

Networknews

A Newsletter from the Australian Women's Health Network



MAY 2010

AUSTRALIAN WOMEN'S HEALTH NETWORK

Online Women's Health News Bulletin May 2010

www.awhn.org.au

Dear Members

The AWHN Network News will be sent to all members three times a year (February, May and December). The AWHN Committee values your input and invites submissions for consideration. Contact details for submissions are provided at the conclusion of this newsletter.

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AWHN CONVENOR'S REPORT, December, 2009.



PO Box 1160, Melbourne, Victoria, 3001

AWHN CONVENOR'S REPORT, April 2010.

This is a quick update on our activities in the final weeks of Conference preparation. The same three projects continue to occupy most of our time: the Conference, lobbying around the new National Women's Health Policy (NWHP) and managing the AWHN Aboriginal Women's Talking Circle Project.

The New National Women's Health Policy

The consultation and submission processes for the NWHP were completed in 2009. Our understanding is that the policy is being written in the first half of 2010. We have not been able to find out anything about when the policy will be launched. At the beginning of the consultation process, we were told that it would be released in the middle of 2010. Later, we were told we could expect it earlier than that. The Committee thought it would be a great idea if the new policy could be launched at the Conference by the Minister for Health, Nicola Roxon. We invited her to open the Conference and launch the policy but she declined. It remains to be seen what the policy holds.

Lobbying on Behalf of the AWHN Submission.

In the meantime, it would be great if members could lobby in support of the AWHN submission. The committee has written a submission summary so that it can be more easily used for lobbying. I attach it at the end of this report. The people to write to are of course the Prime Minister, who is launching most of the health policy changes at the moment, and Health Minister Roxon. It would also be useful if people could write to Premiers and State and Territory Health Ministers.

The Sixth National Women's Health Conference

A separate report appears below from conference Convenor, Kelly Banister. From AWHN's point of view, things are shaping up very well, apart from considerably less Commonwealth support than we expected. Our membership continues to grow as people register for the Conference and join AWHN at the same time.

The New National Women's Alliances.

Six publicly funded national women's alliances were announced by Minister Plibersek in March. Three were existing alliances, some of which have reshaped themselves a

little, and three are new. AWHN congratulates all the successful groups and, in particular, we are delighted to see a National Aboriginal and Torres Strait Islander Women's Alliance. At AWHN's 1995 Conference, at which there were approximately 160 Aboriginal women, a resolution was passed to set up an Aboriginal women's national organisation. AWHN has supported that resolution wherever it can and is delighted that after 15 years, action has finally been taken!

AWHN is a member of ERA, which has made the development of policy papers for the 2010 Commonwealth election a high priority. The papers will be useful lobbying tools and are being developed through collaborative process. When they are complete, we will give you details of where to find them. There are papers on women's health, violence, eating disorders and childbirth alternatives, as well as numerous papers on economic security, parental leave and the like.

Existing alliances are

Economic Security for Women

Economic Security for Women, representing 10 national organisations and a range of State and Territory based member organisations. Its goals are to improve women's economic independence, lifelong economic wellbeing and financial security.

Its website address is Security4Women. You can contact Sharen Page coordinator@security4women.com

Equality Rights Alliance (formerly Womenspeak)

Equality Rights Alliance (ERA) has a strong national focus, broad membership and demonstrated experience operating as an Alliance. You can e-mail ERA at ERA@fahcsia.gov.au. Its new website is not yet established.

National Rural Women's Coalition and Network

The National Rural Women's Coalition and Network focuses on issues relevant to women from rural, remote and regional areas. NRWC was formed in 2003 and has been funded as an Alliance since that time. You can find out more about NRWC at [National Rural Women's Coalition](http://National_Rural_Women's_Coalition). You can contact Sandra Stoddart stoddarts4@bigpond.com

The three completely new alliances are

National Aboriginal and Torres Strait Islander Women's Alliance

The Alliance, made up of Aboriginal women and their organisations from across the country, will enable Aboriginal and Torres Strait Islander women to share information, identify issues from their own communities and raise concerns, in their own words, with their own solutions. If you are interested in finding out more about NATSIWA or have an interest in joining the Alliance please email NATSIWA@fahcsia.gov.au. You can also contact Sandy Miller at sandratamarr@yahoo.com.au

Women Everywhere Advocating Violence Elimination (WEAVE)

WEAVE's key area of focus is combatting violence against women in order to 'ensure that all women and children are able to live free from all forms of violence and abuse'. WEAVE 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. You can email WEAVE at WEAVE@fahcsia.gov.au. Website coming.

