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QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

September 2007 *'Aims to strengthen links between women by providing access to information and support'*

PREVENTATIVE HEALTH STRATEGIES

Sharon Lock, *Community Nurse, Barambah Regional Medical Service, Cherbourg, Queensland.*

"Intellectuals solve problems, geniuses prevent them."

Albert Einstein

If Albert Einstein is right, then all mothers must be geniuses. Back when 10c bought enough lollies to share with your friends and Coke was an adult drink, my Mum was a pure genius. She could have won the Nobel Science Prize for genius in health breakthroughs. Mum devoted her life to installing the idea of prevention in her young charges with such gems as, "an apple a day will keep the doctors away", "Sitting on cement will give you piles" and "eating your bread crusts will give you curly hair". She insisted on having a home cooked meal each night, early bed times during the week, and that cakes and fizzy drinks were for birthdays only… *we sure looked forward to those birthday parties!*

And yet today, after many hours and millions of dollars have been invested into health research, we again hear "an apple a day keeps the …."

Research now confirms the genius of our mothers. Chronic disorders such as heart disease, type 2 diabetes, stroke and chronic airways disease have common preventable, underlying factors. The Australian Institute of Health and Welfare (AIHW 2005) estimate that 77% of Australians suffer a chronic disease and that 80% of the burden of disease and injury in our community can be attributed to a chronic disease.

The AIHW has identified six types of risk factors that are associated with an increased risk of developing a chronic disease. The factors are demographic, behavioural, biomedical, genetic, environmental or social in origin.

The prevention and management of these risk factors is a key aspect of preventing chronic disease. Health promotion campaigns focus largely on the behavioural risk factors. These are the factors that are part of our lifestyle and are largely due to the choices that we make in how we live our every day life.

Interestingly, new research indicates that some chronic diseases may originate from conditions present during foetal development. Professor David Baker of the Medical Research Council Unit at University of Southampton believes that our primary protection from chronic disorders lies in improving the nutrition of the baby in the womb. He believes that the origins of disease are set *in utero* and early childhood and are then worsened by lifestyle changes of weight gain, lack of exercise and substance abuse.

Hopefully this ground breaking research will spearhead more 'pure genius', support, and genuine appreciation for our pregnant sisters and the role of mothers in shaping a strong and healthy nation.

AIHW (2005) research indicates that the most common risk factors for developing a chronic disease are those

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Funding for the QWHN Inc. is provided by Queensland Health

The theme for our first Newsletter in 2008 will be

WOMEN & DISABILITY

Please forward any article submissions on this theme via our

CONTACT DETAILS *on* Page 8

QWHNEWS

Welcome to our second edition of the year. We have had a tremendous response to our call for articles on Preventative Health and so have extended the theme to our next edition as well. Thank you to all who have participated. This means that the next theme of 'Women & Disability' will now move to our first edition of 2008, so please feel free to forward any items in the meantime. Don't forget also to send us details of any significant events, conferences or workshops for inclusion on our 'What's On' page, including advance notice items for next year.

The first half of this QWHN News includes a 'Focus on Cherbourg', following on from our successful Women's Health Forum in May this year. This was my first visit to the area and the drive up from Brisbane (and back) was doubly enjoyable because of the wonderful countryside views, and the lively conversations with Betty, Lillian, Sandra, Gillian and Shirley (Management Committee members). This was further topped by the warmth and friendliness we experienced during our visit to Cherbourg. On behalf of the Committee I would like to sincerely thank everyone who participated in, or contributed to, the forum, and especially Moira Riley, Tarita Fisher, Lillian Hopkins and Ruby Crane, and the women of Cherbourg.

Maree Hawken
Coordinator

PREVENTATIVE HEALTH STRATEGIES

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relating to diet and weight, and that 54% of us are either overweight or obese. The AIHW have identified eight such lifestyle behaviours which have a significant influence on our health. Overall, 97% of adults exhibit at least one of the following lifestyle behaviours.

