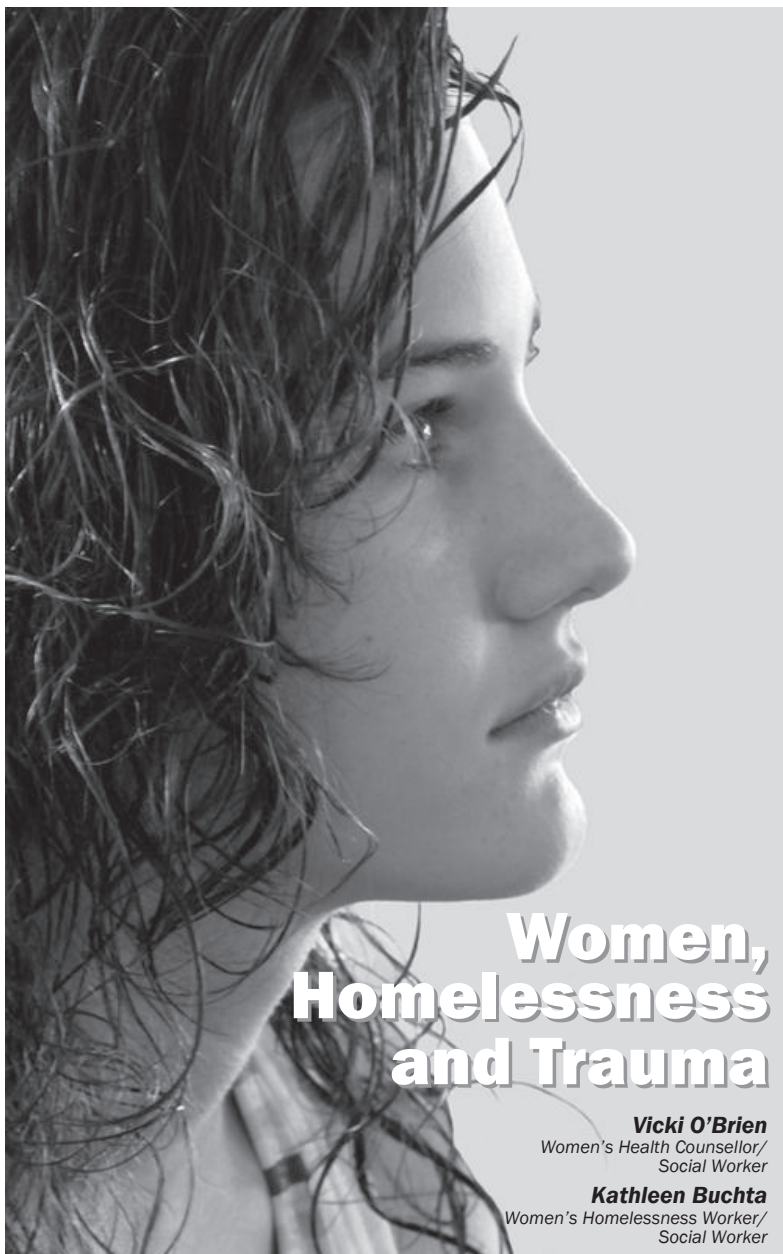




# QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

DECEMBER 2014 *Celebrating 20 years of strengthening links between women & providing access to information*

## WOMEN, HEALTH & HOMELESSNESS



### Women, Homelessness and Trauma

**Vicki O'Brien**

*Women's Health Counsellor/  
Social Worker*

**Kathleen Buchta**

*Women's Homelessness Worker/  
Social Worker*

**M**ale violence against women is a traumatic experience which can result in social, psychological, health and financial consequences that have profound impacts on the quality of life of women and children affected by it. Imagine the trauma of being in an abusive relationship and then losing your home, safety, stability, friends, extended family, community and everyday routines. Think what it would be like to have to leave your home and be forced to live with family or friends, in a car, or in a domestic violence shelter. Chances are the loss of control would leave you feeling extremely vulnerable, helpless, hopeless and overwhelmed. Add to this the drive to want to protect your children from living in unpredictable situations and you would be in a highly stressed and emotional state.

The Women's Centre is a women's only space in Townsville, North Queensland which delivers a range of professional services that include the Townsville Sexual Assault Service, a women's health counselling service, and a specialist homelessness support service. The Women's Centre recognises that many of the women who access their services have experienced significant and complex trauma and therefore apply a Trauma-Informed Care (TIC) approach across all programs.

