



HEALTH

equalityfamilies**justice**education**violence**work**safety**power**leadership**training**communities**health

Introduction

Women's health is determined by a range of social, environmental, economic, cultural and biological factors. The World Health Organisation defines health as a state of complete physical, mental and social well-being, and not just the absence of disease and disability. People with lower incomes and living in poor housing are more likely to become ill and have a shorter life.¹

In NSW in 2001, women had lower incomes than men. The median weekly income for men was \$500–\$599 and \$200–\$299 for women.²

Compared to women of high income, women of low income are:

83 per cent more likely to suffer disability;

32 per cent more likely to report chronic illness;

25 per cent more likely to report recent illness; and

148 per cent more likely to report being in fair/poor health.³

Improving the health of women requires a social view of health and a need for government and community services to address the factors that influence women's health. Factors such as low income, poor quality housing, levels of education, having a non-English speaking background, being Aboriginal and gender (the roles and expectations that society places on women and men) are some of the factors which impact on the health of women. Gender often gives rise to inequalities in the social and economic opportunities women have compared to men. These inequalities lead to different health issues in men and women and influence the way women access health services and the way the health system responds to women's

health issues. Women's health issues need specific interventions and strategies as there can be different risk factors for women and men, and/or some health conditions are unique to women or more prevalent among women.*

An example is physical activity. Regular physical activity reduces the risk of premature death and the development of major diseases such as diabetes, heart disease, osteoporosis, stroke and some cancers. However, women are only half as likely as men to be sufficiently active.⁴ Sixty-one per cent of men and 42 per cent of women in NSW reported being adequately active. Women have less leisure time than men and are more likely to lack confidence in abilities at sport and physical activity. Safety and child care issues also need to be addressed if women are to participate more.

Our commitments

- ◆ Maintain our commitment to funding women's health coordinators in area health services to respond to the specific health needs of women.
- ◆ Continue to fund appropriate and effective sexual assault services across the state and continue the development of other long term strategies to ensure an equitable and sustainable allocation of women's health funds to area health services and non-government organisations.
- ◆ Provide funding to regional and metropolitan older women's groups to develop innovative *Healthy Ageing Programs* for their communities, based on the outcomes of the Wellness Forum (held in July 1999).
- ◆ Continue to fund the *Aboriginal Family Health Strategy* which has a focus on violence prevention.

- ◆ Fund a workshop for Aboriginal women in the Macquarie Health Service area to provide health information and clinical services such as cervical and breast checks in an informal residential camp setting.
- ◆ NSW Health will develop a comprehensive statewide service plan to improve promotion of healthy body image, prevention of disordered eating and early intervention and treatment for people with eating disorders and their families.
- ◆ Implement a number of key recommendations from the *State Plan for Women in Sport and Recreation 1999–2002* which includes the NSW sports administration scholarship program; the coaching and career development program; and the requirement for all agencies funded by Department of Sport and Recreation to have equity policies as a condition of funding.
- ◆ Develop and distribute a 'facilities checklist' to designers and providers of sport, recreation and fitness facilities to ensure that women's and girls' needs for safe and appropriate environments are addressed in the planning, design and modification of facilities.
- ◆ Fund a program to train physical exercise trainers to improve older women's access to recreational opportunities for physical exercise.
- ◆ Increase opportunities for Aboriginal and Torres Strait Islander women and women of non-English speaking background to achieve management positions within sporting organisations.
- ◆ Maintain the current formal clinical networks between rural and metropolitan Area Health Services and continue to develop these networks to ensure greater access to health professionals in rural areas.
- ◆ Expand the *Hospital in the Home Program* to rural areas such as Lismore, Tweed Heads, Broken Hill, Bega and Albury to provide for patients who choose to receive their medical treatment at home.
- ◆ Introduce a \$3 million *Locum Relief Plan* to enable country doctors, nurses and allied health professionals to undertake continuing professional education and to plan holiday leave, without compromising patient care.
- ◆ Introduce new health services, including neo-natal and intensive care services at Coffs Harbour, clinical and aged care services at Taree and paediatric and obstetrics services at Armidale.
- ◆ Build an additional 34 hospitals in small towns, allowing co-location of a number of related services such as medical, aged care services and baby health clinics.
- ◆ Expand community health in rural areas with the construction of 12 new community health centres and polyclinics including Lithgow, Murwillumbah and West Wyalong.
- ◆ Rebuild Hickman House at the Illawarra Regional Hospital an estimated total cost of \$73.3 million, providing an obstetrics ward, neo-natal intensive care, cardiology and gastroenterology medical wards, cardiac and urological diagnostic services, day surgery ambulatory care, and academic/teaching facilities.
- ◆ Introduce *Women's Health on Wheels*, a mobile service targeting rural and remote communities across the mid north coast of NSW.
- ◆ Funds to increase the number of Aboriginal nursing staff in rural and remote Aboriginal communities to further improve quality of health

Increase women's access throughout the life cycle to appropriate, affordable, and quality health care, information and related services.

Ensuring women have access to appropriate health care requires the review of legislation and policy, the provision of services and programs and training of health care workers that reflect a commitment to women's health and a gender sensitive approach. This requires taking into account women's multiple roles and responsibilities and the diversity of their needs. In particular the special needs of mothers and pregnant women, young women and girls, rural women, older women, Aboriginal women, women with disabilities, women from non-English speaking backgrounds and of low socio-economic status.

Women live to an average age of 82 years compared to 76 years for men. In 2000, life expectancy for Aboriginal and Torres Strait Islander women was 64 years.⁵

In view of this aim, NSW Health has developed the *NSW Strategic Framework to Advance the Health of Women*. www.health.nsw.gov.au/pubs/#guidelines. The first document of its kind in Australia, it provides guiding principles for women's health policy and practice that all health workers can use. The Framework focuses on incorporating a gendered approach to health, working in collaboration with others to address the social determinants of health, advancing research on women's health experience and applying a health outcomes approach. All Area Health Services have been provided with information and resources to assist them to identify women's health issues within population groups with the poorest health

outcomes and to apply agreed health indicators to measure the effectiveness of their services and programs.

