

Newsletter June 2001

From the Project Director



Dear Participant

Thank you for your continued participation in this exciting project. Women's Health Australia is now in its sixth year and

the response that we have been getting from you is fantastic. Your generosity in sharing your experiences with us is benefiting women all across Australia.

This year we are surveying our mid-age women for the third time (please call our Freecall number 1800 068 081 if you haven't received a survey), as well as running smaller surveys on young women's work patterns and future plans, on hysterectomy, on leisure, and planning another on the health needs of women with diabetes.

Health is so much more than not being sick – it's to do with living as well as possible for as long as possible. You are helping us to understand women's health in Australia.

Thank you

Annette Dobson

Annette Dobson
Project Director

Women's health in the bush

You knew that Women's Health Australia surveys go to every part of Australia, but did you know that we have a special emphasis on rural women? When we started the project, we knew that rural health was an important issue, but that most people lived in cities. So we selected twice as many (relative to the population) from country areas compared to the big cities. This means we can look closely at city-country differences.

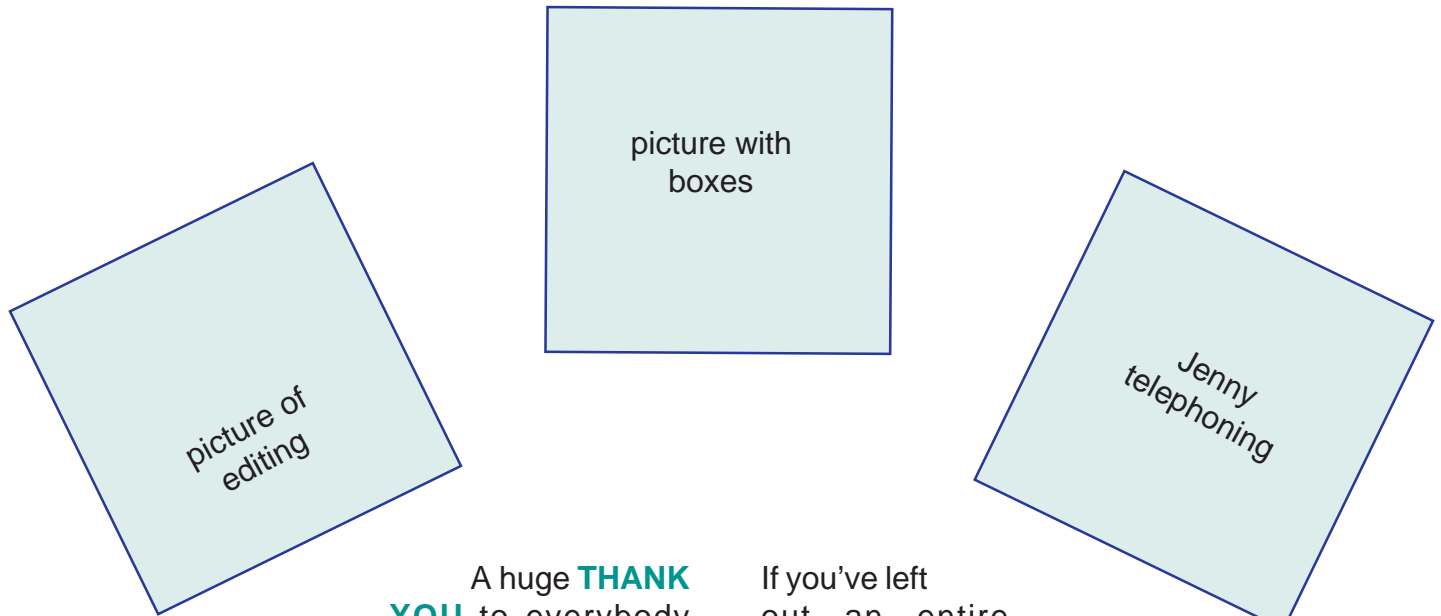
And they're not what you might expect. Yes, country women go to the doctor less, wait longer for appointments, and don't have the same choice of doctors or appointment times or after-hours access. But did you know that – even so - they're just as healthy as city women, and that they're happier, emotionally healthier, and less stressed?

Lifestyles are different for rural and urban women. Rural women leave school earlier, marry earlier, have bigger families, and live in larger households. The young rural women are more likely than city women to want three or more children, and less likely to want a full-time professional job. Their mothers and grandmothers have had larger families than city women, and although they are less likely to be in a paid job, they are just as busy.



We're now looking at what it is about rural women that makes them so healthy – we suspect it's to do with being part of a close-knit community and knowing there's support there when it's needed.

