



Left: Women of the 6th AWHN Conference Talking Circle

in this issue:

- Abortion Law & Access2
- National Women's Health Policy4
- Equal Pay Case6
- The National Health Reforms6
- Medicare Locals – Opportunity Knocks7
- National Alliance Updates:
 - Climate & Health9
 - Violence9
- "Listen you women your breasts are precious"10
- State Reports:
 - Western Australia11
 - Northern Territory11
 - South Australia12
 - Queensland13
 - Tasmania13
 - New South Wales14
 - Victoria15
- Upcoming Events16
- Submissions & Membership17

NEXT ISSUE:

Issue # 0411 (November)
 Submissions by: **21 October**
 Distribution on: **25 November**
newsletter@awhn.org.au

From the Deputy Convenor

Welcome to our third newsletter of 2011.

The AWHN National Committee has been very busy since the previous newsletter in May. A lot of work has been done in individual states and territories responding to the health reforms. I think you will find the article on NSW response to the reforms very useful.

AWHN members across Australia have been reflecting on how the implementation of the National Women's Health Policy will affect the health and well-being of women in their communities. We tackle the challenge presented by a national policy launched without a funded program to support its implementation.

Big news in the last quarter has been the announcement of the Federal Government's Carbon Pricing Scheme. AWHN welcomes this step toward addressing climate change and has supported the Climate and Health Alliance's (CAHA) calls for action on this important health

issue. I urge you to read the article by Fiona Armstrong, Convenor of CAHA, about the implications of carbon pricing for women.

The AWHN National Committee met in Sydney in June to undertake our strategic planning. The focus for us for the next three years will be on building a strong and sustainable AWHN which maintains a robust national voice on issues that impact on the health and well-being of women.

We also took the opportunity to begin planning for the next AWHN National Conference. You

will recall that following the great success of our last National Conference in Hobart, in May 2010, the AWHN Committee decided to bring the conferences forward to every three years instead of every five years. Work has begun in NSW gathering the local working group and beginning to think of the theme! A brief update can be found in the NSW Report on page 14.

Marion Hale





Abortion Law & Access in Australia

Kate Marsh

Public Liaison Officer, Children by Choice

Sexual and reproductive health is a broad umbrella covering many areas of health and health care. Access to good maternity care, sexual health services, contraception and sexuality education are some of the key aspects to improving people's sexual and reproductive health. Access to safe and legal abortion is also critical, and is the most contested area of sexual and reproductive health.

In Australia, woman's access to abortion is determined by which state or territory she lives in – a fact that many women are unaware of. Abortion is covered by state-based criminal law or health regulations, and ranges between full lawful access and archaic-sounding legal restrictions accompanied by labyrinthine pathways to negotiate, in order to have an abortion performed. It's a situation that is very complex to summarise briefly, however a short overview is:

ACT

Legal, must be provided by a medical doctor.

VIC

Legal to 24 weeks with woman's consent. Legal after 24 weeks with two doctors' approval.

NSW & QLD

Abortion a crime for women and doctors. Legal when doctor believes a woman's physical and/or mental health is in serious danger. In NSW social, economic and medical factors

may also be taken into account.

SA & TAS

Legal if two doctors agree that a woman's physical and/or mental health is endangered by the pregnancy, or for serious foetal abnormality. Counselling is compulsory in Tasmania. Unlawful abortion is a crime.

WA

Legal up to 20 weeks, some restrictions particularly for women under 16 years. Very restricted after 20 weeks.

NT

Legal to 14 weeks if two doctors agree that woman's physical and/or mental health endangered by the pregnancy, or for serious foetal abnormality. Up to 23 weeks in an emergency.

Wildly differing laws from state to state create confusion for doctors and problems for women. For more info on abortion law and practice state by state see our website at

www.childrenbychoice.org.au

In some states, women may request and be granted an abortion in a public hospital without having to satisfy any grounds other than to give their informed consent for the procedure. In other states a woman who is pregnant following a sexual assault, or who has been diagnosed with a fatal or severe foetal anomaly and wishes to terminate that pregnancy, has only two options: pay hundreds, and sometimes thousands, of dollars for a procedure in a private facility or tell her story to upwards of four medical professionals that advise the state hospital's ethics board. The board will then decide whether or not she qualifies for a public procedure.

When women do manage to negotiate the complicated issue of legality, they can be faced with other issues: legislation which allows for access to abortion doesn't automatically guarantee the provision of services by doctors and hospitals.

Abortion Law & Access in Australia cont ...

There are three main reasons for this: a lack of doctors willing and trained to provide abortion services; lack of clear policy around the provision of abortion in public health facilities; and the reluctance of some doctors or health facilities to provide or refer for abortion. The underlying problems are the history of criminalisation of abortion in this country and uncertainty about the current legal status of abortion.

Given the failure of the states to address these issues in a comprehensive and cohesive way, these inequities should be addressed through a national approach that includes consistent abortion laws accompanied by clear policies on public access, education programs and so on. Sadly, calls for a national strategy remain unheeded in government policy. Why? Public opinion is overwhelmingly in favour of better sexual and reproductive health policies – national polls consistently show around 80% of the population support a woman's right to choose abortion, while a similar proportion of Australian parents want schools to provide sexuality and relationships education to students.

The introduction of new National Women's and Men's Health Policies in 2010 provided a unique opportunity to level the playing field in Australia. They could have facilitated access to quality, safe, legal and affordable abortion services, as well as national standards for quality sexuality education, and an honest discussion about the rights of faith-based or anti-abortion health workers or facilities to withhold abortion care or information versus the rights of pregnant women. Conversations on these and other related issues are already taking place in different jurisdictions around Australia, and many states have active groups pursuing abortion law reform or improved abortion services for women. However, to expand those discussions as part of a national approach to consistent access for all would be infinitely preferable, if we are to overcome the current confusion caused by different rules for different states.

