

Women's Health Unit Operating Plan 2003-2005

**Division of Population Health
Central Sydney Area Health Service
2003**



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Acknowledgements

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This document has been informed by South East Sydney Area Health Service *Healthier Women: Strategic directions to advance the health of women in South East Health 2003-2008*, and South West Sydney Area Health Service *Strategic Framework for Women's Health 2000-2005*.

Louise Chapman
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Section 1 Introduction

The Women's Health Unit Operating Plan 2003-2005 has been compiled by the Women's Health Unit with assistance from an Area advisory committee and in consultation with key stakeholders.

1.1 Purpose

The Operating Plan provides direction for the Women's Health Unit over the next 2 years. This document is part of a process of ongoing consultation and networking that will foster capacity building and strengthening of health care for women across Central Sydney.

1.2 Scope

The plan identifies a number of health issues which result from the social status of women in the community and links them by developing strategies which span community agencies and the health sector. Due to limited resources and time, the plan does not focus on all the health problems women experience, but seeks to encourage partnerships by focusing on health issues which can be followed up by other services.

1.3 Resources

The implementation of strategies identified in the Operating Plan will be affected by a range of issues including organisational commitment, availability of funding, skills and knowledge of staff involved and ownership of the strategies at all levels.

1.4 Overview of planning process

The planning process was overseen by the CSAHS Women's Health Advisory Committee which included senior managers from services in Central Sydney, non-government organisations and community representatives (refer Appendix A).

Four working parties formed the basis of the planning process (refer Appendix B). The following issues were chosen for the planning framework to be considered for women in Central Sydney:

- Domestic violence
- Physical activity
- Social and emotional health
- Survivors of child sexual abuse

Representatives on each of the four working parties have an interest and /or expertise in the particular health issue covered by the group. The Women's Health Coordinator acted as a link between both the working parties and the Women's Health Advisory Committee.

The Operating Plan includes the routine work of the Women's Health Unit (refer Goals 5 to 9).

1.5 Establishing priorities

Health outcome goals were selected on the following criteria:

- there can be achievable outcomes
- there is sufficient evidence that the health problem impacts on the health of significant populations of women
- they reflect the priorities of the national and state women's health policies
- the Advisory Committee/community considered the issue a concern

Strategies were designed based on:

- current resources available
- current gaps in services
- ability to measure outcomes in the short term
- current state and local initiatives

Target groups were selected as those groups with the poorest health outcomes or those with limited access to services.

1.6 Implementation

The success of the Plan is dependent upon the continued collaboration with key partners, who have a direct or indirect role in influencing or promoting the health of women.

Section 2 Definitions and concepts

2.1 Defining women's health

The World Health Organisation (WHO) defines health as “a state of complete physical, mental and social wellbeing, and not merely the absence of disease”. WHO also links people's social and economic disadvantage to poor health, recommending that health policy “be linked to the social and economic determinants of health” (NSW Health 2000a).

NSW Health recognises that the social model of health is central to advancing the health of women. This model recognises that a range of factors or *determinants* such as low socioeconomic status, gender, social cohesion, ethnicity and violence impact on health and that collaboration and partnership across communities are important in interventions aimed at improving health outcomes.

2.2 Women's health policy context

The *National Women's Health Policy* and the *Strategic Framework to Advance the Health of Women* (NSW Health 2000a) provide the most relevant context for women's health planning in CSAHS. Both documents promote a social view of health and have informed the Operating Plan's identified strategies.

Other policy documents informing the Unit's Operating Plan include:

Women's Health Outcomes Framework (NSW Health 2002a) represents the first stage in applying a health outcomes approach to women's health in NSW. The *Framework* provides an easy guide to developing, measuring and monitoring interventions in women's health. It goes beyond the traditional measuring of the number, type, length and cost of interventions, to include social and environmental factors such as gender, changes in employment status and level of education. The priority health issues identified in this document include mental health, violence against women, physical activity, smoking and improved maternal and infant health.