Women's health services are delivered under the *National Women's Health Program* which was established in 1989 to facilitate the implementation of the National Women's Health Policy. In 1999/00, this Program formed part of the *Public Health Outcomes Funding Agreement* between the Commonwealth and NSW. Commonwealth funds have been matched by State funds bringing the total cost of the program in 2001/2002 to \$7.5 million. Recurrent funding to area health services and non-government organisations and one-off projects funded under the *Public Health Outcome Funding Agreement* aim to improve the health and wellbeing of women with a focus on those most at risk; and to encourage the health system to be more responsive to the needs of women. This is in line with the principles of the *National Women's Health Policy* and the *NSW Strategic Framework to Advance the Health of Women*. Grants for one-off projects totalled \$508,000 in 2000–2001 and \$705,424 in 2002/2003.

PROVIDE MORE ACCESSIBLE, AFFORDABLE, QUALITY SEXUAL AND REPRODUCTIVE HEALTH CARE INCLUDING FAMILY PLANNING INFORMATION AND SERVICES AND MATERNAL AND OBSTETRIC CARE.

Women have the right to be informed and have access to safe, effective and affordable methods of family planning and access to appropriate health care services to ensure they have a healthy and safe pregnancy and childbirth. NSW Health provides for the reproductive health needs of women through state-wide policies and programs and recurrent funding to a range of government and non-government services through the Women's Health component of the Public Health Outcome Funding Agreement.

The *NSW Framework for Maternity Services 2000* www.health.nsw.gov.au/pubs/babies_pregnancy/ provides a five-year framework to ensure maternity services are flexible and responsive to all women in NSW. The Framework also reflects other important strategies from the *Families First Initiative*, the *Aboriginal Perinatal Mortality Project*, the review of the *NSW Health Homebirth Policy* and the review of professional indemnity.

FPA Health NSW (funded under the *NSW Non Government Organisations Grant Program* and the Commonwealth) provides a range of services and programs in sexual and reproductive health across NSW. The Centres are in Sydney, Wollongong and Newcastle. Programs include contraceptive advice and services, screening for sexually transmitted diseases, gynaecological services, school programs, gender specific sexual health programs for men and women, and disability programs. New initiatives include the female condom, a new 1800 number for sexual health information, and a registered nurse distance learning package.

Women's health nurses in Area Health Services provide health education and clinical services with an emphasis on providing services for women with the least access to social and economic resources.

In 2000, the perinatal mortality rate[†] for babies of indigenous mothers was almost twice that for other NSW babies. The prematurity rate among babies of indigenous mothers was also twice the rate for other NSW mothers.⁶

To improve the health of Aboriginal women and their babies, six Area Health Services (in the Macquarie, Far West, Mid North Coast, Hunter, Mid West and New England regions) are working on community based outreach programs to increase Aboriginal women's attendance at antenatal care, improve identification and management of high risk pregnancies and strengthen support for teenage mothers. The Area Health Services have been given recurrent funding of \$1.5million. Teams of midwives and Aboriginal health workers work together with GPs to provide community based care, outreach services, antenatal and postnatal education and social and emotional support.

NSW Health also provides recurrent funding to the Aboriginal Medical Services that provide a community based outreach service designed to increase Aboriginal women's access to maternal, antenatal and postnatal services in:

- ◆ Daruk (Western Sydney) \$106,000
- ◆ Tharawal \$50,000
- ◆ Duri \$102,000
- ◆ Walgett \$102,000
- ◆ Awabakal \$100,000
- ◆ Illawarra \$40,000

The prevention, early detection and treatment of post-natal depression is another area addressed by area health services. For example, the screening and management of all women attending antenatal clinics, birth centres and GP shared care services in the South Eastern Sydney area provides appropriate support during their pregnancy and helps to prevent/treat post-natal depression/anxiety. *The Stressed out Mothers Group* is for mothers at risk of developing post natal depression in rural

and remote areas in the Mid North Coast region. Post-natal depression in Aboriginal women in the South Eastern Sydney and Illawarra areas is also being addressed through community education and support strategies.

To improve the nutritional status of pregnant Aboriginal and Torres Strait Islander women and their babies/young children, a workbook, *All You Need to Know About a Healthy Pregnancy for a Healthy Boori*, was produced as a community resource in the Illawarra region and a train the trainer model is used to run a series of cooking programs in 12 Aboriginal communities (4 communities each year) across the Northern Rivers health area of NSW.

Pre-paid public transport tickets are being provided to Aboriginal women in Dubbo to improve access to women attending health services under the *Aboriginal Maternal Health Infant Strategy* (Department of Transport and Macquarie Area Health Service).

To ensure information and services are appropriate and sensitive to the needs of women from different cultural and linguistic communities and that those women have access to the same services as English speaking women, NSW Health recurrently funds Ethnic Obstetric Liaison Officers located in South Eastern, Western and Central Sydney areas. The Multicultural Family Planning Centre at Fairfield is also funded each year and provides clinical, education and outreach services in reproductive health and sexuality issues for women from non-English speaking backgrounds.

The Stillbirth and Neonatal Death Society is funded to provide bereavement support to parents who experience the death of their baby during pregnancy, birth and infancy.

REDESIGN HEALTH INFORMATION, SERVICES AND TRAINING FOR HEALTH WORKERS SO THAT THEY ARE GENDER SENSITIVE AND ADOPT A HOLISTIC APPROACH

Information, support and services and programs on various health issues are provided by 17 area health services across New South Wales. All area health services provide programs/ services and information that are specific to women's health needs and many have special initiatives aimed at increasing access and improving health services for women in their community.

Women's Health NSW, the peak body for non-government women's health organisations received a grant of \$80,000 to train all staff working in non-government organisation women's health settings across the state on topics including social policy, planning and evaluation and emerging issues in women's health.

The Centre for Women's Health Nursing at the Royal Hospital for Women is improving culturally sensitive services to women from the Chinese, Indonesian, Arabic, Russian and Bangladeshi communities (South Eastern Sydney). Working with the Multicultural Unit, the Centre will conduct four studies to identify specific needs of women from these five cultures to improve service delivery.

Improving bladder functioning for childbearing women is another initiative from the Centre for Women's Health Nursing at the Royal Hospital for Women (South Eastern Sydney). Poor bladder functioning is a major area of postnatal health problems for women. This initiative will address the gap in the knowledge about women's bladder health and will provide a basis for health promotion and preventative care.

