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AUSTRALIAN WOMEN'S
HEALTH NETWORK

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in this issue:

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Picture: AWHN National Committee members at 6th Australian Women's Health Conference, from right Marion Hale, Annie Flint, Maree Hawken, Cathy Crawford, Kelly Banister, Megan Howitt, Mandy Stringer. Photographer: Tracey Wing

From the Convenor

Greetings members and friends. Here is our second newsletter for 2011.

We hope you enjoy reading it and find it informative.

We are very pleased to welcome Rita Butera, recently appointed Executive Officer, Women's Health Victoria, to the AWHN management committee. Rita worked previously with *beyondblue*, the national depression initiative, and she has rich background experience in management and project management positions. In the NGO sector and in a variety of Commonwealth, State and Local government positions, she has worked variously on migrant and social welfare issues, community adult education, health promotion and social planning.

We are delighted to welcome recent new members. Between January and March, five new women joined: Lanie from WA, Susan and Julie from NSW, Mary-Anne from Tasmania and Kara from Victoria. At last count, we had 189 individual members and 118 organisational members, making us the largest network of women's equality seeking organisations in Australia.

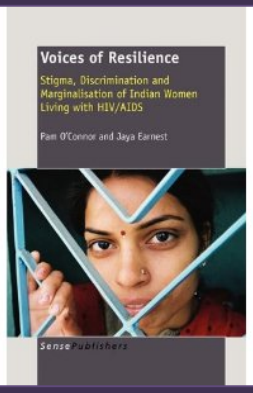
By the time you read this, the Commonwealth Budget for 2010/11 will have passed into history. At the time of writing, reports and rumours about what it will contain are flying along the airwaves. In April, Health Minister Roxon reiterated that the Gillard government regards mental health as a second term priority. On that basis, we might anticipate the announcement of a large and long overdue injection of funding.

Other reports are worrying. The welfare sector met in Canberra in early May to discuss proposals that teenage parents have their parenting payments reduced after a year, if they don't return to school or find paid work. There are to be trials of the new system in 10 of Australia's poorest communities. We know that people in low socio-economic neighbourhoods have the highest risk of poor health outcomes, a situation that will be exacerbated by increased stress. While making more opportunities available is praiseworthy, we ask what kinds of support services, including childcare, are to be provided to allow young people to comply with the new arrangements. Also of concern are the Treasurer's announcements that the long-term unemployed and disability pensioners will face new requirements to engage in training, literacy programs and paid work. Again, we are concerned to see that the necessary support services are to be put in place.

The AWHN Committee is planning a face-to-face meeting in Sydney in June. The main agenda items will be the development of an Action Plan, 2011-13, and planning for the Seventh AWHN National Women's Health Conference, to be in Sydney in 2013 or early 2014.

Happy networking!

Gwen Gray



Indian women, HIV/AIDS and resilience

Jaya Earnest

Associate Professor Jaya Earnest and Doctor Pam O'Connor from the Centre for International Health at Curtin University, Western Australia were recently in Mumbai, India, to release their latest book titled, Voices of resilience: stigma, discrimination and marginalisation of Indian women living with HIV/AIDS*. The book reports on an in-depth study conducted on women infected and affected by HIV in a lower socio-economic area of Mumbai. The fifty women interviewed for the book were infected or affected by their husband or a family member, a common situation throughout India. The book discusses the stigma and discrimination that exists within the family and community against these women.*

In this article, A/Prof. Earnest and Dr O'Connor talk about the study and its findings.

International feature article

The number of people living with HIV/AIDS in the world is estimated at 33.2 million people, 15.4 million of these are women and 2.5 million are children (UNAIDS, 2010). India's figures were revised downwards in 2008 to 2.27 million people living with HIV/AIDS, with an adult HIV prevalence of 0.29 percent. The epidemic in India is predominantly spread through heterosexual contact (NACO, 2010).

Three of the most disturbing facts about the existence of HIV/AIDS in India are, firstly, that an increase in the prevalence rate of a mere 0.1% in a country (with a population) like India would increase the number of people living with HIV/AIDS (PLWHA) by over half a million people (World Bank, 2007).

Secondly, HIV incidence amongst married monogamous women has been growing since 2000 (D'Cruz, 2004). Although there was an overall decline in HIV prevalence among antenatal care (ANC) attendees in India, there was however, a rising trend among ANC attendees in some low and moderate prevalence states, such as Gujarat, Rajasthan, Orissa, Uttar Pradesh, Bihar and West Bengal (NACO, 2010). Thirdly, it is recognised that stigma is driving the current phase of the HIV epidemic.

HIV/AIDS challenges the traditional definitions of family and concepts of normative family functioning. Roles change, girls are removed from school, young widows are returned to their maternal homes and children are left orphaned. The issues of caste, class, poverty, patriarchy and gender are inseparable, and continue to affect the experience of HIV/AIDS for women in the lower socio-economic strata.

Effective policies and programmes that support women in their family role, and which also address their own needs and desires, are essential. Women have to be supported, empowered and encouraged over time to develop confidence in their abilities and strengths. Changing attitudes and beliefs is the precursor to behavioural change and is more complex than delivering knowledge and awareness programmes.

Men have a pivotal role in transforming the status of women. Men have the benefits of power and resources, at the expense of the physical and emotional health of women. The interviews showed that

Indian women, HIV/AIDS and resilience cont …

76% of the women in this study had little knowledge of HIV/AIDS. There is evidence of a lack of disclosure of status to prospective partners and wives even after diagnosis (Pradhan and Sundar, 2006). Motivating men to change involves changing the social and cultural environment and belief structures, and encouraging them to take part in women's health initiatives.

The study was undertaken at the K J Somaiya Hospital HIV Project (SAHAS) in Mumbai, whose assistance in facilitating the visits with the women was invaluable. Using exploratory qualitative methods and underpinned by the psychosocial framework and gendered perspectives the study represented the voices of affected and infected women. The book portrays the resilience of each woman's spirit and the unique capacity of the women to cope, to find strength, to pursue life and to maintain hope when their dreams and the dreams of their children have been shattered through HIV/AIDS. It is hoped that the findings of this study will also contribute to the development of an action-oriented program for HIV and women's health underpinned by a rights-based approach in India.

Picture: Launch of Voices of resilience: stigma, discrimination and marginalisation of Indian women living with HIV/AIDS *from left to right Mrs Leela Kotak (Trustee, Somaiya Trust), Dr Pam O'Connor, A/Prof Jaya Earnest & Dr Geeta Nyogi (Dean, Somaiya Medical College)*

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National updates

The Equal Pay Test Case

The Equal Pay Test Case, launched by the Australian Services Union in 2010, has been heard by the Full Bench of Fair Work Australia. The Tribunal retired in mid April to consider the case but there is no information about when its final determination will be delivered. In the meantime, it has been found that the majority of Australians support the claims of the Union. The Australian Council of Social Services (ACOSS), commissioned a survey to discover whether Australians support higher wages for community sector workers, including those working in disability and aged care. Approximately 30 per cent of people surveyed thought that community sector wages should be higher than for those doing similar jobs in other industries and 60 per cent said the pay should be about the same. More information and the submissions to the case can be found at:

http://www.fwa.gov.au/index.cfm?pagename=remuneration&page=timetable

National Women's Health Policy 2010

As most of you know, the only funding announced alongside the second National Women's Health Policy, released in December 2010, is increased funding for the women's longitudinal health study, Women's Health Australia, a laudable project, but hardly appropriate as a national effort to improve women's health.