Australian Immigrant and Refugee Women's Alliance

Last, but certainly not least, we have a new immigrant and refugee women's Alliance, which follows on from Anesbwa which, unfortunately, was defunded by the Howard government. The Alliance will advocate on behalf of culturally and linguistically diverse women. If you are interested in finding out more about AIRWA or have an interest in joining the Alliance please email AIRWA@fahcsia.gov.au. You can also contact Vivi Germanos-Koutsounadis vivi.k@eccfcsc.org

AWHN Administrative Arrangements

The new administrative arrangements, commenced in 2008, whereby AWHN contracts with Women's Health Victoria to keep our membership and contact lists updated and to manage our finances, are working very well.

Website

For new members, you will find a lot of information on our website. AWHN's full submission to the NWHP is there along with a number of submissions from other groups. You will also find our most recent newsletters. The website is kept up to date by Patty Kinnersly and her very capable offsider, Nikki Greenway. We know that the website itself is a little out of date -- we are just waiting to reassess our financial position before we decide whether to give it a major facelift!

We look forward to seeing all our old friends at the Sixth National Women's Health Conference and we are highly excited about meeting our many new members!

Gwen Gray
Convenor
18 April 2010

AWHN SUBMISSION TO NWHP: SUMMARY

THE NEW NATIONAL WOMEN'S HEALTH POLICY (NWHP) AND THE EXPANSION OF PREVENTIVE HEALTH SERVICES.

The Australian Women's Health Network (AWHN) endorses the social view of health adopted in the Commonwealth's consultation paper, *Development of a New National Women's Health Policy*. AWHN emphasises the importance of a social determinants framework, which includes gendered analysis. A social determinants approach is crucial because it identifies inequalities between groups of women who are in different social and economic positions (and between groups of men and children in different positions). That is, although Australia's *average* life expectancy, morbidity and infant mortality figures are good by international standards, there are groups of women, men and children, particularly Aboriginal people and people on low incomes, whose health outcomes are shamefully poor.

A large proportion of Australia's poor health outcomes are avoidable, as the recent report of the National Preventive Health Task Force points out. Avoidable ill-health results in unnecessary suffering, unnecessary service use, unnecessary hospitalisation and unnecessary expense for individuals, taxpayers and governments.

International research shows clearly that countries with strong primary *health* care (contrasted with primary *medical* care) have much better health outcomes. AWHN strongly supports the recommendations of the National Preventive Health Task Force in stressing the importance of strengthening Australia's primary health care system and expanding preventive and outreach services, to complement the treatment services provided by hospitals and doctors. AWHN agrees with the Taskforce that "action is urgent and long overdue" (p6). We also recommend, with the Taskforce, that the relevant allied health workforce be expanded. Strengthening primary health care and expanding preventive services has also been recommended by the National Health and Hospitals Reform Commission and the National Primary Health Care Strategy.

Primary health care, including primary prevention and community development, is best delivered by teams of health workers, including a range of allied health professionals, as well as primary care trained doctors and nurses. Community development projects, which inform, involve and empower citizens, particularly women, are strongly preventative. They are an excellent mechanism through which

health literacy can be increased, a topical concern raised by the Health and Hospitals Reform Commission. Studies have found that 60 per cent of Australians lack basic health literacy, essential if people are to be responsive to health education. Health literacy is also an important factor in whether people use preventive services and in whether they are able to successfully manage chronic diseases (Nutbeam 2009:525).

The only two sectors of the Australian health system currently focusing on delivering comprehensive, preventive health care are women's health services and Aboriginal community controlled health centres, although a few community health centres survive from the 1970s. However, both sectors, as currently funded, are too small to reach more than a tiny proportion of the population. Both should be significantly expanded. We are fortunate in Australia that these two sectors have experimented with service delivery for nearly 40 years, providing successful models of best practice on which to build.