Trauma-Informed Care refers to interventions that are designed to directly address the impact of trauma, with the goals being to create safe spaces for people to access services, provide flexible and responsive service delivery models, decrease symptoms and facilitate recovery. A TIC program focuses on training staff to understand trauma, building physical and emotional safety for service users, actively managing trauma triggers and reducing the likelihood of re-traumatisation.

### IN THIS EDITION WOMEN, HEALTH & HOMELESSNESS

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In particular trauma refers to an experience that creates a sense of fear, helplessness or horror and overwhelms a person's resources for coping. Chronic exposure to traumatic stress impacts all areas of women's lives, including physical, cognitive and emotional functioning, social interactions and relationships, and identity formation. Trauma reactions are not the only psychiatric issue facing women who experience homelessness. They also suffer depression, substance abuse and mental illness. These issues can result in women being at increased risk of re-victimisation, interfere with their ability to work, interfere with a woman's sense of safety, sense of self, perception of control and self-efficacy, impair their ability to maintain interpersonal relationships and social networks and further complicate their service needs. What we know is that the impact of traumatic stress often makes it difficult for women experiencing homelessness to cope with the innumerable obstacles they face in the process of exiting homelessness while also trying to rebuild a life of safety and security post domestic violence.

These experiences can leave survivors feeling anxious and unsafe. Women and children who have experienced chronic, complex trauma will often see themselves as bad, worthless, helpless and unlovable. They may also view others as insensitive, untrustworthy and unsafe and this can impact on how women access services and manage relationships with service providers.

The Australian Institute of Health and Welfare (AIHW) Report of Specialist Homelessness Services in Australia presented its findings for 2012-2013. The report found that approximately 244,176 people sought assistance from homelessness agencies in Australia. Of this number 77,870 reported domestic and family violence as a primary or secondary reason they

required support. Further to this, an overwhelming 92% or 71,640 of people who presented for assistance regarding homelessness were women and children. From these results the AIHW concluded that "[d]omestic and family violence is recognised as a major risk factor for homelessness in Australia and was the most common main reason clients gave for seeking assistance" (p. 78). Statistics such as these highlight the importance of adopting service delivery models which address the underlying trauma that is so intricately interwoven with the experience of domestic violence and homelessness. Those working in homeless services have the opportunity to reach many trauma survivors who can otherwise be overlooked.

### Responding to Trauma

Traumatised women and children often face the following challenges:

- difficulty trusting others and forming relationships
- constant fear or concern about safety
- difficulty managing and expressing feelings
- lack of belief in self-worth and capabilities
- find it difficult to make plans and follow through on decisions.

As traumatic experiences accumulate, symptoms can become more intense and have a greater impact on functioning. Because women who have experienced multiple traumas do not always relate to the world in the same way as those who have not been traumatised, they require services and responses that are sensitive to their experiences.

Meeting the needs of trauma survivors requires that programs become 'trauma-informed'. A trauma-informed service system is a human services or health care system whose primary focus is altered by virtue of knowledge about trauma and the impact it has on the lives of people receiving services. This means looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences affect women. Programs that are informed by an understanding of trauma respond best to the needs of women and avoid re-traumatising them.

### The need for Trauma Informed Care approach to service delivery

Women who are homeless due to domestic violence often have significant histories of trauma that impact their current needs and functioning. The multi-dimensional connections between domestic violence, homelessness and trauma highlight the need for trauma



informed care models of service delivery.

**Responses to traumatic stress are adaptive:** In the face of traumatic experiences women learn to adapt to keep themselves safe. Responses to traumatic stress may include withdrawing from others; becoming aggressive; 'spacing out' or disconnecting from certain thoughts, feelings or memories associated with traumatic experiences; and engaging in self-injurious behaviours, such as cutting or using substances. While these behaviours may appear to be counterproductive, they should be understood as coping skills which can slowly be replaced.

**Trauma impacts how women access services:** Women who have experienced ongoing trauma often view the world as unsafe. Women who have been abused by men will often develop beliefs that men cannot be trusted. This can make it difficult for women to ask for help and trust service providers. This highlights the need for women-only spaces where women can access information, referrals and services in a safe location.

**Trauma survivors require specific, tailored interventions:** Survivors require responses and interventions that are often not offered by traditional homeless and mental health systems. 'One size fits all' services will often fail to consider trauma and its impacts. Tailored programs that meet the unique needs of survivors support healing and recovery.