In response to our disappointment, the Public Health Association of Australia (PHAA), AWHN, Children by Choice, Equality Rights Alliance (ERA), 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, Melbourne University, have worked together to write a joint letter to the Minister. Thank you to PHAA for taking a lead role in this initiative.

The solid foundation built by the first Policy and the focus on gender and diversity as key determinants of women's health is recognised and we applaud that. Our letter points out, however, that no implementation plan or program funding has been announced and we ask for information about how the Policy will be implemented and about relevant timeframes. We also ask that the goals set out in the new Policy be integrated into implementation plans for Medicare Locals, which are proposed as the Commonwealth's new Primary Health Care Organisations. We advise that gender analysis of all public health structures will be necessary and we ask about longer term plans to strengthen and expand the NGO sector as an essential partner in an effective health system. In particular, we have requested clarification about the future funding and resourcing of women's health centres and services.

The letter further suggests a need for the inclusion of unplanned pregnancy and pregnancy termination initiatives as part of any women's health policy, as well as the desirability of developing a National Sexual and Reproductive Health Strategy. The need to class intimate partner violence as a women's health issue, a preventable risk factor for a range of conditions, is also discussed. Finally, our letter asks that a mid-term review of the policy's impact be undertaken within two and a half years.

Gwen Gray

The National Health Reforms

The revised national health reform process that was announced after the February 2011 COAG meeting has been given very little attention by Government members lately. We know that the Commonwealth will not take over primary health care funding, as was the original intention and that its proposal to assume a much larger share of hospital funding has been modified. The main structural reform proposed, about which little detail is yet available, is the establishment of Medicare Locals, Local Hospital Networks and GP Super Clinics. The first group of Medicare Locals are expected to be in operation by the middle of the year, followed by the remainder in the middle of 2012. To the best of my knowledge, the total number of Medicare Locals proposed has not been announced. The small network of GP Super Clinics continues to expand and consultations have been held for eleven new services in the first few months of this year. For information about Medicare locals go to:

http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/MedicareLocalsBoundarie

and about GP Super Clinics:

http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics

Gwen Gray

National Plan to Reduce Violence against Women and their Children 2010 – 2022

National feature

In February this year, AWHN welcomed the launch of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. Violence against women has a terrible impact on the health and well-being of women in Australia and so is one of AWHN's priority areas for action.

One in three Australian women have experienced physical violence since the age of 15, and almost one in five have experienced sexual violence, according to the Australian Bureau of Statistics. In 2005, over 350,000 women experienced physical violence and over 125,000 women experienced sexual violence. Indigenous women and girls are 35 times more likely to be hospitalised due to family violence related assaults than other Australian women and girls.

Reflecting upon the statistics the Hon Kate Ellis MP, Minister for the Status of Women, noted that the figures were staggering.

"They are deeply disturbing" Minister Ellis said.

"All forms of violence against women are unacceptable, in any community, in any country and in any culture – it is everyone's responsibility to reject and prevent violence.

"And we know that the time for change was yesterday."

Key actions under the *National Plan* include:

- Supporting local community action to reduce violence against women.
- Commitment to support the inclusion of respectful relationships education in phase three of the Australian Curriculum.
- Provision of telephone support for frontline workers such as allied health, child care and paramedics to better assist clients who have experienced violence.
- New programs to stop perpetrators committing acts of violence and national standards for perpetrator programs.
- Establishing a national Centre of Excellence to evaluate the effectiveness of strategies to reduce violence against women.
- A Personal Safety Survey and National Community Attitudes Survey to track the impact of the new action plans every four years.
- Encouraging young people to develop healthy and respectful relationships through the continuation of 'The Line' campaign and respectful relationships program.
- The Australian Law Reform Commission (ALRC) inquiry into the impact of Commonwealth laws on those experiencing family violence.

AWHN particularly welcomes the focus on prevention and looks forward to working collaboratively across government and non-government sectors to ensure women have the opportunity to live lives free from violence.

The Plan can be viewed at:

National Plan to Reduce Violence

Marion Hale

National updates
Climate and Health Alliance

The Climate and Health Alliance (CAHA), of which AWHN is a founding member, continues its advocacy for effective climate policy to protect and promote human health – www.caha.org.au

CAHA Inc

CAHA recently became an Incorporated Association and appointed a new Board, known as the CAHA Committee of Management (CoM).

The new CAHA CoM comprises Erica Bell (Australian Rural Health Education Network); Grant Blashki (Doctors for the Environment, Australia); Marion Carey (Royal Australian College of Physicians); Bret Hart (Alliance for Future Health); Michael Moore (Public Health Association of Australia); Jenny Longland (CRANA*plus*); Kristine Olaris (North Yarra Community Health); Elizabeth Reale (Australian Nursing Federation), and Fiona Armstrong (CAHA Convenor).

The CAHA Officer positions are as follows: President, Fiona Armstrong; Vice-President, Erica Bell; Secretary, Jenny Longland; and Treasurer, Michael Moore.

Expert Advisory Committee

CAHA CoM is pleased to announce two new members of the CAHA Expert Advisory Committee: Dr Susie Burke (team leader of Climate Change and Disaster Response unit at Australian Psychological Society); and Professor Simon Chapman (public health expert from the University of Sydney). Both Susie and Simon will offer unique and informed perspectives on climate and health issues and CoM is grateful for their willingness to contribute to CAHA's work.

Networking

Over the last couple of months, the Climate and Health Alliance has met with a number of other organisations to inform them of CAHA's aims and objectives, its policy, research and advocacy agenda, and to explore opportunities for potential collaboration.

These meetings have been with the:

- Climate Alliance CEO Ben Scheltus
- Climate Institute CEO John Connor
- Safe Climate Australia Chair Ian Dunlop
- ACTU President Ged Kearney

The Climate and Health Alliance has been invited to join the Climate Action Network Australia (CANA). CANA is a network of regional, state and national environmental, community development, and research groups and is the Australian arm of Climate Action Network International. Membership of CANA offers the Climate and Health Alliance the opportunity to share its expertise on climate and health issues, and to help inform and influence the advocacy agenda of other climate related groups to give a stronger focus on the implications for human health from climate change and the health benefits of climate action.

CAHA's latest submissions and new Briefing Paper on the carbon price framework are available on their website.

Fiona Armstrong

CAHA Convenor

The Equality Rights Alliance

ERA is one of six FaHCSIA funded national women's Alliances. It represents fifty women's organisations and is active across a wide range of issue areas. Further information can be found at:

equalityrightsalliance.org.au

The Australian Human Rights Commission has undertaken information gathering and policy development work on the possibility of new national anti-discrimination legislation relating to sexual orientation and gender identity. The commission recently released a report available at this link.

Information about grants for community groups and sports clubs, which is part of the *National Plan to Reduce Violence against Women and Their Children* can be found on the ERA website at: www.equalityrightsalliance.org.au/news.

These are intended to support projects that help men and women to prevent domestic violence in their communities. Applications close 30 May, 2011.