Primary medical care providers, that is, general practitioners, are currently in short supply in Australia. By and large, they are too busy to meet any more than people's immediate treatment needs. In many parts of the country, they cannot even meet treatment needs because they are oversubscribed and unable to take new patients. It is unrealistic and unreasonable to expect preventive health services to be provided in today's busy general practice setting. General practitioners are highly trained to provide medical services, for which there is strong demand. It is appropriate that they be supported to do so. But alongside the primary medical care system, we should aim to establish a parallel comprehensive, preventive primary health care system, which should include specialist women's health services.

Women's health and Aboriginal community controlled services provide on-the-ground, community based care. Community control is particularly important: it allows community input into health care decision-making, itself an empowering and thus health-giving experience. Australian women, including Aboriginal women, have indicated time and again that they wish to be involved in decisions about their health and health care. Community input allows centres to tailor their services to meet local community needs. If appropriate, for example, a group can be established to involve teenage girls who have issues around binge drinking, as at least one women's health

centre is currently doing. At the local level, programs can be designed, using, for example, traditional communication channels, such as painting and storytelling, as in some Aboriginal community controlled health centres. At the local level, community members can express their health care needs and participate in devising appropriate responses, creating the capacity for successful self-management of health and health care.

Outreach into the communities in which they are located is a very important component of women's health and Aboriginal community based service delivery. Outreach enables centres to connect with those most at risk of poor health outcomes, especially the excluded and the marginalised, often the very people missed by conventional medical services. However, for outreach services to be spread equitably, in a geographic sense, women's health and Aboriginal centres, need far greater resources. As we know, services in rural and remote areas are fewer and poorer than in cities and, as we also know, women (and men and children) living in rural and remote areas have poorer health outcomes.

Good primary health care systems not only disseminate information, they also gather it. In a sense, local, community based centres operate as standing consultation agencies on population health needs. As such, they are in a prime position to undertake formal research and information gathering activities and they should be funded to do so. However, to enable the information so gathered to be collected and disseminated, appropriate over-arching structures need to be put in place. Under the new NWHP, AWHN should be funded to be a national women's health clearinghouse and a forum for information exchange. AWHN, as the national peak body of the network, should also be funded to develop sound policy advice to governments on the basis of evidence and information arising from the women's health sector. Further, it should be funded to advocate on gendered, preventive and health promotion strategies and on the ongoing health requirements of women with special needs, which might include Aboriginal women (through the AWHN Aboriginal women's Talking Circle), women with disabilities, low income women and immigrant and refugee women.

AWHN recommends that the new NWHP is underpinned by the principles of the Ottawa Charter for Health Promotion (1986), which are building healthy public policy, creating supportive environments for health, strengthening community action, developing personal skills and reorienting health services. Community action and environments supportive of health can be strengthened by the establishment of a more extensive range of community based women's and Aboriginal health services, as evidence from the successful models now operating shows us.

Moreover, to be effective in building healthy public policy, the new NWHP must seek to influence sectors beyond the traditional health portfolio. If the social determinants of avoidable ill-health are to be addressed, action needs to be taken both inside and outside what is normally designated the health portfolio. For example, economic security, freedom from violence and economic and geographical access to a full range of appropriate services, including support services, transport, housing, sexual and reproductive health services and medical and hospital services are essential for good health outcomes. The five priorities identified by AWHN are economic health and wellbeing; mental health and wellbeing; preventing violence against women; sexual and reproductive health and improving access to publicly-funded and financially-accessible health services.

AWHN'S FIVE PRIORITY RECOMMENDATIONS.

The new National Women's Health Policy (NWHP) should

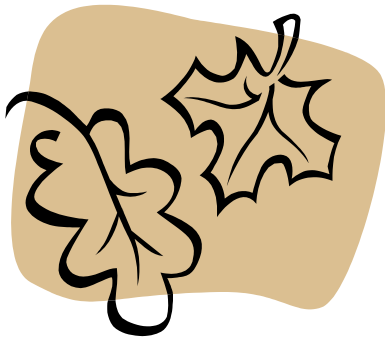
- 1.** endorse and strengthen the crucially important role that community based, not for profit, independent women's and Aboriginal health services play in promoting positive women's health outcomes, especially for marginalised women.
- 2.** focus on primary prevention and health promotion.
- 3.** devise funding arrangements that allow independent women's health centres and programs to provide comprehensive, preventive geographically dispersed services and to carry out systematic research and information on population health needs.

