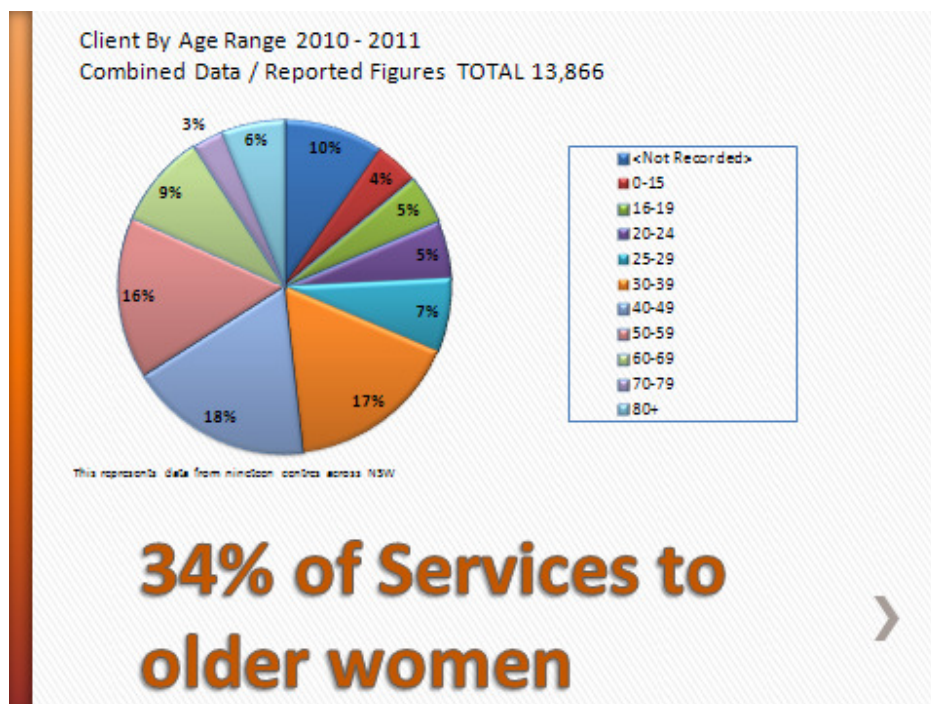


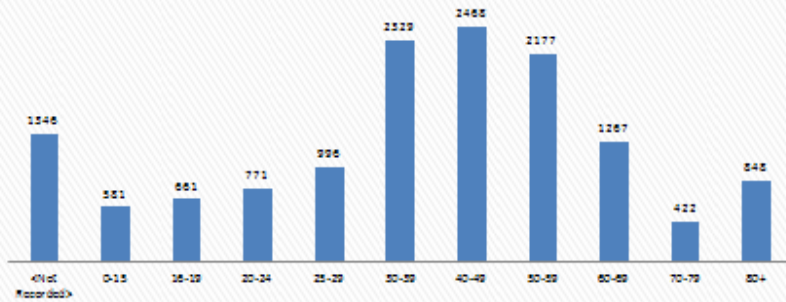
Rights Responsibility Respect

Women's Health NSW

- Womens Health Centres were first funded in 1974 –
- Women decided to organise women's health care '*run for and by women*' because women did not believe, in the main, that the medical profession could hear, see or address the issues that were most relevant in their lives.
- Sadly that is still a familiar experience.
- Despite the evidence that shows that an understanding of gender improves program outcomes, very few government programs actually incorporate a gender analysis
- Women had difficulty gaining access to information that would allow them to manage their own lives - especially in relation to contraception, birth control and women's experiences of rape and domestic violence.
- Today there are 21 Women's Health Centres in NSW funded to provide services specifically for women
- 4 special purpose like NSW Rape Crisis Centre, Sydney Womens Counselling Centre, Immigrant Womens Health Centre and Waminda Aboriginal Womens Health Centre
- And 17 generalist Women's Health Services
- We are still run for and by women.



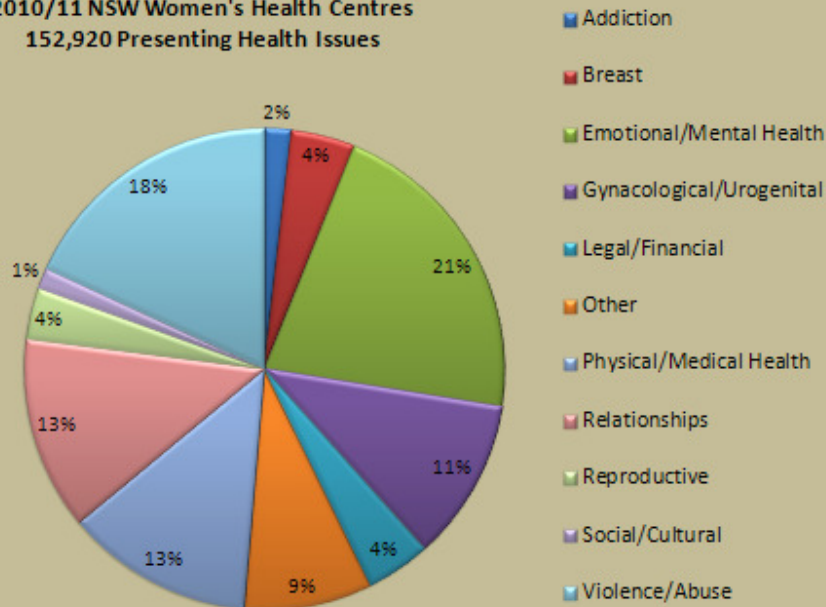
Client By Age Range 2010 - 2011
 Combined Data / Reported Figures TOTAL 13,866



This represents data from nineteen centres across NSW

The last four bars 50 – 80+ >

2010/11 NSW Women's Health Centres
 152,920 Presenting Health Issues



- When we talk about ‘women’s health’ in any capacity we know we are first and foremost dealing with a range of assumptions and stereotypes –
- For younger women the stereotype will be that their health care will all be about abortion, rape and contraception and now access to Gardasil
- For women 20 – 40 it will be pap smears, breast checks, pregnancy, birthing and childcare
- For women 50 – 60 menopause and breast checks
- Women over 65 it starts will ‘falls’

Sometimes people think this is the only range of services Women’s Health Centres offer

This is a very narrow definition of health and, I have not figured out at what age we all cease to be involved in any sexual activity – probably 50 but it could be as young as 45!