#### For more information:

The Women's Centre  
Phone: (07) 4775 7555  
Email: [nqcws@thewomenscentre.org.au](mailto:nqcws@thewomenscentre.org.au)  
50-52 Patrick St., Aitkenvale, Townsville

#### Reference

Australian Institute of Health and Welfare 2013. 'Specialist homelessness services: 2012-2013'. Cat. no. HOU 27. Canberra: AIHW.

#### Trauma-Informed Care resources

Practitioners interested in learning more about TIC can search for the following documents over the internet:

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov) and [www.familyhomelessness.org](http://www.familyhomelessness.org)

Volk, K., Guarino, K., & Konnath, K. (2007). Homelessness and Traumatic Stress Training Package. DHHS Publication No. (XXXX). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Gabowitz, D. & Konnath, K. (2008). Developing Trauma-Informed Services for Families Experiencing Homelessness. An Interactive Training Video and Guide.

Prescott, L., Soares, P., Konnath, K., and Bassuk, E. (2008). A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation. Available at [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov)

## NEXT NEWSLETTER TOPIC

### 'MENOPAUSE'

#### DO YOU OR YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

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

We welcome articles, news items, and other non-profit submissions.

Contact us asap prior to deadline at: [coordinator@qwhn.asn.au](mailto:coordinator@qwhn.asn.au) for full submission guidelines.

**DEADLINE: 13 Feb 2015**



# Providing support to women



Sera's Women's Shelter (formerly the Townsville Women's Shelter) established in 1975, was one of the first shelters to be set up in Queensland. It was established by a group of very concerned women in the community against a backdrop of fierce political opposition from those who viewed shelters as 'hot beds of feminism, working to break up marriages'! The next stage was to secure funding, and when this finally occurred it accounted for only 75% of costs, and the Shelter raised the other 25% through raffles and lamington drives.

Whilst we may have come a long way since that time, and have been fully funded for many years, there has been no growth in the women's shelter sector, and the emphasis over recent years on early intervention and a heightened awareness of domestic violence issues, though positive, has resulted in an increase in demand. Unfortunately statistics show that domestic violence is the single largest driver of homelessness for women and children.

With the safety of women and children as its paramount concern, the Shelter has a confidential address, and women's privacy is protected. Women and children have their own space with a physical model that provides independent units whilst still providing some communal/sharing space. Women are able to support each other and are not isolated.

During their stay in safe, secure accommodation, women are provided with much-needed support, both physical and emotional, to assist them to plan their future.

At any time, children make up the largest group within the Shelter, and recognising the negative impact on children of witnessing domestic violence, Sera's provides a designated children's support worker.

The Shelter is a well-used and much-needed service within the Townsville and Hinterland Region, supported by a volunteer grassroots Management Committee, dedicated staff, and the local welfare sector.

One aspect of providing safety and direct support to the women and children in domestic or family violence is to have strong relationships with our sister services and our broader networks within the homelessness sector. The shelter works closely with Indigenous services, particularly the Aboriginal Women's Shelter, Flora House, and local migrant support services.

The relationship between the Domestic Violence Resource Service (NQDVRS) and Sera's Shelter is an

important and dynamic collaboration aimed at increasing the safety of the client group as well as increasing our capacity to provide a range of support.

NQDVRS is based in the Townsville CBD and provides a range of supportive programs for women and children, such as: crisis counselling and support;

assistance with Protection Order applications; court support; safety upgrades, so the women and children can stay safely in their own homes within the court-ordered Protection Order system; and the Aardvarc program for children and their mother after living with domestic violence. We respond to the men who use violence with court information and assistance, Mentor behaviour-change programs, Safe Dads groups for fathers, as well as responding to other issues raised by men who come for help. The service provides community education on domestic and family violence, resources and printed information. Our website contains lots of valuable information resources ([www.nqdvrs.org.au](http://www.nqdvrs.org.au)). Clients of Sera's Shelter use the domestic violence service phone number for contact with the Shelter.

The women's services in Townsville link in positive ways to ensure that help is available and that those in need are supported and assisted. Referral to the Shelter can be through the 24-hour state line DV Connect: **1800 811 811**; the Domestic Violence Resource Service: **4721 2888**; or The Women's Centre: **4775 7555** (Office hours).

