

## Community Information Session – Transcript

Hi everyone and thank you all for coming today to hear more about the Community Advisory group for the Storylines project.

My name is Alison Jones, I use pronouns She/her and I am on Dja Dja Wurrung country today.

I'd like to start with an **Acknowledgement of Country:**

I acknowledge the Traditional Custodians of the lands on which we live, work and play.

We celebrate and respect the unique cultural and spiritual relationship that Aboriginal and Torres Strait Islander peoples share with the lands, sky and waters and the ongoing contribution their cultures make to the life of the region.

As we pay our respects to Elders past, present and emerging, we pledge our commitment towards reconciliation and justice.

We recognise the strength and resilience of all Aboriginal and Torres Strait Islander peoples and are dedicated to a future in which they feel connected, empowered and safe within the communities across the region.

### **Housekeeping:**

Before we move into an overview of the project, a few housekeeping items to note:

- We are recording today's meeting to be shared on the Storylines webpage, so others who could not make it today have access to the information that is shared. You are

welcome to leave your camera off if you do not wish to be recorded, or catch-up on the recording later.

- There will be allocated time for questions today, but if you do have something you wish to capture as you think of it, please use the chat function. The chat function can be found at the bottom of your window. In this toolbar you will also find options for video on/off, microphone on/off and reactions – such as the hand up function which is another great one if you have something to say.

### AJ Introduces Mary

Hi, I am Mary, I use she/her and I am on Wurundjeri country today.

### Mary introduces Melissa

#### Project Overview: Melissa

Hi, I am Melissa from WHGNE, I use she/her pronouns and I am on Dhudhuroa today.

Storylines is a joint initiative of Women's Health Loddon Mallee (WHLM) and Women's Health Goulburn North East (WHGNE). Between our two services, we work to support women's health and wellbeing across north-west Victoria and the Loddon Campaspe areas, and north-east Victoria and the Goulburn Valley.

Our **aim with this project** is to better understand the sexual and reproductive health (SRH) needs of women in rural and regional Victoria. We want to learn more about the personal, geographic, family or community, health service, health literacy and other barriers that prevent rural and regional women from experiencing optimal sexual and reproductive wellbeing. We

also want to give women a platform to share their perspectives and insights in order to inform our advocacy, local actions and support for person-centered service delivery in these regions.

This project will include a few phases:

1. We are researching the current state of rural and regional women's sexual and reproductive health using population data, and data from the services that are available across our two regions. This will help us to understand where there might be service delivery gaps.
2. We will recruit the Community Advisory Group – that's you! This passionate group of women and gender-diverse people will help us to design our community conversations.
3. We will collect real stories from rural and regional women about their experiences of sexual and reproductive health, and from people working as health professionals to hear what their patients and clients are telling them.
4. We will make use of real stories from these women and health workers to centre conversations with decision-makers, health providers and governments on what women have identified that they need in rural and regional Victoria to support their sexual and reproductive wellbeing.
5. We will work with the community to develop useful health resources to support women in rural and regional Victoria to know where and how to access the most appropriate sexual and reproductive health services in their area and to enable them to exercise their rights.

I would like to now share with you some information about the previous Storylines project which concluded in 2018.

In 2018 the project focused on reaching diverse women and used storytelling as a tool to encourage women of all age groups to share their experiences of sexual and reproductive health and wellbeing. Each story became part of a bigger story that contributed to developing a picture of how to improve the quality, accessibility, and type of health support women can access.

**A few significant findings from Storylines 2018 were:**

- Women were not being listened to by health practitioners and felt that they were not given choices about their own health. Some women said there was a lack of inclusive communication by health practitioners. This led the project team to work more closely with the sexual and reproductive workforce to support them to develop their skills for person-centred care.
- There was a lack of access to sexual and reproductive health services, including a lack of GP availability and specialist services in the region. The project team heard that the community wanted access to more female GPs in particular.
- The service system was fragmented and contributed to delayed diagnosis, inadequate treatment and mistrust in services and practitioners.
- Travel time and a lack of linked up and accessible public transport, as well as the cost of specialist services, were consistently highlighted as barriers to accessing sexual and reproductive health services.

To help you to understand where your involvement could take us, I will now share some of the work that came out of Storylines in 2018:

- The delivery of rights-based women's sexual and reproductive health education and training in communities.
- Working with strategic partners in the health, local government, education and social services to prioritise sexual and reproductive health in their planning for community-based programs to address sexual and reproductive health knowledge and service gaps.
- And creating sexual and reproductive health information and support resources for women including WHGNE's Straightforward Guides to Sexual and Reproductive Health

Check out the Straightforward Guides to Sexual and Reproductive Health here:

<https://www.whealth.com.au/research/straightforward-guides-to-sexual-and-reproductive-health/>

### **Melissa to hand over to Mary**

### **What's been happening more recently? Mary**

- The COVID-19 pandemic saw an overall decline in women's health and wellbeing due to uncertain living and working conditions, social isolation and the inability to access important health services, such as sexual health and cancer screening and treatment.
- The addition of telehealth to Medicare created increased availability of time-critical services like medical abortion for women from remote areas and women with disabilities or chronic illness keeping them at home. Certain sexual and reproductive health services could be ideal for telehealth or online consultations, whereas there may

be additional challenges for some services, such as diagnostic tests that involve laboratory testing for Hepatitis C.