Unfortunately, the policies when they were released were disappointing in this regard. While sexual and reproductive health was included as a priority in both the women's and

men's policies, for men the policy centred around erectile dysfunction and prostate cancer, while for women the focus was largely maternity and Chlamydia prevention – worthwhile but piecemeal issues, missing the opportunity for a holistic sexual and reproductive health policy.

Meanwhile, state governments largely continue to ignore the need to address abortion law and access. Lobby groups across Australia are working at a state level for change, but at present there appears to be a lack of political will to make it happen.

Author, ethicist and abortion rights advocate Dr Leslie Cannold said that "women get law reform when they believe they deserve it". There are several factors that must be present for a successful abortion law reform campaign to take place at state levels, including political support for reform and onside media, but public awareness and mobilisation is also vital, and where prochoice activists can focus their energies. As Leslie says:

"Politicians respond to pressure. They respond to how many emails are in their inboxes, how many

prochoice letters are in the paper and pieces on the opinion page.

"They respond, God help us, to the number of comments on prochoice pieces in online newspapers and blogs and to that ultimate scientific barometer, the balance of calls for and against on talk-back radio...

"What a politician wants to know is not what Joe or Jane Doe in their electorate think about one or another issue. What they want to know is whether Joe and Jane care enough **to do** something about it. If they care enough to write a letter or sign a petition, or most critically, to change their vote and urge their followers to do the same," Dr Cannold said.

"This is where and how the antichoice lobby – well funded and organised but numerically infinitesimal in terms of their representation in the community – do so well, and where prochoice forces must lift their game.

"To achieve repeal (of abortion law) prochoice proponents must canvas candidates about their stance on repeal and inform their constituencies. They must find ways to give voice to the prochoice majority during the months and years it takes to get law reform on the agenda, and through the arduous process of getting a repeal bill passed."



National update

You will recall in the last newsletter that we informed you of AWHN's joint letter to Minister Roxon about the National Women's Health Policy. We collaborated with the Public Health Association, Children by Choice, Equality Rights Alliance, The Multicultural Centre for Women's Health, Sexual Health and Family Planning Australia, The Australian Reproductive Health Alliance, The National Foundation for Australian Women and the Centre for Women's Health, Gender and Society to express our disappointment at the lack of a funded program or implementation plan to accompany the policy. This letter was sent in May and I have included the full text for you information. I am disappointed to say that, to date, we have not received a reply.

Marion Hale

National Women's Health Policy 2010

Dear Minister

The Public Health Association of Australia (PHAA) welcomes the new *National Women's Health Policy 2010*, which aims to continue to improve the health and wellbeing of all women in Australia, especially those at greatest risk for poor health. PHAA notes that the policy recognises the solid foundation of the first *National Women's Health Policy: Advancing Women's Health in Australia* which was released in 1989. It continues the commitment to building an environment where more can be done to ensure that all Australian women have better health and health care.

The policy is to be commended for its central focus on gender as a key determinant of health. The roles and responsibilities of women, including the fact that they assume the majority of the caring responsibilities and their lower levels of economic security, must be central to any effort to improve women's health. We are pleased that the policy recognises the importance of the social determinants and the need to act on these to improve the health of all women, including women who face particular disadvantage in health (such as immigrant/refugee and Indigenous women, women with a disability and rural women). Analysis of the social determinants of health in relation to the priority issues also makes the policy a sound foundation for the development of programs and

interventions that are better designed to take account of the factors that influence women's health and decision-making. PHAA is also particularly pleased by the emphasis on the prevention of chronic disease, and sexual and reproductive health.

However, we note that there is no implementation plan or program funding attached to the policy at this stage and so are keen to develop a better understanding of how the policy will be implemented and related timeframes for implementation.

PHAA is also keen to see the policy direction and goals integrated into the implementation plans for Medicare Locals. Considering the focus and content of this policy, PHAA believes it is critical that the development of Medicare Locals, as the Australian Government's new Primary Health Care Organisations,

ensures that the ideals and the sensible goals of the policy become a reality for women. Ensuring gender and diversity are understood as key determinants of health in the

planning phases of Medicare Locals will be fundamental. Recognition of the importance of women's roles and responsibilities, and the impact of their life stages, disadvantage and

health literacy are all fundamental to an effective primary health care system. The policy acknowledges these dimensions. As part of the broader public health reform process, the Australian Government will need to include plans to implement gender analysis on ALL public health structures including Medicare Locals, and include long term plans to strengthen and expand the Non-Government Organisation sector as essential partners in an effective health system which supports an understanding of the social determinants of health.

Another strength of the new policy is that we anticipate it will provide an important gender and diversity focus for the new Australian National Preventive Health Agency as it develops its work on obesity, tobacco and alcohol. The opportunity now exists to make a real difference

... (we) are keen to develop a better understanding of how the policy will be implemented and related timeframes for implementation....

in women's health through the new National Women's Health Policy by ensuring its integration in the broader health reform process. While the policy does have stated

intentions that the five policy goals will be included in the reform process, PHAA is keen to develop a clearer understanding of the processes through which this will be achieved.

We want to obtain information about current plans for implementation of the policy and funding to be allocated. Clarification regarding the future funding and resourcing of women's health centres and services under the new healthcare reforms would be particularly useful.

PHAA notes that you will have already received representations from the National Foundation for Australian Women, Children by Choice and the Australian Reproductive Health Alliance along similar lines, seeking further detail regarding

implementation of the new policy, and we support the additional input provided in their correspondence. In particular, we note concern expressed in relation to the perceived lack of focus on unplanned pregnancy and pregnancy termination initiatives, and the need to develop a National Sexual and Reproductive Health strategy/plan of action with a broad focus and a coordinated approach.

