



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

APRIL 2013 *'Aims to strengthen links between women by providing access to information and support'*

WOMEN AND HEALTHY AGEING

Women growing older well

By **RONNI MARTIN**

Older Women's Network (Queensland) Inc.

Older women's health and well-being is dependent on many factors such as access to appropriate services; accurate information; and adequate income, housing and transport. These factors are common to women of all ages, but older women also face the discrimination of ageism, which often assumes that they are incapable of making their own decisions.

The Older Women's Network is a community-based organisation run for and by older women. It aims to enhance the positive image of older women while building understanding of the unique issues facing women after menopause. It promotes healthy ageing as well as encouraging life enrichment and companionship through meetings and workshops like the 'Women Growing Older' (WGO) program.



IN THIS EDITION WOMEN AND HEALTHY AGEING

Women growing older well	1-2	Bowel cancer screening saves lives	5
Healthy heart tips for women	2	'What's On' & 'Women's Health on the Net'	6
Strong bones: Facts about osteoporosis	3	A commitment to ageing well	7
Older women and elder abuse	4	Women and ageing: Financial security	8



Left: Mackay 'Women Growing Older' Program participants

The WGO program brings together older women to discuss a range of health and well-being topics in a fun, interactive environment. The program is made up of ten 2.5-hour sessions, each of which is self-contained. Many of the issues facing older women as they deal with the physical and social changes of ageing are dealt with in the program.

The first two sessions cover the social and physical aspects of ageing. We look at the myths of ageing, images of older women in popular culture, and the expectations on them. Physical changes and healthy diet and appropriate exercise are discussed next. Participants develop a healthy menu for a week, and learn some simple exercises they can continue at home.

The session on maintaining intimacy affirms that it is normal for older women to have sexual feelings and needs. We discuss that sexuality includes how you take care of your physical appearance and self-esteem. It explores the physical, social and emotional changes that may affect intimate relationships in later life and some issues to consider around sexual health.

One session in the WGO program explores decision-making processes, processes for making change, and how to be assertive. Another session gives information on legal and financial decisions facing older women, including Wills, Power of Attorney and Advanced Health Directives.

Many older women are living alone and are unnecessarily afraid of being the victim of crime. In another session,

on self-protection, participants explore how to keep safe from physical threats and elder abuse, as well as how to prepare for natural disasters.

Secure housing is a major factor in older women's well-being so we consider what participants really want in a home. Participants discuss if a sea/tree change is for them and what they need to consider before changing their housing. We discuss different housing options including shared and community housing.

The WGO program finishes by looking at social isolation. It encourages women to go out and be active in their community with sessions on local recreational opportunities and how to create support networks for themselves.

The Older Women's Network has run the program in locations around Queensland. The program can be adapted to meet the needs of different audiences. Please contact us if you would like to host it in your area. Alternatively, we can send you a free copy of the 'Women Growing Older Facilitator's Manual'. The manual is set out so that an experienced trainer can run the program with little further input. Background information and handouts are included for each session.

For more information contact:

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OUR NEXT NEWSLETTER

ANXIETY & DEPRESSION
DOES YOUR ORGANISATION HAVE
EXPERTISE IN THIS AREA?
OR ARE YOU A WOMAN WITH
KNOWLEDGE / EXPERIENCE
ON THIS TOPIC?

Share your insights with over 400 health & community organisations, and other women in Queensland

We welcome your articles, news items, or other submissions. **Please contact us in advance at: coordinator@qwhn.asn.au** for full submission guidelines.

DEADLINE: 14 June

healthy heart tips for women

Too often I hear people refer to heart disease as an 'old man's disease', but it's not. It is the number one killer of Australian women. Women are 4 times more likely to die of heart disease than breast cancer. Risk factors of heart disease increase significantly after a woman reaches menopause. So it is vital that all Australian women, especially those aged 45 years and over, understand the risk factors of heart disease and take action to improve their health.

So what are the top tips for a healthy heart?

- Make healthy food choices
 - Include a colourful variety of nutrient dense foods that are packed with vitamins, minerals and antioxidants
 - Eat plant-based foods, wholegrain cereals, lean protein and low fat dairy
 - Include five serves of vegetables and two serves of fruit per day
 - Choose healthy fats like olive oil or sunflower oil
 - Limit salt intake
- Take the time to be active for 30 minutes a day
- Achieve and maintain a healthy body weight



food files

with Deanne

NUTRITION MANAGER, HEART FOUNDATION

- Manage high blood pressure
- Manage high blood cholesterol
- If you are smoking, give yourself a deadline to stop. It doubles your risk of heart disease.

