, stronger policies and programs for women’s health, which is about to launch a survey, Housing Policy That Addresses the Needs of Women, and gender aware policy analysis and advocacy for stronger, resourced gender machinery. The organisation’s new website has just been launched and can be found at: www.equalityrightsalliance.org.au

Gwen Gray
To celebrate the centenary of International Women’s Day, the Australian Women Against Violence Alliance (AWAVA) will create a timeline of significant events and achievements affecting Australian women. The timeline will include major political, education, legal and social milestones, and demonstrate that despite improvements in gender equality over the past 100 years, women still experience violence at intolerable levels. AWAVA will produce print and web-based resources for use in upper primary and secondary schools and by community organisations. We will also use social media and local events to spread the message that all forms of violence against women are unacceptable and must stop.

If you would like to assist us with our project please contact the working group by emailing AWAVA.

AWAVA is currently developing further resources to support the submission in relation to the proposed amendments for the Family Law Act.

For more information about AWAVA please go to: www.awava.org.au

Celia Karpfen

AWAVA is one of six federally funded national women’s alliances and it was initiated by several women’s organisations coming together with Women’s Emergency Services Network (WESNET) offering to act as contract manager.

AWAVA’s key area of focus is combating all forms violence against women, to ‘ensure that all women and children are able to live free from all forms of violence and abuse’. The Alliance recognises that gender violence is both a consequence and cause of gender inequity in all sectors of society and so it must be addressed by promoting women’s empowerment.

The last few months have been spent forming the organisational structure for AWAVA, including the establishment of an advisory group that consists of Australian Women Educators, the Australian Council for Women and Policing, AWHN, National Immigrant and Refugee Women’s Alliance (NIRWA), WESNET, National Association of Services Against Sexual Violence, Women with Disabilities Australia, Women’s Legal Services of Australia together with a founding member and state based domestic violence services networks and an inaugural planning session.

AWAVA has also been responding to the Federal Government’s Draft Family Violence Bill, together with Women’s Legal Services Australia, as well as developing resources in advance of International Women’s Day, with a focus on creating a timeline of significant events affecting Australian women.

Please check the website for the IWD resources and they may be of use for how ever you and your service or group celebrates IWD.

7th Australian Women’s Health Conference

The NSW Women’s Health Sector is delighted to be the appointed host for the 7th Australian Women’s Health Conference.

We recognise the value of this conference to strengthen statewide partnerships and knowledge on women’s health research, public policy and service provision all for the benefit of improving the health status of women. We will aim for 2013/14 depending on venue availability and look forward to seeing you there.

Denele Crozier
The Australian Longitudinal Study on Women’s Health (ALSWH, also known as Women’s Health Australia), now in its sixteenth year, is a longitudinal cohort study of the health and wellbeing of Australian women. It is a national research resource that provides an evidence base for policy development to the Australian Government. The findings are used to inform the development and evaluation of policy and practice in many areas of women’s health and health service delivery. The ALSWH is conducted at the Universities of Newcastle and Queensland, and is funded by the Australian Government Department of Health and Ageing.

Over 40,000 women were randomly sampled from the Medicare database in three cohorts aged 18-23, 45-50 and 70-75 in 1996, when the study first collected data. Participants are mailed surveys every three years, and data are also linked with Medicare and Pharmaceutical Benefits Scheme data. Women from rural and remote areas were over-sampled to allow adequate statistical power for comparisons of the circumstances and health of city and country women, an important issue for Australia now and in the future.

The ALSWH is the largest study of health issues in rural and remote parts of Australia.

In December 2010, the Australian Government released the new National Women’s Health Policy, the first revision since 1989. This was the result of an extensive process including public consultations and formal submissions. The ALSWH provided a crucial evidence base to the new policy.

The ALSWH has both a national and international reputation as a valuable information resource about the health and life experiences of Australian women. Over 250 collaborators and more than 40 students have analysed and published ALSWH data, with 250 papers and book chapters published since 1996. The research team has also published two books; the first, in 2001, is a summary of the findings to date, and the second, in 2008, details the practical lessons learnt in establishing and developing a longitudinal study.