While each of these issues are relevant to women’s lives it is very hard to be defined by them and to have a health care system defined by them when for many women these stereotypes are so wrong..

The highest number of women who have abortions are between 30 – 45 years old, 80% of whom were using contraception at the time

The highest ratio of women experiencing breast cancer are over 85 years of age which really speaks to the issue

Why does the health system deter women over 70 years of age from pap smear and breast checks

I have spent the last 30 years saying women’s health is not just about pap smears to come to a time when I now need to say – pap smears are relevant too you know...

Saunders Robotin and Crossing note:

“Participation rates for women 65 – 69 has dropped to under 50% and women aged over 70, while eligible for screening are not encouraged to participate...”

“Given longer life expectancy and that the present cohort of women had access to oral contraception.....have had more sexual partners and a longer period of exposure to risk..and that healthy older women are capable of enjoying sexual relations”

“General practitioners may need some education on this point...”

“The consequences of cancer of the cervix are death or disability, possibly incontinence of bladder and bowel.

If screening halves the incidence of this disease there can be no justification for not seeking to regularly screen all women”

It would be good if BreastScreen services also included some image of older women on their publications

Social Model of Health

The chart of presenting health issues from women using women's health centres during the 2010 – 2011 financial year clearly show that only 20% of service provision related to 'so called' women health business

Breast care 4%

Gynaecological 11%

Reproductive Health 4%

The totality of care relates to health and wellbeing of women not merely our gynaecological bits

As OWN defined in its publication in Kicking Up Autumn Leaves in 2006,

Wellness is a dynamic and complex concept...

We would argue that effective health care needs to embrace that complexity to achieve healthier outcomes...

Women's Health NSW

When we talk about providing health care within an understanding of the social determinants of health:

Social, environmental, economic and biological factors...

Age, gender, socio economic status, location, ethnicity, disability...sexism, racism.....

What we really mean is can you afford to eat, can you get to supermarket, can you read the medical label, is the health care worker dismissing your concerns because of your age and or because you are a women.....

Example..

While we have a system where you can get your eyes tested for free

If you need any variation in the lenses beyond mere magnification for example

The minimum cost is \$180 plus frame..

The big medical issues

Ischaemic Heart Disease

Type 2 Diabetes

Breast Cancer

Dementia and stroke (for over 75)

Osteoporosis

Arthritis, sleep disturbance and incontinence – impact on women's quality of life..

Innovative health care

The most prevalent outstanding issue in women's health centres reporting over a 20 year period showed that one consistent issue was in every report in every year

That issue is women's experience of Anxiety

One of the factors about anxiety is the way it uses magnesium in the body – but the heart also needs magnesium to protect the heart muscle – by consistently experiencing anxiety and using up your stores of magnesium the heart becomes vulnerable.

By running Stress Management groups we are making a priority of Ischaemic Heart Disease

Innovative health care

Having mentioned magnesium I must caution you not to all run out and buy magnesium

All the minerals work in pairs – you must take a magnesium and calcium combination

And, if you have any kidney disease you cannot take either...

Connecting

In 2010 the National Women's Health Policy noted that 1 in 10 women experience asthma

We are pleased new medical evidence is available but do not want the full range of evidence dismissed as less important

1 in 5 women experience violence

Evidence also shows 'women who experience domestic violence in turn experience higher levels of asthma'

National Women's Health Policy

Health Priority Area - 1989	National Women's Health Policy
» Cancer	» Reproductive Health
» Heart Disease	» Health of Ageing Women
» Injury	» Emotional & Mental Health
» Mental Health	» Violence Against Women
» Diabetes	» OH&S
	» Women as Carers
	» Health effects of sex role stereotyping - that would be sexism & discrimination

National Women's Health Policy >

Health Statistics (1994) All women	What women said were general health issues (1988)	What the women say they want help with (1996) All women
Breast Cancer	Breast cancer	Tiredness
Heart Disease	Minor tranquillisers	PMS, Period Pain Heavy Periods
Motor Vehicle Accident	Stress	Stress, Anxiety Depression
Lung Cancer	Incest	Weight and Exercise
Suicide	Physical Violence	Disturbed Sleep
		Arthritis
		Menopause
		Smoking

What Older Women Say 2012

- Don't make assumptions based on age
- Carers need more support
- Self respect – be active in the world
- Health care professionals and economists assume decisions on behalf of patients – they don't listen and do not respect individual decisions
- Older women's skills and experience is dismissed
- A shift from crisis health care to proactive support is required
- Doors are too heavy
- Violence in the home...
- Transport and access
- Isolation

Women's Health and Wellbeing

- The Aboriginal community call it 'self determination'
- The women's health movement call it 'empowerment'
- Women with Disabilities Australia say 'if it is about us – talk to us'
- The Older Women's Network call it 'wellness'
- It is all about genuine engagement...