What are the benefits?

Having a healthy lifestyle which includes eating well and moving more, will give you greater vitality and energy. It could also save your life.

For More Information:

www.goredforwomen.org.au
www.heartfoundation.org.au
Health Information Service 1300 36 27 87
Quitline 13 78 48

Article kindly provided by Maria Packard, Nutrition Manager, Heart Foundation while Deanne Wooden is on leave.



Regular physical activity and exercise play an important role in maintaining healthy bones

Strong bones

Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures than in normal bone. Research shows that half of all women over 60 will have a fracture due to osteoporosis. Osteoporosis occurs when bones lose minerals, such as calcium, more quickly than the body can replace them, leading to a loss of bone thickness (bone mass or density). As a result, bones become thinner and less dense, so that even a minor bump or fall can cause serious fractures. These are known as 'fragility' or 'minimal trauma' fractures.

Risk factors

There are four main factors that can help you determine your risk of osteoporosis before the condition occurs:

1. Family history of osteoporosis, as bone strength is strongly inherited
2. Low calcium and vitamin D levels
3. Your personal medical history - some medications and conditions like coeliac disease can impact your bone health
4. Lifestyle factors, including low levels of physical activity, smoking, excessive drinking, a thin body type, or obesity.

Diagnosis

Osteoporosis is diagnosed by combining information about your medical history with a physical exam and some specific tests for osteoporosis.

Calcium and Vitamin D

The recommended daily intake of calcium for women is 1,000mg, increasing to 1,300mg per day for women over 50. You should also ensure an adequate level of sun exposure for vitamin D, which your body needs to absorb calcium. This level differs depending on skin type, season and location, but an average of 7 minutes each day for fair skin, to 20 minutes for darker skin is recommended.

Exercise

Regular physical activity and exercise play an important role in maintaining healthy bones. Exercise is recognised as one of the most effective lifestyle strategies to help make bones as strong as possible, reducing the risk of fractures later in life. Exercise must be regular and ongoing to have a proper benefit and maintain bone density; it should be done at least three times a week.

Falls Prevention

Falls are a common cause of fracture. As people age, their chance of falling increases. Approximately 33% of people over 65 fall each year. For people with osteoporosis, even a minor fall can cause a fracture. Half of all falls occur in or around the home. Falls are most commonly caused by:

- Poor muscle strength
- Poor vision
- Problems with balance (due to weak muscles, low blood pressure, inner ear problems, medicines, and poor nutrition)
- Home hazards which lead to tripping.

There are four strategies to avoid falls:

1. Exercise - physiotherapists can help with a falls prevention program
2. Medical review - doctors can review medicines or conditions that may cause poor balance or dizziness, or recommend visiting an optometrist or podiatrist
3. Home review - occupational therapists can conduct a home audit and suggest changes
4. Nutrition - improved nutrition can assist muscle strength.

This article has been prepared by
Arthritis Queensland

For more information about osteoporosis, contact our

FREE HELPLINE
1800 011 041





OLDER WOMEN AND **Elder Abuse**

It is estimated that 5% of older Australians experience financial, physical, social, psychological, or sexual abuse and neglect at the hands of someone they trust each year

Sonya Mitchell
Townsville Community
Legal Service Inc.

Marcus Aurelius, a Roman Emperor and philosopher once said, "There are three classes into which all the women past seventy that ever I knew were to be divided:

1. That dear old soul;
2. That old woman;
3. That old witch."

Almost 2,000 years on, one wonders if much has changed. Ageist attitudes still affect older women's lives and their quality of care. Their contribution and achievements are not recognised, their hopes, needs and desires are ignored and they continue to be disempowered by being classified in the way Aurelius described somewhere between 121 and 180 AD.

The World Health Organisation (WHO) and the International Network for the Prevention of Elder Abuse (INPEA) have identified that ageism and disempowerment are major causes of elder abuse. It is not surprising then that older women are more often the victims of elder abuse than older men.

