South East Health
Women’s Health Unit
Aboriginal Women’s Health Camps
Acknowledgments

Many people contributed to the success of the Aboriginal women’s health camps in South East Health (SEH).

Sandra Miller, Aboriginal Women’s Health Promotion Officer at the Women’s Health Unit (WHU), co-ordinated the planning and running of the camps.

The efforts of women involved in camp organising committees, working parties and facilitating sessions at the camps were very much appreciated: Marelle Burnum Burnum, Barbara Caine, Ruth Erickson, Pauline Foote, Pam Greer, Cheryl Kelly, Melva Kennedy, Sheila Lever, Pauline E. McLeod, Sandra Miller, June Riemer, Louise Roe, Deanna Schreiber and Vanessa Sparrow.

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A special thank you to Pauline Foote, Director of the Women’s Health Unit, for her input and ongoing support for the project.

In memory of the generous spirit of Pauline E. McLeod who contributed so much to the women’s health camps and to the sharing and promotion of her culture throughout her life.

Report prepared by Claire Ferguson, Sandra Miller and Pauline Foote. Cover image reproduced with kind permission of Moree East Public School.

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Background

In the latest Report of the Chief Health Officer (Public Health Division 2002), the NSW Department of Health documented the poorer health of Aboriginal people (compared to the non-indigenous population) for the majority of available indicators for morbidity and mortality.

The NSW Aboriginal Health Strategic Plan (Policy Division 1999) outlines NSW Health’s commitment to improving health outcomes for Aboriginal people. Among the priorities identified in the plan are: improving access to health services; improving maternal, infant and child health; improving social and emotional wellbeing and creating an environment supportive of good health.

Persistent inequalities in health outcomes for Aboriginal women and their families in south east Sydney (South East Health 2003a) strongly reinforce the need for local services and preventive strategies tailored to meet their specific health needs.

There are indications that Aboriginal women are less likely to be involved in prevention and early detection programs such as screening for breast and cervical cancer (Hunt and Geia 2002, NHMRC National Breast Cancer Centre 1996).

A number of factors contribute to reduced access for Aboriginal women and families to the range primary health care services in South East Health (SEH) including ante- and postnatal services, early childhood health, counselling and support services and reproductive health. One issue is the availability of culturally appropriate services and health information.

Healthier Women: Strategies to advance the health of women in South East Health 2003 – 2008 (South East Health 2003b) identifies Aboriginal women and their families as a priority population and proposes a community capacity building approach to support long term community development. Women’s pivotal roles as caregivers mean that strategies to enhance the health of Aboriginal women are also likely to favourably influence the health of other family members and contribute to building the community’s capacity to address health issues.

The Women’s Health Unit (WHU) in South East Health (SEH) employs an Aboriginal Women’s Health Promotion Officer to build and maintain links with the local community and to facilitate community access to health information and services. The role involves co-ordinating a number of strategies to improve the health of local Aboriginal women including:

- developing and piloting a culturally appropriate Maternal and Infant Health Service through the Royal Hospital for Women
- enhancing awareness of Aboriginal culture and health issues among health staff
- increasing participation by Aboriginal women in breast and cervical screening programs
- providing support for Aboriginal women and families in accessing health services and information.
The Women’s Health Unit has involved local Aboriginal women and their families in
the development and implementation of its programs through focus groups,
committee and working group membership, regular discussion groups and
consultations with Aboriginal health workers.

The key health issues identified by Aboriginal women in South East Health over the
last few years include:

- domestic violence
- mental health
- child sexual assault
- dental health
- breast screening
- legal issues
- high rate of pregnancy among young women
- the need for a women’s health clinic.

Approach

Inviting Aboriginal women in south east Sydney to participate in women’s health
camps where identified health issues could be discussed was proposed as a way to
address the issues in a positive, non-threatening way. Similar camps have been run
successfully in other Area Health Services (South Western Area Health Service
1999).