Strategic Directions for Health 2000-2005 (NSW Health 2000c) provides a framework to improve and build on quality health care and service for the people of NSW.

The implementation of women's health policy in NSW has been guided by the principles of the National Women's Health Policy. The following principles provide the background and articulate the assumptions that form the basis of quality women's health policy and practice (NSW Health 2000a).

- Health is determined by a broad range of social, environmental, economic and biological factors
- Differences in health status and health outcomes are linked to gender, age, socioeconomic status, ethnicity, disability, location and environment
- Health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary along with high quality treatment services
- Information, consultation and community development are important elements of the health process

- Implementation of the strategic directions and any improvement in women's health status will require the commitment and involvement of a range of agencies, based on intersectoral partnerships
- Development of initiatives to improve women's health will be on the basis of need
- Participation by women in the planning and delivery of health services is essential to providing a high quality, equitable and responsive health system.

In addition, women's health policy must:

- encompass all of a women's lifespan and reflect women's various roles in society, not just their reproductive role
- aim to promote greater participation by women in decision making about health services and health policy as both consumers and providers
- recognise women's rights as health care consumers, to be treated with dignity in an environment which provides privacy, informed consent and confidentiality
- acknowledge that informed decisions about health and health care require accessible information which is appropriately targeted for different socioeconomic, educational and cultural groups
- be based on accurate data and research concerning women's health, women's views about health and strategies which most effectively address women's health needs.

The guiding principles outlined above underpin the key elements of the approach adopted by the Women's Health Unit Operating Plan 2003-2005:

Develop the capacity of health services to identify and address the needs of women

Ensure quality and improve the coordination, integration and access to services for women in CSAHS

Address health inequities and ensure there is a focus on women in most need

Build on existing intersectoral partnerships to improve women's health status

Promote participation by women in the planning and delivery of health services.

Section 3 Population health

3.1 Population profile

The total population of Central Sydney Area Health Service (CSAHS) in 2001 was almost 500,000 (ABS 2001 Census). This includes the local government areas (LGAs) of Ashfield, Burwood, Canterbury, Canada Bay (which combines the LGAs of Concord and Drummoyne), Leichhardt, Marrickville, Strathfield and Sydney Western (portions of Sydney and South Sydney). These people represented 7.5% of the NSW population.

The total female population was 50.6%. 84.5% of the population were females aged 15 years or more. 12.4% of the CSAHS population was over 65 years in 2001. Almost 60% of those over 65 years were female.

Of CSAHS residents, 4,112 persons identified themselves as Aboriginal or Torres Strait Islanders.

Canterbury was the largest local government area where 27.5% of CSAHS resides. The Canterbury LGA had the highest proportion of persons speaking a language other than English at home (61.7%). Arabic was the most frequently spoken language in Canterbury.

In 2001, the proportion of CSAHS residents born overseas was 39.6%, compared with 23.1% of the population of NSW. A large proportion of residents born overseas were born in non-English speaking countries (81.9%). The most common overseas country of birth was China, representing 4.2% of the CSAHS population. Other common overseas countries of birth for CSAHS residents were the United Kingdom (3.5%), Italy (2.9%), Greece (2.6%) and Lebanon (2.3%).

Of the CSAHS population, 41.3% speak one or more languages other than English at home, compared with 18.7% in NSW as a whole. Chinese (7.9%) was the most commonly spoken language in CSAHS, followed by Arabic (5.8%) and Greek (5.6%). There are also significant Italian, Vietnamese, Spanish, Portuguese, Tagalog and Hindi communities.

In CSAHS males earned (on average) 30% more per week than females. In NSW overall, men earned 50% more than females per week.

Of mothers in CSAHS who gave birth in 2001, 41.4% were born in non-English speaking countries. This compares to 20.2% of mothers in NSW. The LGAs with the highest proportion of mothers born in non-English speaking countries were Canterbury (62.3%), Strathfield (55.9%) and Burwood (49.8%).