4. fund AWHN, including AWHN's Aboriginal Women's Talking Circle, to be a national clearinghouse for women's health information. It should be resourced to enable it to become an effective advocacy body, able to produce policy papers and sound policy advice to governments. It should be funded to allow it to carry out its consultation and other roles more effectively. This work should be supported by a National Index of Women's Health and Well-Being Data.

5. fund further research into the social determinants of health inequities among women and develop measures to translate this knowledge into policy and on-the-ground services and programs.

AWHN Committee

December, 2009.



TAKING ACTION TO PROGRESS THE NEW AGENDA

CONFERENCE REPORT

Women's Health: The New National Agenda

6th Australian Women's Health Conference

Letter from the Conference Convener

Dear AWHN Members

This will be the last AWHN newsletter update before the Conference – amazingly it is now only 4 weeks away!

The program is now in the final stages of adjustment and I am very pleased to report that the Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs has expressed an interest in attending and addressing the plenary. On a less happy note, invitations were also sent to Prime Minister Kevin Rudd to open the Conference and to Deputy Prime Minister and Minister for Social Inclusion Julia Gillard, Minister for Health and Ageing Nicola Roxon, and Minister for the Status of Women Tania Plibersek, all of whom disappointingly declined to attend. Instead Senator Claire Moore, a long time supporter of women's issues, has been nominated to represent the Government, informing us about the progress of the policy.

The line up for the Conference's premier social event, the AWHN Supper Club, has now been finalised with confirmation of the fabulous Kerriane Cox.

Kerriane is an internationally renowned, independent Aboriginal performing artist who is passionate about her music and has performed at major festivals around the world. In acknowledgement of her outstanding contribution to contemporary Indigenous music she has received many awards, including the WAMI (Western Australia Music Industry) Award as Best Indigenous Artist of the Year in 1997, the NAIDOC (National Aboriginal Independence Day of Celebration) Female Artist of the Year in 2000, the Deadly Vibe Female Artist of the Year given by the National Aboriginal and Torres Strait Islander Music Awards (NAIDOC) in 2001 and the ALMA (Australian Live Music Awards) Songlines Indigenous Award in 2001. In 2003 Kerriane was also awarded the Centenary Medal by the Australian Government for service to her country.



Growing up in Beagle Bay Community, Broome, Kerriane says, "I'm deeply passionate about my music and the love that is created into form by music. For me music is about healing and building bridges."

A dynamic singer who is able to write songs that move audiences, Kerrianne's voice is a rich mix of country/rock/blues, with a vocal technique that has been compared to Joan Armatrading and Tracey Chapman.

Kerrianne will not only bring her fantastic voice to her performance at the Supper Club but her passion for change for Aboriginal and Islander women. Through her songs she delves into her own life and that of many Aboriginal women's across the country, where she tells the stories that need to be told. Kerrianne is an inspiring artist who works with many communities around the country teaching and delivering workshops on song writing and we are very excited she will also be delivering a song writing workshops as part of the conference program. *(For more information about Kerrianne you can visit her website at: www.kerriannecox.com)*

MC of the Supper Club event will be Lois, the Island Tour Guide (aka performance artist/comedian Cheryl Wheatley) who, in addition to Kerrianne, will introduce the following other artists to the stage: Tasmanian based Aboriginal singer Jodi Haines; songwriter and musician Jude Reid, a Maori woman from the Tainui tribe, Aoterora (NZ); the women from MADE (Mature Artists Dance Experience), a Tasmanian dance group directed by Glen Murray, previously of the Australian Ballet and Sydney Dance Company; Hobart singer/songwriter Amy Kendall and her band The Kitchenhands; as well as multi-talented percussionist Tania Bosak.

Tickets to attend this event are proving popular so I would encourage you to secure yours soon.