Services for pregnant women who have a mental health problem

are being improved in the Central Sydney area through better continuity of care, regular seminars for case workers on mental health issues and the development of guidelines for collaborative case work between Early Childhood Health and Mental Health workers. A report and recommendations describing how the psychosocial aspects of maternal and infant mental health can be addressed is being prepared by the South Eastern Sydney Area Health Service.

Improved services for women with breast cancer are being provided with support and co-ordinated care through the Breast Care Nurse Program in the Macquarie and Mid North Coast regions.

GIVE PARTICULAR ATTENTION TO THE NEEDS OF GIRLS, ESPECIALLY THE PROMOTION OF HEALTHY BEHAVIOUR, INCLUDING PHYSICAL ACTIVITY

The major health issues for young women are depression, attempted suicide, reproductive and sexual health, tobacco use (see section under subheading *Create awareness among women, health professionals, policy makers and the general public about the health hazards of tobacco use* for initiatives on tobacco use among young women) and eating disorders. The initiatives described below are some examples of how the Government is addressing these issues.

To inform policy development and improve services for young women, the Department for Women disseminated information and provided advice about the gendered nature of mental health problems among young women, to relevant individuals and organisations including:

- ◆ all NSW school counsellors and student welfare officers

(821), and relevant youth government and non-government agencies;

- ◆ the Commonwealth/State Women's Advisors/Ministers;
- ◆ the NSW Board of Studies for the review and development of the new PDHPE school curriculum for years 7–8; and
- ◆ the Mental Health Implementation Group Eating Disorders Working Party for the development of the *NSW Service Plan for Eating Disorders Report*.

The *NSW Service Plan for Eating Disorders Report* will assist the Mental Health Implementation Group to steer planning for state-wide improvements in eating disorders services by increasing access and strengthening the capacity of local services and general practitioners in the prevention, assessment, early identification and long term treatment of eating disorders. The Report will be released for public consultation by the end of 2002.

For young women in particular, the prevention of eating disorders is an important issue. A number of studies have found that about fifty per cent of young women report dieting to lose weight and use fasting or crash dieting strategies, cigarette smoking, vomiting and diet pills or laxatives to lose weight.^{7 8 9 10}

International No Diet Day (INDD) is a celebration of body diversity and acceptance and is observed on 6 May each year. The Department for Women's media campaigns in May 2001 and 2002 aimed to raise awareness of International No Diet Day and stimulate public discussion on issues related to healthy body image and disordered eating. Relevant politicians/public figures and young celebrity role models talked about how they celebrate No Diet Day. In 2001, 33 radio stations across Australia mentioned INDD from the press releases issued by the

Department for Women, and some interviewed the sports celebrity quoted in media release. In 2002, the Department for Women sponsored a YWCA luncheon *Celebrate Your Body*. A guest speaker spoke about poor body image and how it impacts on women's self-esteem. The Department sponsored a group of young women high school students to attend the luncheon.

Strategies aimed at improving self-esteem and body image and reducing depression and anxiety among young women are being implemented in the Macquarie, South Western Sydney, Mid Western, Mid North Coast and Illawarra area health services. Some examples include the *Body Biz Booklet* for youth services and school counsellors in the Bankstown area which aims to reduce the incidence of eating disorders in young women, the Illawarra Body Image and Eating Disorder Service and the *Girl Network Package (Feel Good Project)* – a socialisation and self-esteem program for marginalised and isolated young women in the Mid North Coast area.

Young women's access to information and services about their health, in particular their reproductive and sexual health, is being provided through a drop-in chat room at a school where young women will have greater access to information and the opportunity to discuss issues affecting their health and their lives including violence, drug taking, safe sex practices and body image related concerns (Greater Murray Area Health Service). Prevention of unwanted pregnancies and STDs among young women is being addressed in the Blue Mountains using an educational strategy exploring the dangers of binge drinking and in the Macarthur area by providing support for young mothers and girls at risk of getting pregnant to improve their quality of life.

DEVELOP INFORMATION, PROGRAMS AND SERVICES TO ADDRESS AND TREAT THE HEALTH NEEDS OF OLDER WOMEN

Older women need information and services/programs that will help them understand and adapt to the physical and psychological changes associated with ageing. Examples of where this is being achieved include an information and support group for women over 60 years of age in the Illawarra area and a program of 'wellness' activities for women who are public housing tenants in the northern Sydney area.

The *Out of the Blues* project will evaluate the effectiveness of a weekly skills-based program for midlife and older women to reduce depression. This group program being conducted by the Northern Rivers Area Health Service uses a unique approach including educational, skills training, therapeutic and social components. Should the evaluation prove the program is effective, a course manual will be produced for use in the wider community.

Many older women are carers. In fact, three quarters of all carers are women and most are in the 45–55 age bracket. The 2000/2001 *Women's Grants Program* funded (\$19,960) four retreats for women aged 45 who care for relatives, friends or neighbours. Carers received information and advice on health issues such as menopause, incontinence and osteoporosis and on women's roles as carers including stress management, coping strategies and services. A particular focus will be on women in rurally isolated communities.

ALLEVIATE AND ELIMINATE ENVIRONMENTAL AND OCCUPATIONAL HEALTH HAZARDS ASSOCIATED WITH WORK IN THE HOME AND IN THE WORKPLACE

Initiatives aimed at raising awareness of environmental health hazards to women included a pilot training program in pesticide use with Chinese women market gardeners during June/July 2001 by NSW Agriculture. Building from this pilot study, a partnership project between the Department for Women, NSW Agriculture and the University of Western Sydney was established to address the occupational health and safety needs of women of culturally diverse communities working on farms in the Sydney Basin. Women from the Chinese, Cambodian, Vietnamese, Lebanese, Italian and Maltese communities were provided with basic occupational health and safety information, including pesticide information, basic first aid and women's health screening information (\$85,000).

The New England Area Health Service is exploring the factors that contribute to the increase in motor vehicle accidents for women in the New England region in an attempt to determine how they impact on women drivers, and recommendations which would address these factors.

DEVELOP SUPPORTIVE PROGRAMS AND TRAIN HEALTH WORKERS TO RECOGNISE AND CARE FOR WOMEN AND GIRLS WHO HAVE EXPERIENCED DOMESTIC VIOLENCE OR SEXUAL ABUSE.