We also note that the link between intimate partner violence and health outcomes for women was not classed as a women's health issue, nor specifically recognised as a risk factor for other chronic health problems for women in the new policy. Intimate partner violence plays a significant role in harming

women's positive sexual and reproductive health. Violence has also been found to be the leading contributor to death, disability and illness in Victorian women aged 15 to 44, being responsible for more of the disease burden than many commonly accepted preventable risk factors such as high blood pressure, smoking and obesity (Vic Health 2004). Older women also

... PHAA and its partners support recommendations that a mid-term review of the policy's impact be undertaken within two and a half years to ensure its implementation is effective and equitable ...

face high levels of family violence and elder abuse. PHAA and its partner organisations strongly believe that the sequelae of intimate partner and family violence must be addressed not only through the National Women's Health Program but also through integrated initiatives developed in other areas, including those emanating from the National Review of Maternity Services and the National Plan to Reduce Violence Against Women and Their Children.

Finally, PHAA and its partners support recommendations that a mid-term review of the policy's impact be undertaken within two and a half years to ensure its implementation is effective and equitable and is contributing to

better health outcomes for all Australia's women, particularly those from marginalised and disadvantaged backgrounds.

PHAA, along with its partner organisations listed below, extend their congratulations to the Government on the new policy document and look forward to receiving further detail on implementation, particularly with regard to the areas outlined in this letter.

Yours sincerely

Professor Helen Keleher

President, Public Health

Association of Australia

PHAA's partner organisations/co-signatories/supporters include: the Australian Women's Health Network; Children by Choice Association Incorporated; Equality Rights Alliance; Multicultural Centre for Women's Health; Sexual Health and Family Planning Australia; Australian Reproductive Health Alliance; Professor Anne Kavanagh – Director, Centre for Women's Health, Gender and Society, Melbourne School of Population Health, The University of Melbourne.

Public Health Association of Australia:

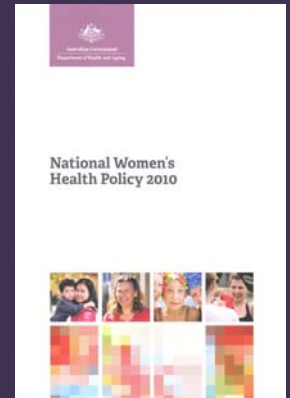
A PO Box 319 Curtin, ACT 2605

T (02) 6285 2373

F (02) 6282 5438

E phaa@phaa.net.au

www.phaa.net.au



National updates

Equal Pay Case

for social and community services workers in the non-government sector

Following the interim decision released by Fair Work Australia (FWA) on 16 May that ruled the ASU have proved that social and community services workers in the not-for-profit sector are underpaid and that at least part of the reason for that underpayment is gender, we have been preparing further submissions for the ongoing hearings but there has also been a lot happening.

Not the least was the National Day of Action on 8 June when SACS workers and their supporters across the country took to the streets to demand equal pay. The rallies were hugely successful and showed governments in no uncertain terms that we are keeping up the fight.

ASU Branches are continuing to campaign vigorously in Victoria, Tasmania, New South Wales and the Northern Territory for commitments

by those state/territory governments to increase funding in the SACS sector to meet any new rates awarded by FWA. All other states and territories have given their commitment.

On a national level, after serious lobbying by the ASU, the Federal Government announced on 6 July it would commit extra funding for any pay increases arising from the equal pay case. This commitment was

included in their final submission to FWA and is another victory on the road to equal pay for SACS workers.

The ASU's final submission in the case has also been lodged. The Union's position is that the entire gap in wages between the not-for-profit SACS sector award rates and the public sector comparators is gender based. If FWA accepts our arguments, they will be in a position to finally redress the wage injustice

our members have endured for so long.

Brigid Marasco

ASU National Communications Officer

t: +61 3 9342 1469 www.asu.asn.au

The National Health Reforms

The first 19 Medicare Locals commenced operations on 1 July this year and a further 43 are to be established in 2012. Fifteen Medicare Locals are scheduled to begin from 1 January 2012 with the remainder to start from 1 July that year.

The Australian General Practice Network (APGN) was invited to establish a new national body to coordinate and support the network of Medicare Locals. In their media release of 19 July they said "[t]he new national body will help Medicare Locals to achieve their goals by providing national leadership and promoting close communication and collaboration across the Medicare Local network and with other parts of the health care sector and consumers."

The Australian Government released its report on implementation of the national health reform in June this year, announcing that 15 of 56 specific health measures have been implemented to

date. You can read the report at:

www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nhr-deliveroutcomes

AWHN members across the country watch the Health Reform process with interest and concern.

The women's sector in some states and territories are well developed in their planning for engagement with the changes. They have taken advantage of the fact that Divisions of General Practice developing their Medicare Locals need to demonstrate partnerships to ensure the primary health care needs of women are considered. One example is the work

done by Women's Health New South Wales (WHNSW).

In collaboration with other peak organisations, including the New South Wales Council of Social Services, WHNSW developed *Building Relationships in Primary Health Care: an engagement strategy for the NSW Health NGO sector* to support the establishment of systemic relationships between non-government organisations (NGOs) and the new Medicare Locals (MLs).

The strategy was initiated in response to NGO's concerns that engagement with Medicare Locals would be ad hoc or non-existent without a more

coordinated approach.

For those of us still to come to terms with what the reforms will mean for women's health in our regions, I'm sure you will find the following article by WHNSW very useful in planning for the best outcomes for women in your state or territory.

