

# QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

December 2007

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

# Movepreventative HEALTHSTRATEGIES

## Heart Disease: Why we need a change of Heart

The Heart Foundation urges women to take steps <u>now</u> to reduce the risks.

eart disease is the number one killer of Australian women — a fact that will surprise many Australians. On average heart disease kills almost 220 women per week or 31 Australian women each day. Women are also four times more likely to die of heart disease than breast cancer. 1

Coronary heart disease (consisting mainly of heart attack and chest pain) is the single biggest cause of death for both men and women in Australia. In 2004, more than one Australian woman died every hour from heart disease (11,424 for the year). However, only 3% of Australian women correctly identified heart disease as the leading cause of death in a Heart Foundation survey about women's awareness of heart disease.

The survey found that more than half of women believe that breast cancer is the leading cause of death for women. Heart Foundation Director of Cardiovascular Health Programs, Ms Rachelle Foreman, said: "Women are paying for this mistaken view with their lives. While heart

"... 90% of women had at least one major modifiable risk factor for chronic disease ..."

disease is largely preventable, women are not likely to take the steps to reduce their risk of heart disease unless they are first aware of the risk they face. Women are also often so busy thinking about the health of their partners,

that they neglect their own."

In 2001, 90% of women aged 18 years and over had at least one major modifiable risk factor for chronic disease (i.e. tobacco smoking, high blood pressure, high blood cholesterol, diabetes, overweight and obesity, physical inactivity, or heavy alcohol consumption). Over one in five had three or more risk factors.

When asked about factors that can cause or contribute to increasing the risk of heart disease, the top of mind risk factors mentioned commonly by women were unhealthy eating (60%),smoking (58%) and beina physically inactive (49%). However, the Heart Foundation is concerned that significantly fewer women identified high cholesterol (18%), blood press-

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IN THIS EDITION		
	What's On	



The Theme for our First Newsletter in 2008 will be:

## WOMEN & DISABILITY

Does your organisation specialise in Disability or related fields?

Or are you a woman with knowledge / experience in Disability or Women's Health?

Share your insights with over 400 health organisations and individual women in Queensland and beyond...

We welcome your articles, news items, or other submissions.

If you have an idea, or would like more information please get in touch with us today!

Deadline: 14 February

CONTACT DETAILS on Page 8

#### **HEART DISEASE**

(continued from front page)

ure (12%) and diabetes (5%) as major risk factors that can contribute to the risk of heart disease.

Additionally, almost one in four women (23%) said they had not discussed heart disease or the major risk factors with their GP in the past two years. Studies have also found that women are less likely than men to seek medical treatment for heart disease, or treat chest pains seriously enough to get to hospital early.

Ms Foreman said: "It's time for every woman to take charge of her heart health and to stop underestimating the risks.

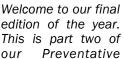
The Heart Foundation encourages women to take care of their heart and seek medical help before it's too late."

The Heart Foundation's message to women is simple: love your heart by adopting a healthier lifestyle and by having a check up. You're never too young to start looking after your heart and never to old to find out how to do it. (See coloured box below)

The Heart Foundation has updated its Women and Heart Disease booklet and women can obtain their own free copy by contacting the Heart Foundation national information service Heartline 1300 36 27 87 or visit <a href="https://www.heartfoundation.com.au">www.heartfoundation.com.au</a>

<sup>1</sup>Australian Bureau of Statistics. Causes of Death 2004 (3303.0). February 2006.

## **QWHNEWS**



Health theme. Thank you to all the contributors: The Heart Foundation, The Cancer Council Queensland, The Mental Health Association (Qld) and the Australian Breastfeeding Association.

Our next edition will focus on Women and Disability. Don't forget that you can send us details of your significant events, conferences or workshops for inclusion on our 'What's On' page. Or perhaps there's an area of women's health that you would like to see covered in a future edition?

On behalf of the Management Committee I would like to send you Season's Greetings and thank you for your support and involvement in 2007, and wish you all a safe and healthy 2008.

Maree Hawken Coordinator The **GOOD NEWS** is that heart disease is largely preventable.