The longitudinal design of the ALSWH allows the research team to track women’s health across the life course from late adolescence, through the childrearing years, to mid-life and menopause and older adult life. We began tracking the 1973-78 cohort when they were in the early stages of transition from late adolescence to full adulthood, and over time most are moving into the workforce, entering adult relationships, and becoming mothers. The 1946-51 cohort was selected to examine menopausal transitions and the social and personal changes of middle age. The 1921-26 cohort were selected in their early 70s, to recruit older women who are generally still active, involved members of the community. These women are being tracked to obtain information on predictors of continuing well-being and independence in older adult life. Each of the cohorts has completed a minimum of five surveys, with a sixth to be sent to the 1921-26 cohort in March of this year.
UN Women officially began its work on January 1, 2011. This ambitious new organisation consolidates and scales up UN actions to achieve gender equality, hoping to accelerate progress in realising the rights of women worldwide.

Formally known as UNIFEM, UN Women emerged from agreement by UN Member States — backed by strong advocacy from the global women’s movement — that more must be done so women can claim equal rights and opportunities.

UN Women was created by a UN General Assembly resolution in July 2010, merging and building on four parts of the UN system:

- Division for the Advancement of Women
- International Research and Training Institute for the Advancement of Women
- Office of the Special Adviser on Gender Issues and Advancement of Women
- United Nations Development Fund for Women

UN Women intends to work with UN Member States to agree on international standards for gender equality, and help countries implement those standards. It will also assist other UN agencies engaged with a broad spectrum of development issues to integrate gender equality priorities in their activities and work closely with civil society partners in carrying out its programs.

Many countries have made significant progress in advancing women’s standing, but gender discrimination remains deeply entrenched in every society. Women continue to suffer extreme forms of violence, and are locked out of many economic opportunities. Only low numbers participate in politics.

The United Nations has consistently supported progress in addressing these shortfalls but has faced hindrances including inadequate funding. A minimum of US$500 million has been set as the annual operating budget for UN Women.

International Women’s Day, celebrated on March 8th, is a global day to commemorate the economic, political and social achievements in the past, present and future. It is a day when women are recognised for their achievements, regardless of divisions, whether national, ethnic, cultural or religious. It is an occasion for looking back on past struggles and accomplishments, and more importantly, for looking ahead to the untapped potential and opportunities that await future generations of women.

As we mark the 100th Anniversary of International Women’s Day, UN Women Australia, the newly created United Nations Gender Entity for Gender Equality and the Empowerment of Women, will be focusing on the issue of women’s political participation and leadership, which is central to ensuring gender equality and the empowerment of women is realised throughout the world.

Currently, women make up approximately 19% of representatives in National Parliaments around the world. In Australia, although we now have a female Prime Minister and Governor General, we have seen the number of women in Federal Parliament decrease following the 2010 Federal Election, with women currently making up 28.3% of Federal Parliamentarians.

The figures are even more startling when addressing the number of women represented in the corporate sector, with the Equal Opportunity in the Workplace Authority’s 2010 Census demonstrating that women only made up 2.5% of Board Chairs and 8.4% of Board Directors in the ASX Top 200 Companies.

To ensure that gender equality and the empowerment of women is fully realised, including in areas that are health related, it is imperative that we encourage and support more women to enter leadership roles within our community. It has been demonstrated time and time again that having more women in leadership positions assists in addressing the inequalities that still remain between men and women.

This International Women’s Day, we encourage you to help UN Women Australia ensure that women around the world are given the opportunity to enter leadership positions within their communities.

More information can be found at the following websites:

www.unwomen.org.au

JO McINTOSH
Communications and Community Outreach Manager
UN Women Australia
Celebrate 100 years of International Women’s Day!

International Women’s Day celebrates the economic, political and social achievements of women past, present and future. It’s a global day that honours the work of the Suffragettes, celebrates women’s success, but also reminds us of the inequities that still need to be redressed.

IWD also provides us all with an opportunity to develop networks and facilitate partnerships between individuals, organisations and the broader community. This Centenary of IWD is being celebrated with numerous events throughout Western Australia.

A special UNIFEM Centenary of International Women’s Day Breakfast will see the official transition in WA of UNIFEM to its new name of ‘UN Women’.

It is also anticipated that Women’s Health Services, WA’s first community women’s health centre, will be opening its very impressive new premises in Northbridge. This has been years of work and negotiation and will coincide with the launch of a “10 Point Plan of Action for Women’s Health, 2011-2015” which will be the first of its kind in Western Australia.

From lectures, breakfasts and garden parties, information pertaining to IWD celebrations can be accessed via numerous websites including UNIFEM, and the Department for Communities.

Strategic Plans

In 2010, the Department of Health, released Western Australia’s Strategic Intent for 2010–2015.