What role our critically important women's health centres will play in this process is still very unclear but we urge members to engage with the process at every opportunity, to ensure the role of the women's health sector is recognised, supported and strengthened.

Marion Hale

Medicare Locals – Opportunity knocks ...

Denele Crozier

Executive Officer, Women's Health NSW

National
feature

There will be 62 Medicare Locals across Australia replacing the current General Division of GPs by the end of 2012. All Divisions have been invited to tender.

While the Australian Government is not expecting the Medicare Locals to take on responsibility of government in relation to population health planning, the new structure represents a substantial change in the way Divisions of GPs do business. The change presents an opportunity for new partnerships, coordinated planning and accountability. It has also created a platform for general practitioners who champion for improvements in the public health care system to take a lead role.

With all this in mind, NSW NGOs have been working to develop an appropriate engagement strategy. Following a report scoping the 33 Divisions of GPs across NSW by the Mental Health Coordinating Council, www.mhcc.org.au, Women's Health NSW, NCOSS, other health peaks and GP NSW have drafted a strategy to influence partnerships. Information about NGOs and their services are in development; we hope to gain a better understanding of general practice across NSW and develop partnerships through memorandums of understanding (MOU).

All Medicare Locals will go through a development/transition phase which could take up to twelve months – engagement as early as possible will allow NGOs to participate in the development of values and principles, priorities and decision making structures and promotion of the social determinants of health. *(continued over page)*

The role of Medicare Locals

As critical elements in the Government's health reforms, Medicare Locals are expected to be closely involved with other reform initiatives to help drive and strengthen the primary health care system, including:

- establishing effective collaborations between Medicare Locals, Local Hospital Networks and local Lead Clinician Groups once established to deliver more coordinated, integrated, locally responsive and flexible health services so that patients transition smoothly in and out of hospital and receive the right care, in the right place, at the right time;
- supporting the development of e-health and health information, including shared electronic health records, data provision to drive health system performance, service planning, monitoring and evaluation;
- improving the planning of primary health care services to respond to local needs;
- supporting the ongoing development of primary health care infrastructure, including GP Super Clinics;
- initiatives to increase and enhance the primary health care workforce to meet local community needs; and
- initiatives in general practice and primary health care designed to improve disease prevention and management and improve access to services. These include the Australian Government's reform measures to improve access to after hours primary care, telehealth and access to primary health care services for older Australians.

Medicare Locals – Opportunity knocks cont ...

National
feature

The activities that Medicare Locals will do above and beyond those done by Divisions include:

- coordinating primary health care services beyond general practice, encompassing a range of primary health care practitioners in the community;
- undertaking local health planning, identifying gaps in services at the local level, and examining opportunities for better targeting of services;
- supporting the implementation of initiatives that improve the prevention and management of disease in general practice and primary health care;
- driving more efficient use of health resources, including the potential for administering flexible funding pools to target gaps in primary health care service provision;
- improving patients' access to services by improving the co-ordination and integration of care both within the primary health care sector and across other sectors of the health care system (including the coordination of telehealth and after hours primary health care services in the local region), out-of-hospital physician care, linkages with Local Hospital Networks and Lead Clinician Groups, once established;
- identifying local health care needs and having the responsibility and flexibility to address these needs through coordinating and funding services;
- providing patients with increased access to information about services available in the local area; and
- undertaking their obligations in relation to the Government's proposed transparency, performance and accountability arrangements for health reform, including Healthy Communities Reports prepared by the National Performance Authority (NPA).

Development of MOUs has three primary areas of focus:

1. Developing a strategic vision and principles of service for the Medicare Local
2. Exploring models for engaging with the community and governance structures for the Medicare Local

3. Examining what are the strengths of existing services in respect to primary health care and how future collaboration between existing organisations and structures and the Medicare Local might be best supported.

Nineteen Medicare Locals will be operating across Australia from 1 July

2011 and the second round of funding submissions are currently in consideration so it is early days and, while we do not know the future, the time to develop relationships and partnerships is now.



National updates

Carbon price good for women and health

The Climate and Health Alliance (of which AWHN is a founding member) has welcomed the recent announcement of a carbon price package as a welcome step forward on climate policy for Australia.

While in many respects it falls short of what is required, the policy creates an important framework for Australia in accepting its fair share of the global responsibility to cut emissions.

Importantly for women, the package offers generous compensation to offset potential price rises in electricity costs and household spending for individuals and households. It is important to recognise that this will benefit women in particular, whose average incomes are less than men's and who disproportionately shoulder the burden of caring for children or relatives.

Given that children, and young girls in particular, are adversely affected by

climate change, it is particularly important for women to support effective action to protect vulnerable young people and children who lack the opportunity to exert necessary political influence to secure their own futures.

We are already seeing negative mental health impacts on young people in Australia who fear a loss of the future as climate impacts threaten their chances of food and water security, a healthy environment and a stable society.

Demonstrating to young people that, as adults, we are prepared to take and support strong action to address the

damage caused by high emissions lifestyles is an important expression of support for intergenerational equity and acknowledgement of responsibility.

There is much to do in terms of developing climate policy options for Australia that are consistent with our fair share of the global responsibility to cut emissions.

As a country with one of the world's highest per capita emissions rates, we need to recognise that our emissions are putting lives at risk.

We can improve the carbon price package by raising the level of ambition for the cuts it requires, and extending its reach to all parts of the economy so



all sectors are shifting towards a zero emissions goal. But that is the next stage of climate policy negotiations; for now the task is getting the legislation passed and into law.

The Climate and Health Alliance urges all AWHN members to support the carbon price package, and to join other members of the Alliance in helping to raise awareness about the critical challenges we face from climate change and the benefits available to us all from taking action.