## USEFUL CONTACT NUMBERS

### Crisis numbers

Police: 000  
24-hr telephone support services available include:  
DV Connect  
1800 811 811  
Homeless Persons Information Centre  
1800 474 753

Lifeline  
131 114  
Sexual Assault Helpline  
1800 010 120 (until 11.30pm)  
National Sexual Assault, Domestic Family Violence Counselling Service  
1800 010 120

### Other numbers

Queensland Statewide Services:  
Immigrant Women's Support Service  
(07) 3846 3490  
Women's Legal Service  
(07) 3392 0670  
1800 677 278  
Aboriginal & Torres Strait Islander Women's Legal & Advocacy Service  
(07) 3392 3177  
1800 442 450

# Homelessness and Women

Homelessness Australia



On the whole, women earn less income than men.

Women are more likely to take leave from the workforce (due to caring responsibilities) and

**O**n Census night 2011 there were 105,237 people experiencing homelessness, with 45,813 or 44% of these women. While more males were homeless on Census night, 59% of people supported by specialist homelessness services are female.

Women aged 18–34 were the group most likely to access specialist homelessness services with 37% of all clients. Each year 1 in 42 women aged 15–24 will access a specialist homelessness service.

## Why are women at risk?

All Australians are affected by the shortage of affordable and available rental housing but women, particularly those reliant on either part-time wages/salaries or parenting payment (single), may be more at risk than men. One of the main reasons is related to gender-based economic/financial inequality.

to return to paid employment on a part-time or casual basis. 75% of part-time workers in Australia are women. Returning to the workforce after extended leave can also be difficult for women—a third of women returning to the workforce after maternity leave believe they work for non-‘family-friendly’ organisations resulting in double the likelihood of psychological distress.

## Domestic and family violence

Women are more likely to be victims of domestic and family violence, and because of this threat to their safety women (and children) are forced, or make decisions to leave their home. Over a third of women over the age of 15 have experienced physical, psychological and/or sexual violence at the hands of a current or former partner.

Domestic and family violence is the number one reason why people present to specialist homeless services, with 55% of female clients citing this reason and a total of 25% of all clients.

## Vulnerable groups of women

### Aboriginal and Torres Strait Islander women

The culture of Aboriginal and Torres Strait Islander Australians has an impact on their ability to access homelessness services. The closeness and breadth of kinship groups can prevent women from accessing counselling, legal and medical support services, particularly in remote communities and regional locations. Aboriginal women may also face discrimination in the housing market or may be unable to find housing that is appropriate to their needs due to higher birth rates and the need for more four or five bedroom homes which are in short supply both in social housing and private rental.

## Pensioners left penniless after paying private rent

**S**ingle age pensioners renting in the private market are likely to be paying nearly half their pension on rent, according to the Queensland Council of Social Service’s (QCOSS) latest Cost of Living Report.

‘The Cost of Living Report – Special Edition: The cost of living and age pensioner households’ was launched on 1 October 2014 to coincide with International Day of Older Persons with the theme ‘Leaving No One Behind: Promoting a Society for All’.

QCOSS CEO Mark Henley said the report, which looked at the cost of living and age pensioner households, revealed the cost of renting privately was pushing those on low incomes over the edge.

Mr Henley said the report showed that single age pensioners renting in

the private market in Brisbane spend as much as 48 per cent of their income on housing costs, while couples renting in the same market spend over 40 per cent, putting both groups in housing stress\*.

“Increasing costs of living impact us all, but unfortunately it is individuals and families who can least afford it who suffer the most and are left struggling to make ends meet day in, day out,” he said.

“While state and federal governments provide a range of allowances and concessions to help age pensioners meet everyday living costs, the fact is that the most disadvantaged are unable to afford even the most basic standard of living.”

\*Note: ‘Housing stress’ occurs when more than 30 per cent of gross income is spent on housing costs.



**For more information** see the full report at: <https://www.qcoss.org.au/cost-living-and-age-pensioner-households-issue-2>





There are many issues in Aboriginal and Torres Strait Islander communities that can lead to homelessness including factors relating to alcohol and substance use, living in remote communities and social stressors. Aboriginal and Torres Strait Islander women are also 35 times more likely to be victims of domestic violence.

#### Older women

Older single women may be forced out [of] the workforce early, have insufficient superannuation/savings to fund the cost of living, face discrimination in the housing market, experience the death of an income-earning spouse, or poor health or serious illness.

#### Women with a mental illness

Young women may be particularly vulnerable to housing insecurity and homelessness as a result of mental illness. There is also evidence that people living with mental illness are overrepresented in the population of people experiencing homelessness.