Smoking

18% of Australian women are currently smoking. Smoking causes cancers of the lung, mouth, throat, bladder and kidney to the smoker and increases the risk of pneumonia and bronchitis to passive smokers. Children are particularly susceptible. An estimated 8% of childhood asthma can be attributed to environmental tobacco smoke.

Risky alcohol consumption

Risky alcohol consumption is drinking above the daily consumption of more than two standard drinks for women. Risky alcohol consumption by Australian women has increased significantly from 8% in 1995 to 11% in 2005. Alcohol misuse currently costs the Australian economy $7.5 billion each year from deaths, illnesses, accidents, health care costs, crime and lost productivity. (Brady, *The Grog Book,* 2005)

Physical inactivity

34% of Australian women reportedly undertake low levels of physical activity, that is less than 100 minutes in 2 weeks! Blood vessel walls tend to stiffen up with age, causing high blood pressure. As little as 30 minutes of exercise a day will keep vessels pliable.

Inadequate fruit consumption

39% of women eat under the two recommended serves of fruit per day. High-glycemic foods cause blood sugar spikes that increase your diabetes risk. Women who eat mainly whole grain cereals and breads have shown a 30% lower diabetes risk.

Inadequate vegetable consumption

84% of Australian women have inadequate vegetable consumption. Eating up to nine vegetables a day will prevent several cancers.

Excess weight

45% of Australian women are currently overweight. A body mass index (BMI) of 25 or more is considered overweight; a BMI of 30 or more is considered obese. (BMI = height x height ÷ weight) After giving up smoking this preventive step is the most beneficial to your health. Increased fat cells produce hormones that raise the risk of type 2 diabetes, heart disease and some cancers. Central fat has been linked to high blood pressure and diabetes. Ideally our waists should be under 88cm for women.

High blood pressure

14% of Australian women report a diagnosed problem with high blood pressure. High blood pressure increases the pressure on the heart and the arteries that increases the occurrence of strokes, heart attacks and kidney problems.

High blood cholesterol

8% of Australian women report a diagnosed problem with high blood cholesterol. Doctors now recommend that we decrease the amount of trans fats in our diet. Trans fats are partially hydrogenated vegetable oils that are found in most processed foods.

The Federal Government has allocated $236 million of new funding in the 2007-08 budget for measures to help Australians to avoid preventable chronic illnesses. Mother's need not apply… but know that your love and hard work to set your families on the right healthy path has been noted and appreciated as pure genius. Healthy choices today have the potential to improve our health now and into the future, and also the health of our children, and you don't need to be an Albert Einstein.

FOCUS ON CHERBOURG:
WOMEN'S HEALTH FORUM

On 18 May 2007 the members of the Queensland Women's Health Network Management Committee returned to the town of Cherbourg to present a Women's Health Information Forum in cooperation with Barambah Regional Medical Service and Graham House. QWHN South-West Queensland Representative Lillian Gray coordinated the event which was attended by twenty-eight women, including health professionals and community members. QWHN South Queensland Representative, Gillian Myers, commenced the forum by outlining the history and purposes of the Queensland Women's Health Network, and the important role of forums and newsletters in awareness raising, maintaining links between women and women's services, and in keeping women's voices heard. Guest speaker Moira Riley, Coordinator of Responsive Connections, St Mary's Centacare Kingaroy, spoke on 'Women and Mental Health', including the importance of bringing mental illness into the open, particularly as one in five Australians experience mental illness in their lifetime, most of which can be treated. She also raised the concerning issue of drug-induced illness which is becoming more prevalent. Tarita Fisher, Community Nutritionist at Cherbourg Community Health Service, spoke about 'Women and Diabetes', and in particular the prevalence of diabetes in Aboriginal communities, which is the fourth highest in the world and two to six times the rate of non-Aboriginal communities. Tarita also highlighted the associated higher incidence of kidney disease among Aboriginal women, and the important role of lifestyle, physical activity and food choices in prevention and management of diabetes. Dr Betty McLellan, Chairperson of QWHN, gave a presentation on