On the funding front, a significant amount of work has gone into attracting sponsorship for the Conference and this has proved to be quite a challenge - presumably as a result of the 'Global Financial Crisis' and its impact on both the public and private sectors. Since my previous update, I have received notice our request to OATSIH for funding in support of Aboriginal and Torres Strait Islander women on low incomes was unsuccessful. However, we are looking much better in terms of general Conference sponsorship, with the Tasmanian Department of Health and Human Services coming on board as a major sponsor, and it's great to know we have this local support.



I have heard from a number of organisations interested in the not-for-profit trade booths I mentioned were available in my last report, which is terrific. For those of you that are still considering participating in this way there are some spots left so drop me a line.

Attendance numbers continue to rise, with more delegates registering every day. We are way past 500 now with another month to go so the Conference is shaping up to be a highly productive, not to be missed event and I am looking forward to greeting you all there.

Warm regards until then,

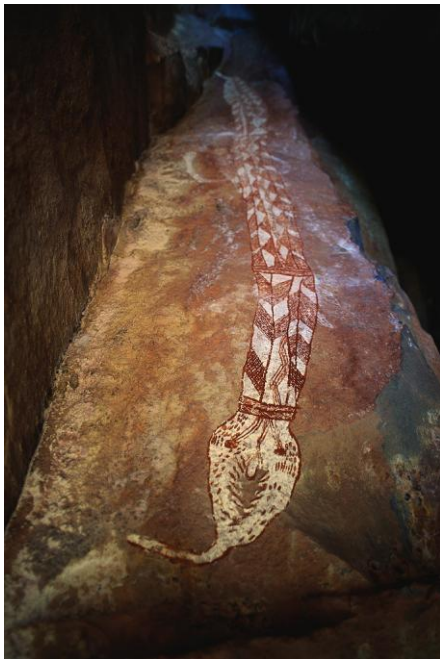
Kelly

Kelly Banister
Convener ~ 6th Australian Women's Health Conference
18-21 May 2010 Hobart, Tasmania

ABORIGINAL TALKING CIRCLE REPORT

Aboriginal Women's Talking Circle

The Aboriginal Women's Talking Circle is continuing to work on the development of an Aboriginal Women's Health Strategy, which will be presented at the conference in Hobart in May. The working group is drawing on the consultations which Sandy Angus did last year and getting further input from women's health experts. A meeting of people from all States and Territories has been organised to be held in Brisbane on 30 April, 2010, to discuss progress.



STATE ROUND UP

VICTORIA

Victorian report: March 2010

Victorian Women's Health Services engage EMC for 2010 election advocacy strategy

In the last AWHN newsletter, the *10 point plan for Victorian Women's Health 2010-2014*. Developed by Victorian Women's Health Service was discussed. It can be found in full on the Women's Health Victoria website <http://whv.org.au/> (and most Victorian Women's Health Services websites).

Briefly, the *10 point plan for Victorian Women's Health 2010-2014* builds on the 2006 document and reiterates the call for a whole of government strategy and action plan for improving women's health. It calls for initiatives to be developed in close collaboration with the women's health sector, with a strong emphasis on outcomes that can be measured, monitored and reported on in a transparent manner.

Victorian Women's Health Services are working together to gain the best outcomes for Victorian women in a state election year and to this end have engaged Essential Media Communications (EMC). EMC is an 'integrated public affairs company that delivers strategic communications and campaigns for organisations that want to make a difference'. EMC were responsible for the ACTU 'Your Rights at Work' campaign prior to the 2007 federal election.

EMC will work with Victorian Women's Health Services to develop a communications strategy that will take advantage of media opportunities across the state this year. Our aim is to achieve a stronger media presence, maintain influence and funding from State Government and advance the work of the *10 point plan for Victorian Women's Health 2010-2014*.

EMC will draw together market research, strategic communications, paid media, free media and communication with Victorian Women's Health Services to deliver a comprehensive communications framework.

Victorian Women's Health Services have achieved significant outcomes by working together in recent years and the shared commitment to work with EMC is a considered strategy to continue and build on these achievements.

WESTERN AUSTRALIA

Women's Health Centres (WHC)

The 12 independent women's health centres have recently employed an external consultant to complete a *stock take* of the range of services provided by WHCs across the State, and how much those services “add value” to the core funding provided by the Department of Health.