There are no figures in Australia as to how many older women are affected by elder abuse. It is estimated that 5% of older Australians experience financial, physical, social, psychological, or sexual abuse and neglect at the hands of someone they trust each year. In Queensland that equates to 27,000 older people who experience elder

abuse. Predominantly the abuser is an adult child, with daughters equally as likely as sons to commit acts of harm.

This makes it very difficult for older women to report abuse. The shame that a family member, especially if it is a child, is causing them harm means that older women are more likely to keep the abuse hidden. They are often fearful that if they report, they will cause trouble for the loved one who is abusing them. There are often threats attached to reporting as well, such as "you will never see your grandkids again" or "I will put you in a home."

The challenge for health and welfare professionals is to identify elder abuse and empower older women to speak out about it. Recognising the signs and symptoms of elder abuse, and screening, provide opportunities for older women to talk about what may be occurring.

In recent years, the Australian Women's Health Survey utilised 'The Hwalek-Sengstock Elder Abuse Screening Test' with some adaptations and found that the six questions that are listed below are a quick yet reliable way to screen for elder abuse.

- *Are you afraid of anyone in your family?*
- *Has anyone close to you tried to hurt or harm you?*

- *Has anyone close to you called you names or put you down or made you feel bad?*
- *Does someone in your family make you stay in bed or tell you you're sick when you know you aren't?*
- *Has anyone forced you to do things you didn't want to do?*
- *Has anyone taken things that belong to you without your OK?*

If elder abuse is identified, there are five specialist Seniors Legal and Support Services (SLASS) in Queensland that may be able to assist. SLASS is funded by the Queensland Government to provide free legal and social work assistance to people over the age of 60 who are at risk of, or experiencing, elder abuse. The five localities include Brisbane (3214 6333), Toowoomba (4616 9700), Hervey Bay (4124 6863), Townsville (4721 5511) and Cairns (4031 7179).

If you would like further information please do not hesitate to contact Sonya Mitchell on 4721 5511.

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7th Australian
women's
health
conference



GENDER MATTERS:
DETERMINING WOMEN'S HEALTH
7-10 MAY 2013 | SYDNEY





Bowel cancer screening saves lives

A vital message about Bowel Cancer Awareness

Former Townsville Hospital patient Henryka Cieslinski knows first hand the importance of bowel cancer screening and the benefits of catching the symptoms early.

After participating in the National Bowel Cancer Screening Program early last year, Ms Cieslinski wants to help make more people aware just how common bowel cancer is and how important early detection can be.

Ms Cieslinski received a National Bowel Cancer Screening Program kit in the mail.

"The test was simple to use," Ms Cieslinski said. "All I had to do was take a sample from two bowel motions and send them off to the laboratory for testing. Even the Australia Post staff had heard of the screening kits."

Ms Cieslinski received her test results in the mail which showed that blood had been found in the sample, a sign that polyps, a pre-cancerous growth, or bowel cancer may be present.

"I was shocked in the beginning," she said. "Helen McManimm, who was the gastroenterology nurse coordinator at the time, ensured I was well informed and put my mind at ease before having a colonoscopy at The Townsville Hospital. The colonoscopy found that I had polyps which I then had removed."

Ms Cieslinski said the screening program got a 10 out of 10 rating from her.

"The program saved my life," she said. "I encourage everyone who is eligible for the program to take the test."

Queensland Health's Queensland Bowel Cancer Screening Program Gastroenterology nurse coordinator for the Townsville catchment, Helen Britton, said 241 Townsville residents have had at least one polyp or pre-cancerous growth detected and removed during the first five years of the program.

Many of the people who participated had no symptoms to alert them that something may be wrong

"Many of the people who participated had no symptoms to alert them that something may be wrong," Ms Britton said. "Without the screening program, the growths may have remained undetected and could have become cancerous."

"These statistics are not surprising given that bowel cancer is the most common cancer affecting both women and men combined, and the second highest cause of cancer-related deaths behind lung cancer."

Above: Former Townsville Hospital patient Henryka Cieslinski with Queensland Health's Queensland Bowel Cancer Screening Program Gastroenterology nurse coordinator for the Townsville catchment, Helen Britton

Ms Britton said the good news was that about 90 per cent of bowel cancers were treatable if detected early.