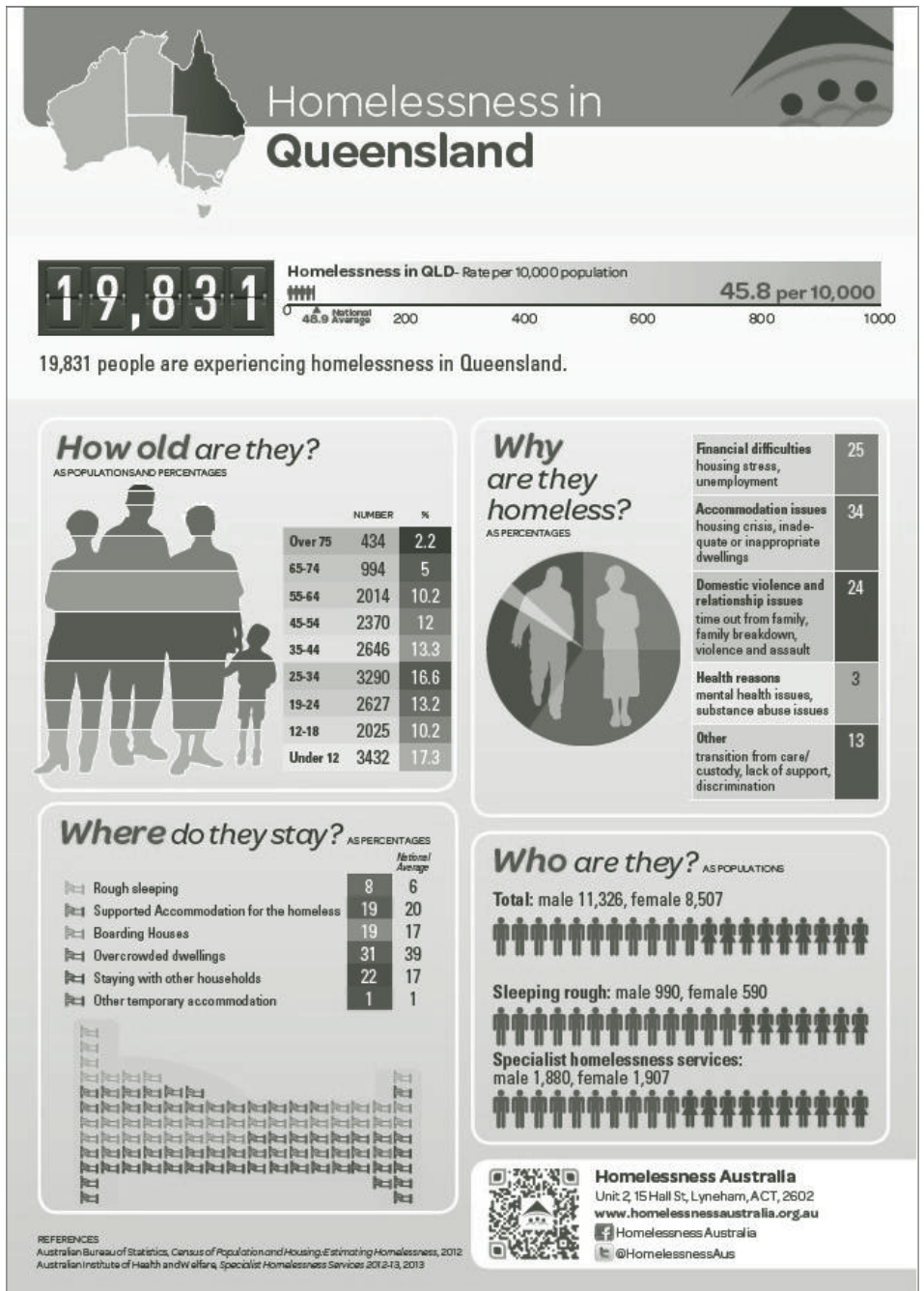
#### Women with a disability

Women with disabilities are over-represented [due to] factors that increase the risk of homelessness, including: lack of affordable, secure housing; unemployment and inadequate income; and domestic and family violence.

#### Women in rural and remote locations

According to specialist homelessness services collection data, the proportion of female clients accessing services increases with remoteness.

For both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander women in remote and rural areas, access to independent services can be limited due to their geographical isolation and the limited availability of resources in local areas.



### Women who are culturally and linguistically diverse (CALD)

Limited access to and knowledge of how to navigate the complex housing system has been posited as a factor placing people from CALD backgrounds at increased risk of homelessness, in particular young humanitarian entrants.