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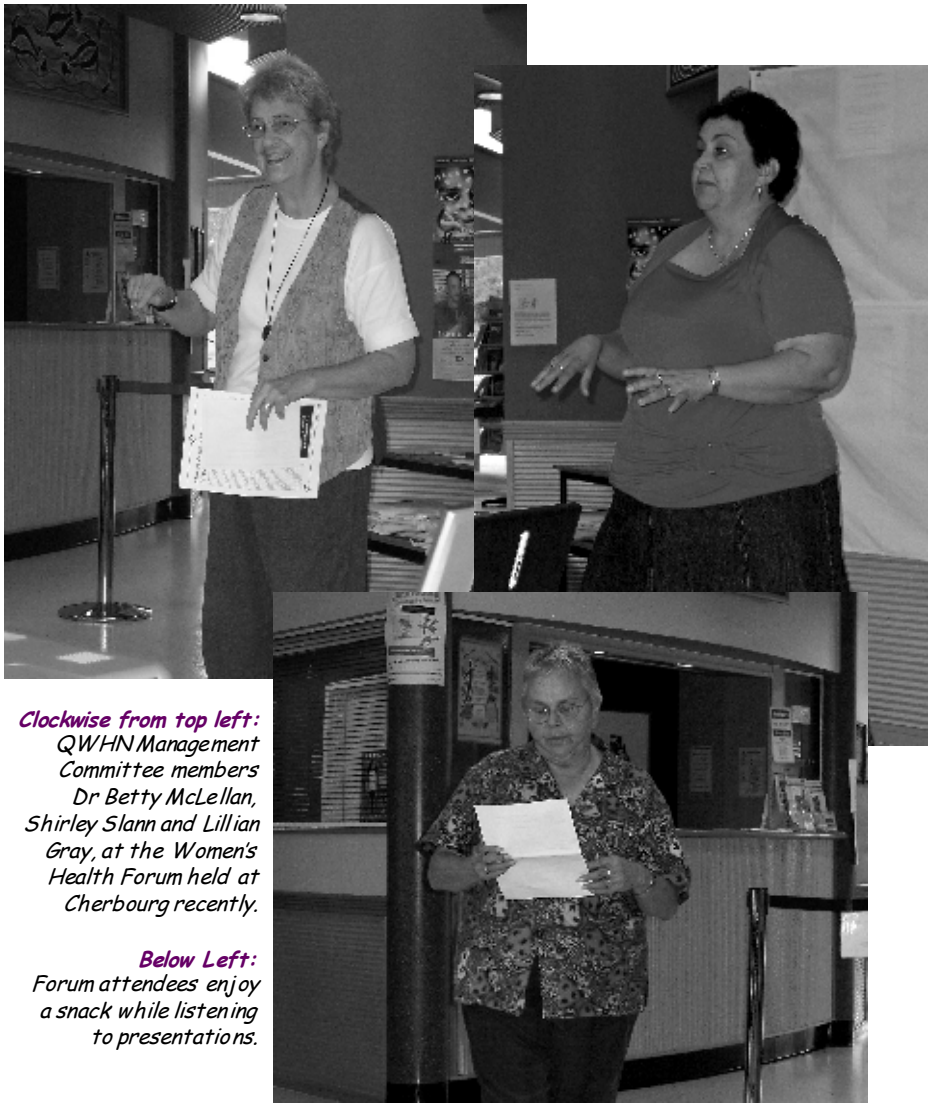
"...the prevalence of diabetes in Aboriginal communities...is the fourth highest in the world..."