Drowning in surveys



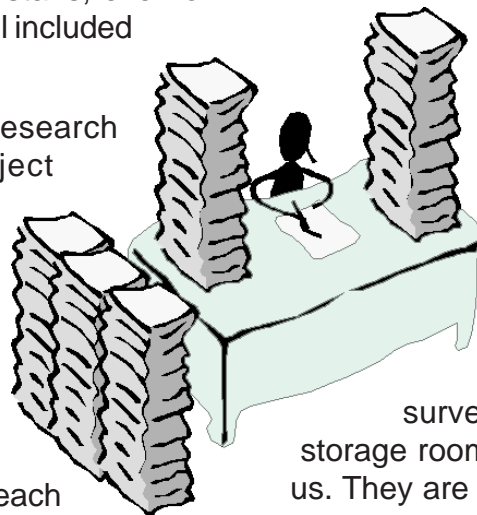
A huge **THANK YOU** to everybody who has returned a survey this year! We try to keep the number of requests down to a minimum but we realise that we are asking a lot, and we are very grateful to you for taking the time to share some of your life with us.

Do you wonder, as you put your survey in the mailbox, what happens to it next? The surveys are delivered directly to our main office at the University of Newcastle. The University's ever-friendly mail staff never complain about us being at the top of two steep flights of stairs, even on the day after Easter, when the mail included a thousand completed surveys.

Our team of secretarial staff, research assistants, and part-time project assistants open all the envelopes, note the date your survey arrived, check for any changes of details, whether it's on a card, in the survey, or on the envelope, and put your new details into the database.

They then go carefully through each page of each survey, to check that everything is in order. If you've written any comments on the main part of the survey, these are read and transcribed onto the back page, then carefully whited out so that they won't affect the scanner that processes most of the data. They also white out anything that might identify you personally – a name or location.

If you've left out an entire page, one of the staff will ring to see whether you accidentally turned two pages at once, and if you'd mind giving us that information over the phone. The staff also make sure that the circles are nicely filled in so that the scanner can read them, and do a bit of repair work if there are crossings-out or stray marks on the page. The scanner works best if the pages are clean and the circles clearly filled in. It all takes time, but we owe it to you to get things right, even if it does take a little longer.



When that's been done, the surveys are logged into the computer, the consent form is removed and stored separately, and your completed survey is then boxed up with 99 others. Eventually the boxed surveys, with all personal details removed, are sent off to a company in Melbourne that scans the data for us. They return the surveys for safe keeping in our locked storage room. The scanned data come back to us. They are not kept by the scanning company, and they are never, ever sold or passed on to anyone else. That's a promise.

So now you know why the girls are always so happy to talk to you on our 1800 number! You're giving them a much-needed break from checking surveys.

The juggling act

The years go by faster as you get older, or so they say. Certainly we seem to cram more and more into our lives as we move from 20s to 30s to 40s to 50s, and time seems to flash by. Christina Lee and Jenny Powers have been looking at the middle-aged women's lives and how they cope with the "juggling act". Surprisingly well! In fact, the best health and well-being were found among the 40% of women who had three major roles to play – usually wife, paid worker, and mother to children at home.

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Women who had extra roles on top of these three – caring for a family member in poor health, or studying for further qualifications – accounted for another 11% of the mid-age women. They weren't doing quite as well, but they were still healthier than women with fewer responsibilities. Maybe they were in better health to start with, but this does show that the women of Australia can take the pace. Sure, you'd all like a day off from time to time, but aren't you doing a fantastic job?

Help us complete the picture

We have included an invitation to allow us to access your Medicare/ Department of Veterans' Affairs and Pharmaceutical Benefits Scheme/ Repatriation Pharmaceutical Benefits Scheme information.

