

Women's Health Action Annual Report



April 2013 –
June 2014

Chairperson’s report

The extent and range of achievements outlined in this annual report confirm the important role that Women’s Health Action plays in improving the health and wellbeing of all New Zealand women. That a small team can achieve such a contribution to women’s health is inspirational and reflects the talent and commitment of the very hardworking staff and the skilled leadership and initiative of Director Julie Radford-Poupard. The organisation is poised to develop further with rebranding completed and website development underway.

We are very grateful to the agencies that recognise Women’s Health Action’s unique contribution through their funding of our activities. We have been fortunate to receive continued funding from the Ministry of Health. We have also received support from the Lottery Grants Board, ASB Community Trust, Community Organisation Grants Scheme (COGS) and the Auckland Council.

The Women’s Health Action Trust Board continues to have a strong membership of trustees dedicated to providing good governance. We farewelled trustee Johanna Bannister during this period and welcomed new members Maggie O’Brien, Jade le Grice, Diane Ryan and Hannah Reynolds.

Congratulations and many thanks to the Director, the staff, board and volunteers and all who contribute to the continued success and many achievements of Women’s Health Action.



Gill Sanson

Chairperson

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Director's report

Kia ora tātou,

This past year saw many achievements. The Women's Health Action team were excited to re-brand and believe the new brand is bold, modern and acknowledges our important legacy. We were also proud to partner with the sexual violence sector for our annual Cartwright seminar to spotlight low conviction rates of sexual violence and how the courts could improve survivors' experiences of justice. We were also invited in support of consumers Carmel Berry and Charlotte Korte to petition the Health Select Committee on surgical mesh and we released a well-received comprehensive case for a women's health strategy.

Women's Health Action continued to engage the media and we featured in the news on several issues including women and alcohol, Zoledronate, doctor's personal beliefs and contraception prescribing, genital cosmetic surgery, and WHA's Body Image Leaders in Schools programme, in addition to the 250+ articles generated from our annual community development breastfeeding event The Big Latch On.

We renewed our contract with the Ministry of Health until June 2016, and aligned our financial year with running 15 month financial statements from 1st April 2013 to 30th June 2015.

We would like to extend our profound gratitude to two inspirational women, Irene Johnson who retired at the end of 2013 after 12 years as Women's Health Action's librarian and Linda McKay who gave 17 years to the organisation in two key roles beginning as the Coordinator and then as the Accounts Manager.

We had a wonderful year with babies in our office, Arlo, Women's Health Action's Child and Maternity Health Promoter Isis McKay's baby was with us until Christmas, and our senior policy advisor George Parker took parental leave and returned with Bell, two gorgeous additions to our whānau. Holly Coulter also joined us as an administrative assistant after volunteering with Women's Health Action.

The successes of Women's Health Action are made possible by a dedicated staff and board team and the many collaborations with diverse sectors all working to improve the lives of women, their families and communities. Thank you for your persistent action and passion.

Nāku noa,



Julie Radford-Poupard
Director

About Women's Health Action

Women's Health Action is a women's health promotion, information and consumer advisory service.

Formed in 1984, Women's Health Action (then called Fertility Action), came to national prominence in 1984 when founders Sandra Coney and Phillida Bunkle published an article detailing an unethical study at National Women's Hospital, in which women with cervical abnormalities, without their knowledge or consent, were monitored without being definitively treated. Women's Health Action was highly involved in the subsequent ministerial inquiry, known as the Cartwright Inquiry, and in the immediate years was dedicated to ensuring the recommendations of the inquiry were implemented.

Today, Women's Health Action works with health professionals, policy makers and other not for profit organisations to influence and inform government policy and service delivery to improve health and wellbeing for all women in Aotearoa New Zealand. We are highly regarded as leaders in the provision of quality, evidence-based consumer-focused information and advice.

We provide evidence-based analysis and advice to health providers, NGOs and DHBs, the Ministry of Health, and other public agencies on women's health (including screening), public health, and gender and consumer issues with a focus on reducing inequalities. We have a special focus on breastfeeding promotion and support, maternal and child health, women's sexual and reproductive health and rights, and the promotion of positive body image.