Activities designed to improve access to services, health literacy and health
outcomes for women were developed for the camps in partnership with local
Aboriginal women and their families. Community workers from each of the local
Aboriginal communities in the Area were invited on to camp organising committees
and consultations were held with women at local Aboriginal organisations.

The purpose of the camps was to:

- raise awareness among Aboriginal women about selected health issues
- provide opportunities for Aboriginal women to participate in workshops to build
  on existing health knowledge and skills
- provide support for women to develop personal and community strategies for
  enhancing their health and wellbeing.
To date, the Women’s Health Unit has run two women’s health camps in partnership with the local Aboriginal community:

- Women's Wellbeing Camp (29 to 31 May 2002)
- Women's Middle Years Camp (27 to 30 March 2003)

**Partnerships**

Key partnerships for the Women’s Health Unit in the planning and administration of the women’s health camps were with:

- local Aboriginal women and families
- Aboriginal Health (in SEH)
- Mental Health (in SEH)
- Aboriginal Medical Service (AMS)
- Home and Community Care (HACC)
- Child and Family Services (CFS).
Planning and running the camps

The Women’s Health Unit invited representatives from Aboriginal communities and health services across the Area to participate in committees and working groups to plan and run the camps.

South East Health Aboriginal Women’s Wellbeing Camp Organising Committee

Early in 2002, an Area committee was formed to assist in developing and running the first Women’s Wellbeing Camp. The group’s membership included representation from all Aboriginal communities in south east Sydney and health workers from a range of government and non-government organisations in the Area. The aims of the group were to:

- provide a point of coordination for planning and implementation of the camp
- advise on the development of the camp program
- assist in finding appropriately qualified group leaders
- advise on the development of evaluation
- promote local initiatives within South East Health.

The group felt it was important to provide information about and encourage participants to use both Aboriginal and general health services. A range of activities were recommended rather than just group sessions.

The group undertook the following:

- A successful submission for $20,000 in funding was made to NSW Health Primary and Community Care Branch Women’s Health Program to run the camp.
- Dates, times and a venue for each camp were organised.
- Service providers were invited to present workshops on health issues identified by local women.
- Registration forms and information packages were prepared.
- The camps were promoted by distributing flyers to community workers, community groups and community notice boards. The camps were also promoted at community meetings.
- Transport (buses) was booked to pick up women and their children from pre-arranged locations and return participants to these same locations after the camp.
- Entertainment for the children during the two-hour trip to the camp was organised.
Aboriginal Women’s Health Reference Group

An outcome of the first women’s health camp in 2002 was the formation of a committee to oversee the organisation of future camps. The group includes representatives from the Aboriginal Medical Service (AMS), Home and Community Care (HACC), Child and Family Services (CFS), Mental Health in SEH and Women’s Health Nurses.

The role of the Reference Group includes ensuring that this strategy is linked with the broader promotion of Aboriginal women’s health in South East Health. The group also develops the program of activities for camps and selects appropriate session facilitators to ensure that the health issues identified by local Aboriginal women are addressed in a culturally appropriate way. The group oversees the promotion, recruitment, running and evaluation of the camps. Funding for the women’s health camp in 2003 was made available from the annualised allocation of Public Health Outcome Funding Agreements (PHOFA).
Planning

This section provides an outline of the planning for the camps including their goal, target group, desired long term health outcomes, shorter term aims, key strategies, monitoring and evaluation, sustainability and communication strategy.

Goal

Local Aboriginal women and their families will have enhanced personal, family and community resources to address health issues in their community.

Target group

Aboriginal women from a number of communities in south east Sydney including Woolloomooloo, Redfern, Waterloo, La Parouse, St George and Sutherland.

Health outcomes

Aboriginal women and families in South East Health (SEH) will have improved wellbeing and reduced morbidity and mortality associated with preventable diseases.

Aims

- Women participating in Aboriginal women’s health camps will feel that their cultural and spiritual values have been affirmed by their involvement in the camps.

- Women participating in Aboriginal women’s health camps will build on existing knowledge and skills related to the preventive health practices discussed at the camps.

- Women participating in the camps will have increased awareness of services provided by South East Health (SEH).