Of particular interest to AWHN members is the national women's health survey being conducted by ERA. The survey was developed by ERA staff, assisted by AWHN members including Professor Dorothy Broom. The survey is being distributed online during May and the results should be available in June. There are three parts to the survey: a demographic section which will allow results to be analysed on the basis of income levels, sexuality, geographic location, workforce participation, language and culture; a section that will deal with health literacy and awareness of rights, available services and barriers to accessing services; the third section will explore the services that women want to access.

Gwen Gray

AWHN Representative on ERA

National updates

Australian Women Against Violence Alliance

Did you know that Constance Stone became the first registered female doctor in Australia in 1890 and had to study overseas to gain her qualifications as she had been refused entry to Melbourne University?

… or that The Queen Victoria Women's Hospital in Melbourne had its beginnings thanks to every woman in the colony of Victoria being asked to donate one shilling (about $40 today) to fund a hospital for women and children, and in a stroke of marketing genius, "to do honour to their Queen". The Shilling Fund raised 3,162 pounds, 11 shillings and 9 pence which enabled the Provisional Committee to buy the old Governesses Institute on Mint Place for £2000 allowing the hospital to open there on 12 July, 1899.

… or that The Leichardt Women's Community Health Centre was the first women's health centre established in Australia, in 1974, in response to lobbying by a determined group of women involved in the movement for women's health rights.

These and other significant events are included in the Australian Women's Time Line developed by the Australian Women Against Violence Alliance as part of the Centenary of International Women's Day. More dates are welcome and you can follow the links at AWAVA website to find the Timeline.

Earlier this year, AWAVA joined with Women's Legal Services of Australia to produce a submission on the draft *Family Law Amendments* and has been supporting the other Women's Alliances in the production of submissions to other inquiries linked to the *Australian Law Reform Commission Report on Family Violence*.

AWAVA is currently recruiting for a Program Manager and is having its second planning days – which will be reported on in our next newsletter. In the meantime if you want to keep up with news from the Alliance and the sector, you can join their email alerts which will be sent to you on a weekly basis at www.awava.org.au

Celia Karpfen
AWHN Representative on AWAVA

Feature issue

What is DES?

DES (diethylstilbestrol) is a synthetic estrogen, a female hormone. It was prescribed between 1938 and 1971 in a number of countries including USA and Australia, to help women with certain complications of pregnancy.

Use of DES declined following studies in the 1950s that showed it was not effective in preventing pregnancy complications. When given during the first 5 months of a pregnancy, DES can interfere with the development of the reproductive system in a foetus. For this reason, although DES and other estrogens may be prescribed for some medical problems, they are no longer used during pregnancy.

Potential risks with DES-exposure?

In 1971, DES was linked to clear cell adenocarcinoma in a small number of daughters of women who had used DES during pregnancy. This uncommon cancer of the vagina or cervix is usually diagnosed between age 15 and 25 in DES-exposed daughters. Some cases have been reported in women in their thirties and forties. The risk to women older than age 40 is still unknown, because the women first exposed to DES in utero are just reaching their fifties, and information about their risk has not been gathered. Although clear cell adenocarcinoma is extremely rare, it is important that DES-exposed daughters be aware of the risk and have regular physical examinations. There is also evidence that DES exposed daughters have a slightly higher risk of developing breast cancer.

There is also evidence there are potentially higher rates of testicular abnormalities and rates of testicular cancer among DES-exposed sons.

Thanks to Carol Devine, Coordinator of DES Action NSW, for raising this issue.

Further information is available from:

The National Cancer Institute, USA:
www.cancer.gov

The Cancer Council of NSW:
www.cancercouncil.com.au

and DES Action NSW:
desnsw.blogspot.com

This year marks the 40th anniversary of the cancer link to DES and as part of DES Awareness Week, June 1 - 7, Carol urges people with known or suspected DES exposure to find out more by contacting DES Action NSW via their website or phone on (02) 9875 4820.

Regular feature

Women, Health and Ageing

Findings from the Australian Longitudinal Study on Women's Health

Catherine Chojenta

Research & Communications Officer

Last month, the Australian Government Department of Health and Ageing released a new report - *Women, Health and Ageing: Findings from the Australian Longitudinal Study on Women's Health.* The report highlights the wide range of health care needs affecting older women, and highlights increasing levels of serious health risks, illness and disability among future generations of older women (mostly because of the growing problem of obesity and higher uptake of smoking). The Australian Longitudinal Study on Women's Health has repeatedly surveyed more than 40,000 women since 1996, and the current report focuses on changes in the health of women born between 1921 and 1926.

Significant findings of the study were:

- Most older women in the study were living with multiple conditions and increasing levels of disability
- Arthritis is a particularly common condition affecting most women in the study, leading to poor quality of life, pain, physical and social limitations and increased health care use
- Women with stroke or cancer have highest use of health care services and had a particularly poor quality of life
- Conditions such as diabetes could be better managed in accordance with current guidelines
- Some surgical interventions (such as joint replacement and cataract surgery) may have a profound effect on women's continued well-being.

The report also emphasizes the wide variation in the health states and needs of older women in our population. While, on average, the women's physical abilities have declined, a large proportion of the women in the study continue to maintain high levels of health related quality of life. Likewise, even though women were ageing and had increasing levels of disability and needs for care, many are still providing care for others and making major contributions to their communities.

The study confirms from a long-term perspective, lifetime maintenance of low risk behaviours is the best prospect for reducing the impact of chronic conditions and associated health care costs.

The Women, Health and Ageing report was released at the Australian Association of Gerontology NSW Rural Conference at Cessnock. The study is funded by the Department of Health and Ageing and is available online at: www.alswh.org.au

women's health australia

the australian longitudinal study on women's health

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Feature project

Bsafe Pilot Project 2007 - 2010

Rachael Mackay

Bsafe Project Officer

Bsafe offers an intervention to prevent further violence and enables women and children to remain in their own homes and communities. In 2007 Women's Health Goulburn North East, in partnership with the Victoria Police, secured three-year funding from the National Community Crime Prevention Programme for the Bsafe pilot in the Hume region of Victoria. A total of 72 women with 143 children participated in the Bsafe project which is a personal alarm system and risk management option primarily for people escaping family violence and sexual assault perpetrated by intimate partners.

Bsafe utilises VitalCall / Chubb Security, who supply a waterproof pendant that operates via the home telephone line that can be activated within the area of the victim's home and garden, and a 'mobile unit' which is similar to a mobile phone. The mobile unit is used where there is mobile coverage and allows Bsafe clients increased autonomy and security when out in the community. When either device is activated an alarm is sent to the 24 hour VitalCall1 response centre that immediately alerts 000 for a police response while continuing to monitor and record the call. Such recordings can later be used as evidence for court proceedings.

Who is Bsafe for?

Bsafe's eligibility criteria require victims escaping family violence and sexualised assault to:

- Reside in the Hume region, as this is where the project was piloted
- Have an Intervention Order (IVO) that excludes the perpetrator from the victim's premises
- Be at risk of the IVO being breached.

The third eligibility criterion is determined through the use of the Family Violence Comprehensive Risk Assessment tool that participants complete with a family violence or sexual assault service worker. This tool is designed to assess the level of risk posed by the perpetrator through the victim's own assessment of their level of risk, evidence-based risk indicators and the practitioners' professional judgment.[1]

How does Bsafe work?