Women can reduce their risk of heart disease by making the following smart health choices:

- **Regular heart check-ups**: see your doctor or GP for ongoing heart disease risk assessments.
- Get to know your numbers: find out your cholesterol level, blood pressure and waist circumference and check these regularly.
- Go smoke-free: Kicking the habit is the single most important thing you can do to reduce your risk of coronary heart disease and it is never too late to benefit from giving up. Furthermore, women who combine smoking with taking the contraceptive pill greatly increase their risk of heart, stroke and blood vessel disease.
- **Enjoy healthy eating**: Enjoy a variety of foods from the different food groups.
- Be active every day: Regular, moderate physical activity is good for the heart. The Heart Foundation recommends that you include at least 30 minutes of moderate intensity physical activity (such as brisk walking) on most, if not all days of the week. Join the Heart Foundation's free group walking program Just Walk It—it's a great way to get healthy while making new friends. Visit www.justwalkit.com.au or call 1300 36 27 87 for further information about your closest group.





## TREAT YOUR SKIN LIKE A BABY'S

The Cancer Council Queensland explains how easy it is to be SunSmart and cut your cancer risk.

Protecting your skin will dramatically reduce your risk of skin cancer.

80 per cent of cancers diagnosed in Australia each year are skin cancers. Every year, almost three hundred Queenslanders die from skin cancer. Yet it is almost totally preventable.

Skin can burn in as little as 10 minutes in the Queensland sun. The longer your unprotected skin is in the sun, the greater your risk of getting skin cancer.

It is not safe to get a tan at a solarium either — you're being

exposed to damaging ultraviolet rays that increase your risk of skin cancer.

- Use shade when you can, especially when UV radiation is highest — between 10am and 3pm.
- Wear hats that shade your face and neck, loose-fitting protective clothing and sunglasses — wrap around glasses are best.
- Cover exposed parts of your body with a broad spectrum, water resistant, SPF 30+

- sunscreen, 20 minutes before going out in the sun.
- Apply sunscreen liberally and reapply every two hours.
- Go to the doctor if you have a lesion that doesn't heal, a mole that has suddenly appeared or started to bleed, or one that has changed its size, thickness, shape or colour.
- Log on to www.qldcancer.com.au for more information.

Text reproduced and adapted with the kind permission of the Cancer Council Queensland.

# Farewell Gillian

It is with feelings of sadness and disappointment that we say goodbye to our representative from the South East corner of the State — Gillian Myers. Gillian has been one of the longest serving members of the Network's Management Committee.

Throughout her time in the position, she has been a committed and loyal member, offering support and information to our Coordinator and other members of the Committee from her vast knowledge of women's health in Australia. We have long been aware that Gillian's special contribution to the Network is her expertise and experience in women's health, and the ways in which funded bodies must be accountable. We will miss the very considerable contribution she has made to the ongoing success of the Network.

When Gillian first nominated for the position of SE Queensland rep, she was a worker at the Ipswich Women's Health Centre. Later she moved to a position as Health Systems Improvement Program Manager with the Brisbane North Division of

General Practice (later called GP Partners). More recently, she has taken up a position with Queensland Health where she successfully combined work with the Network's funding body (Queensland Health) and involvement with the Network.

Sadly, the ongoing demands of personal and work life have led Gillian to make the decision to resign from her position with the Network, but she has generously made a commitment to be available to her replacement in the SE corner, and to the rest of us, should we ever need to call on her.

All of us involved with QWHN say a big "thank you" to you, Gillian, for your contribution to our work and to the area of women's health over the years. And we thank you, also, for your friendship. Because we are a stable, close-knit team, we will miss you very much. We wish you all the best for your future.

Betty McLellan Chairperson



## IMPROVE YOUR COPING SKILLS

Put your life back into your own hands with this information from The Mental Health Association (Qld) Inc

We all want to reach the stage in life where we thrive, but how will we know when we're there? What are the markers for us that things are going well and we are headed in the right direction? How do we know when we are happy? What does quality of life mean for you?

There are many definitions of happiness that can become quite technical involving words like "positive affect" and "state of well-being". One definition I've come across recently gives the meaning of happiness (by Dr Corey Keyes) as 'feeling good and functioning well'. We feel good about ourselves as well as being able to function well or cope with everything going on in our lives — whether that be physically coping or emotionally coping.

So what does coping mean? Or not coping? We are all familiar with what it feels like when we aren't coping: \*Sweaty palms. Stomach in knots. Fitful sleep. Poor appetite. Feeling inadequate, uneasy about the future. Feeling boxed in, unable to move in any direction. These are some of the most common effects of stress. While a certain amount of stress is known to be good for you, too much can produce tension, anxiety and depression, not to mention a whole series of physical ailments. When stresses are allowed to mount up unchecked, emotional crisis or serious physical illness can result.