Many area health services have screening tools to assist health workers to identify women who have been or are experiencing domestic violence and/or sexual assault (see Violence and Safety chapter). Specific counselling and support services are also provided for women survivors of childhood sexual assault by the South Eastern Sydney, Wentworth, South Western

Sydney, Northern Sydney Area Health Services.

Other initiatives to support women and train health workers to deliver better services include:

- ❖ A CD resource produced by the North Coast Area Health Service for parents of children who have been sexually assaulted.
- ❖ Three 'renewal retreats' held for women in the Illawarra region who have survived a violent relationship.
- ❖ A resource kit for sexual assault and disability workers, counsellors generally, police and court officers who are working with people with an intellectual disability who have been sexually assaulted (Northern Sydney).

SUPPORT NON-GOVERNMENT ORGANISATIONS WORKING ON WOMEN'S HEALTH AND HELP DEVELOP NETWORKS AIMED AT IMPROVING CO-ORDINATION AND COLLABORATION BETWEEN ALL SECTORS THAT AFFECT HEALTH.

A holistic approach to the prevention and treatment of women's health issues, particularly at a local level, requires the co-ordination and collaboration of many different services from the health and other sectors. NSW Health grants include funding projects that promote collaborative approaches to women's health. The following projects are some examples of this.

The *Macquarie Fields Women's Health Report* identified the needs of women living on the Macquarie Fields Housing Estate including issues around parenting, child health, mental health, crime and safety and physical health. A model of inter-agency collaboration to improve services to address women's health issues was recommended. (South Western Sydney – \$30,000).

The *Feel Good Program* in Taree is a socialisation and self-

esteem program for adolescent women who experience isolation and marginalisation. The program also builds social networks and develops workforce capacity to provide ongoing support for adolescent women within the community and health services. (Mid North Coast – \$75,000).

The *Nambucca Valley Post Natal Depression Support Group* supports women with babies who may be experiencing post natal distress/depression. Providing support through a group reduces feelings of isolation, assists families to understand what experiencing post natal depression is and aids in future management by linking the women and their families to resources and services in the community (Mid North Coast Division of General Practice – \$41,800).

The *Invisible Sentence* project addresses the health and psychosocial needs of women with partners or family members who are inmates of correctional services. Through a comprehensive consultation process with women this innovative project will address the health issues for women when a partner or other close family member is in prison (Central West Women's Health Centre (NGO) – \$129,664).

The *Rural Women's Health Print Project* aims to raise awareness of a number of women's health issues using local artists and local communities. Issues include young women and smoking; Aboriginal women and pregnancy; older women and physical activity. The artworks will be screen printed and launched locally and toured through regional galleries. (Southern Area Health Service – \$29,000).

A grief and loss counselling and support group for women in Penrith and strengthened partnerships with other agencies and

service providers have been established in the Wentworth Area Health Service.

Many activities/events are also held during International Women's Day celebrations aimed at raising awareness of women's health issues and building networks among women's and health groups and service providers.

GENDER SENSITIVE HEALTH PROGRAMS THAT ADDRESS THE NEEDS OF RURAL WOMEN AND WOMEN WITH DISABILITIES, AND THE NEEDS OF WOMEN ARISING FROM SOCIO-ECONOMIC AND CULTURAL DIFFERENCES

Addressing the needs of Aboriginal women, women from culturally and linguistically diverse communities, rural women and disadvantaged women requires the design and implementation of specific programs that take account of the particular needs of these women.

Some examples of programs for Aboriginal women include women's health gatherings and wellness camps in the Northern Rivers, South Eastern Sydney, South Western Sydney, Macquarie and Wentworth regions; and a TAFE peer education program in the Mid Western area providing information for Aboriginal women about health issues and encouraging them to be peer educators for other women within their communities. The Strong Women's Project in Gilgandra is a model to improve the health outcomes for Aboriginal women by decreasing the incidence of cardio vascular disease, diabetes and cancer in the Aboriginal population, using the principles of capacity building, a social view of health and recognising the strong supportive position Aboriginal women have in their communities.

Better support for Koori carers – Koori Carers Yarning Project

To increase awareness among local service providers about the emotional support needs of Koori carers and to existing counselling agencies about personal and practical issues facing Koori carers, the 2000/2001 *Women's Grants Program* funded a day camp for Koori carers and service providers where strategies were identified to promote access to their services (\$53,540).

Forty seven service providers and 12 Koori women carers came together in two camp settings over two days – one at the Yarrawarra Aboriginal Corporation in the Mid North Coast area and the other at the Boorambola Sport and Recreation Centre in the South West region of NSW.

The camps increased Koori women's knowledge of available services to meet their caring needs. Service providers became aware of how to be more culturally responsive to Koori women's needs and developed strategies to access Koori carers better. These strategies and the information about Koori carers' needs will be incorporated into a training manual for service providers. The manual will also provide an evaluation report and information for other service providers to set up Koori yarning camps within their area.

NSW Health also ensures that health information and services reach women from culturally and linguistically diverse backgrounds. www.health.nsw.gov.au/health-public-affairs/mhcs/index.html Area Health Services undertake a range of projects to address the specific health needs of women from diverse communities. Examples for 2000/01 include: the non-English speaking background *Women's Swim for Health* program; an 'Expo' to increase non-English speaking

background women's awareness of women's health services; multilingual information booklets about sexual assault to be developed with the Spanish, Turkish, Vietnamese, Italian, Chinese, Hindi, Punjabi and Korean speaking communities;

Strengthening support networks for women in socially disadvantaged communities is also a key area for NSW Health. The South Western Sydney Area Health Service was funded \$150,000 over three years to build social cohesion within the Villawood community, by increasing friendship networks between women and increasing cooperation between organisations providing services to disadvantaged communities, with a special emphasis on young sole parents.

PROVIDE IMPROVED ACCESS TO APPROPRIATE TREATMENT AND REHABILITATION SERVICES FOR WOMEN SUBSTANCE ABUSERS AND THEIR FAMILIES

Services and programs for women substance users require a holistic approach. Drug and alcohol abuse is often associated or accompanied by other mental health problems such as depression and/or the effects of childhood sexual assault. The women also need specific services/programs that cater to their needs if they have children or are pregnant.

The Royal North Shore *Hospital Management Guidelines for Substance Using Parents and their Infants* helps identify substance-using women early in pregnancy and provides coordinated medical care, drug and alcohol and psychosocial support. The Guidelines provide the opportunity to link this group of women into hospital and community services early and to address child protection and psychosocial issues before they become crises.