- Women participating in the camps will have increased confidence in their ability to find additional health information and to access services in SEH.

- Women participating in the camps will act as community resources for women’s health issues in their communities.
Key strategies

The organising committees for the camps identified the following key strategies:

- Tailor the program and format of camps to address health issues identified by local Aboriginal women.
- Provide the camps free of charge for women to ensure that financial constraints are not a barrier to participation.
- Provide opportunities for networking to strengthen community connections across south east Sydney.
- Provide Aboriginal women with a forum to sample health services.
- Employ skilled facilitators to provide appropriate information and education regarding women’s health issues.
- Provide opportunities for group discussions each day to debrief on sessions and to identify current issues, concerns and health needs of participants.
- Broaden the concept of health provision to include both traditional and alternative health practices.
- Build on existing health knowledge and skills to enhance community capacity to address women’s health issues.

Monitoring and evaluation

The program was monitored through records of:

- participation by Aboriginal women in the development and running of the camps
- information, services and referrals provided at the Women’s Health Clinics
- formal and informal feedback from women involved in the camps about each session and overall.

Performance indicators established during the planning for the camps were:

- improved knowledge of issues and services relevant to the needs of Aboriginal women
- improved access to women’s health services
- improved consultation processes in relation to women’s health needs, access issues and service planning
- incorporation of information gathered during the camps into resources, programs and planning for Aboriginal communities in south east Sydney.
Sustainability

The project aimed to use information sharing, health literacy and networking strategies to build the capacity of the local Aboriginal communities to address health issues for women in the long term.

Influencing health service providers’ understanding of health issues for Aboriginal women and their families was also seen as an important factor in the development of services to better meet the needs of women and their children. Strategies to address this need have been incorporated into other projects being undertaken at the same time as the camps including the pilot Aboriginal Maternal and Infant Health Service Project.

Communication strategy

The camps were promoted by Aboriginal women on the organising committees who recruited women through community and government organisations (including land councils and local councils) and by word of mouth through community networks.

The project’s progress has been disseminated through:

- ongoing discussion groups with local Aboriginal women
- events to raise awareness among health service providers
- quarterly and annual reporting to the Director of Women’s Health
- quarterly and annual reporting to the Director of Nursing and Community Development
- an article about the camps published in the South Easterly (March 2003)
- a conference paper on the camps presented at the 4th National Aboriginal and Islander Health Worker Conference in Adelaide 15 to 18 June 2003 by the Aboriginal Women’s Health Promotion Officer
- preparation of this report for dissemination across South East Health and to other Area Health Services.
Women’s Wellbeing Camp 2002

In May 2002, 28 Aboriginal women (mothers, grandmothers and aunts) and 34 children participated in a week-end camp at Point Wolstoncroft Sport and Recreation Centre at Gwandalan from Friday afternoon to Sunday lunch-time. The women had opportunities to network, attend workshops, obtain free legal advice, attend a women’s health clinic and discuss women’s health and access to services.

Workshops

Workshop sessions provided a safe forum for sharing women’s stories and experiences. The workshops provided at the camp included:

- Mental health: Self-esteem – feeling good about yourself
- Healthy pregnancy, healthy childhood
- Child sexual assault
- Violence against women – domestic violence
- Healthy middle age – menopause and beyond
- Family relationships, communication and passing on women’s knowledge

There was also a session titled ‘Talking women’s business’; a wellness focus group where women were able to ask questions and discuss women’s health and health services. Legal consultations were available from 9.00am to 3.00pm on the Saturday.

Women’s Health Clinic

Women at the camp were also able to attend a clinic run by a Women’s Health Nurse (WHN) any time on the Saturday. The services available at the clinic for women included:

- Pap smears
- Pelvic floor muscle assessments
- Breast checks
- Blood pressure checks
- Checks for diabetes
- Information about women’s health services in south east Sydney.