Feedback from the homelessness sector has shown that women from CALD backgrounds are an emerging group in the homelessness population, particularly in relation to domestic and family violence.

*This article is comprised of extracts from 'Homelessness and Women' Factsheet, April 2013. Information and infographic reproduced by kind permission of Homelessness Australia. QWHN highly recommends reading the full factsheet and other related material at: [www.homelessnessaustralia.org.au/index.php/about-homelessness/fact-sheets](http://www.homelessnessaustralia.org.au/index.php/about-homelessness/fact-sheets)*

## snapshot

**NATIONAL WOMEN'S HEALTH POLICY**

“Issues such as unemployment, financial insecurity, lack of adequate housing, violence and social disconnectedness can all affect women’s health and their access to health care ...”

(p. 92).

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.



# what's on?

Important Events and Conferences



## **20 FEB 2015** ABORTION IN QUEENSLAND CONFERENCE 2015 – BRISBANE

Children by Choice presents this one day conference which is targeted towards health and community professionals working with women experiencing unplanned pregnancy and abortion access, and those interested in or working in the field of reproductive health. Guest speakers and specialist comprehensive workshops will provide an opportunity for attendees to further their knowledge on some of recent key developments and ongoing challenges relating to unplanned pregnancy and abortion access. This conference will be bookended by two special events: a screening of the acclaimed documentary 'After Tiller', and a Women's Health Breakfast.

FOR INFORMATION contact Pamela Doherty: (07) 3357 9933 (ext 3) or ed@childrenbychoice.org.au. To register for the conference visit: <http://www.eventzilla.net/web/event?eventid=2139053345>

## **17-20 MAR 2015** 7th AUSTRALASIAN DRUG AND ALCOHOL STRATEGY CONFERENCE – BRISBANE

**BUILDING COLLABORATIVE PARTNERSHIPS**

The ADASC 2015 provides an invaluable opportunity to share experiences between policing jurisdictions, health service providers, policy analysts, academics and industry representatives. ADASC 2015 facilitates strong partnerships and enables us to work in collaboration to minimise the detrimental effects of alcohol and other drugs.

FOR INFORMATION visit: <http://event.icebergevents.com.au/adasc-2015>

## **4-5 MAY 2015** ASTHMA AUSTRALIA 2015 AUSTRALASIAN ASTHMA CONFERENCE – BRISBANE

**CONNECTING ASTHMA CARE: CONSUMER, HEALTH PROFESSIONAL, AND SYSTEMS**

There is a perception, in community and health professional circles, that asthma is no longer a significant health problem. Whilst the development of new medications and treatment regimens has produced significant reductions in asthma morbidity and mortality over the last 50 years, most asthma related deaths in Australia remain preventable.

The 2015 Asthma Australia Connecting Asthma Care Conference will bring together key national and international researchers, practitioners and policy makers.

FOR INFORMATION visit: <http://www.asthmaaustralia.org.au/Conference.aspx>

## **11-14 MAY 2015** CREATING FUTURES CONFERENCE – CAIRNS

**PRACTICE, EVIDENCE AND CREATIVITY IN TROPICAL AND REMOTE SETTINGS**

This is the sixth conference in a series in which the populations of interest are Indigenous peoples from Australia, New Zealand and beyond, the residents of Australia's neighbouring island nations, and people living with and recovering from mental and/or physical illness or disability in remote and tropical areas. There will be a focus on evidence and innovation in identifying and addressing the social determinants of mental and physical health and wellbeing. The first day will be held at the Yarrabah Aboriginal community located 60 km from Cairns and will be hosted by Gurriny Yealamucka, the local Aboriginal health service. The following three days will be in central Cairns.

FOR INFORMATION visit: <http://www.healthinfonet.ecu.edu.au/uploads/conferences/mark-your-diaries.pdf>



## omen's health on the net

Hot Spots on the Internet for Women

### RECONNECT

[www.dss.gov.au/our-responsibilities/housing-support/programmes-services/homelessness/reconnect](http://www.dss.gov.au/our-responsibilities/housing-support/programmes-services/homelessness/reconnect)

The Reconnect program uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless, or at risk of homelessness, and their families. Reconnect assists young people to stabilise their living situation and improve their level of engagement with family, work, education, training and their local community.