An 8 week program is being delivered to assist young women in the Redfern/Waterloo areas to develop an awareness of the relationship between self and drug use and to learn to control or stop drug use. This is a joint program between the Departments of Juvenile Justice and Community Services, South Sydney Youth Services and Intensive Programs Unit and Cellblock (Central Sydney Area Health Service).

A program for improved quality of life for drug dependant women who are on methadone treatment, women who are pregnant or have children, women living in caravan parks and Aboriginal and Torres Strait Islander women, is being trialled through an integrated care model in the Northern Rivers region.

The Department of Corrective Services established Bolwara House, a second transitional centre targeting women in the Sydney region with significant drug dependency issues, to provide a non-custodial, community-based pre-release program where women can address their alcohol and other drug problems through intensive programs and services that are culturally appropriate and mindful of the dignity of all participants.

Other programs aimed at improving the care of women and their families affected by alcohol and drug use before, during and after pregnancy is being conducted in the Illawarra, Northern Rivers and Wentworth areas.

ADDRESS WOMEN'S MENTAL HEALTH PROBLEMS

Mental disorders related to marginalisation, poverty, overwork and stress are among the health issues of concern to women.

Mental health has been identified as a key area for NSW Health. An additional \$107.5 million has been allocated in recurrent expenditure for mental health services over three

years (1999/2000 – 2001/2003). Depression, eating disorders, the prevention of suicide and additional mental health services in rural and regional NSW have been targeted as priority areas.

The School-Link Initiative (\$5.5 million in partnership with the Commonwealth) promotes early recognition and effective interventions for depression and related disorders in adolescents. In 2000–2001 approximately 1,800 counsellors from schools, technical and further education colleges, child and adolescent mental health workers and other appropriate health workers were trained in this area. Advanced school-link training modules on depression and related disorders will be developed during 2002–2003. Area School-Link Co-ordinators assist schools to implement mental health promotion, depression prevention and resilience-building programs. www.health.nsw.gov.au/health-public-affairs/publications/school-link/

Depression is the leading cause of the burden of disease^{††} for young women and occurs at three times the rate than that for young men.^{††} This gender difference persists throughout adulthood.

The *Integrated Perinatal Care Initiative* (\$3.5 million in partnership with the Commonwealth) will identify mothers and infants at risk of poor physical and mental health because of alcohol and other drug use, living with domestic violence and post natal depression. Universal antenatal and postnatal screening and early intervention for the physical and mental health of mothers and their infants linked to a network of services will provide assistance and support when needed.

The *Holistic Health Interventions – women and depression project* looks at how health care services and the settings they are

provided in impacts on women with depression. It will document women's experience of their treatment for depression and the findings will assist other health services to improve health practices for women. (Leichhardt Women's Community Health Centre – \$20,000).

While the suicide rate for men was four times the rate of women's, the hospitalisation rate for attempted suicide among young women was greater at all ages and more than three times the rate for men at ages 15 and 16.¹²

The NSW Department of Corrective Services held 32 information sessions in Armidale, Gosford, Grafton, Lake Macquarie, Newcastle, Penrith, Mt Druitt, Bankstown and in the southern region of NSW, to assist women offenders to identify the source of their inappropriate behaviour and make positive lifestyle choices.

The Mum Shirl Unit at Mulawa Correctional Centre maintains an intensive program for women with mental health problems who are at risk of self-harm and self-destructive tendencies.

Strengthen preventive programs that promote women's health

To promote health and prevent illness and disease the Government and the community need to ensure women can take responsibility for and make informed decisions about their health. Information, education and public media campaigns inform women and raise awareness about the health risks of substance use and addiction, environmental hazards and for young girls in particular, about nutrition and reproductive and sexual health issues. Maintaining women's health requires

appropriate preventive strategies and early intervention programs such as the prevention, early detection and treatment of specific women's health issues such as breast and cervical cancer and osteoporosis. Programs are aimed at supporting women in their multiple roles in the family and in the community and increasing women's participation in sport, physical activity and recreation all contribute better health for women.

ESTABLISH AND/OR STRENGTHEN PROGRAMS AND SERVICES THAT ADDRESS THE PREVENTION, EARLY DETECTION AND TREATMENT OF BREAST AND CERVICAL CANCERS

Breast cancer is the most common cancer diagnosed in NSW women and the leading cause of death from cancer. Statewide breast and cervical screening services, jointly funded with the Commonwealth, are provided to women in the target age groups (those aged 50–69).⁸ BreastScreen NSW provides mammographic screening services for the early detection of breast cancer through 10 screening and assessment services around the State, with 36 fixed screening locations and 152 mobile screening locations www.health.nsw.gov.au/health-public-affairs/mhcs/publications/4295.html

Special programs to encourage breast checks and mammography screenings among women, particularly Aboriginal women, are being conducted in the South Eastern Sydney, Central Coast and Mid North Coast Area Health Services.

The *NSW Cervical Screening Program* aims to increase the participation of women aged 20 to 69 years in regular, two-yearly screenings.

Initiatives aimed at increasing cervical screening rates among

◆ In NSW in 2000, breast cancer accounted for 29 per cent (3,842 women) of all cancers diagnosed in NSW women. Compared to many other cancers, the median age at diagnosis of breast cancer is young (59 years of age), with 12 per cent of cases occurring in women aged 35–44 years. There was an especially marked increase in the incidence of breast cancer for women aged 50–69 years, from 203.3 per 100,000 in 1989 to 299.7 per 100,000 in 2000. Women aged 50–69 years are the target group for the BreastScreen NSW Program, which can reduce death rates through earlier detection of breast cancer. There is good evidence that part of the increased incidence in breast cancer in women in this age group is due to earlier detection.¹³

◆ In 2001/2002, 302,388 NSW women had a screening mammogram through BreastScreen NSW. The NSW participation rate for women in the target group (those aged 50–69) was around 60 per cent.¹⁴

◆ In 2000, cancer (malignant neoplasms) was the leading cause of death for women, accounting for 127 per 100 000. Heart disease was the second leading cause of death for women, followed by stroke and chronic lower respiratory disease.¹⁵

◆ The participation rate in biennial cervical screening for women aged 20–69 years in NSW was 61.3 per cent (1,056,058 women) at the end of December 2001 with the highest participation rates occurring in large and small rural centres.¹⁶

◆ The NSW Pap Test Register contains records for 1.6 million women, with over 2.8 million cytology reports registered.¹⁷

◆ Between 1990 and 2000, both the incidence and death rates for cervical cancer among women aged 20–69 years fell by around 40 per cent.¹⁸

women are being carried out in Area Health Services across the state. This includes partnerships with general practitioners to increase their competence and confidence to perform Pap tests (Mid North Coast) and to recruit more women to participate in the two yearly cervical screening (South Western Sydney). Research to determine the effects of child sexual abuse in cervical screening behaviour is being carried out in Northern Sydney Area Health Service.