The Bsafe unit is assigned and specifically programmed for each client by VitalCall. If a client was to relocate, VitalCall would need to be notified so that the unit is reprogrammed to the new address. Once a referral for a Bsafe kit is made:

- the VitalCall installer contacts the client to make a time and date to install the kit
- the installer demonstrates the product and assists the woman to test the product (Women are required to test calibrate their Bsafe kits once a month to ensure that they are working correctly)
- a password is set up.

If the client does not want the offender to be aware of the alarm, the system will be set up so that the operator will not speak when the alarm is activated and the police will be notified of the need to respond immediately.

Once the button on either unit is activated:

- the VitalCall Response Centre will respond immediately and the client is able to talk to the operator
- the client's details are instantly displayed on the operator's call centre screen (including name, address, the number of resident children and that the call is family violence related)
- the client will be asked to state their password.

If the password is not provided, the police will be contacted and notified of the need to respond immediately. (Clients using the mobile unit not at their residential address must notify the VitalCall operator of their location for the police to respond[2]).

All kit activations are recorded. Transcripts of calls made to VitalCall and the police can be made available for legal testimony.

What does Bsafe do?

Bsafe provides an effective, integrated, multi-agency response that improves the safety and autonomy of victims of family violence and sexualised assault whilst increasing detection and accountability for those perpetrating such violence.

The Bsafe project has two key objectives: to reduce homicides, assaults, sexualised assault and recidivism relating to family violence by funding the Bsafe kit and service to provide an additional level of support and service to victims of family violence so they can safely stay in their own homes and communities; and, to strengthen the relationship between the police, family violence, and the community.

By meeting these objectives Bsafe has: improved safety and security for victims of family violence and sexualised assault; reduced fear of crime; improved response and risk assessment; reduced the incidence of family violence within the community; facilitated early intervention and arrest of repeat offenders; supported victims within the judicial system; and increased levels of security relating to safety within the home and the community.

Evaluation

Bsafe's development and direction was shaped by key issues and findings. Informed by action research methodology,[3] several opportunities were presented for incremental evaluation through the Bsafe steering committee and feedback from women and key stakeholders. The issues and concerns raised in two structured reflective workshops further supported this process. Methods of evaluation included: Comprehensive Risk Assessment Tool (CRAF); project participant and key stakeholder questionnaires; one-to-one interviews; and, reflective stakeholder workshops.

Findings

With a pilot project of this size the findings are necessarily based on a relatively small number of participants, however, results suggest that if continued and expanded the Bsafe project could make a significant difference to the lives of women and children subjected to family violence. Thirty-six women responded to the Bsafe exit evaluation questionnaires with a majority stating that the perpetrator's use of physical violence had ceased totally. In many instances men's violence continued in the first three months of women accessing Bsafe, though there was a clear shift in the nature of perpetrator violence; in some cases serious physical violence ceased as psychological abuse and threatening behaviour continued. In many cases, this also eventually decreased or ceased.

Of the 27 women reporting a decrease in perpetrator recidivist offending, 16 reported that IVO breaches stopped entirely once Bsafe was installed.

Two women reported activating their kit during a breach - this led to both men being cautioned by police. One woman reported that IVO breaches subsequently ceased, while for the other, IVO breaches decreased and there were no further physical assaults.

A timely police response is essential to the effectiveness of Bsafe. For two women whose violent ex-partners continued to breach the Intervention Orders, the quick police presence provided a measure of security and in one case the offender was arrested and held accountable.

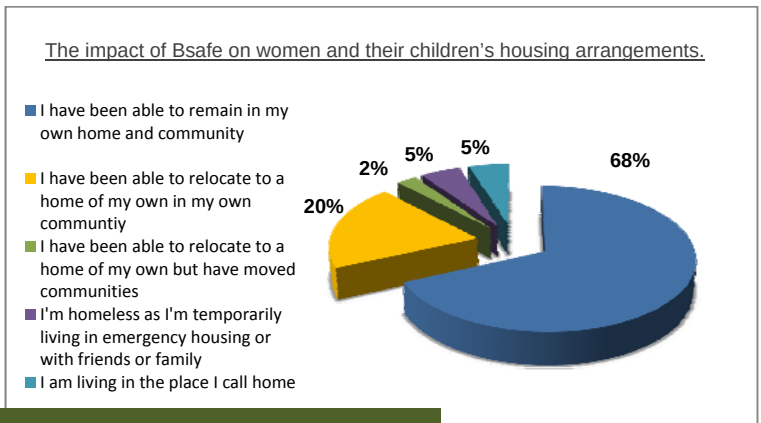
Bsafe increased women and their children's feelings of safety and supported women and their children to remain in their own homes and communities.

Bsafe's capacity to support women to reestablish a life of safety in their local communities cannot be underestimated. The high rates of women and children who were able to remain in the family home are significant when compared with federal housing outcomes for women with children escaping family violence.

Sixty-two percent of women involved in the project were able to remain in, or return to their own home despite their high risk status. Nationally, women and children escaping violence who access specialist housing services are more likely to exit into public housing than any other type of accommodation, with only nine per cent of women returning to their own home.[4]

Cost Benefits of Bsafe

The cost of a woman with children who accesses crisis accommodation, refuge, transitional housing and



then exits into private rental in the Hume region was estimated at $10,195.90. For a woman and her children escaping violence who do not return home, there are also costs associated with replacing belongings and household goods (e.g. beds, lounge, fridge, children's toys, television, microwave etc) and/or storage costs. Replacing such items can cost thousands of dollars and would likely bring this total to approximately $15,000. This figure also doesn't take into account the financial burden women often incur in relation to loss of income and productivity through to the inability to work or to honour back debts or repayments.

By contrast, the costs associated with a woman and her children who accessed refuge or crisis accommodation and then returned to their home with the added support of Bsafe, has been estimated at $3,755.12. This figure includes the cost of temporary refuge and transitional housing for some Bsafe clients.

What needs to happen

The Bsafe pilot project proved it is an effective and inexpensive deterrent to men who use violence, and importantly, Bsafe enabled women and children at high risk of family violence to remain in their own homes and communities. As a result, Bsafe was a national winner of an Australian Crime and Violence Prevention Award in 2010.

The Family Violence Managers Alliance, individual organisations and family violence prevention networks throughout the Hume region are committed to ensuring Bsafe is established permanently in the Hume Region and rolled out throughout rural Victoria.

There has been interest at State and Federal government levels however no commitment to date for further funding to continue Bsafe and establish Bsafe in other regions. A meeting with State ministers is scheduled for early June.

For further information contact:

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References

[1]VitalCall is a personal emergency response service that provides services within Australia 24 hours a day, 7 days a week, 365 days of the year.

[2] Family Violence Coordination Unit (2007) *Family Violence Risk Assessment and Risk Management: Supporting an integrated family violence service system,* Department for Victorian Communities: Melbourne, p. 65.

[3] VitalCall is currently exploring the possibility of the mobile companion having a GPS tracking device installed in it so that, when activated, women would not have to provide details of their location for a police response.