Fiona Armstrong

CAHA President and Convenor

Australian Women Against Violence Alliance

In the last two months AWAVA has received funding from the Australian Government for two new projects to assist in the elimination of violence against women. Both projects focus on violence prevention in regional and remote communities.

The first is the *Bridging the National Plan to Reduce Violence Against Women and their children to Community Social Change Action* which will see members of AWAVA visiting the following locations to meet with local services and communities:

- Katherine – 15 September
- Bendigo – 28 October
- Broome – 1 November
- Launceston – 14 November
- Wilcannia (TBC) – 8 December

To find out more contact AWAVA via www.awava.org.au or email Celia,

AWHN's AWAVA rep, and she will link you to the organisers.

The second project is in conjunction with the National Rural Women's Coalition and Network to develop a tool kit and guide to support women to implement the *National Plan to Reduce Violence against Women and their Children* with a focus on preventing violence before it occurs by working to change the underlying causes.

AWAVA is also working with *Parity*, the national homelessness journal to

produce a special edition that will give all those working in the domestic/family violence sector and with women's homelessness the opportunity to discuss and respond to the *National Plan*. Contributions are due by the 13th September.

Joy Ngozi Ezeilo, the UN's Special Rapporteur on Trafficking is coming to Australia in November this year. The Anti-Slavery Project at UTS is centrally involved in the arrangements for that visit and AWAVA will have more details on their website as they



Australian Women Against Violence Alliance

become available.

To stay in touch with AWAVA and news from within the violence against women sector and beyond register for the Weekly Round Up at www.awava.org.au, where you will also find details on how you or your organisation can join and access promotional materials.

Celia Karpfen

celia.karpfen@health.sa.gov.au

AWHN Rep for AWAVA Advisory Group



“Listen You Women, Your Breasts Are Precious”

Lesley Reilly

Coordinator Bosom Buddies Breast Cancer support group

Bosom Buddies Breast Cancer support group in Alice Springs is proud to present an educational multilingual DVD Resource on breast health and breast cancer. It has been Indigenous inspired and Indigenous driven, and is the culmination of four years of listening, planning and development, sourcing funds, and finally in 2011, of filming and production.

The strong women of the Arrernte, Alyawarre and Anmatjerre language groups share their experiences of breast cancer in a moving and powerful way, with the aim of raising awareness and encouraging other women to go forward for investigation and treatment, assuring them they are not alone.

They have shown strength, determination and endurance and by demystifying the process, the following elements come through strongly from their story telling:

- Taking ownership of their health and getting signs and symptoms investigated
- Showing processes such as mammogram and ultrasound
- Any woman Indigenous or non-Indigenous, can get breast cancer
- The importance of pursuing medical

treatment to deal with the cancer

- The importance of continuing with treatment, even when you don't feel like it
- Motivation to deal with cancer so that they can survive and continue to look after their children and grandchildren
- The importance of support from family and remote area nurses
- Promoting strong messages of awareness for women to look after their breasts

We look forward to you viewing the *Listen You Women* DVD and we appreciate your feedback, so please go to www.listenyouwomen.com and tell us what you think, get more news on the DVD or to order more copies.

For further enquiries contact can be made with Lesley Reilly:

T: 08 8955 0678

E: bosombuddiesnt@activ8.net.au

Please note that the DVD is not designed for an open viewership and is an educational tool which contains some sensitive material.

As directed by the elders involved with this production, its intended audience is all women, husbands of women diagnosed, and all health professionals and health workers. The translations are: Warlpiri, Pitjantjatjara, Arrernte and Anmatyerre.

Not-for-Profit – Sector News

Women's Health Centres, like all not-for-profits (NFP), are currently keeping abreast of the industrial changes within the human services industry.

The Western Australian Government's 2011 State Budget announced funding for the NFP community sector of \$604 million over four years, including the 2010-11 financial year. A funding increase to service agreements with this sector will result in an average 25% increase to eligible contracts over the next three years to 2014-2015. The increase in funding is to assist in the sustainability of the NFP sector and to increase salaries to attract and retain staff.

With much of the sector paying salaries under what was the Social and Community Services Award, the pending Pay Equity Case will impact on many

Prostitution Bill 2011

A Green Bill outlining the proposed changes to Western Australian prostitution laws has now been released for public comment. The model includes a registration scheme (with provisions for fingerprinting) that brands people as known sex workers. The model of regulation proposed in this draft Bill may well result in a worsening of conditions for sex workers and an undermining of health promotion. The Bill can be accessed at the Department of the Attorney General's Office.

Women's Health Matters 10 Point Plan of Action

Representatives from the women's health sector are currently working towards developing an overall strategy on how to take Women's Health Matters 10 Point Plan of Action forward. This plan will include the identification of outcome measurements for each of the ten points within the Plan.

Equal Pay Day – 1 September

The Office of Women's Policy in the NT teamed with Business and Professional Women Northern Territory (BPW NT) to hold an Equal Pay Day Seminar on 1 September.

The seminar was opened by the Minister for Women's Policy, the Hon. Malarndirri McCarthy who launched two Occasional Papers from the Office of Women's Policy, *Pay Equity in the Northern Territory – Statistical Snapshot 2010* and *Creating Equity – Gender Pay Equity Audits in the Northern Territory*.

Electronic copies of these papers are available at www.women.nt.gov.au

The seminar was addressed by Dr Sue Bandias, Director of the Women's Board

of the Australian Computer Society. The Society funded her paper *Gender Pay Equity – a Myth or a Reality*.

Migrant and Refugee Women's Health

A group of key government and non-government policy officers and service providers have formed a Sexual and Reproductive Health Subcommittee under the bigger umbrella of the NT Refugee Health Committee.