The consultant will also research models of Consortiums, Strategic Alliances, on opportunities to develop a joint funding model (through The Peak) for WHCs.

Commonwealth – State Funding

The twelve women's health centres (WHC) and regional SARC's have had clarity re funding; WHC are not receiving Commonwealth funding. Funding is not part of the new Australian Healthcare Agreement. The funding is allocated through the State Government and part of the Department's “bottom line”.

Women's Health Centres have recently been informed that 4% CPI will be paid on our base line funding for 2009-2010 contracts.

Women's Health Peak Body of WA

The Women's Health Peak Body of WA is currently looking to develop a document similar to Victoria 10 Point Plan to assist the Western Australia in a whole of government approach to women's health issues that integrates government policy and women's health concerns in a co-ordinated way. We anticipate the forum below will assist out thinking in the development f this document.

Nancy Poole - A Whole of Government - Approach to Women's Health

Women's Health Services together with the Women's Health Peak Body of WA are holding a morning discussion with Nancy Poole on a whole of government approach to women's health issues that integrates government policy and women's health concerns in a co-ordinated way.

Nancy Poole will discuss how she and her colleagues undertook similar work in Canada with government, tertiary and non-government sectors to achieve positive health outcomes for women.

Nancy Poole is a researcher with the British Columbia Centre of Excellence for Women's Health in Vancouver, Canada, where she researches women and substance use issues. She has been involved for 25 years as a leader in Canadian advocacy and research looking at ways to improve health policy and practice relating to women and substance use.

TASMANIA

(See conference report).

QUEENSLAND

QUEENSLAND REPRESENTATIVE REPORT – April 2010

Women's Health Services in Queensland

Women's health services from across Queensland are continuing to regularly network and share ideas as members of the Women's Health Services Alliance (Qld). Statewide and local services from Mackay, Gympie, Townsville, Logan, Gladstone, Rockhampton, Wide Bay, Ipswich and Brisbane are collaborating on women's health projects, and developing strategies and documents in response to key issues in State and Federal policy. At a recent meeting in Brisbane, Alliance members met with representatives of QCOSS and Queensland Health and discussed cooperative methods of responding to the changes anticipated as a result of the new National Women's Health Policy which is due for release by the Federal Government later this year.

Rural services studied

Mothers and babies in rural and remote Queensland will benefit from a pilot project in Beaudesert. The six-month pilot — part of a \$42 million, three-year Queensland Government strategy to expand maternity services in rural and regional areas — will develop a primary maternity services plan for Beaudesert Shire. In announcing the pilot, Deputy Premier and Minister for Health Paul Lucas said the government wanted to ensure more care closer to home for women and babies in rural and remote Queensland, including the Rural Maternity Initiative and Newborn and Family Drop-in Services.

'What we are looking at in Beaudesert, and what we have seen work extremely well in other areas, such as Toowoomba and Townsville, is a midwife-based model of care that is safe and sustainable,' he said.

The pilot project, funded through the Rural Maternity Initiative, is headed by midwifery and nursing director Hazel Brittain. A local stakeholder group of community members, general practitioners, hospital staff and Queensland Ambulance Service, Griffith University, Maternity Coalition and Beaudesert Shire Council representatives will guide the project. Mothers currently receive antenatal outpatient and postnatal community midwifery services at Beaudesert Hospital from an integrated midwifery and obstetrics service through Logan Hospital. The existing service at Beaudesert Hospital includes a specialist obstetrician and gynaecologist, who provide antenatal care as part of a team including midwives.

Diversity recognised

Multidisciplinary Care: We are all in this together is the theme of Cancer Council Queensland's 33rd Annual Oncology Nurses Group Conference at the Radisson Resort Gold Coast on 9–10 September.

The theme recognises the diversity of health professionals in cancer control. Conference organiser Cancer Council Queensland's Mal Fraser said the conference program would include topics promoting professional development and networking.

