Reflecting Gender & Women's Lives in Health Policy & Practice

NSW Teachers Federation Conference Centre 37 Reservoir Street, Surry Hills NSW PROGRAM

To register please go to whnsw.eventbrite.com.au

08.00		Venue open				
09.00	Ms Donna Ingram	Welcome to Country				
09.15 - 09.30	Women's Health NSW	/ Opening Address				
09.30 - 10.00	Professor Helen Keleher Keleher Consulting	Public Policy and Gender Analysis It is almost 30 years since reports about Australian women's health gave voice to women's experiences with the health system. In 1989, the first National Women's Health Policy was launched in a celebratory atmosphere. Gender analysis was launched onto an unsuspecting health system and its failures were systematically exposed as research demonstrated that the health system was not just meeting women's health needs but was often hostile to those needs. It seemed that the 'gender agenda' could not be ignored. Or so we thought. While there have been gains there is also evidence that gender in public policy is still a long road for us to travel.				
10.00 - 10.30		Dixie Link-Gordon is a Goreng Goreng woman from (South East QLD)				
		A Very Personal Journey of Self Determination				
	Dixie Link-Gordon Women's Legal Service NSW	I am a 2 nd Generation City born Aboriginal Australian Assimilation a lived experience in my 7yr old mind: The 'Harold Blair Holiday Schemes', which was basically run by Mr Killoran i Brisbane through the Queensland Aboriginal Affairs Department, would organis holiday homes over the Christmas holidays in Melbourne [for Queensland children After three weeks the couple would say, 'I'd love to keep little Mary for a littl longer'. 'Sure you can keep Mary for a little longer.' No reference to the parents Within a few months the next question, 'Could I adopt Mary?' 'Yeah, you can adop Mary.' This was not an AWB [Aborigines Welfare Board] Victorian adoption. It wa done through the Queensland Native Affairs Department, direct adoption kind of b mail order and by phone call				
10.30 - 11.00	-	An Empowered Women's Story				
44.00	Wariam Veiszadeh Lawyer Writer Advocate	For too long, Australian Muslim women were the topic of political controversy - much was said about them but we rarely heard from them. The one-dimensional voiceless image of the typical Muslim woman portrayed by mainstream media didn' represent me or anyone I knew for that matter. This was one of the main reasons that galvanized me into action. Social media offered me an opportunity to speak directly to the masses, bypassing the media and any potential sensationalising or editorialising of my views. Speaking out as an Australian Muslim woman does come with a high personal cost however, as I suddenly discovered. The months of cyber bullying that I endured was incredibly harrowing – the impact extending to my family, friends and my work. I suffered from prolonged anxiety that manifested itsel in several physical illnesses that lasted approximately 6 weeks. It had a disabling effect on my life.				
11.00		BREAK				















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11.30 - 13.00	Violence Against Women Panel Discussion – Chaired by Karen Willis						
	Karen Willis is	Jackie Burke is	Dixie Link-	Rochelle Zats	Fiona Davies is	Meredith Lea	
	the Executive	the Clinical	Gordon	Sydney	the CEO of the	is working for	
	Officer of	Director of	Community	Women's	Australian	People with	
	Rape & Domestic	Rape and Domestic	Access Women's	Domestic Violence Court	Medical Association	Disability Australia Royal	
	Violence	Violence	Legal Service	Advocacy	(NSW)	Commission	
	Services	Services	NSW	Service	(10300)	Project	
	Australia	Australia	-			- ,	
	Chair	The Trauma	Advocacy for	NSW It Stops	Violence Tool Kits	Advocacy for	
		Model	Aboriginal	Here: Safer	for GPs and AMA	Women With	
			Women	Pathways Reform	Share Your Story Campaign	Disability	
				Kelofill	Campaign		
13.00 - 13.10	Performance		n Youth Develop ublic School	oment Service pre	esents a performanc	e by	
13.10		BREAK					
14.15		Safe acces	s to abortion: Ba	alancing women's	s rights to safety, di	gnity and	
	12	privacy wi	th peoples' right	ts to oppose abor	tion		
	125						
	3-6				sed and intimidated		
	CALL DE		•	•	he last few years, go		
	ACT, Victoria and Tasmania have passed laws creating safe access zones around abortion clinics. Opponents of these laws claim that they violate their rights to free						
	A CONTRACTOR	speech, pro	otest and to religi	on. But what abou	it women's rights to a	safety, dignity	
	and privacy when they see their doctor? Drawing on the Victorian experience, this						
	Emily Howie Director of Advocad	presentation will consider the civil liberties and human rights arguments raised by cacy safe access zones and how women's rights can prevail.					
	and Research	sare access	zones and now v	women's rights car	i prevali.		
	Human Rights Lav	w					
	Centre						