This Subcommittee has developed Terms of Reference and Guiding Principles along with a common planning and evaluation tool (QIPPS) as it works to respond to the various education and service delivery needs of the Darwin Migrant and Refugee communities regarding sexual and reproductive health.

Strategic Plans

The Women and Newborn Health Service, Department of Health, has been undertaking a range of policy and strategy planning meetings with key stakeholders. This is part of an ongoing process for developing the WA Women's Health Strategy 2012-2015. This strategy is soon to be released for broader consultation.

Please email Anna Grimes for a copy and details on how to provide feedback at: anna.grimes@health.wa.gov.au

State reports South Australia

Transformation of Women's Information Service

The Women's Information Service (WIS) is undergoing a transformation with new connections to other service providers, expanded reach across the state and new opening hours.

The WIS provides access to information and knowledge to empower South Australian women to make informed decisions about all aspects of their lives. A new feature of the service will be an ongoing series of information seminars covering topics that have emerged as current issues for women, such as concessions for seniors, paid parental leave and multicultural youth services.

The Women's Information Service Info Line (8303 0590 or toll free 1800 188 158) will operate from 9am to 5pm, Monday to Friday.

'We are the young women of this land' photo exhibition and book launch

'We Are The Young Women Of This Land' is a project of cultural and social significance, promoting images of strong, confident, powerful and inspiring young Aboriginal women, who are outstanding leaders and role models in their communities.

An initiative of Women's Health Statewide a service of the Women's and Children's Health Network, this photo exhibition aims to encourage young women to embrace leadership that is culturally significant and respected. The images also seek to educate the broader community by promoting positive reflections of success and achievement by Aboriginal youth, challenging many of the negative stereotypes that exist in the mainstream community. The young women range between the ages of 17-31 years and

represent Aboriginal communities from rural, remote and metropolitan areas across South Australia.

The book including all the photographic images of the young women is also a resource to educate the broader mainstream community by promoting positive stories of success and achievement by Aboriginal youth.

For more information or for a copy of the book 'We Are The Young Women Of This Land' contact Kaylene Kerdel on (08) 8239 9600.



Termination of pregnancy and women over 30 years of age: what are their experiences?

Recent research in South Australia has found that little is known about women aged over 30 years, their fertility management/control and sexual and reproductive health (SRH) knowledge, prior to a termination of pregnancy (TOP).

Mixed methods research conducted in five TOP services and four case studies in 2009 found three categories of women's fertility management/control awareness. These were women with high (utilised contraceptive measures, actively pursued contraception, were consciously aware of their fertility, 35.0%), low (used situational dependent contraception, experienced relationship factors, 22.2%), and no level of awareness (not consciously aware of their fertility due to other higher priority issues which impacted on their fertility outcomes 19.1%). Additionally it was found that past education sources were from

doctors/nurses for medical issues (44.1%-44.8%), and from female friends for psychosocial issues (28.0%-30.5%). Present education sources for medical issues were doctors/nurses (25.8%), with preferred future education for medical issues from doctors/nurses (49.5%-64.0%) and psychosocial issues from professional sex educators/counsellors (32.6%-38.6%). These findings were based on 101 respondents to a questionnaire where 70.5% were Australian women married with children and had previously had a TOP, employed (either part-time or full-time), and had completed secondary schooling or higher. The outcomes of this research

have the potential to impact on public health and primary health care policies which address women's sexual and reproductive health needs, as well as promote further research. Currently the findings of this research are being transferred into clinical practice (project due for completion in December 2011). Further details on this project can be obtained from:

wendy.abigail@flinders.edu or charmaine.dennis@health.sa.gov.au
Wendy Abigail, PhD candidate Flinders University Adelaide. Supervisors: Assoc. Prof Dr Charmaine Power, Assoc. Prof Dr Sheryl deLacey, Statistical Consultant Graeme Tucker Pregnancy Outcomes Unit, Adelaide.

Birth place – your guide to culturally appropriate maternity care

Queensland Centre for Mothers and Babies has recently launched a new website to help Queensland women understand the various maternity care facilities available to expectant mothers throughout the state.

The Birth Place website is an online tool that provides information about every birthing facility in Queensland as well as information about policies and practices relevant to people from a culturally and linguistically diverse background.

The website answers many of the frequently asked questions of expectant mothers about the various birthing facilities available, including:

- what models of care are offered?
- are interpreters available?
- can I be cared for by a female care provider?
- can I have a private room?
- can I have support people in the room during labour and birth?

The website also provides an avenue

for women to provide feedback on their experience at the birthing facility.

The website is administered by a small group of researchers, based at the University of Queensland, who are passionate about providing information to expectant mothers on the high-quality of maternity care they can expect at Queensland's health facilities.

The Queensland Centre for Mothers and Babies is funded by Queensland Health.

For more information about the Birth Place website visit:

www.havingababy.org.au/birthplace

To provide feedback or suggestions for improving the website, please contact

Rachel Thompson on (07) 3346 3179 or rachelth@psy.uq.edu.au

Source: *Health Matters: News and information from Queensland Health, July 2011*

Women's Health Services Alliance (Qld) News

It has recently been confirmed that most of the Queensland Health funded women's health services will soon be moved to Department of Communities.

The transition is expected to take place over the next 12 months.

This will constitute one of the most significant changes in the sector's history. Few details are available at this point in time but consultations will be held over coming months to facilitate the transition.

Women's Health: A Tasmanian Agenda

The *Women's Health: A Tasmanian Agenda* summit, to be held on 13 October, will provide an opportunity for women's sector workers and other providers of services to women to collaborate on the development of a Tasmanian response to the *National Women's Health Policy 2010 (Policy)* and the *National Plan to Reduce Violence against Women and their Children 2010-2022 (Plan)*.

