

Annual Report

2021 - 2022

Health equity for all women



Acknowledgement of Country

The Australian Women's Health Network acknowledges the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.

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Australian Women's Health Network

Annual Report 2021 - 2022

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Our Vision

Health equity for all women

Our Purpose

The national voice for women's health

Guiding Principles

Our work is guided by feminism, gender equity and human rights.

Leadership Structure

AWHN formed in 1986 and has members across every state and territory, working in areas of women's health, gender and health equity. The National Board is made up of women active in various health and gender equity networks across Australia. Effort is made to ensure the Board reflects a diversity of experience, views, skills and connection into existing networks, so that we can collaborate in providing a national voice.

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Bonney Corbin

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Heidi La Paglia

Australian Capital Territory

Dr Romy Listo

New South Wales

Karen Martin

Northern Territory

Vacant

Queensland

Holly Brennan OAM and Emma Iwinska

South Australia

Angela Brown

Tasmania

Jo Flanagan

Victoria

Patty Kinnersly and Dianne Hill

Western Australia

Megan Elias

Note: Megan Elias was Acting Secretary from May onwards, while Heidi La Paglia was on leave. Dr Romy Listo is the Public Officer.

Foreword

Within a global health crisis that is reinforcing inequity; women's health networks, services and practice in Australia continues to evolve. Over the past year we have worked together to influence policy agendas, challenge funding cuts to women's health, respond to requests for technical advice, and secure funding for a new path forwards.

The Australian health system is struggling with the impacts of preventative health delays, workforce shortages, lack of appropriate infrastructure and bottlenecks in surgery waitlists. Gendered health inequity continues for Aboriginal and Torres Strait Islander women, migrant and refugee women, women on temporary visas, disabled women, and LGBTIQ+ women.

Despite, and perhaps driven by this, we have invested in systems, people, and processes. We are renewing our governance model, principles, and priorities. At a time when the health system needs leadership towards gender and health equity, we have strengthened our position to provide leadership, technical advice, and platforms for change.

This year we secured three years of funding under the Australian Government Department of Health, Health Peak and Advisory Bodies Program. The funding came alongside the publication of the *National Preventative Health Strategy (2021-2030)*, which aims to prevent illness, disease and injury. This will support us to continue our work to develop gender informed primary prevention with an equity lens, and will support the identification and dissemination of effective prevention strategies with a renewal of the Women's Health Hub.

Sincere thanks to our individual and organisational members, and any other regular philanthropists and donors. Our organisation continues to rely upon your membership fees and donations to provide core funding for operational costs such as registrations, fees, and licences. Whether you donate funds, time, or energy, you contribute to advancing gender equity and health equity in Australia.



Bonney Corbin

National Board Chair

Strategic Priority 1: Policy and reform

AWHN is a national leader in developing, advancing, and responding to public policy and practice as it impacts on women's health. We provide independent advice from a broad evidence-base to promote a gendered approach to women's health care.

Women's health and anti-discrimination

Women's rights to health means that care is free from bias, discrimination and prejudice. These conversations were brought to the fore this year through the Religious Discrimination Bill. We published a policy brief on 'The impact of religious discrimination bills on women's health,' wrote numerous policy submissions, and spoke at the Parliamentary Joint Committee on Human Rights hearing in January 2022. Addressing all aspects of discrimination, including religious discrimination, is essential to achieving health and gender equity.

National Women's Health Strategy (2020-2030)

The National Women's Health Strategy outlines Australia's national approach to improving health outcomes for all women and girls. It identifies specific actions to address gendered health issues and aims to reduce inequities in health outcomes.

Four years post publication, and two years into the National Women's Health Strategy, implementation efforts remain unclear. During the course of the year we continually reinforced the need for clarity of implementation, resourcing, and measurement of the Strategy.

National Preventative Health Strategy (2021-2030)

The National Preventative Health Strategy was published in late 2021, which includes a range of important considerations including the cultural and social determinants of health. Unfortunately, it missed an opportunity to embed gendered intersections at this top level. In coming years we will be working with the Department of Health and other health peaks to support the development of action plans with a gender and health equity lens.