[4] Action research methodology, as stated by Rory O'Brien (1998), is a process of "learning by doing" - a group of people identify a problem, do something to resolve it, see how successful their efforts were, and if not satisfied, try again.

register4

The register4 initiative was set up in October 2010 by the National Breast Cancer Foundation (NBCF) in response to the growing need for volunteer research participants. NBCF are aiming for one million members with Register4 members invited to participate in a range of peer-reviewed, science-based research projects. As a voluntary initiative, the decision to take part is always the participants'.

Breast cancer is still the most common cancer affecting Australian women, and over the last few decades its incidence has been on the rise.

There could be something unique about any of us that holds answers to the big questions researchers are asking. By joining Register4, participants have the potential to make a tangible impact on the path of Australian research and the health of women around the world. It can sometimes take years for researchers to find the right people to participate in their work. Register4 is a way to help fast track this process.

For more information or to get involved, go to:

www.register4.org.au

State Reports
Western Australia

Women's Health Matters – A 10 Point Plan of Action 2011 - 2015

Women's Health Centres in Western Australia have collectively worked to develop a *10 Point Plan of Action* to improve the health of women. The Plan was officially launched by Dr Carmen Lawrence 28 March, 2011 and is currently being distributed to the wider women's health sector for endorsement.

WA is one of the few states that have developed a *Health and Well-being Surveillance System* for continuous data collection to monitor the status of health and well-being. However, despite enjoying the benefits from such a regular monitoring system, women in WA still face multiple challenges arising from social, economic and health inequities.

In 2002 the Women's Convention established the *Women's Report Card*. This Report measures the status, health and well-being of women in Western Australia. The Card provides key indicators of the status of women in the areas of health and well-being, work, safety, leadership and education.

The purpose of this *10 Point Plan of Action* is to set a policy agenda for improving the health and well-being of all WA women. The Plan provides the rationale for why women's health and well-being matters.

Importantly, it proposes a policy framework based on social determinants and gender equality, and the process through which the recommendations of the plan can be achieved.

Despite living in a prosperous state and having access to a wide range of generalist and specialist health services, there are still many areas of social, economic and health inequities faced by WA women, with no specific plan of action for women's health and well-being.

For a copy of the *Women's Health Matters – A 10 Point Plan of Action 2011-2015* contact:

awhn@awhn.org.au

Primary Health Care Strategy Network

Primary Health Care Strategy Network is currently seeking feedback on the WA Primary Health Care Strategy consultation document. Feedback is required by 7 July, 2011 and the consultation document and stakeholder feedback form are available at: **www.healthnetworks.health.wa.gov.au/network/primary.cfm**

Victoria

Victorian Sexual and Reproductive Health Strategy

The Women's Health Association of Victoria believes there is a major opportunity for the newly elected Baillieu Government to act decisively and draw on the immense capacity of the sector to develop a Victorian Sexual and Reproductive Health Strategy.

There are clear opportunities for action, many of which are simple but tangible responses which will draw together work across the sector to respond more effectively to sexual and reproductive health and create outcomes for all Victorians.

WHAV plans to outline to the new State Government the ways in which a holistic Sexual and Reproductive Health Strategy would:

- strengthen prevention initiatives and services to all Victorian women and men, including specific population groups such as Aboriginal and Torres Strait Islander women and CALD women
- provide an integrated approach to sexual and reproductive health policy, service and program delivery, and
- ensure sexual and reproductive health rights are protected.

The strategy would be evidence-based and recognise the health service delivery sector. It would be strongly informed by heath promotion theory and the social determinants of health.

More information, when available, will to up loaded onto the AWHN website.

REGULAR FEATURE

These reports are provided by the state and territory representatives on the AWHN National Committee.

Family Violence and Sexual Assault

WHSU Chairs a Health Services Division Reference Group made up of representatives from Mental Health, Aged and Disability, Remote Health and Community Health. This group seeks to ensure all Branches are meeting their legislative and policy obligations in regards to mandatory reporting on Family Violence, Child Abuse and Sexual Assault and that there is a community of practice about responding to these complex issues in the Division.

The Domestic and Family Violence Policy Team, Office of Women's Policy and Sexual Assault Referral Centre (SARC) now sit in the new Department of Children and Families and work closely with this reference group.

A new Sexual Assault Network for Darwin (SAND) has been formed, made up of Government and non-Government agencies working in this area, with SARC a key instigator of this group.

CAFVSAN (Central Australian Family Violence Sexual Assault Network) continues to meet monthly in Alice Springs to inform and support all service providers in the region.

Departmental Changes

As of 1 January, 2011 the Department of Health and Families was split in two to create the Departments of Health and of Children and Families. This was done to better respond to the recommendations of the *Growing Them Strong Together Report* delivered by the Board of Inquiry into Child Protection in the Northern Territory. Read more at: http://internal.health.nt.gov.au/divisions/ntfc/ntfcreform/Pages/default.aspx#bg

Men's Health Strategy Unit

The Department of Health has a renewed Men's Health Strategy Unit and employed Frank Wallner as the new Manager in February 2011. This is a welcome development and has given a new impetus and resources for strategic planning around gender as a determinant of health in the Northern Territory.

Central Australian Aboriginal Strong Women's Alliance

Currently CAASWA is holding meetings in Alice Springs and Amoonguna to build membership and to encourage women to identify priority issues. Incorporation will be finalised soon and links made with other Strong Women's Groups.

AWHN's Talking Circle has been promoted with the group and once a solid membership base has been established it is hoped that all members of CAASWA will become members of AWHN. Mentoring young Aboriginal women into leadership roles is one priority for CAASWA.

Other projects associated with women's health have been Elder Abuse, Celebrating Families, International Women's Day and supporting programmes for young women.

Refugee Women's Health

The General Practice Network NT (GPNNT) is funding a two-day visit by Family Planning to Darwin on 8 - 9 June, 2011 to run a workshop and two community awareness sessions about providing culturally sensitive sexual and reproductive health messages in refugee and migrant communities.

State reports

South Australia

South Australian Health Reform

The 13 February 2011 Council of Australian Governments (COAG) meeting agreed to a new National Health Reform Agreement to be developed and signed by all States, Territories and the Australian Government by 1 July 2011. The agreement provides for a nationally unified and locally controlled health system with Local Health Networks and Medicare Locals continuing to be progressed.

Local Health Networks (LHNs) will manage the delivery of public hospital services and other community based health services as determined by the State Government. They will:

- comprise single or groups of public hospitals, and
- have a geographical or functional connection.

There will be five Local Health Networks in South Australia established as incorporated hospitals under the *Health Care Act 2008*. These are:

- Children, Youth and Women's Local Health Network
- Country Health SA Local Health Network
- Central Adelaide Local Health Network
- Northern Adelaide Local Health Network
- Southern Adelaide Local Health Network

The creation of the three new metropolitan LHNs means that the Adelaide Health Service will be dissolved. A map of LHN boundaries can be found at:

www.yourhealth.gov.au

The LHNs will be proclaimed and the Governing Councils appointed by 1 July 2011.

Response to victims of rape and sexual assault in rural and remote regions

A number of gaps have been identified in service responses to rural victims of sexual assault, in particular medical and counseling services.

In order to increase accessible service options a locally coordinated service model has been developed by Yarrow Place Rape and Sexual Assault Service in partnership with Country Health SA.

At this stage in the process each regional cluster has appointed a key contact person/s who is responsible for scoping local services, undertaking skills development training and providing regional support.