Reconnect breaks the cycle of homelessness by providing counselling, group work, mediation and practical support to the whole family. Reconnect providers also 'buy in' services to target individual needs of clients, such as specialised mental health services. Reconnect services are available in a number of locations throughout Queensland. See the website for further information.

### TENANTS QUEENSLAND

<http://tenantsqld.org.au/about-tuq/>

Tenants Queensland is a specialist statewide community legal service for tenancy law matters and provides a free tenancy law advice service for residential tenants.

Tenants Queensland seeks to represent the concerns of all Queensland tenants who live in rental accommodation, including caravan park and boarding house residents.

The website provides access to a range of information publications, including factsheets on topics such as: Tenancy Facts; Rooming Accommodation; Manufactured Homes; Social Housing; Information for tenants affected by floods and cyclones; plus specific resources for Indigenous tenants and those from non-English speaking backgrounds; and a series of videos on Resolving Tenancy Disputes.

For information visit the website or call 1300 744 263.

### EMERGENCY AND TEMPORARY ACCOMMODATION

<http://www.qld.gov.au/housing/emergency-temporary-accommodation/>

The Queensland Government 'Emergency and Temporary Accommodation' page includes access to: a list of organisations that provide information about emergency accommodation if you are homeless, escaping violence or need a meal, shower and/or clothing; how to find affordable temporary accommodation that suits your needs, including hostels and boarding houses, Aboriginal hostels and student accommodation; and information about services offered by Homeless Persons Information Queensland (HPIQ), and how to contact them.



# Will your teeth last a lifetime?

By **Laurelyn Higgins**  
Registered Dental Hygienist

From cradle to grave, the dental health of women is a serious matter—for themselves and their children. At different stages in their lives women are more at risk for periodontal (gum) disease which is caused by bacteria but influenced by various risk factors, such as smoking and family history. Periodontal or gum disease is a major cause of tooth loss in adults. And it begins with puberty and menstruation when girls are more susceptible to gingivitis, a mild form of gum disease, due to increased levels of the sex hormones.

During pregnancy, some women may be more at risk for poor dental health due to hard-to-control circumstances. Morning sickness and vomiting can cause acid erosion, which weakens the teeth and makes it easier for the enamel to wear away. To control nausea, pregnant women may snack through the day, choosing sugary foods and drinks that fuel harmful bacteria. And they may give the toothbrush and floss a miss because of tiredness, family demands or a gag reflex, resulting in higher bacterial levels. Unfortunately the risk for tooth decay rises considerably. Pregnant women are also at higher risk for periodontal disease due to an additional factor—fluctuating hormone levels. Mums-to-be with untreated gum disease have a greater risk of delivering a baby too early or too small, something no mum wants. Then after the baby's birth the tooth decay and gum disease germs can be transferred to the newborn via saliva when spoons, cups, toothbrushes and kisses are shared. So the dental health of a woman is critical; a prenatal check-up and a professional cleaning, along with some specific oral hygiene and diet tips, can give you peace of mind during pregnancy.

As women age, dental health still remains important. A smile that reveals unhealthy teeth and gums can make us feel self-conscious, affecting our confidence and self-esteem. Diseased teeth can also make it difficult to eat a wide variety of foods that require chewing, resulting in suboptimal nourishment. Untreated periodontal disease is now linked to other diseases, such as heart disease and diabetes. For example, gum disease may interfere with the diabetic patient's blood sugar control. Menopausal women with changing hormone levels are at yet another stage of risk for gum disease. They may also experience dry mouth or altered taste in the mouth.

The message remains clear—clean well, and eat healthy foods for better health and wellbeing—and see your dental professionals regularly. A dental

hygienist is someone who works closely with the dentist to provide comprehensive dental health care and patient education. She or he removes bacterial plaque and calculus called 'scale' or 'tartar', and offers individualised home care advice and options to meet your risk factors and needs. A hygienist helps you to understand how dental diseases can be managed or, better still, prevented. And prevention is always easier, cheaper and better for you than cure.

**For more information** about periodontal disease, visit these websites:

[www.ada.org.au](http://www.ada.org.au)

[www.perio.org.au](http://www.perio.org.au)

[www.mouthhealthy.org](http://www.mouthhealthy.org)

**Editor's Note:** *Laurelyn will be presenting a series of articles on dental health issues in our 2015 editions of QWHN News.*

**PERIODONTAL (GUM) DISEASE** is an infection of the tissues that surround and support the teeth. If untreated, it can cause tooth loss.