It sets out four pillars, which capture the core elements of the Department’s business, and focuses activities for the next five years on:

- Caring for individuals and the community
- Caring for those who need it most
- Making best use of funds and resources
- Supporting the health team.

This Strategy focuses on people who are at most risk, acknowledging diversity by caring for individuals and identifying the use of resources in a way that can maximise health outcomes.

The Women and Newborn Health Service (WNHS) “Strategic Intent 2010-2013” sits under the Department of Health plan and has five key strategic areas:

- Leadership
- Education and Research
- Indigenous Health
- Safe, High Quality, Evidence Based Care
- Efficient Clinical Facilities and Resources

Currently the women’s health sector, government and non-government stakeholders are working together with the Department of Health, Women’s Health Policy and Projects Unit to develop the Western Australian Women’s Health Strategy, which is an identified achievement under “Leadership” of the Strategic Intent.

The aim of the Strategy will be to improve the health and wellbeing of Western Australian women, particularly those women who are at most risk.

The strategy will promote substantive equality and social inclusion by focusing on priority areas and particular high-risk groups of women that need targeted action. It is anticipated that The Strategy will be implemented through annual planning, monitoring, review and reporting cycle and it will be based on the principles of collaboration, partner commitment and continuous improvement. The Strategy is in its final stages of being reviewed and consultations will take place.
The Women’s Health Strategy Unit (WHSU) has been undertaking a range of policy and strategy planning meetings with key stakeholders. This is part of an ongoing process of defining the scope of policy work in the context:

i) the new National Women’s Health Policy;

ii) the restructure of the previous Department of Health and Families into two separate departments namely the Department of Health and the newly formed Department of Children and Families;

iii) the establishment of a Men’s Health Strategy Unit to sit alongside the WHSU in the Health Development Branch in the Department of Health. This new Manager of the Unit commences at the end of February 2011 and joins the Aboriginal Male Health Advisor; and

iv) the impending development of national action plans as part of the new National Plan to Reduce Violence Against Women and Children.

The WHSU worked with the Aboriginal Male Health advisor on a submission for funding in the Northern Territory for a Strong Father’s Program to run in two remote Aboriginal communities. It is envisaged that these positions would work closely with the existing Strong Women’s Program in the Top End and Central Australia.

The WHSU is also convening a new Strategic Working Group in the Health Services Division of the Department of Health (incorporating Mental Health, Remote Health, Community Health, Aged and Disability, Health Policy and Health Development) to look at policy and practice in implementing Domestic and Family Violence, Sexual Assault and Child Abuse reporting policies and guidelines.

Women’s Information Service (Wise)

Wise has a range of new and ongoing projects and is refocusing some work to be more closely aligned with health of women staff in the Department of Health and Department of Children and Families in Central Australia.

This includes:

- Working with Office of Women’s Policy (OWP) on activities for International Women’s Day;
- Supporting and facilitating the incorporation of a local group of Aboriginal women who are establishing their own Strong Women’s group in Central Australia;
- Examining ways to set up regular communication between NT health of women staff.

Any queries about Women’s Health Policy and or services can be directed to the WHSU Manager Megan Howitt on (08) 8985 8018 or the Wise Coordinator Val Dearman on (08) 8951 5174 or 1800 508 051.
Women’s Health Action Plan

Initiatives of the SA Women’s Health Action Plan have continued to be implemented since the last update.

In particular:

- Staff, executives and managers have been provided training in promoting gender analysis and on use of gender analysis tools.
- Gender has been included as a determinant of mental health in SA Mental Health Policy published in 2010.
- Minister Hill has announced that a statewide plan will be developed to improve eating disorder services in SA including models that will be more sensitive to the needs of young women.
- Best Practice Standards for termination of pregnancy services in SA and implementation plan being finalised by the Maternal and Neonatal Clinical Network.
- An Aboriginal Family Birthing Program has been implemented in Metropolitan Adelaide with Aboriginal Maternal and Infant Care trainees recruited in all regions. A similar program is being implemented in rural SA.
- Family Safety Meetings are now being held in six regions throughout South Australia on an ongoing basis.


Domestic Violence – Sector Reform

SA has recently undergone some significant changes to the way it funds and operates domestic violence services.