1-3 August **3rd Passionate About Practice 2010 Conference — Brisbane, Qld.**
'Celebrating Diversity and Partnerships Through Nursing and Midwifery'.
For information visit <http://www.iamevents.com.au/gh/passionateaboutpractice> or
call (07) 3834 3333

'The conference will feature an educational program relevant to everyday practice in regional and metropolitan settings, including current trends in cancer prevention and screening, diagnosis, treatment, survivorship and palliation, psychosocial care and research.

'It will feature a stream for health professionals interested in breast cancer,' he said. 'The conference is specially designed for nurses, allied health professionals and Aboriginal and Torres Strait Islander health workers working in cancer care.'

For more information, visit the conference website www.ongconference.org.au or email ong@cancerqld.org.au.

Maree Hawken

Coordinator - Queensland Women's Health Network Inc

AWHN Queensland Representative

19-20 May **National Indigenous Family Violence Prevention Forum — Mackay, Qld.**
'Safe Homes, Solid Families — Let's Build on it!' Presented by the Queensland Centre for Domestic and Family Violence Research (QCDFVR) in partnership with the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) and Charles Darwin University (CDU).
For information: Ph (07) 4940 7834 or visit <http://www.noviolence.com.au>

Upcoming Events in Queensland

12-13 July **2010 Healthy Cities Conference — Brisbane, Qld.**
'Making Cities Liveable'. The conference will examine the prerequisites for a 'Healthy City'.
For information visit <http://www.healthycities.com.au>

Report from NSW April 2010

Update on the NSW Health NGO Review March 2010

The proposed \$11 million will not be cut from NGO Ministerial Program and all ministerial NGO grant programs will continue as per existing arrangements consisting of applications for continual funding and three year funding agreements.

The following review proposals under consideration include:

- The role of the NGO Advisory Committee
- The introduction of Program Councils
- The introduction of an NGO Reform Taskforce (limited time)
- Revising NSW Health NGO Program: policies, procedures, funding framework, administration, management and service evaluation
- An introduction of a Risk Management Model of NGO assessment with annual service assessments

Cross Agency Risk Assessment and Management Framework Domestic and Family Violence Project

The Cross Agency Risk Assessment and Management Framework Domestic and Family Violence project will be piloted in two sites in NSW from July 1 2010, Sutherland a suburb in southern Sydney and Wagga Wagga in the Riverina area of NSW.

The CARAM-DFV framework aims to provide an integrated service response and enable cross agency communication on individual cases of domestic and family violence. The framework also provides a guide for frontline staff in assessing the level of risk of domestic and family violence to individuals and assisting them to manage and reduce the risk.

There is a two tiered approach to domestic and family violence that involves an initial assessment and referral to an agency with expertise in the field and a specialist risk assessment and safety management plan developed for those identified to be at high risk.

New South Wales Women's Health Policy

The NSW women's health policy was released by NSW Health in January 2010 after several years in development. The plan identifies key priorities (including a gendered approach) for NSW women over the next two years with a view to developing a longer term plan in 2012 to align with future directions in the National Women's Health Policy.

A workshop was held in early March 2010 to develop key performance indicators (KPI's) for the plan. Workshop participants included relevant staff from NSW Health

and Government and Non-Government women. Outcomes from the workshop and KPI's will be circulated shortly to participants. It is expected that these outcomes and KPI's will guide implementation and assessment of the plan across the women's health sector in NSW.





UNITED NATIONS MEETING REPORT

AWHN in the Big Apple

My first time at the United Nations...what a shock! I flew into New York after a torturous 44 hrs in transit My warm bed was very welcome after the cab ride through the city looking very beautiful in its snow blanket.

I woke up the next day and explored New York...straight to the 59th St Bridge to ring my mum and sing the 59th St Bridge Song, saw some sights and walked along 5th Avenue then out to dinner with the Australian delegates. It was great to meet all the other NGOs and the official Australian Government Delegation. It was really useful to meet some old hands at CSW and I got lots of advice and inside tips for my first time. I felt a little nervous when someone said to me- *if all you manage to do at your first CSW is clear UN security than you have done well!!!* Little did I know that she wasn't really joking!

The first day dawned bright and sunny and freezing..it was a long process to get my UN ID badge but well worth it.