3.2 Social factors affecting the health of women in CSAHS

There is a demonstrated and consistent link between lower socioeconomic status, gender, social isolation, ethnicity and exposure to violence and poor health outcomes in women. The longer people live in stressful economic and social circumstances, the greater the effects on their health.

The following evidence provides background information about the main determinants of health for women:

Gender refers to social expectations of women's and men's roles and responsibilities in society and the way these impact on their everyday lives. NSW Health recognises that it is largely gender rather than sex differences that leads to poor health status for women (NSW Health 2000b).

Social capital refers to friendships, social cohesion and social support which have a beneficial effect on health and wellbeing. Australian measures of isolation/low social integration such as living alone, social exclusion, stigma, divorce and being unemployed have been found to be associated with higher levels of mortality (NSWHealth 2002a).

Socioeconomic status has been shown to contribute to health risk. For example, research indicates that disadvantaged people have the poorest health (NSW Health 2002a). Disadvantage takes many forms, including poverty, few family assets, having a poor education, living in poor housing, unemployment or insecure employment and trying to raise a family in difficult circumstances. Both men and women from lower socioeconomic populations in NSW are at higher risk of coronary heart disease. Smoking rates, risk of cervical cancer and overweight and obesity in women are also known to increase with socioeconomic disadvantage (NSW Health 2000a).

Canterbury, Burwood, Marrickville and Ashfield Local Government Areas had the lowest socioeconomic status in CSAHS according to income, education and employment status, (data not gendered). The LGAs with the lowest median household income were Canterbury, Burwood, Ashfield and Marrickville (ABS 2001 Census).

Violence against women has serious effects on both the physical and mental health of women in our community and on the children who experience it. The Australian Bureau of Statistics found that one in four or five women (23%) reported experiencing abuse from partners at some time during that relationship. In 87% of cases of domestic violence toward women, the perpetrator was male (Taft 2003). The risk of experiencing both physical and sexual violence is greater for younger women and women who had experienced abuse as a child (NSW Health 2002b). Australian research indicates that domestic violence can begin or escalate during pregnancy (Webster et al 1994). The link between domestic violence and child abuse is reflected in the NSW Health Domestic Violence Policy (NSW Health 2003a).

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**Health Outcome Goal 1:
Increase the capacity of health services to identify and respond to women experiencing domestic violence**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
<p>1.1 Implement routine screening for domestic violence in accordance with NSW Health protocols for all women 16 years and over presenting to key health services by December 2004</p>	<p>Establish a DV Routine Screening Implementation Planning Committee to enable broad participation at implementation and decision making phases for each identified service stream: Antenatal Services, Early Childhood Health Services, Drug Health Services and Mental Health Services</p> <p>Develop and implement a staff training program to increase awareness of domestic violence issues and the process of screening</p> <p>Identify local referral procedures and services</p> <p>Obtain screening forms, information cards for women, protocol and other resources as needed</p>	<p>Routine screening for domestic violence implemented</p> <p>Staff appropriately trained and support mechanisms in place</p> <p>Referral and resource information located at each site where screening is undertaken</p>	<p>WHC, WHU, DHS, AMHS, Multicultural Health Unit, ECHS, RPA Women & Babies, C & F, GGRM, Aboriginal Health Services, DoCS, NGOs, Child Protection (PANOC) Service, Tresillian, SESAHS, ECAV, AMS, HCIS, EAP</p>	<p>Dec 2004</p> <p>ECHS training April 2003. Screening implemented May 2003</p> <p>Antenatal training mid July 2003. Screening implemented July 2003</p> <p>Drug Health/Mental Health Services planning for screening mid to late 2003</p> <p>C&F Services: screening implemented July 2004</p>