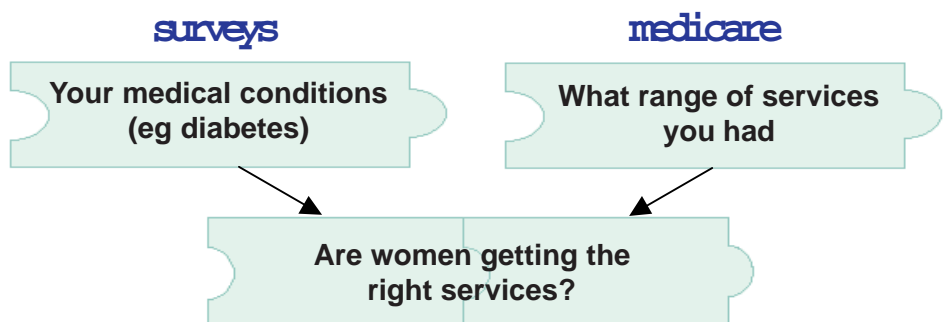
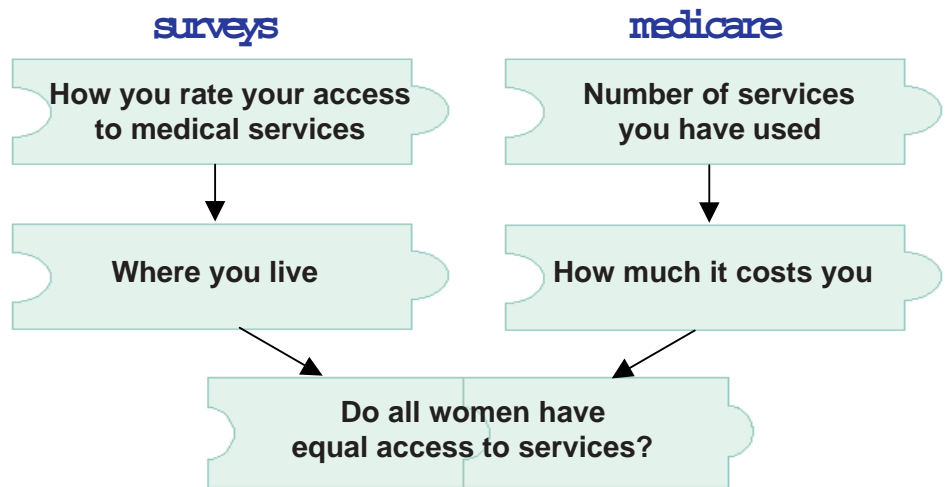
Your consent is important because

we get different types of information from surveys and Medicare. With both types of information, the picture is much clearer.

Your Medicare information will help us complete the picture.

Please return your consent form. If you have any queries, please call us on Freecall **1800 068 081**.

If you have any complaints about this study and would prefer to discuss these with an independent person, you should feel free to contact The University of Newcastle's Human Research Ethics Officer, Ms Sue O'Connor on 02 49216333 or write to her at The University of Newcastle, University Drive, Callaghan, NSW 2308.



How you've changed!

Our youngest cohort were aged 18 to 23 when they first participated in Women's Health Australia in 1996. By the time we got back to them in 2000, they were between 22 and 27. And life seems to have been busy for today's young Australian women.

Many have successfully completed qualifications. By 2000, over 40% of our young participants have a degree and another 20% have a trade certificate or diploma. And their hard work shows itself in their employment patterns too – about half didn't have a paid job in 1996, but by 2000 well over half were in full-time paid employment and most of the others had part-time paid work.

But it hasn't been work work work for the young cohort, they must have been getting out and meeting people as well. In 1996, most of the young women were single. By 2000, half were living in de facto relationships, and the number who were married had more than doubled, to 20%. All the

same, most still haven't made the big plunge into motherhood – less than 20% have a child. The average age for first birth in Australia is now 28, so we're looking forward to more changes for our young women over the next few years.

Every woman makes her own choices in life about education, employment, relationships and children. What choices you make and when are all part of what makes you unique. Some women in their twenties want to have a family first. Others have the personal freedom of a regular income and no commitments. Others are combining work, relationships and motherhood.

Whatever the lifestyle, though, these choices affect women's health and well-being, and the health services they need. Women's Health Australia is continuing to explore major events in women's lives and the effects that they have on their health and well-being.

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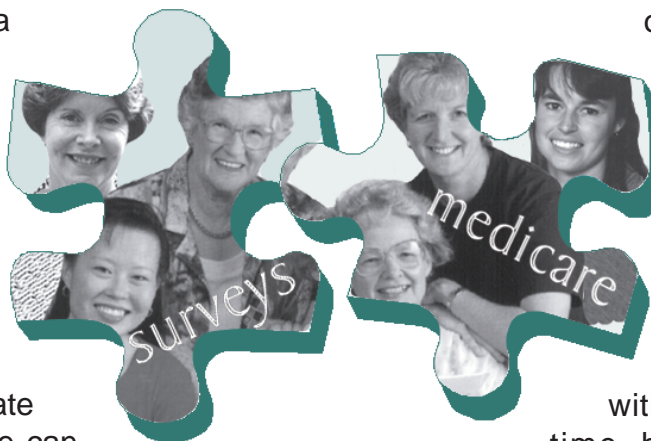
Kylie's graduation