Aboriginal women have alarmingly high rates of cervical cancer compared to other women. The Hunter Area Health Service is encouraging Aboriginal and Torres Strait Islander women to have regular Pap tests through the production of a video, education sessions in Windale and promotional activity in Muswellbrook. The New England Area Health Service is improving Aboriginal workers' knowledge and skills about cervical screening and has produced an educational booklet and a kit that includes information about Aboriginal women's role in the family, the need to present pap tests in a 'healthy woman' way, the barriers that Aboriginal women face in regard to having a pap test and information about providing explanations for results of pap tests and treatment for abnormal results.

The NSW Pap Test Register, established in 1996, is a cornerstone of the cervical screening program. It provides a confidential reminder system to assist health practitioners to follow-up women who have had Pap tests.

◆ The incidence rate of cervical cancer among indigenous women is twice that of non-indigenous women while the mortality rate is more than eight times that of non-indigenous women.¹⁹

**CREATE AWARENESS AMONG WOMEN, HEALTH PROFESSIONALS,
POLICY MAKERS AND THE COMMUNITY ABOUT THE HEALTH
HAZARDS OF TOBACCO USE**

- ◆ The major causes of cancer death among Australian women were breast cancer (17 per cent of all cancer deaths), colorectal cancer (14 per cent) and lung cancer (14 per cent).²⁰
- ◆ Cigarette smoking causes around 20 per cent of deaths of women before 65 annually.²¹
- ◆ In 2000, 2,256 women died in NSW from diseases caused by smoking (lung and other cancers, coronary heart disease, stroke and other lung disease). The rate of smoking-related hospitalisations for women in NSW increased by about 11 per cent between 1989–90 (715 per 100,000) and 1999–00 (789.5 per 100,000).²²
- ◆ The incidence of lung cancer has decreased by 18 per cent in men in the last decade, but increased by 17 per cent in women, reflecting trends in smoking.²³
- ◆ More women than men will develop lung cancer in NSW by the year 2006.²⁴

Another key area for the prevention of illness and disease is the reduction of tobacco use.

The *Tobacco Action Plan 2000–2004* aims to eliminate or reduce tobacco use and targets smoking mothers and pregnant smokers. www.health.nsw.gov.au/public-health/health-promotion/improve/tobacco/tob_health.htm

Strategies to reduce smoking among women have been implemented in many Area Health Services.

The Central Coast Area Health Service project *Out of the*

Smoke Screen: Reducing smoking in young women 12–17 years targets young women by assisting them to recognise the distorted portrayal of smoking in the media. The project will be producing a commercial that will be screened prior to teenage blockbuster movies during school holidays.

- ◆ In NSW, about 21 per cent of women smoke. The rate is much higher in younger age groups with 29 per cent of women aged 16–24 years smoking.²⁵
- ◆ The proportion of mothers in NSW reporting smoking during pregnancy has not significantly declined from 1994 (22.1 per cent) to 1997 (20.6 per cent).
- ◆ Only 3 per cent of those who smoked during pregnancy stopped smoking in the second half of their pregnancy and about 50 per cent smoked more than 10 cigarettes per day.²⁶

Illawarra Area Health Service *Getting Out of the Smoke Screen: An evaluation of the quit smoking for women program 1997–2002* found over 50 women have attended Quit Smoking for Women courses in the Illawarra over the four year period, with 32 per cent cigarette-free up to four years later.

The Southern Area Health Service *Aboriginal Women Quit Smoking* project will address the reasons why Aboriginal women find it difficult to quit smoking and to remain smoke free. The project will include the development of gender and culturally appropriate programs for smoking cessation for Aboriginal women from the Shoalhaven region.

The Mid North Coast Women's Health Service will develop a program for young and pregnant women with a smoking habit. Smoking cessation groups be held in Taree, Forster and Wingham.

South Western Sydney Area Health Service provided seeding grants to non-government organisations for a community forum on young women and smoking and the production of resources on young women and smoking developed by young women.

Smoking rates are substantially higher among young Indigenous people compared to non-Indigenous. In 1995, 47 per cent of young Indigenous women smoked compared with 28 per cent of non-Indigenous young women.²⁷ Indigenous women (42.7 per cent) were also more likely to report current smoking than indigenous men (38.3 per cent).²⁸

In the Central Sydney Health Area ten Aboriginal workers were trained in tobacco control and nutrition/breastfeeding. Specific Aboriginal resources were developed aimed at young pregnant Aboriginal women who smoke.

CREATE AND SUPPORT PROGRAMS TO MAKE OPPORTUNITIES FOR GIRLS AND WOMEN OF ALL AGES TO PARTICIPATE IN SPORT, PHYSICAL ACTIVITY AND RECREATION

The *NSW State Plan for Women in Sport and Recreation 1999–2002* aims to improve the participation of women and girls in sport, recreation and physical activity at all levels and in all capacities. Actions identified for 2000–2002 are in progress and are reported on by the Department for Sport and Recreation on a quarterly basis. Examples of these actions include:

- ◆ Gender equity information and a *Gender Equity Self-Assessment Guide* to assist state sporting organisations and other sport and recreation providers to assess, develop and monitor their gender equity strategies.