Some aspects of this reform include:

- From the 1 December 2010 there will be a DV Statewide Gateway for domestic violence, including women from culturally and linguistically diverse (CALD) and Aboriginal backgrounds. The new service model concentrates on working with mainstream DV services to provide culturally appropriate services to women.
- The new DV Gateway will replace the DV Helpline 1800 800 198.
- There will also be a generic homelessness gateway service (Homelessness Assessment and Referral Team – HART) operated via Families SA Crisis Response Unit and a homelessness Gateway service for Youth operated by Service to Youth Council.
- DVCS number 1300 782 200 will continue with additional resources and responsibilities.
- The Australian Government has funded 1800Respect as part of the National Plan and discussions are occurring about how this national 24/7 service will link in with the SA DV Gateway.

Domestic Violence – Coroners Position

The South Australian Government is working to ensure that future domestic violence related deaths are prevented. $411,000 is being invested over four years to fund a dedicated research officer in the Coroner’s Office. This position will research and investigate open and closed deaths related to domestic violence and will work as part of the Coroner’s Office team.
Hello to everyone from a very interrupted and in places devastated Queensland. As I write this, North Queensland has just been battered by Cyclone Yasi and though I spoke to the two services in Townsville just before it hit, I have not been able to speak to either Maree Hawken or Cathy Crawford since then. They were well prepared and know that our thoughts are with them at this time.

As women’s services we are now supporting our staff, clients and/or communities who have been directly affected by the floods and cyclone and we are preparing for an increase in demand on our services. Children by Choice, within days of the floods, received their first call from a woman who was rethinking her pregnancy options as a result of the flood. Accommodation, emotional support and basic food and clothing will be in high demand in the coming months as everyone comes to grips with these natural disasters. As we know, the responsibility to meet these needs will often fall to women.

What has been overwhelming has been the offers of support from many people throughout Australia. A number of services called and emailed offering support. We appreciate this and thank you for these kind offers. It is comforting to know that others are thinking of you at a time like this and able to offer a hand if required.

In the way of ‘normal’ business, by the end of 2010, we had all received our Service Agreements from Queensland Health with funding until 30 June 2012. Included within this Agreement was a new reporting template that has been added to our current reporting requirements. We had originally understood that this would be a partial replacement of, and not an addition to the reporting we already undertake. We have vigorously argued with Queensland Health to have some of the reporting minimised.

The new Project Plan is asking us to report on priority groups of women, taken from the National Women’s Health Policy. Unfortunately, it was developed before the Policy was released and now there is a slight discrepancy between the groups identified in the Policy and the groups Queensland Health is asking us to report against. We have been informed that we are to continue to use the Queensland Health identified groups.

A number of services are also grappling with the implementation of the wage increases that the sector was awarded in 2009. This potentially impacts on our service delivery capacity.

The Women’s Health Services Alliance (Queensland) is meeting in Brisbane at the end of February and we look forward to not only discussing the major issues reported above but also being able to support one another face-to-face.

Kathy Faulkner
Women’s Health Queensland Wide

7th Australian Women’s Health Conference

Preparation has commenced for the 7th Australian Women’s Health Conference in Sydney. The next Women’s Health Statewide Meeting with NSW Health is being held on 17 February 2011. A proposal for a formal statewide committee will be tabled. Venue availability will determine whether the event will be in 2013 or 2014, and EOI’s from Conference Planners at the end of February.

National Health Reform Restructure

The Primary Health and Community Partnerships Branch at NSW Health will undergo a restructure as part of the National Health Reform. The Branch will maintain its previous functions including portfolio responsibilities for women’s health and sexual assault services. The implementation of Medicare Locals will take place on 1st July 2011. The boundaries of Medicare Locals are similar to those of the Local Health Networks.
Change of State Government

With a change of government for the first time in over a decade, the Women’s Health Services sector in Victoria is focusing firmly on continuing to have a strong and positive relationship with the government of the day to support positive outcomes for women.

Over the last ten to fifteen years the Victorian Women’s Health sector has built and maintained productive relationships with MPs and bureaucrats through the development of strong, evidence based, and collaborative relationships that have led to visible outcomes for Victorian women. The Development of the Vic Health report on the real costs of Family Violence in the state, the complex but always respectful achievements around Abortion Law Reform, the DHS Gender and Diversity tool and the development of the State Plan to Prevent Violence Against Women (there are many others!) are all examples of the Women’s Health Services working positively with Government and other key partners to influence the environment around policy for women (and the community more broadly).