"Bowel cancer is even preventable if you catch the disease at the polyp stage," Ms Britton said. "We hope that the program goes a long way to reducing the burden of illness caused by this dangerous disease."

The national program is currently inviting everyone turning 50, 55, or 65 years of age to participate. From June 2013, the program will also invite those turning 60 to participate.

"Invitation kits are sent around the time of participant's eligible birthday," Ms Britton said. "As screening is so effective in detecting bowel cancer or polyps early, I'd really encourage those eligible for the program to participate."

For more information on the Queensland Bowel Cancer Screening Program or to view the statistical report, visit www.health.qld.gov.au/bowelcancer or <http://www.bowelcanceraustralia.org>



what's on?

Important Events, Conferences and Workshops

7-10 MAY 2013 7th AUSTRALIAN WOMEN'S HEALTH CONFERENCE – SYDNEY, NSW.

Gender Matters – Determining Women's Health

The 7th Australian Women's Conference will continue Australia's focus on showcasing cutting edge research and best practice approaches in women's health policy and practice locally, across Australia and internationally. 'Gender Matters: Determining Women's Health' promises to be vibrant and energising in every respect.

The Conference is relevant to: service providers, policy makers, managers, researchers, women's health, mental health, community health, social and community services, Aboriginal controlled services, migrant and refugee services, reproductive services, legal services, universities, disability services, allied health care, public health, educators, academics, local councils, Local Health Districts, Medicare Locals, Government, non-government and private sectors.

FOR INFORMATION and to view the program visit: <http://www.womenshealth2013.org.au>

28-29 JUN 2013 REMOTE MEDICAL EDUCATION CONFERENCE 2013 – BRISBANE, QLD.

RMEC13 will provide a forum for discussing the factors influencing the education of doctors practising in rural and remote areas of Australia and overseas. The conference will explore how the educational needs of remotely-located doctors can be addressed depending upon location and cultural context, while considering the role that new technology plays in the delivery and enhancement of learning.

FOR INFORMATION visit: <http://rvts.org.au/news/rmec13.aspx>

20-23 AUG 2013 THE MENTAL HEALTH SERVICES CONFERENCE – MELBOURNE, VIC.

FORGING the FUTURE – Challenging Attitudes! Creating Connections! Transforming Lives!

Mental health services across Australasia are changing rapidly. Implementation of major new policy directions, including 'Partners in Recovery' (PIR), activity based funding and the National Disability Insurance Scheme (NDIS) will significantly reshape the mix of mental health service providers and influence how service delivery occurs. Building on our current strengths and embracing more innovative ways gives us a unique opportunity to shape a society that knowingly employs the best available evidence to strengthen and sustain the wellbeing of individuals and families.

FOR INFORMATION visit: <http://www.themhs.org.au/2013-annual-conference>

16-18 SEP 2013 PUBLIC HEALTH ASSOCIATION AUSTRALIA 42nd ANNUAL CONFERENCE – MELBOURNE, VIC.

A 'fair go' for health: Tackling physical, social and psychological inequality

The three sub-themes are physical, social and psychological inequalities, and abstracts are invited on:

- Inequalities in physical & natural environments – improving built & natural environments, climate change & food security.
- Psychological inequalities – promoting community mental health and wellbeing, and addressing health-related behaviours and psychology.
- Social inequalities – addressing the social determinants of health.

FOR INFORMATION visit: http://www.phaa.net.au/42nd_Annual_Conference.php



women's health on the net

Hot Spots on the Internet for Women

INDIGENOUS DEMENTIA WEB RESOURCE

www.healthinfonet.ecu.edu.au/chronic-conditions/dementia

The Indigenous dementia web resource is designed for people working, studying, or interested in dementia among Aboriginal and Torres Strait Islander peoples. The site provides information and resources on topics such as:

- What is dementia?
- How is dementia assessed?
- Dementia among Indigenous people
- Sources and key readings including Indigenous-specific resources
- Organisations which address issues related to dementia

It also provides details and links for programs and projects that address dementia among Aboriginal and Torres Strait Islander peoples and information on health promotion resources, practice resources, and journals.

FAMILY PLANNING QUEENSLAND EDUCATION AND TRAINING

Family Planning Queensland (FPQ) is a leader of specialist education and training in the area of sexual and reproductive health for nurses, doctors and allied health professionals.