Leanne and baby

Sandra at computer

Medicare information update

In 1997 and 1999, we asked women in the project to consent to Medicare providing us with some general information on use of medical services for the last five years. By combining the information from Medicare and the survey data we can get a better picture of how women use health services. This information has proved so valuable that we are now inviting you to give us consent for the duration of your involvement with the project. If you have already consented, we need to update your permission so that we can continue after 2001. If you have not consented, it would be great if you would consider doing so now.



provided. We will not know what happened in the consultation or the results of any tests. Medicare will also provide some general information about doctors (eg sex, age group), about dates and costs of services, and information on the range of medicines you were prescribed under the PBS/RPBS. When we receive your signed consent form, we will forward it to Medicare who will then send us information about your use of Medicare/DVA and PBS/RPBS services. If you change your mind you can withdraw your consent at any time by writing to the Health Insurance Commission, Privacy and FOI, PO Box 1001, Tuggeranong, ACT 2901. Withdrawing your consent does not affect your participation in this project.

What is Medicare?

The Medicare system entitles all Australians to free or subsidised treatment by a doctor (including specialists). Some people also receive medical services through the Department of Veterans' Affairs (DVA). The Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS) subsidises the cost of most prescription medicines. Medicare, DVA, PBS and RPBS claims are processed by the Health Insurance Commission.

What information do we need?

If you agree, Medicare can provide us with information on the number of times you visited a doctor or received health care that was paid for by Medicare or DVA (if you are a veteran/war widow). Medicare can tell us that you went to see a doctor and the Medicare Benefits Schedule item number which describes the type of service

Will the information be kept confidential?

Yes. Information we receive from Medicare about your use of health services is kept strictly confidential. Section 130 of the Health Insurance Act 1973 (the legislation which governs the Medicare Program) allows access to your Medicare/DVA and PBS/RPBS information with your consent. If you provide your consent for the project to obtain your Medicare/DVA and PBS/RPBS information, your name and address will not be included with the information we receive. The project is prevented by law from giving your information to any outside agency, Government or any other person. If you are a beneficiary of the DVA, you have our additional guarantee that no personal information from this project will be revealed to DVA. There will be no impact on your DVA entitlements or benefits through your participation in this project.

What do you need to do?

If you consent: Complete the enclosed consent form (even if you have sent one back previously, as it expires at the end of 2001) and mail it back to us in the reply-paid envelope.

If you do not consent: You need do nothing, however you will receive an automatic reminder. You can still be a part of Women's Health Australia even if you choose not to allow us access to your Medicare information.

If you have any questions, please call our Freecall number **1800 068 081**.

Women's Health Australia book

Did we remember to thank you for being part of Women's Health Australia? Well, just in case we forgot... THANK YOU. Have you ever wondered exactly what happens to the information that you are generous enough to share with us? Does it get used, does anyone ever read it, or do the surveys just sit on a shelf somewhere?

We send regular reports to the Commonwealth Department of Health, we speak at conferences and meetings, we publish articles in scholarly journals, and we talk to the media about the project. We are always looking for new ways to let people know about the project, its findings, and what they mean for the health of women throughout Australia.

But there hasn't been a single document that describes the project as a whole – what is being done, why, how the different questions fit together. Until now, that is. We've written a book about the project. The book, entitled, "Women's Health

Australia. What do we know? What do we need to know?" was launched at the Australian Women's Health Network Conference in Adelaide this February. The book is designed for students, community health centres, policy-makers in government and private health organizations, women's health nurses, people in other countries with an interest in women's health.



The book is selling well and all the proceeds come back in to the project. Most importantly, it means that your contribution is being heard by a wider audience, and by people who are in a position to use the

information you have given us to develop better services for women throughout Australia. You can find out more about the book on our website at <http://www.fec.newcastle.edu.au/wha>

Older women - plenty to contribute

Responses from our older participants are helping us paint a picture of the lives of women in their seventies across Australia. And these women have such a lot to give! Yes, some are in poor health and have difficulty getting out and about, but most women in their seventies are active contributors to society.

Sixteen percent of the older participants provide care to a frail or disabled family member (compared with only 10 percent who need care themselves). And over 40 per cent are out there working as volunteers in charities and community organizations. On top of this, nearly 50 per cent

tell us that they look after their grandchildren at least once in a while, and more than 60 per cent participate in clubs, societies or religious activities at least once a week. Older women are such a valuable part of our society and contribute in so many ways. Women's Health Australia is contributing to an understanding of services and facilities which enable these older women to keep making a contribution and keep making a difference in their communities.

As one participant said, "I feel great. I have so much to give. The only thing I'm sad about is that now the flesh won't always keep up with the spirit."

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