Twelve women visited the clinic during the camp. The Women’s Health Nurse performed Pap smears for ten of the women, five of whom had not had a Pap smear for more than six years. Five women were referred either to the Aboriginal Medical Service or to their general practitioner for follow up of health issues discussed with the WHN.
Recreation

To unwind, the women were able to enjoy early morning or afternoon walks, massage, art, water aerobics, rounders on the oval (like softball) and story telling around the campfire.

While the women were involved in workshops or women’s health clinics, their children were supervised in a range of activities including rock climbing, canoeing, rope obstacles, abseiling and arts and crafts.

Feedback from women

Women were asked for feedback about the workshop sessions and also about the camp as a whole. For each workshop, questions included:

- whether the session was helpful or not
- three things learnt in the session
- the best thing about the session
- how the session could be improved.

Feedback from women on two of the camp workshops and on the camp overall is provided below.

Child sexual assault workshop

Everyone attending the session felt that it had been helpful. Women indicated they had learnt:

- the signs of child sexual assault; what to look for and how to deal with it
- the importance of listening to children; being aware of changes in behaviour and to act without delay
- the difficulty in prosecuting offenders.

Women’s responses when asked the best thing about the session were:

- how great it was to see the community becoming aware and wanting to take action
- learning that child sexual assault happens mostly within the family
- written information provided to participants.

Suggestions for improving the session included:

- show more videos and show to young children so they are aware of sexual assault
allow more time for questions

women want to be involved in more workshops and follow up sessions

spend more time on the subject (have sessions over a few days in each community around Sydney).

Violence against women – domestic violence workshop

Women participating in this session found it helpful and enthusiastically described it as ‘interesting’, ‘enlightening’ and ‘fabulous’. Among the things women reported they had learnt in the session were:

- to stand up to violence
- women have choices and can be free of violence
- there is a significant impact on the whole of the community
- need to teach children about this
- young boys need to be taught not to be violent
- there is help out there
- know when and where to get help
- independence

The video was reported to be the most helpful aspect of the session. The majority of women felt the session should have been allocated more time. There were requests for sessions on this issue in the community – especially for boys. Women requested more information on the effects of domestic violence on children and follow up afterwards.

Feedback about the whole camp

In the final evaluation, women were overwhelmingly positive in their comments about the camp. They felt that the bushland setting, being with friends, making new ones and not having to worry about their children created a good environment for learning more about important health issues.

In particular, the sessions on child sexual assault and domestic violence made strong impressions on the women and the women’s health clinic was also valued by participants.

Women appreciated the opportunity to get to know their Koori health workers and felt more confident in obtaining health information and help in the future.
Women indicated that the camp had been well run and how much they enjoyed the chance to relax with a massage or exercise or be part of story telling. Women felt rested and refreshed after the camp.

Feedback from women who attended the Women’s Wellbeing Camp indicated that women most appreciated:

- meeting up with old friends and making new ones
- meeting relations for the first time
- gaining knowledge of local health services and programs
- knowing how to contact local Aboriginal workers
- having organised and supervised activities for their children.

The camp provided opportunities for the development of partnerships between Aboriginal women, Aboriginal organisations and health service providers. The result was the establishment of an Aboriginal Women’s Health Reference Group. This group assumed responsibility for planning and running the second women’s health camp for women in their middle years.
Women’s Middle Years Camp 2003

The second camp for Aboriginal women in south east Sydney was held in March 2003. Twenty women spent a long week-end (Thursday to Sunday) at Gibba Gunyah Stone Quarry Lodge at Picton. The camp grounds and buildings were decorated with Aboriginal art.

There were no children at this camp. In focus groups held at La Perouse and Jannali to discuss the camp, women had expressed their desire for ‘time out’ to focus on their needs.

Workshops

At this camp, the focus was on discussing a range of health issues relating to menopause. Three workshops were provided:

- The middle years – from an Aboriginal perspective
- Menopause – a medical perspective
- Aromatherapy – looking at alternative therapies

Women’s health clinics

Two women’s health clinics were run over the week-end:

- Friday 1.00pm to 7.00pm
- Saturday 12.00 noon to 1.00pm

In total, nine women attended the clinics during the week-end. The Women’s Health Nurse (WHN) performed five Pap tests; two of these led to women being referred to their general practitioner or the Aboriginal Medical Service for follow up. The Women’s Health Nurse also referred six women for mammography.