Whilst technology is a great support, a reliance on online services is leading to a greater digital divide for women with limited access to the internet or low digital literacy.

- Public conversations about consent education have taken hold of the media and cultural landscape as we have witnessed the high-profile experiences of Brittney Higgins and advocacy work by Chanel Contos.
- We are experiencing workforce shortages across health and medical professions, and we are paying more for those few services that are available.
- Our health policies continue to restrict access to subsidised SRH services to migrant and refugee communities like international students, leading to additional challenges to achieving optimal sexual and reproductive wellbeing for all women in our regions.

So, this brings us to now and your role in improving rural and regional women's sexual and reproductive health and wellbeing. We want to bring a strong, community-informed voice to our advocacy and health promotion activities, and we need your help to do that.

### **Mary to hand over to AJ**

#### **The role of the Community Advisory Group is to: AJ**

- Contribute to the design of our community conversations including who we will talk to, what we will talk about and how we can consider the needs of our most marginalised community members
- Lead the identification of key priorities for our regions

- With support of the Storylines project team, facilitate community conversations to hear women's experiences about their sexual and reproductive health
- Help the Storylines project team to shape the stories of rural and regional women to support ongoing advocacy and project work.

**Expectations of CAG members: AJ**

- Meeting dates and times and recording session
- we will send out the meeting invites as soon as the CAG representatives are finalized (which will happen in the week of the 20<sup>th</sup> march)
- Meetings are scheduled for 30<sup>th</sup> March, 4<sup>th</sup> May and 1<sup>st</sup> June - Meetings will be Online, via zoom
- We want to make sure we are hosting the meetings at a time that suits the most people, so there is the option to choose the time of day that best suits your availability in the EOI form
- Better availability will support your application Online meetings
- we strongly encourage attendance at all 3 meetings, however if you are unable to attend the first meeting you will be briefed.
- We want to hear from you, the CAG is your opportunity to contribute and participate
- high-level agenda for meetings will be sent out before each meeting
- As you are aware, you will receive payment for these sessions

**Payment:**

This is a paid opportunity - \$59.71 per hour of involvement – this can be paid either directly or via voucher

- What happens if I can't make one of the meetings/miss a meeting

**AJ to open to questions from audience then FAQs:**

- We had some questions we thought might be asked, but before we do so, does anyone have any questions they would like to ask on what they have heard so far?

**AJ asks each question:**

1. Who is going to be in the Community Advisory group?

**Mary:** The Community Advisory Group will be made up of 20 women (inclusive of gender-diverse and non-binary people) aged 18+ living in Goulburn Northeast and Loddon Mallee regions.

2. Do I need any experience to join?

**Melissa:** No, the only experience you need is your lived experience. We all have our own stories about our health and what it is like accessing services. We do not expect you to be a health professional – but it doesn't exclude you if you are! We want community members to be able to contribute what is important to them.

3. What's the group for?



**Mary:** This group is for the community to identify key gaps, community priorities, and areas for growth in SRH, and to contribute, to provide advice and guidance in the design and delivery of the Storylines project.

#### 4. Who can I contact with questions/concerns?

**Melissa:** Members of the community advisory group may reach out to any of the project officers with questions or concerns. At the initial community advisory group meeting, the contact information of each project officer will be provided.

Mary Reema Antony (WHGNE) [m.antony@whealth.com.au](mailto:m.antony@whealth.com.au)

#### 5. What will happen in the first meeting?

**Mary:**

- You will have a chance to get to know the project team and other members of the community advisory group
- You will have the chance to share what you see as important in sexual and reproductive health and wellbeing for rural and regional women
- We will establish how we will work collaboratively
- We will take an early look at what the data is telling us about the state of health and wellbeing for rural and regional women, with the intention of expanding on this across our three meetings

#### 6. Ok I'm keen to join and be a part of this group - What next?

**Melissa:** The next step would include submission of EOI (Link to be provided in PPT) to join the community advisory group, including outlining your interest in women's (sexual and reproductive health) wellbeing and rights.

Recruitment will be based on an intersectional and inclusive approach.

We will be in touch once we have reviewed all Expressions of Interest. Please expect to hear from us on or before 22 March 2023.

Complete the Expression of Interest before Sunday 12 March here:

<https://forms.office.com/Pages/ResponsePage.aspx?id=ptV3N2SCWU-01u3vP4tuFXthC1CexZxEjxRa2x6qvQVURVkJ2SFINVjNUUVRXUUxBNVRJNEszTkRSWC4u>

**Melissa to open to questions from audience**

On behalf of the Storylines team Thank you all for your time and interest in helping us form this group and shape the direction, we cant do it without you!