- ◆ *Child care Guidelines for NSW Sport, Recreation and Fitness Organisations*.
- ◆ Targeted physical activity programs for women and girls in partnership with local councils, schools and Police and Citizens Youth Clubs, including:
 - outdoor education programs for girls
 - sports clinics and ‘come-and-try’ days
 - gentle exercise classes for older women
 - school leadership programs for girls
 - non-traditional activities for girls, including surfing and skateboarding.
- ◆ The *NSW Ministerial Taskforce for Women in Sport and Recreation*, a community taskforce established in 1997, provides independent advice to the Minister to ensure that programs, services and strategies reflect the sport and recreation needs of women and girls in NSW. During 2001, community consultations were conducted in Nowra, Maitland, Murwillumbah and Dubbo. The NSW Department of Sport and Recreation continue to liaise with regional areas to implement identified needs.
- ◆ *The Fair Call for All: Promoting acceptance of diversity in sports media* project, includes an educational package for tertiary institutions teaching journalism, a guide for working journalists and sporting organisations. A collaborative project between the Australian Sports Commission, Australian National University and NSW Department of Sport and Recreation aimed at improving the media representation and reporting of under-represented groups in sport and recreation. This includes women, people with disabilities, Aboriginal people and people from culturally diverse backgrounds.

- ◆ Publications for the community and the sport and recreation industry including *Mum's the Word – Exercise during pregnancy*; *Supporting women's sport – a promotional postcard*; *Go for it girl* poster; sexual harassment policy and guidelines; and *Travel Recommendations for Women Athletes*.
- ◆ A photo library containing images of women and girls participating in sport and physical activity to improve the visibility and appropriate portrayal of women and girls of all ages, cultural backgrounds and abilities. This will lead to increased use of quality images of women and girls in departmental publications and an increased awareness and interest from women and girls in departmental programs and services.
- ◆ Grants and other funding support to community groups and the industry for sport and recreation development in NSW. Targeted programs and services for under-represented groups, including women and girls are particularly encouraged. www.dsr.nsw.gov.au

- ◆ Men are more likely to be adequately physically active with 65 per cent engaging in either medium or high levels of physical activity compared with 57 per cent of women.²⁹
- ◆ Women are 20 per cent less likely to report leisure time physical activity than men, and married women—especially those with children—report less leisure time activity than single women of the same age.³⁰
- ◆ People from non-English speaking backgrounds are 32 per cent less likely to be adequately active than English speaking people and Aboriginal people are 28 per cent less likely to engage in adequate physical activity.³¹

Physical activity for women from diverse cultures in Wollongong

To increase the level of physical activity for women from culturally and linguistically diverse communities, the Illawarra Area Health Service ran a ten week *Swim for Health* Program. The program allowed women and girls (and boys under 5 years), to learn to swim, participate in informal aquarobics or swim for fun.

The indoor pool at Beaton Park (Wollongong City Council's sporting and recreation facility) was opened from 6pm to 8pm (normally closed to the public at that time) and was closed to men. Only women swimming instructors were rostered on.

Eighty to 120 women attended the program on a weekly basis. Their age ranges were from six months to 75 years and they came from a variety of backgrounds including: Arabic, Turkish, Croatian, Serbian, Greek, Spanish, Portuguese, Indonesian, Indian and Iranian. For many women this was their first contact with water while living in Australia.

The pool is now available exclusively to women and girls as a standard service for two hours one day per week.

The Simply Active Everyday Strategy 1998–2002

(www.health.gov.au) developed and implemented by the NSW Physical Activity Task Force, is an intersectoral, whole of government approach which aims to:

- ◆ increase levels of physical activity especially among less active people;
- ◆ develop quality infrastructure, opportunities, programs and services to support participation; and
- ◆ realise the social, health, environmental and economic benefits of participation.

The plan caters to the following population groups which are more likely to miss out on the benefits of physical activity: women; parents and carers of young children; older people; Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds; people with disabilities; people in rural and remote areas; young people and those who are socially disadvantaged.

The strategy is currently being evaluated and the Taskforce will report to the Premier on its achievements by December 2002. Planning for the development of a plan for the next five years is also underway.

To improve physical activity, reduce isolation and improve quality of life for older women living in a remote area (Snowy Mountains), the Department for Women funded through the *NSW Women's Grants Program* www.women.nsw.gov.au/grants/grants2.html an aqua exercise club. In partnership with the community, the health sector and business community, aqua exercise classes were provided for 19 women over 60 years of age. All participants reported better mobility, less illness and increased social connections. Some of the women continued to use the pool or sought out other forms of physical activity such as Tai Chi and chair dances.

The Women's Grants Program also funded the Illawarra Ethnic Communities Council for *Moving Together Multiculturally*, a professional support network for bilingual fitness leaders and a mentoring program for fitness leaders. The Illawarra Academy of Sport ran workshops on mentoring and a formal training program was established with TAFE Illawarra. During 2000/2002 leaders have initiated and facilitated several

physical activity programs for women from diverse cultural backgrounds including:

- ◆ Gentle exercise classes for Filipino women at Wollongong and Barrack Heights
- ◆ Walking group for Portuguese women at Lake Illawarra
- ◆ Tai chi for women at Bellambi, Warilla and Wollongong
- ◆ Gentle exercise class for Italian women at Corrimal
- ◆ Gentle exercise class for Turkish women
- ◆ Gentle exercise classes for the frail aged at West Dapto
- ◆ Gentle exercise and dance for Portuguese mothers' group at Warrawong
- ◆ Bike rides for culturally and linguistically diverse women at Wollongong and Lake Illawarra
- ◆ Gentle yoga and relaxation for Ethnic Health Workers for them to incorporate into activities with groups that they run
- ◆ Tai chi for Spanish women in Wollongong
- ◆ Tai chi for seniors in Windang.

The following classes are also planned:

- ◆ Gentle exercise classes for various ethnic day care groups
- ◆ Dance classes for Italian women at Corrimal
- ◆ *Women's Swim for Health* program at Gwynneville
- ◆ Gentle exercise classes for Italian women at Warrawong
- ◆ Gentle exercise classes for elderly Portuguese at Warrawong
- ◆ Walking group for Italian women at Corrimal

People living in disadvantaged communities are more likely than other Australians to be physically inactive, and women are particularly at high risk. The *Windale/Booragul Women's*

Physical Activity project will identify barriers to and opportunities for physical activity for women living in the Windale community. The project is a partnership between the Hunter Area Health Service and *Hunter Community Renewal Scheme*, a New South Wales Premier's Department initiative aimed at supporting disadvantaged communities. A number of two-day camps, supported and subsidised by the Department of Sport and Recreation and the Hunter Centre for Health Advancement, will provide women with the opportunity to 'come and try' and participate in a wide range of fun and interesting activities including walking, belly dancing, tennis, netball, archery, canoeing, taichi, gentle exercise, water sports and ropes courses. The women are encouraged and assisted to continue participation in selected physical activities within their community following the camps. There are also plans to extend the project to the Booragul/Bolton Point community.