Around the sector

- This year's 'Reclaim the Night' will be coordinated by the YWCA. The 'Y' is currently running a short online survey to identify how communities want to be engaged in the event
- It has been reported that some women, who under normal circumstances are eligible to receive legal aid, have been denied access to services due to the 'baby bonus' being declared as income. The SA Women's Services Network will highlight this area of concern as part of its advocacy role.
- SA Health has funded additional 'gender analysis' training for workers and executive level staff. The training is based on a 'train the trainer' model and focuses on applying a gendered lens to policy development, service planning and implementation.
- The Working Women's Centre together with the Australian Domestic and Family Violence Clearing House is developing a submission regarding work agreements and the provision of/access to leave for women experiencing violence.

Women's Health Services Alliance (Qld) News

In the lead up to the anticipated State Election in early 2012, members of the Women's Health Services Alliance (Qld) recently wrote to the Queensland Health Minister, Hon. Geoff Wilson MP, and Minister for Women, Hon. Karen Struthers MP, seeking an appointment to discuss the primary health care reforms and implications for women's health services.

The Alliance also contacted the Shadow Ministers, Mark McArdle and Fiona Simpson, and secured a mid-May appointment. Alliance representatives are particularly interested in discussing how members might communicate with Medicare Locals and ensure representation by women's services at the local level, and continue delivery of vital services to the community.

Picture: Members of the Women's Health Services Alliance (Qld) at a recent meeting in Brisbane.

Indigenous Families in Mount Isa Get Better Access to Health Services

Indigenous babies in Mount Isa will have a better chance of being born healthy and staying healthy following the announcement today of more than $420,000 to develop culturally appropriate pre-pregnancy care and early childhood development services.

Minister for Indigenous Health Warren Snowdon said the Australian Government funding would be provided to Gidgee Healing (Mount Isa Aboriginal Community Controlled Health Service) to develop a holistic and caring environment for new and expectant mothers in the Queensland town and surrounding region.

"The funding will help to bolster and improve access to care for Aboriginal and Torres Strait Islander mothers and their children through home visiting and outreach services," Minister Snowdon said.

"As well as improved antenatal and postnatal care, there will also be better monitoring of developmental milestones, immunisation status and infections, and better availability of health checks and treatment referrals before children start school.

"Mothers will also have better access to information about baby care, practical advice and assistance with breastfeeding, nutrition and parenting," he said.

Earlier this week, the Minister also opened the enhanced Kalkadoon Aboriginal Sobriety House (KASH) drug and alcohol rehabilitation centre at Spear Creek, near Mount Isa.

KASH is a holistic drug and alcohol rehabilitation centre with dormitory-style family accommodation for up to 45 people. Its residents come from the Mount Isa region, the Gulf and the Northern Territory.

The upgraded centre now features a new Training House which was built and fitted out following a $332,200 grant from the Australian Government.

The new Training House will be used to provide 'life skills' training to Aboriginal and Torres Strait Islander people being treated. The training courses will play a key role in addressing the holistic needs of clients, enabling them to become job ready and to engage fully in all aspects of life.

KASH will also make the Training House available to other community organisations in the Mount Isa region.

"The Australian Government is committed to Closing The Gap in health outcomes for Aboriginal and Torres Strait Islander people in Mt Isa and across Australia," Minister Snowdon said.

(Source: Media Release, Minister for Indigenous Health)

Change of State Government

While we have a new Premier (Hon. Barry O'Farrell), Health Minister (Hon. Jillian Skinner MP), Treasurer (Hon. Mike Bard MP) and Minister for Women (Hon. Pru Goward MP) all are quietly progressing with a major focus on their first 100 days.

Having said that, two major actions have had an immediate effect:

1. Appointment of Dr Mary Foley to the position of Director General, NSW Health who has advised that any further changes to the NSW Health system will be announced by the end of the financial year and,

2. Transfer of the Office For Women's Policy from Department of Premier and Cabinet to the Department of Family and Community Services back to the Department of Community Services.

We have been advised that the current Premier's Council on Preventing Violence Against Women and Premier's Expert Advisory Council on Women are expected to continue their work until the completion of their appointed term.

As one colleague noted:

"By moving violence against women to FACS the concept of violence against women as a human rights issue, and as a breach of women's legal rights, will be lost and we will be back to the 'domestic violence as a welfare problem' approach."

NSW Strategies

The following Strategies continue to provide a range of effective services and programs across NSW:

• NSW Domestic and Family Violence Action Plan and Launch of new website

This implementation and action plan is progressing well and the new NSW Government website on domestic violence, *Domestic Violence – It can happen to anyone,* was recently launched:

www.domesticviolence.nsw.gov.au

• NSW Women's Health Plan 2009 – 2012

The current focus is a call for submissions regarding gender-based women's health initiatives.

Copies of the plan are available at:

www.health.nsw.gov.au/policies/pd/2010/PD2010_004.html

• NSW Women's Plan

It is early days for this plan and reports are due over the next few months.

Copies of Plan are available at:

http://www.women.nsw.gov.au/new_south_wales_womens_plan

Rural women are less active than city counterparts, but why?

A new Menzies study aims to find out.

It is well known that people who live in rural areas have poorer health than their city counterparts, and rural women are less active than city women, but the reasons for these differences are less clear.

The Women in Rural Areas and Physical Activity study aims to identify reasons for the lower rates of physical activity among rural women.

Dr Verity Cleland from the Menzies Research Institute Tasmania thinks that the lower physical activity levels may be due to differences in the features of the built and natural environments where rural women live, work and play.

But Dr Cleland says that because rural environments are so different from urban areas, the features important for physical activity are also likely to be different.

The study aims to identify the major barriers to physical activity among rural women and ways to overcome these barriers.

The study is seeking women living in Geeveston, the Central Highlands, and the Ulverstone and Penguin area to participate in a one-hour interview. Eligible participants can be active or not, women with or without children, who are employed or not, and those who live on small, medium and large properties.

The findings will help to influence future programs and policies to promote physical activity, which will in turn mean better health for rural women.

To be involved in this research project: Women aged 18 – 55 years who live in Geeveston, Bothwell, Hamilton, Ouse, Penguin or Ulverstone are asked to register their interest by calling 6226 7712 or emailing:

rural.women@utas.edu.au

(This article is an abbreviated version of one that appears on the **UTAS**

Tasmanian Women's Health Summit 2011

Planning for the Tasmanian Women's Health Summit is proceeding with the establishment of a collaborative partnership between the Hobart Women's Health Centre (HWHC) and Tasmanian Women's Health Program, and a number of decisions have been made at recent steering group meetings.

The Summit will provide an opportunity for sector workers to consider what needs to be on the agenda for women's health in Tasmania. A central focus of these considerations will be the relevance to Tasmanian women of the priorities set by the Commonwealth Government's *National Women's Health Policy* and *National Plan to Reduce Violence against Women and their Children*.

The Summit will be held in Launceston in October.

To join the mailing list and receive further information about this event individual health workers and organisational representatives are invited to contact HWHC on (03) 6231 3212 or by email at:

glynis@hwhc.com.au

Tasmanian Surrogacy Bill 2010

Women's Legal Service Tasmania Inc. (WLS) Position Paper, May, 2011

Susan Fahey

Managing Solicitor

Debate about a new Surrogacy Bill soon to be put to the Tasmanian Legislative Council has raised serious concerns about discrimination and the undermining of a woman's right to make decisions about her body. In the article below Susan Fahey outlines the issues and calls for support of the WLS position.