Clockwise from top left: *QWHN Management Committee members Dr Betty McLellan, Shirley Slann and Lillian Gray, at the Women's Health Forum held at Cherbourg recently.*

Below Left: *Forum attendees enjoy a snack while listening to presentations.*

FOCUS ON CHERBOURG:
WOMEN'S HEALTH FORUM
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'Oppression, Suppression, Depression and Expression', which highlighted how Aboriginal women have been, and continue to be, subjected to simultaneous multiple oppressions in the white patriarchal Australian society, and the importance of resisting the subsequent suppression and depression in order to find means of personal and cultural expression, to transcend these barriers. The final presentation was by Shirley Slann, of North Queensland Domestic Violence Resource Service (and QWHN West Queensland Representative). Shirley's topic of 'Domestic and Family Violence' offered an overview of the current focus of the NQDVRS and the ongoing efforts required to improve the outcomes for Aboriginal women and children.

Below:
Moira Riley, Coordinator of Responsive Connections, St Mary's Centacare Kingaroy, raised important issues on 'Women and Mental Health' at the Cherbourg Women's Health Forum.

FOCUS ON CHERBOURG:

BARAMBAH REGIONAL MEDICAL SERVICE

The Barambah Regional Medical Service is situated in Cherbourg, Queensland and was officially opened during N.A.I.D.O.C. week in 2002.

Barambah's staff are two medical doctors (a husband and wife team) and two registered nurses, two male health workers, and three female health workers.

The Medical Centre offers a wide range of health services such as:

- Community outreach and development
- Screening for early detection of disease
- Counselling
- Immunisations
- Drug and Alcohol treatment
- Women's and Men's health
- Adult health check
- Midwifery
- Transportation for Barambah clients
- Quit Smoking Programs
- Walking to keep fit.

All programs offer ongoing counselling and support, and every two months specialists from the Gold Coast Hospital and the Griffith University visit, and clients can be referred by one of the doctors at the centre.

Barambah Regional Medical Centre also have a signed Memorandum of Understanding with the Bond University.

The Centre promotes and participates in community awareness such as:

- Daffodil Day
- Jeans for Genes Day
- Child Protection Week
- National Stroke Week
- International Women's Day
- Domestic and Family Violence Prevention Month.

The motto for the service is "OUR MOB OUR HEALTH"

But then Barambah Regional Medical Service provides a great service for everyone.

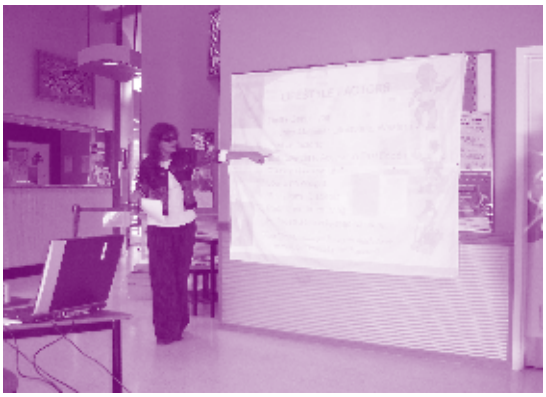
Lillian Hopkins
Chairperson

FOCUS ON CHERBOURG:
Denial of Chronic Disease in the Cherbourg Aboriginal Community

I am an Aboriginal woman *and mother of two children. I grew up in the Cherbourg (Aboriginal) Community for approximately 10 years of my life. Over the years I would often come home for holidays to spend time with family. While living in Brisbane I had the opportunity to further my education completing year 11, a TAFE – Senior Certificate course and then finally a Bachelor of Health Science (Honours) degree in Indigenous Health. My interest is chronic disease and nutrition in the Aboriginal community. I had always planned to come back home to Cherbourg to work in the health field. Since returning (approximately 8 ½ years ago) I have had the opportunity to work with many wonderful people in various positions as well as with government and non-government organisations, community members, elders, youth, schools and universities addressing nutrition and other health problems associated with chronic disease.*

Poor nutrition, lack of Physical Activity (PA) and other lifestyle factors have had a major impact on our community's health outcomes. The history of poor health in our community has stemmed from Western influences and lifestyles. The lifestyle changes in nutritional intake and physical activity output from hunter-gatherer to western way of life have been well documented.