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
<p>1.2 Develop an Area implementation strategy for the 'NSW Health Policy for Identifying and Responding to Domestic Violence' in collaboration with Area representatives</p>	<p>Distribution of new Policy and Procedures by Directors and Coordinators of key program areas</p>	<p>Policy and Procedures distributed</p>	<p>Chief Executive Officer, Directors, Coordinators</p>	<p>April 2003</p>
	<p>Develop an Implementation Plan and submit to NSW Health:</p> <ul style="list-style-type: none"> - CEO identify Area Executive sponsor and senior managers to take responsibility for the development of the Plan - develop a staff learning and development strategy - identify the strategy and timetable for implementing routine screening - identify timetable for annual updates to NSW Health on the implementation of the policy 	<p>Implementation Planning Committee established</p> <p>Implementation Plan submitted to NSW Health</p> <p>DV Policy implemented in accordance with NSW Health guidelines</p>	<p>Area Executive sponsor (Joan Englert), WHC, senior Area service directors/managers, Learning and Development Unit, Area Manager Consumer Participation</p>	<p>30 June 2003</p>
	<p>Implement Policy</p> <p>Identify gaps in service provision and inform Area via appropriate forums</p>		<p>Area Service Managers and staff, WHC</p>	<p>July 2003 – 2006</p>
	<p>Review and update Area DV Policy and Procedures</p>		<p>WHC</p>	<p>June 2004</p>

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
<p>1.3 Improve the coordination, integration and access to services for families experiencing domestic violence in the Canterbury LGA</p>	<p>Participate in the Canterbury Bankstown Family Violence Initiative Coordination Group</p>	<p>Improved interagency integration and coordination</p>	<p>WHC, Director CHS</p>	<p>Aug 2004</p>
	<p>Develop comprehensive pathways through the relevant government agencies and NGOs:</p> <ul style="list-style-type: none"> - identify current systems and processes - identify key providers from the relevant service sectors - identify gaps in service and clinical pathways - identify strategies to address gaps - identify multiple entry points within pathways - facilitate networking between key providers - identify opportunities to inform the local community 	<p>Pathways pilot developed</p> <p>Enhanced capacity of CHS to be accessible to the community in relation to domestic violence</p> <p>Improved child protection outcomes</p>	<p>WHC, Canterbury C & F Team, relevant NGOs, ECHS, Police, DoCS, SWSAHS, DET, relevant CHS managers & staff, Department of Housing, local DV Liaison Committees, Premier's Department, Attorney-General's (VAW), AMHS, DHS, GGRM, ACAT</p>	<p>June 2004</p>
	<p>Facilitate CHS participation in the Canterbury Bankstown Inter-Agency DV Pilot Project</p>	<p>Integrated, timely and coordinated inter-agency practice</p>		<p>Aug 2004</p>
	<p>Assess the transferability of the pathways pilot to other areas within Central Sydney</p>			<p>Mar 2004</p>

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Health Outcome Goal 2: Increase the levels of physical activity in women in Central Sydney

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
2.1 To improve the health and wellbeing of mental health consumers through regular exercise	Conduct a literature search of evidence based practice	Literature search completed	HPU, WHC, DPH	July 2003
	Develop, implement and evaluate at least 1 sustainable physical activity intervention: <ul style="list-style-type: none"> - conduct focus group(s) with relevant population to determine preferred type of exercise - obtain funding to facilitate a pilot program - liaise with SHARE re: provision of group leader - implement intervention - evaluate using appropriate tool 	Increased access to physical activity opportunities for disadvantaged communities	WHC, HPU, AMHS, NGOs, SHARE, GGRM, intra-Health services, OWN	Sept 2003
	Investigate feasibility of mainstreaming the intervention	Increased proportion of Central Sydney residents participating in regular physical activity		Oct 2003 Nov 2003
				Mar 2004
2.2 To increase women's awareness of, and participation in, physical activity opportunities in Central Sydney	Establish an intersectoral working group focusing on physical activity and women's health		WHC, WHU, HPU, NGOs, SHARE, GGRM, intra-Health services, OWN, consumers	Sept 2003