Facilitated by long serving AWHN National Committee member Denele Crozier, CEO of Women's Health New South Wales, summit participants will:

1. Examine the *Policy* and *Plan* priorities for the purposes of developing a Tasmanian agenda for women's health.
2. Produce a Tasmanian agenda

for women's health.

3. Identify and progress opportunities for collaboration and implementation of a Tasmanian agenda for women's health.

This event is being convened in partnership with the Tasmanian Women's Health Program and the Hobart Women's Health Centre.

To register please contact:

www.hwhc.org.au

Tasmania

How can the new national women's health policy support Tasmanian women?

Let's decide!

Providers of services to women are invited to a state summit to consider **Women's Health: Developing a Tasmanian Agenda**

The summit is an opportunity to:

- Examine the *NSW's* priorities, including the national plan to Reduce Violence against Women and their Children, for the purposes of developing a Tasmanian agenda for women's health.
- Envision a Tasmanian agenda for women's health.
- Identify and progress opportunities for collaboration and implementation of a Tasmanian agenda for women's health.

DATE: Thursday 13 October 2011
TIME: 10:00am - 3:00pm
VENUE: Tairrace Centre, 1 Waterfront Drive Riverside (Launceston)

RSVP by Friday 30 September is essential. Please contact the Hobart Women's Health Centre for further information, to RSVP and to receive your summit document pack. Email: info@hwhc.com.au Tel: 6231 2212. A catering contribution of \$25 per person applies and is payable upon registration.

The summit is a partnership of the Tasmanian Women's Health Program and Hobart Women's Health Centre.

NGO Program

There are two key activities currently being undertaken as part of the implementation of the review of the NGO Program:

1. Establishment of a NGO Unit at the NSW Department of Health. As part of the implementation of the Review Recommendations, a NGO Unit is being established at the Department and statewide NGOs and multi-program NGO grants are to be centrally administered, with a single Funding and Performance Agreement developed for each NGO, where possible.

As part of the commencement of the

NGO Unit, a paper outlining the transition and reform program for the NGO Program has been drafted. This paper will be circulated to Local Health Districts shortly for information and consultation.

2. NGO Advisory Committee (NGOAC). The NGO Advisory Committee is the senior forum to facilitate collaboration between NSW Health and the NGO sector on the development and implementation of

NSW Health policy, the NGO Program and the relationship with the NGO sector. After a consultation process, the NGOAC Terms of Reference has been revised.

Further information on the NGO Review Recommendations Report can be found at:

http://www.health.nsw.gov.au/aboutus/business/ngo_review.asp

News in Brief

• AWHN Strategic Planning

A National Committee meeting held in Sydney on 9 June and a final draft of the AWHN Strategic Plan 2011-2013 was completed.

• 7th Australian Women's Health Conference

A NSW Conference Committee has been formed (members from Government/Non-Government women's sector NSW) with subcommittees that will look specifically at: NSW engagement; arts and social initiatives; and funds/sponsorship.

• NSW Medicare Locals

NSW will receive 18 Medicare Locals, with priorities including: improving access and reducing inequity; better management of chronic conditions; and increasing the focus on prevention and improving quality, safety, performance and accountability.

• 4th Rural Health Research Colloquium

The 4th Rural Health Research Colloquium (RHRC) is being held in Dubbo, NSW, from 11–13 October 2011 at the Dubbo RSL Club Resort Conference Centre. The theme for the 2011 Colloquium is *Sustaining Rural Health through Research*.

• NSW Women's Health Plan Grants EOI

NSW Health re-issued EOI grants program for gender based women's health initiatives, priority action 15, in the NSW Women's Health Plan 2009-2012

Copies of the plan are available: http://www.health.nsw.gov.au/policies/pd/2010/PD2010_004.html

Special Leave Policy: Family violence/intimate partner violence

Several of the funded women's health services in Victoria have adopted workplace policies and enterprise agreement provisions supporting employees experiencing family violence/intimate partner violence or supporting others who are.

Women's Health East (WHE) recently adopted a new workplace policy that provides additional paid leave to employees experiencing family violence, mental illness, disability or serious physical illness. The *Special Leave Policy* provides up to twenty days of special paid leave per year for employees experiencing any of these circumstances, either personally or as carers.

WHE has also included family

violence leave in their recently approved enterprise agreement, recognising that employees sometimes face situations of violence or abuse in their personal life that may affect their attendance or performance at work. Staff who experience family violence will have access to up to 20 days per year of paid special leave related to their experience of family violence.

Women's Health Victoria also have an *Intimate Partner Violence-Prevention*

Policy which includes a range of support options to staff including leave options for employees who experience intimate partner violence.

Congratulations to these services for leading the way. Several other Victorian women's health services have made commitment to consider and/or implement these policies in the near future.

Getting to know our 'new' State Government

Victorian women's health services have been very busy and diligent in getting to know our new State Government.

Services have been meeting with relevant Ministers, preparing and presenting evidence-based discussion papers on key issues (such as sexual and reproductive health) and by remaining informed and contributing where possible to new and emerging policy direction.

It is an important time for women's health services in Victoria to be engaged and active to ensure that gender as a determinant of health and women's health broadly do not 'fall off the radar' of our new partners in state government.

Pay Equity Case

Over the last two years in Victoria, the pay equity case has included four rallies, submissions, case studies, court attendance and funky dance moves (Women's Health in the West are the clear leaders in the dance category!) and you are all aware of the landmark pay equity case in which Fair Work Australia found that Social and Community Services workers are not receiving equal pay and that gender is a significant cause of that pay gap.

In the lead up to last year's Victorian state election the then opposition said it would fully fund the outcomes of the case, no matter what the cost. However, whilst the Baillieu Government previously said they would provide \$200 million over four years to fund the wage increase it has

hinted that any funding gaps would most likely lead to cuts to jobs and services. There is still work to be done!