Sexual and reproductive health and rights

We joined the Our Choice WA campaign for safe access zones in Western Australia, and legislation passed in August 2021. Safe access zones are now nationwide, ensuring that people accessing abortion clinics can do so without harassment and intimidation.

We supported the South Australian Abortion Action Coalition (*Saaac*) campaign to reform abortion law, which was enacted in June 2022. Abortion access is now decriminalised in

every jurisdiction other than Western Australia, where reforms are on the agenda for 2023. We shift from a focus on decriminalisation and safe access zones, to now looking at increasing access and equity, including nurse-led care. From here we encourage every Australian jurisdiction to proceed by developing their own specific gendered, gendered health, and prevention strategies, which work towards the Women's Health Strategy target of universal access to sexual and reproductive health by 2030.

National Plan to End Violence Against Women and Children (2022-2032)

Preventing and responding to violence is a component of women's health equity. Over the course of the year, we made submissions and spoke at hearings and community forums related to the development of the second National Plan. We advocated for investment in violence prevention, response and recovery, including broader gender equity measures, to address the drivers of violence.

Strategic Priority 2: Connect and collaborate

AWHN is a vehicle for women's health organisations, consumers, and advocates to connect and collaborate through our membership base and effective processes to represent the views of members and their constituents.

National alliances

AWHN participated in events, forums, and co-authored submissions with other national women's and health alliances. We supported media campaigns for increased investment in women's health and wellbeing, and investment in women's specialist services providing frontline support throughout lockdowns. With the Equality Rights Alliance we attended forums and contributed to issues papers and submissions on gender equality. As a SPHERE member we contributed to position statements on sexual and reproductive health access in a pandemic context.

Women's Health Hub

The Department of Health project funds will resource us to review, renew, and refresh the Women's Health Hub. Resources that emerge from the project will be created in collaboration with members, reflect AWHN's commitment to the social determinants of health, align with the National Women's Health Strategy 2020-2030, and be accessible through a refreshed online hub. What this looks like will be shaped by the insights and expertise of members and partners across Australia in the coming year.

Mental health webinar

In July 2021 we partnered with the Mental Health Professionals Network to facilitate a webinar on 'Engaging with women's lived experiences of acute mental health treatment and exploring hopeful alternatives,' with special guest speaker Dr Emma Tseris. The webinar shared findings from a project where women with lived experience of psychiatric coercion in mental health treatment had co-facilitated the interviews and co-analysed the data. Arts-based approaches had enabled space for women's stories, strengths, and wisdom to be heard. In engaging with feminist aims to end violence against women and social perspectives on mental health that extend beyond the biomedical model, more helpful and hopeful ways of responding with women experiencing distress were possible.

Media and communications

During the year we participated in media interviews, co-authored articles, and supported the development of documenting and sharing the evolving nature of the pandemic context.

We continued to use e-newsletters as a primary point of contact with members, with continued positive feedback. We have had increasing requests to share content via our newsletters and have a plan to refresh e-news communications in the new year.

Twitter and Facebook each reached the 3,400 follower milestone, so across four platforms AWHN now has over 7,000 followers. Social media content was wide-ranging, including research reports, political advocacy, abortion access, homelessness, mental health, violence against women, and general women's health issues.

Case study: South Coastal Health and Community Services in Western Australia

This year we collaborated to develop a policy brief on women's health services. To demonstrate women's health services in action, we are sharing a case study from a women's health service in Western Australia.

South Coastal Health and Community Services (SCHCS) is founded on the ideology of strong women, strong families, and stronger communities. SCHCS works with the diverse community of Rockingham, Perth, Western Australia, with a population of approximately 140,595 (2021). They offer services to women and families including counselling, support groups, and women's health, along with culturally secure social and emotional wellbeing services for individuals who identify as Aboriginal and Torres Strait Islander, through South Coastal Babbingur Mia (SCBM). The staff members at Babbingur Mia work together to support women, children, new mums and men for good health and social and emotional wellbeing.