The program at CSW consists of the high level plenary where the member states report on and review the critical areas of concern in the Beijing Platform for Action. This year was the 15th anniversary of the BPFA and member states also reviewed progress toward the Millennium Development Goals in relation to women. Alongside this official program are the parallel events which are a raft of workshops hosted by NGOS on topics of relevance to the CSW. Whilst the high level talks were fascinating to watch, I found the parallel events most engaging. There were fantastic speakers and the opportunity for discussion and debate.

One part of the CSW that I wasn't prepared for was that it is, of course, a lobbying ground for every interest group including the anti abortion lobby. Various groups from all over the world were doing some very hard sell lobbying of the delegates and NGO representatives. This lobbying took the form of everything from praying in the halls, cornering individual delegates and running innocuously named workshops like Breast Cancer Prevention. I went along to one of these sessions to register my objection and remind everyone of the BPFA focus on sexual and reproductive health rights.

I also attended some General Assembly sessions on the implementation of the BFPA and CEDAW. It was so interesting to watch the negotiations. One sticking point was whether countries would agree to *Eliminate* the preventable causes of maternal mortality, or *Alleviate* the preventable causes of maternal mortality.

Member States have each given statements to the Commission outlining their progress and challenges regarding the Platform for Action. There is a list of countries

which are linked to their statement and can be found at http://www.un.org/womenwatch/daw/beijing15/high-level_plenary.html

[Australia's Country Statement](#) was given by Sally Moyle Branch Manager of the Office for Women highlighting the government's achievements against the Platform for Action over the past 5 years.

Importantly Australia recognised how much work there is to be done in Indigenous women's health and noted the ongoing health inequities that exist in Australia for Indigenous Women.

Australia's Country Statement recognised AWHN's 5 priority areas for action...its good to know we are all working towards the same goals.

The Commission on the Status of Women sets the work plan for each member country to continue every year...so getting back home is just the start of that work.

JERA international have produced Working Together for Equality a lobbying tool to assist women from Australia in their advocacy work in relation to the 15 year review of the BPFA. It is available for download from their website www.jerainternational.org.

I would like to thank AWHN for its support in sending me to the CSW, it certainly was an unforgettable experience. If I ever get the chance to attend again, I'll go with more knowledge and thicker socks!

Marion Edmondson
Deputy Convenor
AWHN



AWHN's Deputy Convener in the Big Apple.

Upcoming Events

17-21 May AWHN Women's Health Conference, Tasmania. (Some places still available).

***AWHN Bulletin* is an online news digest from the Australian Women's Health Network, offering a combination of reporting on women's health topics and links to news stories and commentaries on issues in women's health. The bulletin is designed as a resource for an audience of policy makers, journalists, researchers, practitioners, and advocates. The bulletin aims to provide information and news on women's health issues. Contributions may be sent to Vicki Lambert at roates9@bigpond.com All contributions are subject to editorial license to ensure that the AWHN'S principles are upheld through this Bulletin**



Australian Women's Health Network Membership Form 2009-2010

ABN 84 238 300 000

TAX INVOICE

Please use this as your invoice as organisations will not be separately invoiced.

The information you provide us with will only be used for AWHN business.

Your contact details will not be sold or distributed to other organisations.

The following items are compulsory.

Email is the major form of communication with AWHN members.

Is this a membership renewal? <input type="checkbox"/>	Or a new membership? <input type="checkbox"/>
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Individual Members	
Name	
Address	
Telephone	()
Fax	()
Email	

Organisation Members	
Organisation	
Contact Name	
Address	
Telephone	()
Fax	()
Email	

Signed: _____

Date: ____ / ____ / ____

Payment details (membership fee includes GST)		Amount
Individual	\$33	\$
Student/Concession	\$11	\$
Organisation	\$77	\$
Total enclosed		\$

Please note: Membership is for one year and is due on 1st July

Optional: Tick if you are an Aboriginal woman and would like to belong to the AWHN Aboriginal Women's Caucus.

More information is available at: www.awhn.org.au or email us at awhn@awhn.org.au

Send a money order or cheque with this form and please make cheque payable to:

Australian Women's Health Network
GPO Box 1160
Melbourne VIC 3001

Internet banking option:

(please email a copy of receipt)
Westpac BSB: 032-727
Account Number: 112835
Account Name: Australian Women's Health Network