The challenge we have as health professionals to improve nutrition, physical activity and other lifestyle factors that impact on poor health outcomes is more than just providing education, increasing awareness and monitoring chronic disease – health problems.



Tarita Fisher*, Community Nutritionist at Cherbourg Community Health Service, highlighted the prevalence of diabetes in Aboriginal communities at the recent Women's Health Forum.*

It is evident within our community that attitudes towards chronic disease such as diabetes, heart disease and renal failure are seen as the "NORM". We as health professionals working in the area of chronic disease challenge these attitudes and promote that having a chronic disease is not acceptable but preventable. That is, changing communities attitudes towards the 'norm' where families accept that they too will end up with a chronic disease because it runs in their family; or the feelings of 'shame' to participate in physical activity for weight loss, or that eating out (take-away) does not necessarily mean you have to always have deep fried foods or sweets. Changing attitudes, acceptance and norms in our community is one of many challenges we have while supporting those with a chronic disease or tackling prevention. We believe that attitude, acceptance and 'norms' fit in the denial column of having (or being at risk of having) a chronic disease.

We as health professionals need to clearly understand that the impact denial has on managing or preventing chronic disease affects not only the individual, but also the family and community. Denial impacts on the high rate of morbidity and mortality of preventable chronic diseases in the community. We feel that resources are needed in all areas including health professionals participating and supporting community in lifestyle (goal setting) changes, developing community based programs that address attitudes towards chronic disease, working closely with community sports and recreation to provide and support exercise programs that meet individual and families needs; encouraging community members to attend regular health clinics and promoting individuals to monitor their own health progress (i.e. promoting & supporting self care & management). These strategies are only some of the areas that we recommend to address nutrition, physical activity and chronic disease in our community.

Tarita Fisher
Community Nutritionist
Cherbourg Community
Health Service

WHAT'S ON...

Important events, conferences and workshops around the state

20 SEPTEMBER	**NATIONAL WOMEN'S HEALTH SUMMIT — Parliament House, Canberra.** 'Women's Health: The New National Agenda'. Australian Women's Health Network. For further information contact Gill Whan: gillwhan@bigpond.net.au or 0439 667 843.
OCTOBER	**SEXUAL VIOLENCE AWARENESS MONTH**
14-20 OCT	**ANTI-POVERTY WEEK** Go to www.antipovertyweek.org.au for more information about organising an event.
26-27 OCT	**CHILD, ADOLESCENT & FAMILY HEALTH CONFERENCE 2007 — Noosa, QLD.** A joint initiative of the Sunshine Coast and Cooloola Health Service District, Sunshine Coast Health Foundation and the University of the Sunshine Coast. For further information call (07) 3239 6699 or email: leona.elmslie@ccypcg.qld.gov.au

WOMEN'S HEALTH ON THE NET

Hot Spots on the Internet for Women

CANCER COUNCIL QLD

www.cancerqld.org.au

If you truly believe the old adage about prevention being better than cure, and want to take an active part in your own well-being, a great place to start is the Cancer Council Queensland website. A specific section labelled 'Reduce Your Risk' focuses on skin cancer, tobacco, and lifestyle, plus early detection of skin, breast, cervical and bowel cancers. Given that "Australia has the highest rate of skin cancer in the world" this section alone is worth a visit! The site also features a huge range of downloadable resources on topics ranging from Cancer Counselling to "Where can I have my sunspots checked?"

FEELING GOOD

www.feelinggood.com.au

It's fun, artistic, relaxed and, dare I say it, funky. It's the 'Feeling Good' site, encouraging women to quit smoking. The site tour is hosted by two positive young women and they obviously had a ball filming it! It features a 'quit kit' which includes: benefits of quitting; step by step guide; ways to quit; quitline; nasty truths (nicotine & addiction, chemicals, health effects); and challenges (withdrawal, stress, weight gain, pressure), plus downloadable info. A real feature is the online forum where you can read other women's stories about how they are managing to quit, or post your own. The initial loading time for the site is quite long but definitely worth the wait.