Equal Pay Day, which fell on 1 September this year was well supported by the Victorian Women's Health services and a lot of work has already occurred to ensure that our state and federal politician understand the importance, not only of pay equity, but of the funding needed to close the pay equity gap. It is worth visiting the Women's Health in the West website to see their leadership in this work:

www.whwest.org.au

A snapshot of good work from Victoria: Women's Health Goulburn North East

In April, the Victorian Government acknowledged Women's Health Goulburn North East for winning a National Crime and Violence Prevention award for the *Bsafe Project* and for being awarded a National Certificate of Merit for the *Intimate Partner Rape* research. Rachael Mackay, Debra Parkinson and Susie Reid were presented with the state acknowledgement by the Minister for Crime Prevention, Andrew Macintosh.

State reports

Victoria

More about Bsafe

The Bsafe pilot Project 2007-2010 is currently supporting 13 women and 25 children in the Hume region with Bsafe units. The funding will cease in August and without an urgent commitment from the state government to provide further funds and support, the project will fold. Since January there have been enquiries from police, sexual assault and family violence services across the region who have women and children who could be protected through Bsafe. It is evident that the government is committed to addressing crime and crime prevention but this does not include one of the most serious, insidious and costliest crimes, that of violence against women and children in the home. If you would like to show your support for Bsafe you can go to the link on our website and send an email to your local members!

www.wealth.com.au/work_bsafe_support_needed.html



Upcoming events

September 2011

Conferences, consultations, seminars, training etc

ABC – About mental health, bones and cardiovascular health

15th Australian Menopause Society Congress

9–11 September 2011 Brisbane, Queensland

Sessions include: Plenaries, Debates, Free Papers and Discussion on topics surrounding Estrogens, Progestins, Bones, Hormones, Mental Health and much more.

www.ams2011.com.au

Sustainable Population Health

PHAA Public Health Association Australia 41st Annual Conference

26 – 28 September 2011 Brisbane Convention Centre, Brisbane, Queensland

<http://www.phaa.net.au/41stPHAAAnnualConference.php>

Sex in the (capital) City

2011 Australasian Sexual Health Conference

28 – 30 September, 2011 National Convention Centre, Canberra, Australian Capital Territory

www.sexualhealthconference.com.au

ASHM Australasian HIV/AIDS Conference 2011

23rd Annual Australasian Chapter of the Australasia Society for HIV Medicine

26 – 28 September, 2011 National Convention Centre, Canberra, Australian Capital Territory

www.hivaidsconference.com.au

Rise to the Challenge of Environmental Health

8th National Aboriginal & Torres Strait Islander Environmental Health Conference

27–30 September, 2011 Darwin Convention Centre, Darwin, Northern Territory

www.natsieh.com.au

Impacts & Outcomes

3rd Rural & Remote Mental Health Symposium

14 –16 November 2011 Mercure, Ballarat

Examine the impacts & outcomes of social, financial and environmental issues on Mental Health Clients and their Service Providers in Rural & Remote communities in Australia.

<http://www.anzmf.asn.au/rrmh11/index.html>

3rd Annual Art of Good Health and Wellbeing

2011 Arts and Health International Conference

14–18 November 2011 National Gallery of Australia, Canberra

<http://www.artsandhealth.org/>

FECCA Biennial Conference – Advancing Multiculturalism

Federation of Ethnic Communities' Councils of Australia and the Multicultural Communities Council of SA Inc.

17 and 18 November Adelaide Convention Centre, South Australia

<http://www.plevin.com.au/fecca2011/index.html>

November 2011

November 2011

June 2012

The Future of Food lies in Your Hands!

Public Health Association Australia-2nd National Food Futures Conference

22 – 23 November 2011 Grand Chancellor, Hobart, Tasmania

<http://www.phaa.net.au/2ndFoodConference.php>

Connecting for Action in the Asia-Pacific Region

International Women's Conference

14 – 15 June 2012 Cairns, Queensland

Conference themes: Building Sustainable Communities, Women and Economic Development, Making Women's Lives Safer, Women's Leadership and Governance. Abstract submissions: 14 November 2011.

www.jcu.edu.au/iwc/

Network News

The submission of content for the Network News is invited from the AWHN membership and other interested parties. Content with an international, national or regional focus is welcome.

The newsletter is produced quarterly, with contribution and distribution deadlines published in the preceding edition for the next issue. All submitted articles will be reviewed by the AWHN Newsletter Selection Panel and considered on the criteria outlined below. The Selection Panel's decision is final.

To be considered for inclusion in Network News, all articles must support the organisational aims of the AWHN, which are to:

- Maintain and increase a national focus on women's health across the social determinants of health;
- Be a national advocacy and information sharing organisation;
- Be an umbrella organisation for strong and active State and

Territory women's health networks and for other women's organisations.

In addition, articles will be considered on the basis that they:

- are of interest to the AWHN membership
- make a constructive contribution to current knowledge and debate
- are factual and evidence based
- are timely
- fit with the theme of a particular edition
- are not libellous
- are consistent with AWHN principles and values

Submissions may be copy edited before publication, and unless otherwise negotiated with the Editor:

- should be approx. 500 words
- must be sent as a Word attachment and accompanying images as jpg files
- must be received by the advertised due date
- must use a standard font for text
- must not be subject to copyright restrictions
- must be the writer's own work.

Submissions should be sent to the Editor at newsletter@awhn.org.au and we would be happy to discuss any ideas you may have.

Submission deadline for the November edition (0411) is 21 October 2011, for distribution Friday 25 November.

Submissions

Membership

To renew your Australian Women's Health Network membership, go to AWHN [Membership](#) for details.