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**Health Outcome Goal 3:
Foster women carers' mental health and emotional wellbeing**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
3.1 To provide information, support and referral to carers living within the Central Sydney area	Develop a generic carer package, which can incorporate specific service information: <ul style="list-style-type: none"> - establish a committee to identify appropriate resources - adapt existing resources for local use - identify possible sources of funding re: printing of package (eg clubs/local councils) - facilitate networking between key service providers 	Carers aware of resources and how to access these	WHC, NGOs, GGRM, AMHS, CNS, C & F Teams, DHS, RPA Women & Babies, Aboriginal Health Services, Multicultural Health Unit, OWN, Carers NSW, Divisions of General Practice, local Councils/licensed clubs	June 2004
3.2 Improve the coordination, integration and access to services for carers	Promote recognition and understanding of carers through advocacy to relevant services and funding bodies Identify gaps in service provision and inform Area via appropriate forums	Enhanced capacity of service providers Integrated and coordinated inter-agency/intra-Health practice		Aug 2004

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**Health Outcome Goal 4:
Improve the capacity of health services to identify and respond to adult survivors of child sexual assault**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
4.1 Improve the coordination, integration and access to services for adult survivors of child sexual abuse	Map existing services: - identify gaps in service provision and inform Area via appropriate forums	Mapping completed	WHC, relevant NGOs, CHS, E&CSAS, Sexual Health Service, DHS, AMHS, RPA Women & Babies, ECAV, Centre for Mental Health	Dec 2003
	Identify and implement short term evidence based intervention models	Effective and appropriate initial response from service providers		Aug 2004
	Incorporate child sexual abuse issues/training as core business within health services	Integrated and coordinated inter-agency and intra-Health practice		
	Train staff to work with adult survivors	Capacity of services to respond appropriately is enhanced		
	Advocate to relevant services and funding bodies for an increase in service resources			Ongoing

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**Health Outcome Goal 5:
Enabling community development**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
<p>5.1 To enable the Area to more effectively address women's health issues in long term partnerships across all health sectors, with communities and with external partners</p>	<p>Establish a CSAHS Women's Health Forum with key Area and community based services:</p> <ul style="list-style-type: none"> - meet on a quarterly basis - investigate the feasibility of incorporating the Women's and Children's Health Interagency <p>Investigate opportunities to address health issues for women by applying the <i>Women's Health Outcomes Framework</i></p>	<p>Increased interagency integration and coordination</p> <p>Improved capacity of NGOs to be integrated with wider service systems</p> <p>Strengthened and broadened service networks and collaborative practice</p> <p>Mechanism to advocate issues which are relevant to women living in Central Sydney to the appropriate forum</p> <p>Consumer involvement in service provision and planning</p>	<p>WHC, WHU, Area Health services, Area Manager Consumer Participation, NGOs, other government organisations, consumers</p>	<p>Aug 2003 - ongoing</p>

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**Health Outcome Goal 6:
Improve access to well women's services for disadvantaged women**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
<p>6.1 Provide clinical services, advice and information on a wide range of women's health issues for CALD, refugee, homeless and Aboriginal and Torres Strait Islander women</p>	<p>Conduct Well Women's Clinics in Campsie and Ashfield:</p> <ul style="list-style-type: none"> - provide cervical screening, breast and postnatal checks, advice and information - liaise with and provide referral to local BreastScreen and colposcopy services - liaise with and provide referral to local bilingual General Practitioners - ensure current and relevant women's health information is available in a range of community languages - use interpreters when required - evaluate client satisfaction via an annual survey - evaluate the clinic performance via a survey of all partners bi-annually 	<p>Improved access to appropriate services for disadvantaged women</p> <p>Strengthened and broadened service networks and collaborative practice</p>	<p>WHN, Leichhardt Women's Community Health Centre, Campsie Multicultural Resource Centre, Australian Community Language Service, CDGP, Ashfield Council</p>	<p>2003 Ongoing</p>