Some warning signs include:

- red, swollen or tender gums
- bleeding when cleaning or eating hard foods
- receding gums
- loose teeth or teeth that have moved
- persistent bad breath

**Are you at risk for gum disease?**

Take the online risk factor assessment test under 'patient resources' at <http://www.perio.org/consumer/riskassessment>

## How can I cut the food bill and still eat healthy? Planning is key!

### What are some foods to always keep at home?

**Fruit and vegetables:** Buy seasonal for best value and taste; frozen vegetables and fruit are convenient, nutritious, and will keep for longer.

**Beans/legumes:** Great source of protein, fibre and help make a meal go further; add beans lentils, kidney beans, chick peas to stretch out dishes like bolognese, casseroles and soups.

**Eggs:** Affordable, nutritious, and versatile to use for any meal of the day; boiled eggs work well for a portable snack!

**Tinned or frozen seafood:** Important source of healthy omega-3 fats. Tinned salmon, tuna, sardines make convenient choices.

### Other useful tips:

- Plan meals and snacks for the week, make a shopping list, and try to stick to it.
- Don't shop when you are hungry—you are more likely to buy things you don't need.
- Buy bulk items that will last, such as breakfast cereals, rice, pasta and baked beans.
- Compare prices and look out for items on 'special' as sometimes the price isn't reduced.
- Check supermarket catalogues for specials and identify any products that you need before you go shopping.



**food files**  
with  
*Maria Packard*  
NUTRITION MANAGER, HEART FOUNDATION

- Buy all the basic foods such as breads, dairy, fruit, vegetables, cereals and meats before considering snack foods, lollies, sweetened drinks or other treats.
- Freeze leftovers and items such as bread.

### What about community food programs?

Community food programs like Foodbank, Second Bite, and Oz Harvest redistribute quality, nutritious food supporting the disadvantaged and people living in at-risk communities, including women and families in crisis.

**Foodbank:** [www.foodbank.org.au](http://www.foodbank.org.au)

**Second Bite:** [www.secondbite.org](http://www.secondbite.org)

**Oz Harvest:** [www.ozharvest.org](http://www.ozharvest.org)

**For further information** and budget recipes:  
[www.heartfoundation.org.au](http://www.heartfoundation.org.au)

## BreastScreen Queensland's reminder to women!

October was Breast Cancer Awareness Month and a reminder to all women that screening every 2 years can save lives! *Have you remembered to book your screen?*

A breastscreens can pick up changes in the breast tissue often before they can be seen or felt by a woman or a doctor. Finding breast cancer early leads to better treatment options and outcomes for women.

All women 50-74 years are strongly recommended to have a breastscreens every 2 years during the highest risk period for developing breast cancer. Women in their 40s and over 75 are also eligible for this FREE service that does not require a doctor's referral.

It is also important for women to be breast aware, that is to get to know the normal look and feel of their own breasts and if they notice changes to speak to their doctor.

Daily exercise, limiting or avoiding alcohol and making healthy food choices also help to reduce our breast cancer risk, and put women with this disease in a better position.

A BreastScreen Queensland mobile service is available to all women in rural and remote areas across Queensland in addition to our static screening sites in metropolitan areas. All BreastScreen Queensland appointments are one-on-one with a female health professional in a safe, friendly and comfortable environment. Each breastscreens is read independently by two specially trained doctors. Breast cancer screening and follow up tests if required are free and do not require a doctor's referral.

**For more information** or to book your free breastscreens with BreastScreen Queensland please call **13 20 50**.



"I'm living proof that a breastscreens can save your life"

AnneMarie, journalist, athlete and breast cancer survivor.

## QUEENSLAND WOMEN'S HEALTH NETWORK INC

Ph: (07) 4789 0665

PO Box 1855, Thuringowa BC QLD 4817

Email: [coordinator@qwhn.asn.au](mailto:coordinator@qwhn.asn.au)

Website: [www.qwhn.asn.au](http://www.qwhn.asn.au)

### CHAIRPERSON &

**Nth Qld Representative:** Dr Betty McLellan

### TREASURER/SECRETARY &

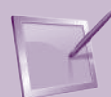
**Central Qld Representative:** Sue Manthey

**Far North Qld Representative:** Romina Fujii

**West Qld Representative:** Kim Hurlé

**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.

**Please contact the QWHN Coordinator Maree Hawken on (07) 4789 0665 or email us at: [coordinator@qwhn.asn.au](mailto:coordinator@qwhn.asn.au)**



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