In recent months members of the Victorian Women’s Health Association (WHAV) have sought meetings with:
- David Davis, Leader of the Liberal Party, Minister for Health, Minister for Ageing
- Mary Wooldridge, Minister for Mental Health, Women’s Affairs and Community Services
- Dr Chris Brook, Executive Director, Rural & Regional Health & Aged Care Services, DHS

A key focus of our discussions has revolved around women’s health services and the national health reforms and our desire to remain within the state structure. With a COAG meeting in February 2011, these are important short term discussions.

Into the future, we will continue to work as a strong unified sector in order to support and influence our friends in government for evidence based, long term and positive decisions for women.

A snapshot of good work from: Women’s Health Loddon Mallee

Sexuality & relationships education in schools

Women’s Health Loddon Mallee has been supporting some primary schools to cover sex education and areas of personal safety and relationship skills for some time.

In addition to providing these programs they are developing strategies that enable the school system to have the confidence and resources to do this themselves. A ‘Health Promoting Schools’ model enables schools to embed this information and learning into the whole school environment.

Advocacy

The Australian Women and Health Conference (May 2010) identified the lack of equity as still the greatest issue for women’s health. Women’s Health Loddon Mallee is creating a resource that will enable organisations to assess how well they address equity. The model being used is that of quality assurance which will make it possible for organisations to build equity into their regular quality improvement processes. Workshops and a Quality Standards Resource will be produced and offered to organisations in the region. A pilot is booked with St Luke’s Anglicare, which will take place in February 2011.
Tasmanian Women’s Health Summit 2011

Planning is underway for the Tasmanian Women’s Health Summit following up on AWHN’s 6th Australian Women’s Health Conference held in Hobart last year. The summit will be at the halfway point between national conferences with the 7th AWHN Australian Women’s Health Conference to be held in Sydney in 2013. It will provide an opportunity for women’s health workers to discuss the National Women’s Health Policy, review key outcomes from the Conference within this context and develop future action in the region. Tasmanian members of AWHN are invited to participate in the development of this event by contacting Marion Hale at: marion.hale@dhhs.tas.gov.au

Tasmania’s First Female Premier

Lara Giddings was unanimously elected as the first female premier in Tasmania on Monday 24 January.

Ms Giddings was elected unopposed by the state’s parliamentary Labor Party to replace David Bartlett who resigned as leader.

She said she welcomed the challenge of being premier of Tasmania and that it would be an honour to be the state’s first female premier.

Ms Giddings has formerly held the deputy premier and treasurer posts, and was the youngest woman elected to an Australian parliament in 1996.

Are You Ok With That? IWD 100th Anniversary Postcard Campaign

The Tasmanian Women’s Health Program in partnership with the Women’s Legal Service, Unions Tasmania, Yemaya Women’s Support Service and TasCOSS are running a public campaign using postcards that highlight inequities for Women in Australia.

The key messages will address sexual assault, family violence, pay inequities and global inequities for women. We will launch this campaign at Parliament house on the 8th of March at 1.30 pm. Any Tasmanian AWHN member would be very welcome to help us celebrate this huge milestone.

Women DO 70% of the world’s work. YET RECEIVE 10% of the world’s income. & own JUST 1% of the means of production. Are you OK with that?
Upcoming Events

Conferences, consultations, seminars, training etc

The Australian Family Friendly Workplace Seminar 2011

*Workplace Training Advisory Australia*

7 & 8 March 2011  Etihad Stadium, Melbourne, Victoria

“Increasingly, major organisations are directly attributing bottom-line performance to employee satisfaction, health and wellbeing. Indeed the importance of being seen as a committed, supportive and flexible employer is now an integral part of many recruitment strategies.

“In March 2011 senior representatives from business, government and academia will assemble in Melbourne to provide expert advice and facilitate informative discussion on cutting edge employee friendly strategy.”


Technology Safety Training

*The Women’s Services Network (WESNET)*

Two Day General Training

Thurs 10 & Friday 11 March 2011  Jasper Hotel, 489 Elizabeth Street, Melbourne, Victoria

Thurs 17 & Friday 18 March 2011  The Foundry, 366 High Street, Bendigo, Victoria

Thurs 24 & Friday 25 March 2011  Venue to be announced, Warrnambool, Victoria

Mon 28 & Tues 29 March 2011  Hobart, Tasmania venue to be announced

One Day Specialised Training

Mon 21 March 2011  Jasper Hotel, 489 Elizabeth Street, Melbourne

Please note attending the first two days is a mandatory requisite to attending this third day of training.