It is possible to deal effectively with daily stress and avoid many of its ill effects. Knowing how to

cope with stress does not come naturally to most of

us. We have to learn it — like any other skill. It is not simple. It demands an investment of time and energy, and coping improves with practice.

The end result is worthwhile because effective coping with stress makes a dramatic difference to our everyday experiences, the sum total of which we call "the quality of life".

If the effects of stress are so troublesome, you might say maybe it's simpler to avoid stressful situations altogether. But how realistic is this? Let's take a look at some facts about stress:

#### 1. Stress is inevitable.

It is with us at home, at work, in the streets, in our personal relationships. It appears each night on the TV news. It is in the stock market reports and the report cards children bring home from school.

Stress is a fact of life.

## 2. Is Stress ALL bad?

Dr Hans Selye, world authority on stress, makes it very clear that stress is "the very salt and spice of life". Without any stress in our lives we would simply vegetate.

# 3. Three basic kinds of stress operate in our lives:

- The stress which results from a sudden and serious event, such as a car accident or the sudden death of a loved one.
- The stress that comes with a particular stage of life; marriage, childbirth, the onset of middle age or retirement.
- Stress that becomes an ingrained part of daily living

until we do something to change the pattern, such as being unhappy at work.

#### 4. Stress becomes DISTRESS...

...when too much happens too fast. When life deals out too much at one time, we lose our sense of perspective. We begin to spend our precious lifetime reacting to circumstances that have been thrust upon us. We "can't cope".

We feel life has been taken out of our hands. LEARNING TO COPE (having the faith, expending the energy, taking the time) helps us put our lives back where they belong — in our own hands.

## COPING: WHAT CAN WE EXPECT

First, let's get rid of two popular misconceptions about coping with stress.

# 1. Learning to cope will make me superwoman.

WRONG! No-one is ever in a position of total control, able to predict all difficulties and find instant solutions to all problems.

Why? Because so much depends on the actions and attitudes of others. Work frustrations may trace back to our boss or a colleague. Our family and friends have minds and plans of their own. Fate throws in its own surprises too: sudden death, loss of a job, injuries, illness and so on.

# 2. Coping is just "hanging on by the fingernails".

WRONG! Coping is not mere survival. The very word implies something effective is happening and that matters are being dealt with capably.



## The truth, as usual, lies somewhere in the middle.

Dictionary definitions tells us that "to cope" is "to contend, fight or survive, usually with success, but at least on even terms".

Translated into everyday life situations, coping becomes a matter of dealing well with life's stresses and strains — not becoming dominated or overwhelmed by them. It's a

matter of meeting the challenges as they arise. It's a matter of balance.

Sometimes stress piles up unmercifully. Our best efforts do not prevail. We feel trapped and immobilised. At this point, seeking outside help is another way of coping — a sign of strength, not weakness. There are many community organisations, like the Mental Health Association Qld,

which will help you find the right kind of help for your needs.

Our contact details are:

Phone: 1300 729 686

Email: association@mentalhealth.

\*Taken from a brochure produced by MHAQ which is an adapted version of COPING ...Putting your life back in your own hands. Reprinted with permission from the Canadian Mental Health Association.

## THIS PERSONAL CHECK-LIST MAY HELP YOU IMPROVE YOUR COPING SKILLS

## 1. Accept responsibility

This is your life. No-one can cope for you. Though others can and will help, the initiative must come from you.

### 2. Try to be objective

Step back and look at your life situation as if it were someone else's. What could this person change? What will he/she have to accept?

### 3. Know your inner resources

Assess your strengths and weaknesses. Be honest — you need a clear picture of what you are working with!

## 4. Don't try to cope alone

Accept that everyone feels some pressure. Discuss your difficulties with family, friends, colleagues or other people with whom you feel comfortable talking. Listen to them. Be ready to return the favour. Coping involves giving as well as getting.

### **5.** Take a positive approach

There is always an effective way to deal with each situation. Problems always have solutions: it's part of the package! The solution may not be immediately apparent. It may not be easy. But it will always be possible to do something.

#### 6. Be realistic

Don't expect too much of yourself. Set attainable goals. Accept that there are many life situations you can only affect indirectly. Don't expect always to be right.

## 7. Don't strain for absolute

You'll just waste time and effort. Sometimes the only possible way to cope will be to withdraw from the situation, relax and put it out of mind for a while. That's a fact. Try to accept it.

#### 8. Be flexible

If the first solution doesn't work, try again. Look at mistakes as good first experience "for next time". The fact that you acted — took charge — is what counts.