Brand and website redevelopment

Women's Health Action is excited to announce the launch of its new brand!

Women's Health Action's new brand, designed by Curative, incorporates the fronds of the pohutukawa tree – an important symbol for Women's Health Action. In 1993, Women's Health Action helped plant a pohutukawa tree and unveil a plaque at National Women's Hospital dedicated to the doctors who tried to stop the 'unfortunate experiment', an unethical study at the hospital which prompted the Cartwright Inquiry and ultimately a number of advancements in patient rights.

The decision was made to refresh and modernise Women's Health Action's brand following a review of our health information service by post-graduate students at the University of Waikato. The development of a new, more user-friendly website was also well under way by the end of the June.



Policy highlights

Submissions

WHA provided analysis and advice in submissions on a wide variety of consultations relevant to women's health, gender, consumer and informed consent issues, including:

- Vulnerable Children's Bill
- Pharmac consultation on medical devices
- The Health and Disability Commissioner Act 1994 and Health and Disability Code of Rights
- Human Rights Amendment Bill
- NSQU principals
- Alcohol advertising and sponsorship
- Feedback via the Mental Health Foundation around Guidelines on the treatment for eating disorders
- New Zealand's second periodic examination of human rights under the Universal Periodic Review
- Medical Council
- Modernising parental leave

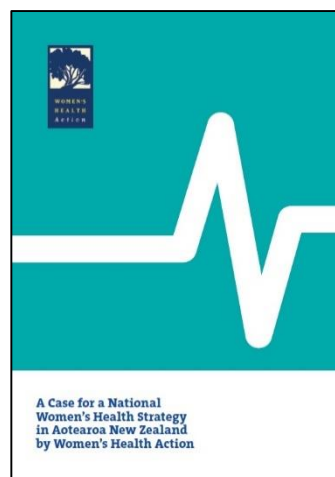
Developing a women's health strategy

In 2013 Women's Health Action began to investigate strategies that countries similar to New Zealand employ to ensure more gender sensitive health systems which are responsive to the needs of all women. After researching the strategies of other countries, along with health statistics and studies, and previous proposed strategies from Aotearoa New Zealand, Women's Health Action believes it is essential that health researchers, policy makers and health care providers address health issues unique to, prevalent amongst or more serious in women, and illnesses which have differing risk factors for women and girls.¹

In Women's Health Action's discussion document, 'A Case for a National Women's Health Strategy in Aotearoa New Zealand', we set out the rationale for a women's health strategy, what it might consist of, and which issues have already been identified as important to improving women's health.

The document highlights the key issues of violence, reproductive health, socioeconomic disparities, health equity between women, and the health issues of specific populations including Māori, Pacific, older, teen, disabled, rural, and LGBTI women, with a focus on prevention and promotion and a life course approach. It emphasises recognising gender as a basic determinant of health, and a focus on gender equality, establishing a reliable evidence base, a life course approach, developing health sector capacity and representation, and ensuring women's health issues are reflected across government sectors.

Women are the majority of health consumers, health service providers and carers in our society. Improving the health of women improves the health of the whole community. We believe it is time



¹ British Columbia Women's Hospital and British Columbia Centre of Excellence for Women's Health. 2004. Advancing the health of women and girls.

that Aotearoa New Zealand develops a specific women's health strategy that is consistent with the Treaty of Waitangi, other national legislation such as the Human Rights Act, and the international conventions to which we are signatories.

Read Women's Health Action's 'A Case for a National Women's Health Strategy in Aotearoa New Zealand' online here: http://www.womens-health.org.nz/wp-content/uploads/2014/08/Womens_Health_Strategy_A4_web.pdf.

Body Image Programme Highlights



Women's Health Action continued to develop its body image programme which it embarked on to fill the gap left by the closure of Eden in late 2012.

Women's Health Action delivered 3 Nourish workshops in Whangarei, Hamilton and Auckland to train people working with youth on critical media literacy, appearance based bullying, the concept of Health At Every Size, and how to get young people actively participating in social change. A tailored Nourish workshop was also delivered to the Physical Education department at St Dominic's College in Auckland as part of the school's efforts to improve body image among its students.