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14.45		Gender Transformative Health Promotion & Practice
	Rita Butera EO Women's Health Victoria	Having specialised in training health professionals to apply a gender analysis to health promotion, health programs, media and printed resource materials for more than 30 years, Women's Health Victoria has worked to unpack the nuances of gender representation, particularly in advertising, to understand the negative, neutral and positive manifestations of gender role stereotyping. Gender transformative health promotion and practice is about using positive images in program and resource development, and organisational structure, to promote health and wellbeing in an empowering and motivating way.
15.10		Social Determinants of Health in Australian Health Policy
	Dr Matthew Fisher Research Fellow Flinders University	Public health advocates have called on the health sector to lead policy action on social determinants of health and health equity (SDH-HE). This research gathered all strategic health policy documents of all 9 Australian governments, current in early 2013. We analysed these 266 policies to ask, how and to what extent do Australian governments' health policies address SDH-HE? Significant lessons emerge for health policy makers. Evidence on SDH/HE was widely recognised in policies, and some areas of good practice identified that can be strengthened. However, we also found significant limitations. Many policies displayed 'drift'; meaning they recognised SDH-HE but in the end proposed strategies focused more narrowly on health care and individualised behaviour change. No strategies were identified to engage other sectors to reduce systemic socio-economic inequalities – the underlying causes of health inequities.
15.30		BREAK
15.50	Tracy Howe CEO NCOSS	Poverty is Sexist Women experience poverty by virtue of being women. They are paid less because of their gender. They have lower superannuation balances because of the career breaks they take to look after children and older family members. And as they age, women face increased risks of homelessness because of the precarious nature of their employment history and their consequent lack of superannuation. These economic disadvantages accrue to women because they are women. The poverty women are experiencing is sexist. What women need is economic empowerment. Women and girls need solid financial literacy skills so they can navigate their finances and know how to protect themselves from homelessness. They need to know what a sound financial plan for their retirement looks like and how to work towards that in light of the career breaks they are likely to experience. And they need workplace gender equality so that they are paid the same as men and have the same opportunities that men do. Women's economic empowerment along with structural change will stop the sexist nature of poverty.















16.10



Dr Tessa Boyd-Caine CEO National Centre for Health Justice Partnerships

Health Justice Partnerships (HJPs)

Health Justice Partnerships (HJPs) are an exciting model of providing access to justice, where lawyers and health professionals collaborate to provide better health outcomes and access to justice for patients with legal issues. Tessa was appointed to set up this new national centre which will be an advocate for the partnership model, highlight best practice and support existing and new HJPs. Tessa's background spans health, justice and human rights. She was previously Deputy CEO of the Australian Council of Social Service and has worked for international human rights organisations around the world.

08.00	Program Summary	Venue open	08.00
09.00	Welcome to Country	Ms Donna Ingram	09.00
09.15	Open Address	Women's Health NSW	09.15
09.30	Public Policy & Gender Analysis	Professor Helen Keleher	09.30
10.00	A Very Personal Journey of Self Determination	Dixie Link-Gordon	10.00
		Women's Legal Service NSW	
10.30	An Empowered Women's Story	Mariam Veiszadeh	10.30
11.00	BREAK		11.00
11.30	Violence Against Women Panel	Chaired by Karen Willis	11.30
13.00	Bankstown Youth Development Service presents a	a performance by Bass Hill Public School	13.00
13.10	BREAK		13.10
14.15	Safe Access to Abortion: Balancing Women's	Emily Howie	14.15
	Rights to Safety, Dignity and Privacy with	Human Rights Law Centre	
	Peoples Rights to Oppose Abortion		
14.45	Gender Transformative Health Promotion &	Rita Butera CEO	14.45
	Practice	Women's Health Victoria	
15.10	Social Determinants of Health in Australian	Dr Matt Fisher	15.10
	Health Policy	Flinders University	
15.30	BREAK		15.30
15.50	Poverty Is Sexist	Tracy Howe CEO NCOSS	15.50
16.10	Health Justice Partnerships	Dr Tessa Boyd-Caine CEO	16.10
		National Centre for Health Justice	
		Partnerships	
16.30	CLOSE		16.30

We take the opportunity to thank the Organising Committee - women from the organisations whose logos appear below and to thank our keynote speakers who have shared their knowledge and experience to improve public health, policy and practice

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