## 9. Take one step at a time

Several problems at once can overwhelm you. Decide on the first step necessary to deal with one problem. Do it! Work on the

rest in easy stages. Write it down if it helps.

## **10.** Learn to recognise danger signals

Troubled sleep? Drinking more lately? Feeling depressed more often? Losing your temper about insignificant things? Getting sick more often? These all are danger signals. Slow down. Take a careful look at your life.

### **11.** Stay physically healthy

Good general health increases your stress tolerance. Sensible eating and sleeping habits help. Alcohol, tobacco and drugs don't. Get plenty of physical exercise—it lets off steam and sometimes that, all by itself, amounts to "coping".

### **12.** Learn to relax

On occasion this may be your only alternative! Schedule regular recreation into your life. Plan to take restful vacations. There are many ways of learning personal relaxation techniques. Check what programmes are available in your community.



## WHAT'S ON...

# Important events, conferences and workshops around the state & beyond

22-24 FEBRUARY 15th ANNUAL WOMEN'S HEALTH CONFERENCE - Gold Coast, QLD.

For full details visit the Women's Health Education and Research Society Inc

website at: www.whers.com.au

8 MARCH INTERNATIONAL WOMEN'S DAY

10-12 MARCH DIVERSITY IN HEALTH CONFERENCE 2008 — Darling Harbour, Sydney, NSW.

A landmark international conference on multicultural health and well-being.

For more information go to: http://www.dhi.gov.au/conference

17-20 MARCH 3rd INTERNATIONAL CONGRESS ON WOMEN'S MENTAL HEALTH - Melbourne.

Approaching women's mental health from an individual, family, community, society, and

global perspective. Treatment, prevention and socio-cultural aspects.

For more information go to: www.iawmhcongress2008.com.au



# WOMEN'S HEALTH ON THE NET

## Hot Spots on the Internet for Women

## NATIONAL BREAST CANCER CENTRE

www.nbcc.org.au

Breast Cancer Risk Calculator

n important part of preventative health is being aware of possible risk factors so that action can be taken if needed. A National Breast Cancer Centre survey of women's knowledge about factors that may increase the risk of breast cancer, found there was some confusion. If you're not sure, try "Your risk and breast cancer", an online information resource and interactive calculator for women who have not had breast cancer. It only takes a few minutes and a few clicks of the mouse to determine how your

risk level compares to women of your age.

## HACC FALLS PREVENTION

www.health.qld.gov.au/hacc/HACC fallsprev.asp

When we think about prevention it's easy to forget that injury can have a huge effect on our health. While avoiding falls and accidents is crucial at any age, the Health and Community Care Falls Prevention Program focuses on seniors. The site includes many resources which can be ordered or downloaded, such as the 'Best Practice Resource Kit', which includes brochures, booklets and a CD. There are items for use by Service Providers and clients. including training resources for workers, and a video "Standing On Your Own Two Feet". There are also banners and posters, and some resources are available in multiple languages.

## AUSTRALIAN DRUG FOUNDATION

www.adf.org.au

Australian Drug Foundation is a not-for-profit national organisation which works to prevent problems associated with the use of alcohol and other drugs. The website provides useful information and resources with a focus on alcohol, cannabis and amphetamines. Information ranges from details about the drugs themselves, how they work, what effects they have on health, through to education approaches in primary and secondary schools. There are pages focussing on specific areas such as alcohol and sports, drugs and young people, and a listing of drug and health projects with a multicultural focus for each state.



## BREASTFEEDING HELP

Glenda Grove shares her experience and provides an insight into the Australian Breastfeeding Association.

I work primarily as a primary school teacher, having worked for fourteen years in Townsville schools, and recently for two years in Gold Coast schools. I am also a qualified Social Worker. I have had a long association with the Australian Breastfeeding Association as I started attending meetings in 1980 with my newborn then qualified as a breastfeeding counsellor in 1984. I have held various roles including group leader (twice) and trainee adviser (twice). Last year I was one of the first Queensland counsellors to attain a Certificate IV in Training and Assessment through the Australian Breastfeeding Association. I am the mother of three adult children and gave birth to a stillborn daughter in 1996.

s a breastfeeding counsellor I am able to promote the many advantages of breastfeeding. It is important to understand that all mammals produce different kinds of milk as the milk is 'species specific', which means that babies need human milk, rather than artificial baby milks which are mostly modified cows milk. Breastmilk is a complete food for the first six months of life. Breastfeeding helps to pass on antibodies from the mother which protect babies from illness and disease. Breastfed babies are hospitalised less often during the first twelve months of life. Breastfeeding also promotes a close mother-baby relationship and provides the baby with comfort, security and warmth. Another advantage to breastfeeding is how easy and cost saving it is. It is always available at the right temperature and the supply equals the baby's

demand. Breastmilk can be expressed and given to a baby by bottle or small cup, if the mother needs to leave her baby. Breastfeeding promotes brain and speech development, and protects babies from becoming overweight or obese children and adults.