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**Health Outcome Goal 7:
To reduce mortality and morbidity associated with cervical cancer**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
7.1 Work in collaboration with CSDGP in their implementation of strategies to improve cervical screening rates	<p>Attend bimonthly CSDGP Cervical Screening Advisory Group meetings</p> <p>Support CSDGP Cervical Screening Project Officer to implement strategies developed by the Advisory Group eg develop an opportunistic screening package in the Homebush LGA</p>	<p>Opportunistic screening implemented</p> <p>Increase in cervical screening rates in selected areas of CSDGP</p> <p>Improved capacity of General Practitioners and key stakeholders to recruit unscreened and under-screened women</p>	WHU Project Officer (Cervical Screening), CSDGP, NSW CSP	March 2003 Ongoing
7.2 To promote screening, and to recruit unscreened and under-screened women in the targeted CALD population in partnership with key stakeholders	<p>Conduct focus groups to determine appropriate strategies to access women</p> <p>Conduct culturally appropriate information sessions Inform & raise awareness via ethno-specific newspapers</p>	<p>Partnerships with key stakeholders eg Migrant Health Workers, ethno-specific NGOs, bilingual General Practitioners</p> <p>Increased participation in cervical screening</p>	WHU Project Officer (Cervical Screening)	April 2003-Mar 2004
7.3 To provide cervical screening education to staff and residents of Yasmar Juvenile Detention Centre	Conduct education sessions at Yasmar in consultation with staff	Increase in residents' awareness and knowledge of cervical screening	WHU Project Officer (Cervical Screening), Yasmar staff	Dec 2003

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**Health Outcome Goal 8:
Reduce the incidence of drug assisted sexual assault (DASA) in young women aged 17-26 years in Central Sydney**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
8.1 Develop resources and a health promotion intervention to reduce the incidence of DASA in young women, in partnership with key stakeholders	Employ a Project Officer with a Public Health Outcomes Funding Agreement grant (administered by NSW Health) to design, implement and evaluate resources and interventions	Project Officer employed for a period of 12 months (20 hours per week)	WHC, NSW Health, WHN	Feb 2003
	Establish an advisory committee to oversee, advise and assist in the coordination of the Spiked Drinks Awareness Campaign	Committee established	DASA Project Officer, WHN, HPU, DHS, E&CSAS, Cellblock Youth Services, Australian Hotel Association, Rosemount Youth & Family Service, Police Youth Liaison Officer (Glebe), Contact Services Officer (Sydney Uni), VAW Specialist, Sydney City Council, Aids Council of NSW (ACON)	March 2003
	Develop partnerships with service providers eg crisis services, Police, TAFE and universities, licensed premises and clubs	Partnerships established		June 2003

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
8.1 cont	<p>Develop resources and images relevant to, and in consultation with, the target group</p> <p>Pilot the effectiveness of the resources and action results where relevant</p> <p>Conduct pre and post intervention surveys to measure the variance on the level of knowledge and awareness of the target group on spiked drinks and attitudes to safe partying</p> <p>Conduct a survey of major partners re: their views of project</p> <p>Provide NSW Health with a Progress Report (as per funding requirements)</p> <p>Provide NSW Health with an Annual Report within 3 months of the end of the Project (as per funding requirements)</p>	<p>Appropriate resources developed</p> <p>Pilot undertaken</p> <p>Surveys conducted Increased level of knowledge and awareness of spiked drinks and safe partying</p> <p>Partners surveyed and results incorporated into NSW Health reports</p> <p>Progress Report completed against</p> <p>Financial acquittance statement Report on the Project against the performance indicators Statement on the activities, outcomes achieved and sustainability of Project</p>	<p>DASA Project Officer, DASA Committee</p> <p>DASA Project Officer, DASA Committee</p>	<p>Aug 2003</p> <p>Sept 2003</p> <p>Dec 2003</p> <p>Jan 2004</p> <p>Aug 2003</p> <p>April 2004</p>