Upcoming training for doctors and nurses provided by FPQ:

- Pap smear provider (Brisbane, 17-19 April) www.fpq.com.au/pdf/Fly_PSP_BRS_Apr13.pdf
- CONNECTIONS full day workshop designed to increase clinicians' confidence in communicating with and assessing young people (Brisbane, 27 April). Visit www.fpq.com.au/pdf/Fly_Connections_Feb.pdf
- Pap smear provider (Brisbane, 12-14 June) www.fpq.com.au/pdf/Fly_PSP_BRS_Jun13.pdf
- Clinical aspects of sexual and reproductive health (Brisbane, 10-12 July) www.fpq.com.au/pdf/Fly_ClinicalAspects_reg_Jul.pdf
- Contraception Overview (Brisbane, 12

July) http://www.fpq.com.au/pdf/Fly_Contra_Overview_July.pdf

- Introduction to sexual and reproductive health theory (self-directed learning package) www.fpq.com.au/pdf/Fly_Intro_SRH.pdf
- Sexual and reproductive health clinical attachment (at an FPQ clinic). www.fpq.com.au/pdf/Fly_Clin_Att_4th_course_Reg_Form.pdf
- Tailored clinical attachments www.fpq.com.au/pdf/Fly_Clinical_Attachment_tailored_EOI.pdf

See FPQ's training and event calendar for the latest in training in sexual and reproductive health. There are also a range of nationally accredited and non-accredited courses on the Traffic Lights framework for identifying, understanding and responding to sexual behaviours in children, sexuality education for teachers or parents/carers, and other education programs as well. **More details on www.fpq.com.au/event_cal.php**

A commitment to Ageing Well

Research indicates that women living in rural and remote areas are the most resilient in the country

Penny Hanley, National Rural Health Alliance

The life expectancy of Australians is increasing. This is good news as long as people can stay healthy and are able to delight in their positive well-being during those extra years.

Women make up roughly half of the 35 per cent of Australians over 65 who live outside the major cities. Rural women have poorer health and worse access to health services than women in cities and towns. They have higher rates of obesity and associated conditions such as diabetes and high blood pressure.

There are several Australian initiatives, outlined below, which aim to improve the health and well-being of our ageing population, and which have great potential to mitigate some of the detrimental circumstances affecting women living in rural and remote areas.

Distance can be one such circumstance, although it should be remembered that, according to the Australian Longitudinal Study on Women's Health (ALSWH) 2011 report, neighbourhood connectedness, feeling safe, and life satisfaction are highest in remote areas, and decrease with relative proximity to major cities. The same report found that women living in rural and remote areas were the most resilient in the country.

One of the initiatives is the comprehensive package of reforms unveiled last year by the Prime Minister Julia Gillard, and the Minister for Mental Health and Ageing and for Social Inclusion, Mark Butler. The aim of these reforms is to build a fairer and more sustainable aged care system. (There is more information about the 'Living Longer Living Better' reforms and how they are progressing at: <http://www.livinglongerlivingbetter.gov.au>.)

Part of the package is the Aged Care Gateway, which will make gaining access to information and care easier. There will be a national contact centre, a website, a central client record and a linking service. The Aged Care Gateway aims to be an efficient, streamlined and equitable system. People will be able to see clearly what they are entitled to, and where to go for what they need. (In the meantime, compre-

hensive information about aged care can be found at <http://www.agedcare.com.au> and also in front of the White Pages telephone directory under the 'Community Help' section.)

An increasing number of initiatives to improve the health of ageing people are in the arts and health field. There are several stages of ageing and according to many studies people at all stages can be helped by the integration of arts into health. A strong strand of the National Rural Health Conference, in Adelaide 7-10 April 2013, will focus on this subject.

A poster presentation 'Arts in Health at Flinders Medical Centre' by Sally Francis and Christine Putland will demonstrate the benefits for health and well-being of introducing art and culture into the life and fabric of health care services.

Jacqueline King will speak about post-traumatic stress disorder (PTSD) and the benefits of an arts practice in coping with this illness. Anthony Peluso will talk about artists showing health practitioners new ways of engaging with their clients, creating more positive health outcomes and generating creative ways of delivering health messages and practices.