## Australian Breastfeeding Association Helpline

All mothers in Australia have free and confidential access to a Breastfeeding Helpline in their home State. The Breastfeeding Helpline is provided by volunteers who trained breastfeeding counsellors. These counsellors can help with breastfeeding information and also with

general enquiries including sales of booklets, books and mothering items such as breast pumps, baby slings and medically approved lambskins. The Breastfeeding Helpline is available 24 hours a day, 7 days a week. Counsellors are trained by the Australian Breastfeeding Association to provide mother-to-mother support with breastfeeding problems. Counsellors do not give advice but rather mother-to-mother suggestions. All counsellors are bound by the Association's Code of Ethics and do not give medical advice. Email contact with a counsellor is also available via www.breastfeeding.asn.au In Queensland two breastfeeding counsellors are rostered on in 12 hour shifts from 7 am to 7 pm and 7pm to 7 am. These counsellors would receive between 18 and 30 calls each in a 12 hour shift. The



Australian Breastfeeding Association became a Registered Training Organisation in December 2005 and in the future women who train as breastfeeding counsellors will gain a Certificate IV in Breastfeeding Education (counselling).

In October 2006 the Australian Breastfeeding Association undertook a National survey over a one week period to look at call volumes and call duration on the various state Helplines. Some interesting facts emerged. Most calls taken were between 0 and 25 minutes duration. reasonable number up to 30 minutes in duration. Most calls to the Helpline during the survey period occurred between 8 am and 6:59 pm, with the highest volume received between 9am and 4 pm.

The number of calls was highest on Monday and



# Season's Greetings & Best Wishes for 2008

from Queensland Women's Health Network Inc

#### BREASTFEEDING HELP

(continued from previous page)

Friday, with the weekend call volume being notably less than during the week. The highest volume of calls were taken in the Brisbane (150 calls) and Sydney (130 calls) Metropolitan areas, with a total of 632 calls taken Australia wide during the entire week. Next year the Australian Breastfeeding Association is looking at having a national The Association is helpline. investigating the best ways to arrange counsellor rosters to cope with the "peak" busy hour and the costs of a national Helpline. There will be a requirement within a national helpline for the routing of calls between states.

The consistently high volume of calls taken by the Helpline shows

that the Australian Breastfeeding Association Breastfeeding Helpline is a valuable resource for Australian mothers.

Breastfeeding Helpline numbers: Queensland....... (07) 3844 8977

(07) 3844 8166

Townsville..... (07) 4723 5566

For Helpline numbers in other states please refer to the Australian Breastfeeding Association website:

www.breastfeeding.asn.au

References:

Brodribb, Wendy (Ed.) 2004, Breastfeeding Management 3rd edition, Australian Breastfeeding Association: Melbourne.

Enterprise Protocols, Australian Breastfeeding Association, Helpline Call Analysis, June 2007, pp 1-16.

# QWHN CONTACT DETAILS

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### Committee Members

Townsville: Betty McLellan (07) 4728 5600

Brisbane: To Be Filled

Mount Isa: Shirley Slann (07) 4743 0946 R'hampton: Sandra O'Brien (07) 4935 2003 Cherbourg: Lillian Gray (07) 4169 8600

## 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 gwhn@bigpond.com.au

## MEMBERSHIP To Jane

To join or renew your membership with QWHN, simply fill in this form and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

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

Name:		NEW MEMBER?	YES 🗆 NO	
Address:				
Phone:	Fax:			
Email/Web:				
Profession / Organisa	tion:			
MEMBERSHIP FEES:	Individual (unwaged or student) — \$5.50 Individual (waged)	-\$11.00 Organisation	n — <b>\$33.00</b>	
Please find enclosed a cheque/money order for \$ for one financial year's membership (1 July 2007—30 June 2008, Do you consent to your name, as part of the membership list, being distributed for networking purposes?				
I/We hereby agree to Signature	o abide by the Purpose, Objectives and Policies of the QWHN.  Date	ABN 1	TAX INVOIC L170037403	