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**Health Outcome Goal 9:
Strengthen the Unit's efforts to improve performance**

Objectives	Strategies	Outcomes	Responsibility & Partnerships	Timeframe
9.1 Implement a performance management system that integrates the Unit's operating plan and individual work plans	Develop and integrate individual performance management plans and the WHU operating plan	Integrated planning process reflective of the Division's strategic directions 2001-2005	WHC, WHU	June 2003
	Conduct staff performance appraisals	System of performance improvement	WHC, WHU, Director Division of Population Health	Annually
9.2 Contribute to the development and implementation of evidence based practice	Contribute to and implement evidence based practice	Evidence based practice Quality care and outcome oriented services	WHC, WHU, Area health services, NGOs, other government organisations	Ongoing
9.3 Contribute in the Division's quality improvement activities	Participate in the Division's Clinical Quality Improvement Committee (EQUIP) and Infection Control Committee	Demonstrated involvement in improving services; supporting the culture of continuous improvement; taking action to address any improvements required	WHN	Ongoing
	Involvement in quality improvement initiatives and activities undertaken in the Division and Area wide		WHC, WHU	Ongoing

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Appendices

Appendix A

Advisory Committee

Name	Position/organisation
Agnes Kainer	Staff Specialist, General, Geriatric & Rehabilitation Medicine
Angela Manson	Director, Multicultural Health Unit
Anna Haining	Aboriginal Women's Health Education Officer, Sexual Health Services
Anne Partridge	Director, Nursing & Service Development, Tresillian
Caryl Palmer	CNC, Mental Health Services
Catherine O'Connor	Director, Sexual Health Service
Chris Rissel	Director, Health Promotion Unit
Christine Pollachini	Manager, Health Promotion & Community Services, Drug Health Services
George Long	Coordinator, Aboriginal Health
Glenda Thomas	Deputy Director, Community Health Services/Director of Nursing
Helen Jones	Health Promotion Officer, Health Promotion Unit
Julie Freckelton	Coordinator, Dympna House Inc
Katrina Sapountzis	Project Officer, Canterbury Division of General Practice
Kristin Dawson	Coordinator, The Woman's Centre
Louise Chapman	Coordinator, Women's Health Unit
Olwyn Mackenzie	CSAHS Board Representative
Peter Sainsbury	Director, Division of Population Health (co-Chair)
Richard Gilbert	Director, Health Services Planning
Roxanne Cameron	A/Coordinator, Leichhardt Women's Community Health Centre
Sally Goss	Manager, Clinical Services, FPA Health
Sandy Goldstone	Clinical Coordinator, Rape Crisis Centre
Sharyn O'Grady	Director, Community Health Services (co-Chair)
Valerie Smith	Clinical Manager, Women's and Children's Health
Yvonne Selecki	Medical Program Director, Central Sydney Division of General Practice

Appendix B Working Parties

Domestic Violence Working Party

Name	Position/organisation
Angela Manson	Director, Multicultural Health Unit
Anna Haining	Aboriginal Sexual Health Education Officer, Sexual Health Service
Ivanka Komusanac	A/Program Manager, Community Nursing Service
Josephine Pancia	Social Worker, RPA Mother's & Babies
Katrina Hurley	Social Worker, RPA Mother's & Babies
Kristin Dawson	Coordinator, The Woman's Centre
Louise Chapman	Coordinator, Women's Health Unit
Robyn White	Nursing Unit Manager, Canterbury Sector Early Childhood Health Service
Rosemary Fraser	Service Manager, General, Geriatric & Rehabilitation Medicine
Rubilai Blakeney	Aboriginal Liaison Officer, RPA Hospital
Sharon Todd-Miller	Leichhardt Women's Community Health Centre