There will also be many papers on rural women's health in general, such as 'Rural mental health: Evidence from the Australian Longitudinal Study on Women's Health' by Deirdre McLaughlin and others.

The 12th National Rural Health Conference will provide a fantastic opportunity for people interested in any aspect of rural health, including arts and health, and women's health, and for those who live and work in rural and remote communities, to exchange views and share experiences about improving rural health.

The Conference theme is 'Strong Commitment, Bright Future' and infor-

mation can be accessed at the Conference part of the Alliance's website at www.ruralhealth.org.au.

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Photo by Barbara Gurney

Reference

Annette Dobson et al. (June 2011) 'Rural, remote and regional differences in women's health: Findings from the Australian Longitudinal Study on Women's Health', Women's Health Australia. http://www.alsw.org.au/images/content/pdf/major_reports/2011_rural_remote_and_regional_differences_r163.pdf.

snapshot

NATIONAL WOMEN'S HEALTH POLICY



“For older women the leading causes of death are heart disease, stroke, dementia, breast cancer and falls.²⁹² ... Although women live longer than men, older women experience much higher rates of profound or severe disability than males of the same age ... This is partially due to the high rates of dementia and musculoskeletal diseases in older women.”

(pp. 63-64).

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) National Women's Health Policy 2010, DoHA, Canberra.

Women and Ageing **FINANCIAL SECURITY**

Old age is generally associated with increased levels of illness and disability, however poor health depends on a range of factors, not only age. Australian women can expect to live around four years longer than men, but they are more likely than men to be widowed, live alone or in residential care, experience financial insecurity, more chronic illness, multiple disabilities and greater health service use. Furthermore, older women are often marginalised or regarded as 'socially invisible' in Australian society.

For Aboriginal and Torres Strait Islander women, this ageing trajectory is quite different as the size of the Indigenous population falls sharply after 45 years of age. Life expectancy for Indigenous women is 64.8 years of age and 59.4 years of age for men. This is almost 20 years less than that of non-Indigenous Australians. Thus, the 'older' Indigenous population is generally considered to be 50 years of age and over ... Indigenous women experience poorer health because of factors such as discrimination, inadequate housing and education, exposure to violence, substance abuse and poor nutrition.

Financial security

Old age is characterised by a considerable gap in financial security

and retirement income between women and men. In Australia, retirement income is made up of three elements - the Age Pension, compulsory employer superannuation and voluntary savings. Superannuation payouts for women are approximately half that for men. Women are more likely to be solely reliant on the Age Pension, and are also more likely to be recipients of the single rather than partnered rate.

Women's working lives are marked by gender inequality which undervalues their role in both paid and unpaid work. Throughout their lives, not only are women more likely to earn less than men and in part-time or casual work, they also move in and out of the workforce in response to caring responsibilities as they have children or care for their own ageing parents. In this way, women 'accumulate poverty' over the lifecycle.

Single older women experience the highest levels of poverty compared to all other household types and are at the greatest risk of persistent poverty. There is some evidence to suggest that socioeconomic disadvantage in earlier life, such as lower paid work or educational attainment, is associated with poorer health in later life ... These socioeconomic differences persist into

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Far North Qld Representative

Romina Fujii

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Kim Hurlie

South Qld Representative

Karin Cheyne

HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

If you have something to say please contact
Maree Hawken on (07) 4789 0665 or
email us at: coordinator@qwhn.asn.au

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old age and are a key determinant of health inequalities in older women ... This has a considerable impact on the economic security of Australian women as they move through old age ...

This article is an extract from **Women and Ageing, Gender Impact Assessment No. 10, November 2009. Reproduced with permission of Women's Health Victoria. QWHN highly recommends reading the full paper (which includes relevant references). Visit <http://www.whv.org.au/publications/research/gender-impact-assessments>**

MEMBERSHIP

To become a member of QWHN, simply fill in this application and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	NEW MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
Phone:	Fax:
Email/Web:	
Profession / Organisation (if applicable):	
MEMBERSHIP FEES: Individual (unwaged or student) — \$5.50; Individual (waged) — \$11.00; Organisation — \$33.00	

Please find enclosed a cheque/money order for \$ for one financial year's membership (1 July 2013–30 June 2014)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? YES NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see web site www.qwhn.asn.au)

Signature

Date

TAX INVOICE
ABN 11700374032