IMPORTANT NOTICE

DES and CANCER FACT SHEET

The Cancer Council NSW in partnership with DES Action Australia-NSW has updated its fact sheet about diethylstilboestrol (DES) to include recent information of an increased risk of breast cancer in DES daughters (women exposed to DES in the womb). DES was an anti-miscarriage drug prescribed in good faith to pregnant women between 1940 and 1971 (and sometimes beyond) and has been linked to certain types of cancer and reproductive problems in the women given DES and their children of that pregnancy. The DES and Cancer fact sheet can be found at http://www.cancercouncil.com.au/editorial.asp?pageid=248

Provided by DES Action Australia-NSW

MANAGING GESTATIONAL DIABETES

***Diabetes Australia - Queensland** outline the risks and realities*

Diabetes has been called the 'Epidemic of the 21st Century'. As is well known, a high rate of obesity has helped fuel this fire in Australia.

Alarmingly, half of all women in Australia are overweight or obese, with women developing type 2 diabetes, a chronic progressive disease, at a much younger age.

This in itself brings the risks of developing Gestational Diabetes Mellitus to a much higher level, however women who develop Gestational Diabetes also have an increased risk of developing type 2 diabetes within five to seven years after their pregnancy.

Gestational Diabetes Mellitus (GDM) has been defined as "carbohydrate intolerance of varying severity first manifest or diagnosed in pregnancy".

Estimated to occur in five to ten per cent of pregnancies, the condition is characterised by elevated blood glucose levels and should be screened in all pregnancies around 24 to 28 weeks.

Women at greater risk of GDM include those:

- over 30 years of age
- with a family history of type 2 diabetes
- who are overweight / obese or who have reduced physical activity
- who have previously had gestational diabetes during pregnancy
- who have previously delivered a large baby (greater than 4000g)
- who have had difficulty carrying a pregnancy to term
- from certain ethnic groups, including: South Asian, East Asian, African, Aboriginal and Torres Strait Islander, Pacific Islander, Middle Eastern

For mothers who have previously been diagnosed with gestational diabetes or may be at high perceived risk, an obstetrics or diabetes management team should be consulted at 12 to 14 weeks and screening should occur from 16 to 20 weeks.

Pregnancy & Diabetes at a Glance

Diabetes (or significantly elevated blood glucose levels) during pregnancy is a serious condition. The risks of "unmanaged diabetes" in pregnancy include:

- Significantly increased risk of stillbirth
- Excessive fetal growth *(creating babies in excess of 4 kilogram weight)*
- Complications and higher risk at time of birth
- Developmental immaturity in fetus *(includng lungs, kidneys, other organs, increased risk of cleft palate)*
- Low blood glucose levels for baby immediately following birth
- Increased risk for mother of developing type 2 diabetes later in life

These risks can be minimised and much better managed with early screening for diabetes, the availability of modern technologies, intensive obstetric monitoring and a variety of insulins.

It is important that **all pregnant mothers** are screened for GDM around weeks 25 to 28 of pregnancy. However if they are known to be of higher risk earlier consultation with obstetric team/diabetes management team at from 12 to 14 weeks is important.

For mothers with known type 1 & type 2 diabetes, pre-pregnancy planning may be necessary to enhance viability of normal births for babies.

Causes of Gestational Diabetes Mellitus

GDM may be associated with insufficient or poorly-timed insulin release and/or insulin resistance during pregnancy.

The hormones needed in pregnancy to promote the growth of the baby (especially human placental lactogen and progesterone) can increase the mother's demand for insulin by up to two to three times during pregnancy. If these hormones exceed the mother's ability to produce insulin, the result will be elevated blood glucose levels. If mother's insulin delivery is deficient or poorly-timed, or the mother is overweight or obese then insulin resistance may result, similar to type 2 diabetes.