Physical Activity Working Party

Name	Position/organisation
Ana Campiao	Migrant Health Worker, Multicultural Health Unit
Arlee Hatfield	Manager, Physiotherapy Department, General, Geriatric & Rehabilitation Medicine
Betty Murphy	Older Women's Network
Freeda Economidis	Migrant Health Worker, Multicultural Health Unit
Helen Jones	Health Promotion Officer/Physical Activity Stream Coordinator, Health Promotion Unit
Louise Chapman	Coordinator, Women's Health Unit
Monika Hammerle	Dympna House Inc
Roxanne Cameron	A/Coordinator, Leichhardt Women's Community Health Centre
Wei Jiang	Multicultural Health Promotion Officer, Multicultural Health Unit

Social Health and Emotional Wellbeing Working Party

Name	Position/organisation
Betty Murphy	Older Women's Network
Caryl Palmer	Clinical Nurse Consultant, Mental Health Services
Christine McCabe	Asst Coordinator, The Woman's Centre
Debra Donnelly	A/Operational Nurse Manager, General, Geriatric & Rehabilitation Medicine
Helen Smith	A/Operational Nurse Manager, General, Geriatric & Rehabilitation Medicine
Ivanka Komusanac	A/Program Manager, Community Nursing Service
Judy Garner	Social Worker, Broadway Child, Adolescent & Family Health Service
Julie Freckelton	Coordinator, Dympna House Inc
Louise Chapman	Coordinator, Women's Health Unit
Marcia Sherring	Community Worker, Drug Health Services
Roxanne Cameron	A/Coordinator, Leichhardt Women's Community Health Centre
Rubilai Blakeney	Aboriginal Liaison Officer, RPA Hospital
Sara Burrett	Senior Social Worker, RPA Mother's & Babies

Adult Survivors of Child Sexual Abuse Working Party

Name	Position/organisation
Anna Haining	Aboriginal Sexual Health Education Officer, Sexual Health Service
Annie Crowe	Coordinator, Eastern & Central Sydney Sexual Assault Service
Cassandra Michaels	Psychologist, Drug Health Services
Christine McCabe	Asst Coordinator, The Woman's Centre
Glenda Thomas	Deputy Director, Community Health Services/Director of Nursing
Jane Bullen	Coordinator, Stepping Out
Julie Freckelton	Coordinator, Dympna House Inc
Loretta Healey	Senior Social Worker, Sexual Health Service
Louise Chapman	Coordinator, Women's Health Unit
Paula Tuffin	CNC/Manager, HIV/AIDS, HCV & Sexual Health, Mental Health Service
Raelene Boxwell	Young Parents Social Worker, Canterbury Sector Early Childhood Health
Ruth Jancovich	Social Worker, RPA Mother's & Babies
Somali Cerise	Leichhardt Women's Community Health Centre

Appendix C Abbreviations

ACAT	Aged Care Assessment Team
AMHS	Area Mental Health Service
AMS	Aboriginal Medical Service
CALD	Culturally and linguistically diverse
CDGP	Canterbury Division of General Practice
CSDGP	Central Sydney Division of General Practice
C&F	Child and Family
CSA	Child Sexual Assault
CSP	Cervical Screening Program
CHS	Community Health Services
CNS	Community Nursing Service
DCS	Department of Community Services
DET	Department of Education and Training
DPH	Division of Population Health
DV	Domestic Violence
DHS	Drug Health Services
ECHS	Early Childhood Health Service
E&CSAS	Eastern and Central Sexual Assault Service
EAP	Employee Assistance Program
ECAV	Education Centre Against Violence
GGRM	General, Geriatric, Rehabilitation Medicine
HCIS	Health Care Interpreter Service
HPU	Health Promotion Unit
NGOs	Non Government Organisations
OWN	Older Women's Network
PANOC	Physical Abuse and Neglect of Children
RPA	Royal Prince Alfred
SESAHS	South East Sydney Area Health Service
SWSAHS	South West Sydney Area Health Service
VAW	Violence Against Women
WHC	Women's Health Coordinator
WHN	Women's Health Nurse
WHU	Women's Health Unit