In addition, Women's Health Action continued to coordinate the Body Image Leaders in Schools programme in four schools around Auckland: Epsom Girls Grammar School, Mt Roskill Grammar School, St Dominic's College and Carmel College. The body image leaders, with the support of their schools and Women's Health Action, delivered a range of body image health promotions over this time period including presentations to younger students, creating a professional development session for staff, and a Bare Face Day campaign to encourage students to come to school make-up free. The body image leaders at Carmel College were even able to present at an Australasian conference the school was hosting!

Women's Health Action is passionate about its body image health promotion as we believe is a critical health issue, particularly for women and girls.

Breastfeeding Programme Highlights

Women's Health Action continued to lead and support initiatives that protect, promote and support optimal infant and young child feeding (with a focus on breastfeeding). There were a number of highlights this period.

In 2013 Women's Health Action coordinated another successful Big Latch On. On Friday August 2nd, 1417 children latched on at one of the 130 registered venues across the country. The theme for the 2013 Big Latch On was: "Ko te manao te whāngai ū ko taa te whānau whānui", "Successful breastfeeding requires support from family, friends and communities". This recognises that support from multiple levels has an extremely positive influence on breastfeeding rates and duration. The Big Latch On promotion included key themes in eight new languages including Samoan, Tongan, Tokelaun, Tuvalu, Fijian, Niuen, Cook Island, Korean and Mandarin.



There was at least one Big Latch On venue in every DHB region with Counties Manukau reporting the highest number of 'latches' out of all 20 DHBs. This was especially encouraging as the region reports consistently low breastfeeding rates. Additionally, there were increases in participation among Samoan, Cook Island Māori, Tongan and Korean populations across the country.

The Big Latch On is a targeted community development programme that raises awareness of the benefits of breastfeeding, encourages the formation of support networks between breastfeeding women, and aims to normalise breastfeeding as a part of daily life. Evaluation by University of Auckland School of Population Health students shows the event continues to be relevant and well received in Aotearoa New Zealand.

At the Baby Show in August 2013, Women's Health Action once again set up a dedicated maternity and breastfeeding promotion stand. The stall had informative resources and provided a space for women to sit down and breastfeed. The stand also offered a free onsite lactation consultant service provided by lactation consultants, midwives, La Leche League leaders and Tamariki Ora providers. Approximately 2800 people visited the stand.



Women's Health Action also continued our ongoing collaboration with Ngāti Whātua o Orakei Health and in February 2014, our organisations worked together along with local breastfeeding support services and health professionals to set up another successful breastfeeding and health area at the Bastion Point Waitangi Day celebrations. The focus of this initiative is to assist pregnant and breastfeeding women and their whānau to access information and support aimed at improving health during pregnancy and the postnatal period as well as provide free onsite breastfeeding support and advice. We also provided a comfortable shaded area for women to breastfeed and refuel with healthy snacks and water.

Women's Health Action also leads a number of other initiatives to promote breastfeeding and reduce barriers, including providing representation on a number of working groups, running a website dedicated to supporting breastfeeding in the workplace aimed at both women and employers (www.bfw.org.nz), and coordinating the Northern Breastfeeding Network to help achieve a provision of consistent and accurate information, advice and support. Women's Health Action has also been actively working with the Ministry of Health and the Infant Nutrition Council to support the Implementation and Monitoring of the International Code of Marketing of Breast-milk Substitutes in New Zealand.

Cartwright 2013

In 2013, Women's Health Action was involved in two events to commemorate the anniversary of the release of the Cartwright Report.

In July, Women's Health Action partnered with Counselling Services Centre, HELP, Rape Prevention Education, and Tu Wahine Trust to deliver the seminar titled 'One in a hundred: improving justice for sexual violence survivors'. In Aotearoa New Zealand it is estimated seven in 100 incidents of sexual violence are reported to police,² three in 100 make it to court, and one in 100 results in a conviction.³ These statistics represent significant barriers to justice for sexual violence survivors, most of whom are women.



The panel of speakers discussed how the New Zealand court system could be changed to improve victims' experience of justice, including arguing for a change from an adversarial to an inquisitorial model of justice. The panel also discussed restorative justice as an alternative form of justice, which places greater emphasis on healing relationships and can be more responsive to survivors' needs than the formal criminal system.