When pregnancy is over and insulin demands return to normal, GDM usually disappears.

Consequences of Gestational Diabetes Mellitus

GDM can have short and long-term implications for both mother and baby.

As glucose crosses the placenta, the baby is exposed to its mother's high glucose levels which stimulate the baby's pancreas to produce extra insulin. This causes the baby to store excess glucose as glycogen and fat and the baby to grow excessively large (macrosomic).

Large babies can create complications in delivery at birth. As such, labour may need to be induced early at 38-39 weeks, or a caesarean section may be recommended, this can cause problems as the baby will still be immature and his/her lungs may be under developed. The requirement for early delivery of a macrosomic baby can have further complications; in particular a baby may need extra care due to immaturity and a sudden

GESTATIONAL DIABETES

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drop in glucose levels after being born.

Treatment of Gestational Diabetes

Gestational diabetes can be effectively managed and treated by working closely with the pregnant mother and her family to:

- Correct high blood glucose levels
- Monitor the baby's wellbeing and growth
- Make appropriate decisions about timing and mode of birth

Correcting High Blood Glucose Levels

The pregnancy is most likely to have a good outcome if blood glucose levels are maintained as close to normal as possible.

Home-based blood glucose monitoring is very important. Blood glucose target levels should be less than 5.5 mmol/L before breakfast and less than 7.0 mmol/L two hours after meals. Eating well and staying physically active can both play an important role in achieving this outcome.

Eating Well

It is highly recommended that a dietitian is consulted for advice on healthy eating patterns, diet and proper nutrition for both mother and baby, while making healthy food choices for gestational diabetes

- Eat small amounts of nutritious foods more often than normal to try and minimise excessive swings in blood glucose levels
- Choose a variety of healthy, nutritious foods
- Include foods which are sources of calcium, iron, folic acid and other critical nutrients
- Limit fat intake especially saturated fats. Choose mono-unsaturated fats (olive or canola oils)
- Limit 'energy-dense' junk foods high in saturated fat, sugar and salt
- Include moderate quantity of preferably low-GI carbohydrate with every meal (wholegrains, cereals, fruit, vegetables, pasta, rice)

Staying Active

Participation in moderate physical activity can be very important in helping to maintain blood glucose levels as close to normal as possible. Even a brisk 45 minute walk four times per week or a similar equivalent level of exercise and physical exertion can have beneficial effects in improving insulin sensitivity. The benefit of physical activity in increasing the metabolic rate can last for up to 24 to 36 hours and it can also improve fitness and help prepare the mother for the birth of the baby.

Insulin

In the event that diet and physical activity are not able to control blood glucose levels, or when the baby's growth seems to be excessive, additional insulin may be required for the health of both mother and baby. Insulin delivery is a supplement to a healthy eating plan and participation in safe physical activity. Insulin and blood glucose monitoring is needed until time of birth.

Most women with gestational diabetes who require insulin treatment can achieve good control with one to four insulin injections per day.

After Delivery

Elevated glucose levels are resolved in 98% of women immediately after the birth of the baby. It is common to monitor the mother's blood glucose levels for up to two days after delivery, providing levels return to normal.

It is important for the mother's long-term health that she follows through with an oral glucose tolerance test (OGTT) six weeks after the birth. It is also very important that the mother returns to her levels of activity and keeps her weight at normal levels to try and reduce her risks of developing type 2 diabetes later on.

It is at this point that health promotion and advice is very important, so that the mother understands she is at risk of type 2 diabetes and developing GDM in her next pregnancy.

For more information about GDM, or for information about becoming a Diabetes Australia – Queensland member, and the benefits available, please call **1300 136 588** or visit **www.diabetesqld.org.au**

DIABETES AUSTRALIA Queensland

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HAVE YOUR SAY…

We are interested in obtaining 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 on (07) 4789 0665 or email us at qwhn@bigpond.com.au