All women had their blood pressure measured. They were encouraged to be aware of changes in their breasts through regular checks and were also taught how to perform pelvic floor exercises. How and where to obtain a bone density test was discussed with two women.

Recreation

Between workshops women relaxed with massage, walks and water aerobics. At night there was story telling, art and craft activities and a ‘70s Nights’ disco.
Feedback from women

Women participating in the camps provided feedback on each of the workshop sessions and on the whole camp.

The Middle Years – from an Aboriginal perspective

All participants providing feedback on this session found it ‘helpful’ or ‘very helpful’. Most of the women indicated that the most valuable things they had learned from the session were that others were going through a similar experience and how helpful it was to talk and share concerns. Some mentioned they had gained a clearer idea of what changes, feelings or problems were related to menopause. Women noted the benefits of eating well and natural therapies.

Women appreciated the relaxed, informal environment where everyone was invited to participate. There were requests for more education about menopause and for handouts providing information for Aboriginal women about the middle years.

Menopause from a medical perspective

Women reported that they found this session extremely helpful. One woman commented:

‘For many years I have wanted to know about women’s health issues and never addressed the situation. Due to the informal environment and company of women my age, I have learnt lots about my medical conditions.’

Women commented that they had learnt about the necessity of having mammograms, how to do pelvic floor exercises and about local exercise programs available.

According to the women, the best thing about this session was the way the information was presented. They commented that the Women’s Health Nurse was ‘an expert in her field with excellent communication skills and knowledge’.

Women felt that the session could not be improved; they only wished it had been longer.
Feedback about the whole camp

Women felt the best things about the camp were the camp setting, being with friends and making new ones. The camp and the presenters were described as well organised; the accommodation, food and recreational activities (especially massage) all contributed to their enjoyment of the week-end.

Women who provided feedback about the camp valued:

- the informal environment
- sharing the company of women their own age
- realising they were not the only ones going through menopause
- hearing the opinions of others
- understanding the experience of previous generations and their problems
- the opportunity to have health checks with a Women’s Health Nurse.

Women indicated that the workshops had addressed their needs. There were requests for more information about menopause and for training on the subject for Aboriginal health workers.

When women were asked if they would come to another camp, their responses were consistent: ‘Absolutely!’; ‘This is a fantastic idea; well run in a beautiful setting’, ‘Can’t wait for the next camp!’
Review and directions

Feedback provided during and after the camps indicated a high level of satisfaction among women attending the camps. The communities and women who attended the camps perceived that the camps and their content were developed specifically for them and their needs. The camps provided a focus for addressing a number of issues identified by local Aboriginal women and families.

It was very encouraging for Aboriginal health workers and community health staff to see Aboriginal women participating with great enthusiasm; there had been some doubt that an activity run by the Area Health Service would attract and involve local Aboriginal women. The camps provided opportunities for the development and enhancement of partnerships between Aboriginal women, Aboriginal organisations and health service providers.

Comparing feedback provided by women who attended the camps and stakeholders with performance indicators developed during planning provides a systematic review of what was achieved by having the camps. Table 1 summarises this information.

Table 1 Review of the women’s health camps in South East Health

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<th>Performance indicator</th>
<th>Feedback from women and stakeholders</th>
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<tr>
<td>Improved knowledge of issues and services relevant to the needs of Aboriginal women</td>
<td>Comments from women indicated that they found the information provided on health issues and services relevant to their needs. The camp provided an opportunity to talk about some women’s health issues that are rarely discussed. Women appreciated discussion about cultural issues relating to health and sessions convened by Aboriginal women such as ‘Menopause from an Aboriginal perspective’. Women identified additional health issues that were not being addressed adequately.</td>
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Women’s Health Unit
Aboriginal Women’s Health Camps