In September, Women's Health Action joined the Cartwright Collective in organising a seminar to reflect on the past 25 years and discuss key areas of improvement for patient rights and health care more broadly in New Zealand. The seminar touched on themes from the Cartwright Inquiry, including the lessons from cervical screening in New Zealand and how they can inform other screening programmes; the necessity of independent ethics committees to the protection of patient

² Ministry of Justice, 2010, The New Zealand Crime and Safety Survey: 2009, pg 45

³ New Zealand Family Violence Clearinghouse, 2013, Data Summary: Adult Sexual Violence, pg 6

rights in research; and the importance of transparency, patient feedback, and consumer representation to improve the quality and safety of health care.

Remembering the Cartwright Inquiry is instrumental to ensuring the lessons of the inquiry are not lost and to realising meaningful patient-centred health care in Aotearoa New Zealand.

Consumer Advocacy and Representations

This year Women's Health Action has led advocacy to progress health consumer interests in two key areas of women's health – maternity services and surgical mesh used in gynaecological procedures. We have also continued to represent health consumers on various health governance boards and working groups.

Ensuring maternity services are informed by consumer perspectives, and that consumers are engaged in the planning, development and evaluation of maternity care, remained a significant workstream for the organisation this year. Our Maternal and Child Health Promoter and Senior Policy Analyst continued their involvement in the Ministry of Health's Maternity Quality and Safety Programme at both a national and regional level. Through this work they provided consumer representation to the clinical governance groups at Auckland and Waitemata District Health Boards and participated in a wide range of national and regional consultations on various aspects of maternity care and maternity service provision such as healthy weight gain in pregnancy, prenatal screening, antenatal education, and safe sleeping.

Women's Health Action also held a very well attended region wide forum to highlight consumer issues in maternity care. This forum: 'Engaging consumers in maternity services' provided a platform for DHBs, health professionals and community organisations to get a broader understanding of how consumer input (including feedback, complaints and representations) is a valuable part of improving women's journeys through our maternity service. Speakers included Gwynette Ahmu, Women's Health Portfolio Manager - Counties Manukau DHB, Pam Hewlett, Planning and Funding Portfolio Manager - Auckland DHB and Waitemata DHB, Sarah Devine Project Facilitator, Quality Team – Auckland DHB, and Emma Farmer, Head of Division - Midwifery Child, Woman and Family Service - Waitemata DHB. The forum was a success with over 50 lead maternity carers, DHB staff, community provider organisations and consumers in attendance.

Women's Health Action also continued to investigate the use of surgical mesh in Aotearoa New Zealand including reviewing new research, liaising with key government agencies, and working with consumers. In May, Women's Health Action presented our findings to a select committee where we urged the committee to establish the products' safety, create a register to monitor the outcomes of surgical mesh use, conduct an independent audit of ACC mesh claims, ensure the qualifications and experience required of surgeons using mesh are made clear to the public, introduce specific informed consent process and assessment procedure, ensure various agencies share information about treatment injuries and adverse events, and examine Medsafe's process for approving and classifying medical devices and providing up to date information.

Representing health consumers on health service governance boards and working parties remains an important part of our work at Women's Health Action. This helps to ensure that consumer interests are promoted at all levels of health services. Our focus in providing consumer representation is on health services most predominantly used by women.

We have provided consumer representation on the following health governance boards and working parties in the past year:

- Women's Health Service Clinical Governance Group, Auckland District Health Board
- Maternity Quality Safety Operational Clinical Governance Group, Auckland District Health Board
- GRAVIDA Healthy Start Workforce Project Advisory Group
- Postnatal Pathways Working Group, Auckland District Health Board
- New Zealand College of Midwives Auckland Regional Committee
- Auckland District Health Board Baby-Friendly Hospital Initiative (BFHI) Advisory Group
- New Zealand Breastfeeding Authority Governance Board
- Auckland District Health Board/Waitemata District Health Board Women's Health Collaboration Steering Group

Financials

Currently being audited by Integrity Financial Audit and Review Services Ltd.

Women's Health Action would like to thank our supporters



MANATŪ HAUORA