Other projects aimed at increasing women's physical activity levels include walking groups for Aboriginal women in Bourke, the development of wellness activities for older women in the Northern Sydney Area Health Service, research to identify levels of activity and overcome barriers for Chinese women with children in becoming physically active (Central Sydney Area Health Service) and a 'whole school' approach to physical activity at a secondary school in Moorfield to increase physical activity levels among adolescent girls in years 7 and 8.

NSW Health funded the Women's Centre Albury Wodonga \$17,000 for an exercise and fitness program, *Fitness At Any Size: The large T-shirt project*, which focuses on the positive aspects of fitness and self-esteem, rather than on dieting and weight loss. There will be a program for young women with

children and one for older women and will support women to maintain a level of physical activity that will increase their health and wellbeing.

Give priority to educational programs that support and enable women to make decisions on and take responsibility for their own health, emphasizing the elimination of harmful practices such as female genital mutilation

The Western Sydney Area Health Service is funded by NSW Health to implement an education program on female genital mutilation. The program has been evaluated to inform future directions for implementation. A specific policy regarding female genital mutilation, training for relevant staff and resources are being developed by the Wentworth Area Health Service. The policy provides a framework that will ensure the women and female children who have experienced, or are at risk of experiencing female genital mutilation, are provided with appropriate health care and a service response within the NSW legislative framework.

Undertake gender sensitive initiatives that address sexually transmitted diseases and HIV/AIDS issues.

Gender sensitive information, policies and programs are provided to assist and protect women with sexually transmitted diseases including HIV/AIDS. It affirms the need to involve women in the development and implementation of policies and programs and to support and initiate research that addresses women's needs in the prevention of and protection against HIV and other sexually transmitted diseases.

FPA Health was funded by NSW Health and the Department for

Women to provide women with current information on HIV/AIDS. Fact sheets, training of women's health workers and educational and support networks have been provided. The fact sheets cover issues such as testing, diagnosis, symptoms, pregnancy and parenting and have been translated in six community languages (Arabic, Thai, Khmer, Vietnamese, Spanish and Chinese) to provide women from non-English speaking backgrounds with relevant and culturally sensitive information.

NSW Health funds the AIDS Council of NSW to provide assistance to people with HIV/AIDS. The Council provides support, information and advocacy for women living with HIV and their families through the establishment of support networks throughout NSW, an education campaign for HIV positive women, a women's retreat and training for volunteers to facilitate peer support groups. NSW Health also provides information and support for women whose male partners are homosexually active and are at risk of HIV infection.

The AIDS Council of NSW manages the *Sex Workers Outreach Project*, a peer-led project for people working in the sex industry to increase their access to health information and services. The Illawarra Area Health Service sexual health team also runs a street worker project aimed at improving the health of street workers in the Port Kembla area.

The health needs in relation to hepatitis C and HIV/AIDS of women in prison were addressed in a statewide inquiry into hepatitis C related discrimination by the Anti-Discrimination Board.

PROMOTE RESEARCH AND DISSEMINATE INFORMATION ON WOMEN'S HEALTH

Gender sensitive and women-centred health research improves the quality of service delivery to women and enables women to make informed and responsible decisions about their health.

To address gynaecological problems, the Wentworth Area Health Service, in partnership with the University of Western Sydney, will research the links between childhood sexual assault and an increased incidence of gynaecological problems in adult women. A range of local service providers will then be able to work together to provide treatment that goes beyond the medical and physical.

A study was conducted at the Royal Hospital for Women to determine the nature of lower limb lymphoedema (LLL) following gynaecological cancer surgery. The study provided information about the prevalence of LLL and those women most at risk from type of cancer, surgery and treatment. The onset of LLL was found to be within the first six months for 80 per cent of the women and that they experienced difficulty in getting the correct diagnosis and treatment. Nurses at the Royal Hospital for Women have changed their practices to lower the risks and provide information about LLL to women at risk.

A longitudinal study was conducted to improve high risk antenatal care services to women at the Royal Hospital for Women. Questionnaires and interviews were conducted with 288 women to determine their experiences of two models of antenatal high risk care. Improvements to the Day Stay unit, the Newborn Care Centre and Postpartum Units have been made as a result of the concerns women raised and analysis of the data.

The Department of Sport and Recreation is conducting research and disseminating information on gender equity issues in sport, recreation and physical activity to inform decisions on appropriate programs and services for women and girls. For example, the *Active Mothers Pram Walking* intervention and research program proved to be a successful intervention to increase the physical activity levels of new mothers and provided a model that can be applied in other communities; and the partnership project with University of Wollongong for research on young women, physical activity and depression is being developed in 2001–2003.

The CEDAW promise

This convention supports women's equal access to health care and is concerned that poor women have the least access to food, health, education, training and opportunities for employment. Governments that sign the convention are required to remove discrimination against women in the area of health care and ensure women have access to appropriate health services including family planning services.³²

In addition, governments are required to provide appropriate health services during pregnancy, labour and delivery and the post natal period, as well as ensuring good nutrition for pregnant women and those who are breastfeeding.³³

CEDAW also aims to maintain women's physical and mental health by encouraging women to participate in recreational activities, sports and cultural life.³⁴

The convention requires governments to take account of the particular problems faced by women in rural areas and ensure that they have access to adequate health care facilities, including information, counselling and services in family planning.³⁵ The health of rural women is also maintained by ensuring that they enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity, and water supply, transport and communications.³⁶

List of agencies included

- ◆ NSW Health
- ◆ Ageing, Disability and Homecare Department
- ◆ Department of Sport and Recreation
- ◆ Department of Transport
- ◆ Environment Protection Authority

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 - i. Strategic Framework to Advance the Health of Women
 - ii. NSW Health: Healthier People, Fairer Access, Quality Health Care and Better Value for People in NSW.
 - iii. National Women's Health Policy
 - iv. Better Health, Better Living for Women in NSW
 - v. Healthy Ageing Framework
 - vi. Simply Active Everyday: A Plan to Promote Physical Activity in NSW 1998–2002.
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