Feature issue

Picture: babypredictor101.blogspot.com/

What is the Surrogacy Bill about?

Surrogacy is where a woman carries a child from conception through to birth for another couple or individual usually due to problems with the conception or carriage of children on the part of that individual or couple.

In 2010 the Tasmanian Government introduced the *Surrogacy Bill 2010* so as to decriminalise altruistic or non-commercial surrogacy. Apart from decriminalising altruistic surrogacy the aim of the Bill is to implement legislative rules or guidelines as to when and how a surrogacy agreement can be made.

If the Bill passes in its current form surrogacy would be legal in Tasmania and available to all Tasmanians regardless of their relationship or marital status. Under this proposed legislation commercial surrogacy or surrogacy for a fee would remain illegal in Tasmania.

Background

The Bill passed through the House of Assembly or Lower House of Parliament in April 2011. When the Bill was being debated the Liberal Party proposed a number of amendments to the Bill including:

- That same sex couples be excluded from utilising surrogacy arrangements
- That a surrogate be 25 years of age or older
- That women who have not had children be excluded from entering an agreement to be a surrogate
- That women have their spouse's consent for them to enter an agreement to be a surrogate.

Ultimately these proposed amendments were defeated with the exception of the minimum age provision, which was reduced to 21.

Women's Legal Service Position

Exclusion of Same Sex Couples from Surrogacy Agreements

The WLS believes legislation should be free of discrimination, and as such, laws which exclude someone based on their sexuality or relationship / marital status to be an unacceptable proposition.

In Tasmania, same sex relationships are legally recognised and can be formalised by Deed of Relationship, with or without a civil ceremony. Children of same sex relationships are deemed to be children of those relationships.

Over the last decade, Tasmania has passed a number of laws with the intent of removing discrimination against same sex couples and their families. Most recently the Status of Children Act was amended so that lesbian mothers conceiving a child through IVF could both be deemed the parents of that child, and as such, both could be included as parents on the child's birth certificate. Should same sex couples be excluded from entering surrogacy arrangements purely because of their sexuality, Tasmania would be taking a step back of more

than a decade, legislatively speaking.

In passing laws that decriminalise and instead legally recognise same sex relationships and the families that arise from those relationships, Tasmania has assumed a policy of recognition rather than judgment. Through its laws, Tasmania does not judge what 'family type' is the ideal or best, instead it quite properly recognises that families come in 'all shapes and sizes', and as such, the laws of the State should reflect this so as to afford protection to those families, especially the children born into them. To exclude same sex couples from entering surrogacy arrangements is in the opinion of WLS, both discriminatory and dangerous.

Legislation governing a woman's right to make decisions concerning her body

The proposed amendments that a woman who has not had a child may not agree to be a surrogate, and that a woman who wishes to enter an agreement to become a surrogate must have the consent of her spouse, are both unacceptable to WLS. Whilst we acknowledge the intention behind these proposed amendments was to afford protection to the emotional wellbeing of potential surrogates as well as to any existing relationship they might be in, the greater implications of having the State legislate what decisions a woman can make regarding her own body are deeply concerning.

With appropriate safeguards built in to the legislation, such as the need for a written surrogacy agreement and the parties to have counselling and legal advice, women should be left to make the decision concerning their body.

Some women make the choice not to have children of their own for many different reasons and we do not believe this should preclude them from making a decision to carry a child for a family member or friend. We accept there is the potential for a surrogate to find it difficult to 'hand a child over' after birth, however, it is our belief that the drafting of the legislation is the key to avoiding this situation, not a blanket exclusion based solely on previous child bearing experience.

> Any law that effectively takes away a woman's right to make a decision concerning her body has the potential to create a precedent which in our opinion would be a legislative step backwards of several decades.

Likewise, requiring a woman to secure her spouse's consent to enter a surrogacy agreement carries the unfortunate hint that she needs permission to make a decision concerning her body which is not an acceptable premise in today's Australian society. Any law that effectively takes away a woman's right to make a decision about her body has the potential to create a precedent which in our opinion would be a legislative step backwards of several decades.

Next Step – the Legislative Council

The Bill is due to be debated by the Legislative Council in or around late May or the start of June 2011. WLS is concerned that although the amendments proposed in the House of Assembly concerning the exclusion of same sex couples, those regarding the exclusion of women who have not had children as surrogates, and the requirement that a potential surrogate have her spouse's consent were defeated, they may be raised again in the Legislative Council.

As to other possible amendments, we have no issue with the Bill being amended to include, for example, more rigorous counselling requirements, a minimum age for a surrogate, or that surrogacy agreements should be in writing as opposed to orally.

Conclusion

In our opinion, surrogacy much like IVF in Tasmania should be accessible to all Tasmanians and there should be no exclusions based on sexuality or relationship status.

We do not support legislatively removing a woman's right to make decisions concerning her body.

Amendments that enhance the legislative protections for the surrogacy process and which work towards providing a more secure outcome for the child born of that arrangement should be encouraged.

Women's Legal Service TASMANIA

If you would like to know more about the Bill follow this link:

Surrogacy Bill 2010

You can support the Women's Legal Service position in this matter by emailing your concerns to members of the Tasmanian House of Assembly and Legislative Council, whose contact details are available from the Tasmanian Government website

For further information contact

Susan Fahey

Managing Solicitor

03 6231 9466

Susan_Fahey@clc.net.au

Upcoming events

June 2011

Conferences, consultations, seminars, training etc

2012 Fulbright Australian Scholarships

The Australian-American Fulbright Commission

Applications for 2011 have closed and applications for the 2012 Fulbright Australian Scholarships will open on 1 June 2011.

Timeline for 2012 scholarship selection:

1 June, 2011 Applications open

31 August, 2011 Applications close

The Fulbright Program is the largest and one of the most prestigious educational scholarship programs in the world. It operates between the United States and over 150 countries worldwide. Established in Australia in 1949 through a binational treaty between the Australian and U.S. Governments, the program has supported over 5,000 scholarships.

The mission of the Australian-American Fulbright Commission is to promote mutual understanding through educational and cultural exchange between Australia and the United States. It does this primarily through the administration of Fulbright scholarships.

www.fulbright.com.au/scholarships

Securing a Healthier Future in a Changing World

Annual Global Health Conference

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

www.globalhealth.org/conference_2011/

2011 Refugee Conference: Looking to the future, learning from the past.

University of NSW, Sydney, Centre for Refugee Research

Centre14 -17 June University of New South Wales, Kensington Campus, Sydney

Marking 60 years of the Refugee Convention, the conference aims to reflect on the strengths and achievements of the Refugee Convention and refugee protection system, and to consider what further action is needed to secure the rights of refugees during flight, in countries of asylum and in resettlement.

http://refugeeconf2011.arts.unsw.edu.au/

Promoting Healthy Eating and Physical Activity: The latest international research

International Society for Behavioral Nutrition and Physical Activity

15-18 June 2011 Melbourne Convention and Exhibition Centre, Victoria

The theme of the 2011 Conference is 'Promoting healthy eating and physical activity: The latest international research'.