The Women’s Services Network (WESNET) is pleased to present Technology Safety Training to interested members and others working with and supporting survivors and victims of abuse and violence. This training will focus on how technology impacts survivors of domestic and family violence, stalking, sexual violence, dating violence and abuse.


Rural and Remote Australia: the heart of a healthy nation

*11th National Rural Health Conference*

13-16 March 2011  Perth Convention Centre, Perth, Western Australia

“It’s a critical time for the rural and remote health sector, with changes resulting from the major health reviews of the past few years. What will they mean for people in rural, regional and remote areas?

“This will be the background for discussions at the 11th National Rural Health Conference – on issues such as the social and economic determinants, chronic disease, women’s health, sustainable communities, workforce retention, and the rural and remote health research agenda. As ever, this biennial event will also be a wonderful opportunity for heart-to-heart encounters with your peers from other parts of the country and we encourage you to attend and get involved.”


Caring For Older Australians Draft report

This draft report was released on 21 January 2011. You are invited to examine this report and make written submissions to the Productivity Commission by Monday 21 March 2011.

[Draft report - Caring for Older Australians - Productivity Commission](http://www.ppc.gov.au/)

March 2011
Health Promotion and Determinants of Health: Strengthening Action

20th National Australian Health Promotion Association Conference

10-13 April 2011 Cairns Convention Centre, Cairns Queensland

The focus of the conference will be on the determinants of health, with a strong emphasis on the social determinants of health along with solutions to strengthen action to address them.


Strengths-based approach to Indigenous mental health course

Menzies School of Research

18 - 20 May 2011 Menzies Seminar Room, Royal Darwin Hospital Campus, Darwin


Violence Against Women: Complex Realities and New Issues in a Changing World

2nd International Conference on Violence Against Women

29 May to 1 June 2011 Delta Centre-Ville Hotel, Montreal, Quebec, Canada

Presented by CRI-VIFF (the Interdisciplinary Research Center on Family Violence and Violence Against Women) and its Women, Violence and Vulnerable Situations research team will bring together researchers, practitioners, political decision makers, and students from around the world to share knowledge and practices and debate current issues in the field.

www.criviff.qc.ca/cms/index.php?lang=en&accueil=1

Securing a Healthier Future in a Changing World

Annual Global Health Conference

13-17 June 2011 Omni Shoreham Hotel, Washington D.C. USA

www.globalhealth.org/conference_2011/

LOCAL? GLOBAL? Health Professional Education for Social Accountability

Australian and New Zealand Association for Health Professional Educators (formerly ANZAME)

27 June – 1 July 2011 Alice Springs Convention Centre, Alice Springs, Northern Territory

“Socially accountable health professional education is focused on teaching, research and community engagement activities that produce health professionals with sound values, knowledge and skills to work in underserved communities. Effective, socially accountable health professional education programs are a result of strong community-based partnerships that directly influence the curriculum design, delivery and evaluation.”

“This conference provides a forum for robust debate and discussion regarding socially accountable health professional education. Amidst the inspiring landscape of central Australia this is an opportunity for communities, health professionals and educators to showcase innovative approaches that address the priority health needs of our communities.”

AWHN National Committee

The following National Committee members were elected at the AWHN AGM, held 29 November, 2010.

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<th>Executive</th>
<th>State &amp; Territory Representatives</th>
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<tr>
<td>Convenor: Dr Gwen Gray (ACT)</td>
<td>ACT - Dorothy Broom</td>
<td>QLD - Maree Hawken</td>
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<td>Deputy Convenor: Marion Hale (TAS)</td>
<td>ACT - Jilpia Jones</td>
<td>SA - Celia Karpfen</td>
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<td>Secretary: Denele Crozier (NSW)</td>
<td>NSW - Annie Flint</td>
<td>SA - Lucy Cirocco</td>
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<td>Treasurer: Susie Reid (VIC)</td>
<td>NT- Val Dearman</td>
<td>TAS - Kelly Banister</td>
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<td>NT - Megan Howitt</td>
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<td>QLD - Kathy Faulkner</td>
<td>WA - Mandy Stringer</td>
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Contact Details

If you wish to contact a specific committee member, please include their name in the subject line and address enquiries to:
awhn@whv.org.au

For all newsletter enquiries contact Kelly at:

Membership

The work of AWHN relies on its membership fees so please ensure your membership is current and encourage others working in the area of women’s health to join us.

To renew or join go to: AWHN Membership Form