<table>
<thead>
<tr>
<th>Performance indicator</th>
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<tbody>
<tr>
<td>Feedback from women and stakeholders</td>
<td>Feedback from women indicated an increased awareness of local health services available, an appreciation of information regarding a range of health approaches and getting to know some of their local health workers. The women gained experience of some health promoting activities they may not have tried before including aquarobics, massage and aromatherapy. Some of the women have since joined local exercise classes.</td>
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| Improved consultation processes in relation to women’s health needs, access issues and service planning | The camp provided many opportunities for identifying women’s health and access needs – both informally through comments arising in discussions in workshops, through group discussions on a range of topics and through feedback forms and interviews completed by the women. |

| Incorporation of information gathered during the camps into resources, programs and planning for Aboriginal communities in south east Sydney | Information about health issues for Aboriginal women (from focus groups and other consultations during the development of the camps and from information provided by women attending the camps) has since been incorporated into the Area’s strategic directions for women’s health (Healthier Women: Strategic directions to advance the health of women in South East Health 2003 – 2008), planning for Aboriginal health in South East Health, sector mental health planning processes and into strategic planning and program plans within the Women’s Health Unit. |

| Other outcomes | Women participating in the camps made new friends, met up with relatives and discovered some family connections they had not known about. Women’s feedback indicated that they very much appreciated the opportunity to take time away from their everyday responsibilities and concerns to focus on their needs. The recreational activities (such as massage) gave the women a feeling of wellbeing. The camps created a lot of discussion of women’s health issues in the four local Aboriginal communities. There have been numerous enquiries about upcoming camps. Participants who were employed in community and non-health organisations indicated a commitment to advocate for women’s health issues to be addressed. An example was the lack of Aboriginal foster parents and the need for a camp to focus on parenting issues. Women from communities outside south east Sydney and from other services (such as the Department of Community Services) have met to discuss how parenting and family wellbeing may be addressed at similar camps. |
Directions

Women who participated in the camps were enthusiastic about attending more camps in the future. One strong theme in the feedback from women was the need for more time to cover some of the more complex health issues such as domestic violence and child sexual assault. Women felt that there was also a need for these issues to be presented to the rest of the community – children, young people and men need to be involved in the long term solutions to these types of problems.

During the camps, a range of other issues of concern for women arose. Older women who are caring for their grandchildren requested the development of parenting support programs. This is an issue under consideration by the Women’s Health Unit and Aboriginal Health. Some of the other issues raised by women were:

- public housing
- education
- coping with teenagers
- dementia
- early childhood development
- parenting
- the burden on carers (those caring for elderly/ill parents and grandparents who look after grandchildren)
- access for people with disabilities

The Middle Years Camp provided valuable background information for the development of culturally appropriate resources about menopause for Aboriginal women. The Women’s Health Unit plans to undertake the development of these resources in consultation with local Aboriginal women.

Feedback from focus groups with young Aboriginal women in south east Sydney suggest that young women may benefit from opportunities to discuss a range of health issues specific to their age group.

In conjunction with strategies proposed by the Department of Aboriginal Affairs and partners in South East Health, the Women’s Health Unit plans to run camps for young women in the near future. The first camp will focus on the needs of young teenagers (12 to 15 years) and a second will be provided for young women from 16 to 18 years. Some of the areas suggested for discussion or workshops at these camps include safe sex, contraception, pregnancy awareness, healthy lifestyle and health checks.

One approach to encourage more ownership of camps in the future may be to employ a part-time worker from one of the local Aboriginal communities to assist in organising the camps and in recruiting local women.
References

Hunt JM, Geia LK 2002 Can we better meet the health needs of Aboriginal and Torres Strait Islander women? MJA 177(10):533-4


South East Health 2003a Population Health Profile South Eastern Sydney Area Health Service http://sesinfo/cspp/statistics/HealthStatus/healthprofile.asp

South East Health 2003b Healthier Women: Strategic directions to advance the health of women in South East Health 2003 – 2008 South Eastern Sydney Area Health Service

South Western Sydney Area Health Service 1999 Biyani: Women Healing Women South Western Sydney Area Health Service