http://www.isbnpa2011.org/

The psychology of happiness & goodness

World Happiness Forum

16 - 17 June 2011 Brisbane Convention and Exhibition Centre

Join 40+ speakers in science, psychology, spirituality, the arts and more from the areas of philosophy, psychology, science, religion and the arts to explore the age-old question – "how can we lead a happier, more meaningful life?".

http://www.happinessanditscauses.com.au/?gclid=CLCe2IqrqYCFQT0bwodTTO8UA

July 2011

Health Promotion Short Course

20 - 24th June 2011 Monash University Conference Centre, Melbourne

Please visit these links for further information:

http://www.med.monash.edu.au/healthsci/shortcrse/files/2011-brochure.pdf and

http://www.med.monash.edu.au/healthsci/shortcrse/index.html

LOCAL? GLOBAL? Health Professional Education for Social Accountability

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

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

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

http://anzahpe11.flinders.edu.au/

Making Evidence Work: Informing practices, organisations and the profession

Occupational Therapy Australia 24th National Conference & Exhibition

29 June - 1 July 2011 Gold Coast Convention and Exhibition Centre, Queensland

The theme of this conference emphasises the importance of knowledge to inform policies and practices that impact upon the OT profession.

http://ausotconference.com.au/

A Symposium on Indigenous Sentencing, Punishment and Healing

Sponsored and supported by The Australian Prisons Project (APP) in association with the Cairns Institute

5-6 July 2011 Rydes Esplanade Hotel, Cairns, Queensland

The conference aims to bring together Indigenous and non-Indigenous activists, academics and practitioners with an interest in issues relating to the sentencing, healing and punishment of Indigenous people in Australia and elsewhere. Issues that might be addressed at the conference include Indigenous courts and sentencing, Indigenous healing programs, prison issues, sentencing principles and Aboriginality, gender and sentencing, gender and punishment, Indigenous law, human rights and sentencing.

www.jcu.edu.au/cairnsinstitute/info/events/JCUPRD1_067963.html

Annual Aboriginal Health Conference: Strong now, stronger future – changing in the right direction

Rural Health West

2-3 July 2011 Pan Pacific, Perth (formerly Sheraton Perth Hotel)

This conference reflects the importance of developing strong commitments to improve the health and well-being of Aboriginal people in rural and remote Australia.

Aimed at Aboriginal and non-Aboriginal staff working together in frontline, policy, research, management and clinical positions, the conference is open to all health professionals with a strong interest and passion in Aboriginal health.

www.ruralhealthwest.com.au/go/education/weekend-conferences/aboriginal-health-conference

July 2011

Nursing and Health Expo – Tasmania

Royal College of Nursing, Australia

10 July 2011 Hobart Hotel Grand Chancellor, Tasmania

Established in 1999, RCNA's annual Nursing and Health Expos provide the only dedicated event specifically designed to enhance the profile of nursing as a profession. With exhibitors from around Australia, RCNA's Expos provide educational providers, employers, hospitals, area health services and recruitment agencies with a direct means of accessing third year nursing students, registered nurses and enrolled nurses en masse. The expos are a must for secondary school students who are considering nursing as a career to learn more about nursing as a profession.

www.rcna.org.au/development/expos

2011 Primary Health Care Research Conference: Inspirations, collaborations, solutions

Primary Health Care Research & Information Service

13-15 July, 2001 Brisbane, Queensland

For primary health care researchers, project officers, general practice and allied health practitioners, academics, Divisions of General Practice, policy makers, decision makers, consumers and students: all who have an interest in primary health care. It will provide opportunities for you to present and hear about the latest research, share ideas, debate critical primary health care matters, form collaborations and network with speakers and other delegates.

www.phcris.org.au/conference/2011/

Consumers Reforming Health Conference: The next wave in community engagement in health care

Health Issues Centre

18th - 20th July 2011 Melbourne Convention and Exhibition Centre, Victoria

This inaugural international conference was developed specifically for those with an interest in involving consumers in health care, policy and governance. It upholds the essential principle that consumer participation is fundamental for health development, clinical governance, community capacity building and health outcomes. The program aims to demonstrate and enhance this proposition by exploring the experiences, frameworks and practical strategies of participation in a number of health sectors among a diverse range of relevant stakeholders, and intends to broker some new learnings on core principles for future change.

consumersreformhealth.asnevents.com.au

August 2011

Personality Disorders: Out of the Darkness

Australian & New Zealand Mental Health Association 12th International Mental Health Conference

24-26 August, 2011 Radisson Resort, Gold Coast, Queensland

This conference will explore different types of personality disorders and their effects through the life cycle from childhood to older age, as well as the impact of personality disorders on schizophrenia, mood disorders, eating disorders, bipolar disorder and drug & alcohol conditions.

http://www.anzmh.asn.au/conference2011/

Changing populations, changing diseases: Epidemiology for Tomorrow's World

World Congress of Epidemiology

7-11th August 2011 Edinburgh International Conference Centre, Edinburgh, Scotland

The Congress theme is reflected in the title: "Changing populations, changing diseases: Epidemiology for Tomorrow's World." Within this future-orientated theme we will discuss the full span of research across the many disciplines contributing to our science and practice.

http://www.epidemiology2011.com/

Media, Marginality and Diversity

2011 International Unity in Diversity Conference

18-19 August 2011 Rydges Southbank Townsville Hotel, Queensland

In its fourth year, this conference intends to bring to light and scrutinise the way traditional and new media and policy engage with diversity issues, and will seek to expand these themes to encompass the challenges of diversity and marginality within the age care, disability, mental health, youth and Indigenous sectors.

2011 International Conference: Evaluation and influence

Australasian Evaluation Society

29 August - 2 September 2011

Sydney Conference theme – evaluation and influence, an exciting program underway including influence and methodology; communication and influence; influencing policy and practice and evaluation use and implementation themes.

www.aes2011.com.au

September 2011

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

Journal link

Women's Health & Urban Life

The WH & UL is a peer reviewed journal located at the Sociology Department, University of Toronto, Toronto, Canada. The journal addresses a wide range of topics that directly or indirectly affect both the physical and mental health of girls, teenage and adult women living in urban or urbanizing pockets of the world. The orientation of the journal is critical, feminist and social scientific. The journal accepts both quantitative and qualitative, and both theoretical and empirical articles.

www.utsc.utoronto.ca

AWHN National Committee

Executive	State & Territory Representatives	
Convenor: Dr Gwen Gray (ACT)	ACT – Dorothy Broom	QLD – Kathy Faulkner
Deputy Convenor: Marion Hale (TAS)	ACT – Jilpia Jones	QLD – Maree Hawken
Secretary: Denele Crozier (NSW)	NSW – Annie Flint	SA – Celia Karpfen
Treasurer: Susie Reid (VIC)	NT – Val Dearman	SA – Lucy Cirocco
	NT – Megan Howitt	TAS – Kelly Banister
		VIC – Rita Butera

Contact Details

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

Newsletter submissions

Members are invited to submit articles for inclusion in Network News on innovative and effective areas of work being undertaken and on current and emerging women's health issues. All articles submitted will be considered by a selection panel made up of National Committee members.

For all newsletter enquiries and submissions contact Kelly at: newsletter@awhn.org.au

Membership

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

To renew or join go to: AWHN Membership Form