In December 2020, SCHCS co-located all services on one site. Previously, there had been a disconnect between staff and clients, inconsistent referral pathways across services, and access issues to due travel difficulties, particularly for their Aboriginal clients with clinical appointments. This was coupled with the challenges of COVID-19, a derelict building, and increasing costs. It became very evident early on that this was more challenging than the team could ever have imagined, and they took a lot of time to explore what this move would like look with community and staff. They learned that it takes hard work, extensive consultation, planning, and the ability to adapt and pivot services and the environment. It is so much more than aesthetic changes. Eighty percent of staff in the SCBM program are Aboriginal and understand community leadership. Listening to staff, their Aboriginal reference group, and all stakeholders to 'get it right' was invaluable and demonstrated ongoing commitment to community leadership.

The emerging results have seen collaborative working across the whole organisation, which has brought a seamless service. For example, clients can access a one stop shop where the Aboriginal Health Practitioners and Child Health Nurse work closely with their Aboriginal Doctor. The SCHCS mental health services were accessed swiftly after the Babbingur Mia midwife identified a young pregnant client experiencing suicide ideation. A walk upstairs to the Mental Health Team allowed a full assessment by a highly qualified mental health clinician within minutes and supports identified for the client. It is highly likely that responsive follow up and engagement would have been extremely difficult without the accessibility and trust built from being co-located.

As common with adversity they have seen benefits for both clients and staff since co-locating. The programs across SCHCS work together to minimise systemic barriers, to establish healthy lifestyles and behaviours, reduce risk and promote informed choices. The co-location has enabled a culturally responsive, holistic model to flourish at South Coastal Health and Community Services.



The staff team at South Coastal Health and Community Services. Staff morale is higher, and there is a whole new vibrancy to the organisation since being co-located on one site.

Strategic Priority 3: Governance and agency

As an independent peak and health promotion charity, AWHN demonstrates best practice in its governance, leadership and operations.

Membership and governance

AWHN has been through a change in leadership process, with a number of new board members beginning this year. We have three subcommittees, the:

- Partnership, membership and governance subcommittee, chaired by Jo Flanagan
- Communications and brand subcommittee, chaired by Karen Martin
- Business services and risk subcommittee, chaired by Angela Brown

Working groups arose as need to progress particular areas of work, such as project planning and recruitment.

Strategy

Last year we revised our vision, purpose, and guiding principles, which are listed on page two of this report. Three priority areas were identified: policy and reform; connection and collaboration; and governance and agency. This year we used two subcommittees to guide key activities related to these priority areas.

Business services

We renewed our partnership agreement with Women's Health NSW, which provides business services and administrative support functions. Their work is monitored by the Business Services and Risk Subcommittee.

Risk

This year we worked to mitigate the risk of outdated organisational systems and structures, which had not been reviewed since 2016. We are increasingly paperless, now have cloud access, and have moved to Microsoft platforms. Likewise, we have implemented new social media tools to streamline communications across platforms.

Monitoring and evaluation

Feedback from board evaluations and member surveys in 2021 demonstrated a need for renewed systems and processes. Overwhelmingly, members continue to share appreciation for opportunities to connect and collaborate. Feedback was incorporated into risk reviews, continuous improvement, and strategic planning.

Finance

Financial Accounts for the 2021/2022 Financial Year are tabled at the Annual General Meeting.

Membership fees, philanthropy, and one-off donations continued to be the primary source of income. Expenditure is minimal given that the board is voluntary and a minimal amount of administrative costs are outsourced.

AWHN continues to operate to budget and asserts that there are reasonable grounds to believe it will be able to pay its debts, if and when they fall due. AWHN has a small but strong finance team coupled with good financial systems and projected budgets for the year ahead.

	2020/2021	2021/2022
Revenue		
Project Grants	-	-
Memberships	2,910	2,570
Donations	833	1,402
Interest	6	3
Other Income	48	99
Revenue from ordinary activities	3,797	4,074
Expenses		
Human Resources Expenses		363
Infrastructure Expenses	2,900	2,070
Organisational	185	-
Other Expenses from ordinary activities		
Project Costs	-	-
Total Expenses by function	3,085	2,433
Surplus/(Deficit) from ordinary activities	713	1,641
Total Equity	20,509	22,150



Denele Crozier, AM

Treasurer

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