

Women's Health Hub Launch Transcript

24 July 2023

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[Music, acoustic guitar playing]

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Hello everyone and thank you so much for being here for the launch of the Women's Health Hub.

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The Hub is a very exciting growing repository of evidence based resources, which focuses on women's health. Which is obviously so needed.

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My name is Kate Robinson and today I'm going to be guiding you along today's proceedings.

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For accessibility I'll just start by doing a brief visual description of myself. So I am an Iranian Australian woman with brown hair, and a colourful shirt, and earrings, and I have a blurred background.

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Today, I'm actually not dialling in from Aboriginal land, but usually I live and work on the unceded sovereign lands of the Boonwurrung and Woi Wurrung of the eastern Kulin nation.

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And I know that many of you are tuning in from all over the country today. And so, I just really want to start today by encouraging you to take a moment to think about whose land you live, work, walk on, that your feet are on right now.

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And really acknowledge those Traditional Custodians, those Elders, past, present, and those yet to come. And think about the fact that this always was, and always will be Aboriginal land.

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It's really really important that today, in this discussion about women's health we really centre and keep First Nations perspective in focus for all of our discussions.

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Now as you know, we're here to celebrate the launch of the new Women's Health Hub.

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The Hub has grown out of the need for a single entry point at the national level, to access and share information on women's health.

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And the Hub is actually going to include a copy of today's Zoom recording. So after this session, you'll be able to catch up and rewatch all of the great moments.

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It's also going to include something that I'm personally very excited about, which is a graphic recording of today's event.

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We're really really lucky to have Josephine Ford, helping us today to make a piece of art which really reflects the conversations and breadth of discussion that we're having.

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And at the end of the session don't worry you're gonna be able to have a look at what she's come up with.

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And that too will be on the Hub. I just a few pieces of housekeeping to kick off.

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Just so you know. Today the video and audio is off for anyone except our speakers.

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We do have a Q&A function. That Q&A function is really, to spark, some conversation between our panel members.

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And so if you do have any questions, feel free to put that in the Q&A and then when we get an opportunity to have that discussion a bit later on today.

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We'll hopefully be able to come back to some of those.

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Close captions are also available on the Zoom, and of course you'll be able to see that and we have the support of some incredible aslan interpreters today. So I'd like to introduce you to Gerry.

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Yeah, who's on the screen with me right now and later you'll also be seeing Fiona.



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And finally, for those that are on social media having a discussion, while we're, a discussion online while we're having this zoom.

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Please use the hashtag #WomensHealthHub. Yeah, we'd love to hear what you think.

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And so today, to kick off our formal proceedings. We're now going to hear from Bonney Corbin.

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Bonney is the Chair of the Australian Women's Health Alliance. So I'll throw over to you Bonney, thank you so much for being here.

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Thank you, Kate. So starting with the visual description: I'm a white woman with a light brown hair and a purple jacket.

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Behind me is an office with plants and some photos of women on the wall. I know that I'm joining from Wurundjeri Country, part of the Kulin Nation, my respect to Elders past and present.

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And to the Aboriginal and Torres Strait Islander people joining us today. Welcome to the Assistant Minister for the Health and Aged Care, the Honourable Ged Kearney and to the South Australian Minister for Women and the Prevention of Domestic and Family Violence, Katrine Hildyard MP, attending on behalf of Premier, Peter Malinauskas.

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Welcome to all of our members and supporters joining us today. This really is a herstoric moment for women's health.

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Today we celebrate 40 years of women's health policy with a refreshed platform for change. Globally, we witnessing a backlash against gender equity and human rights.

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It's critical that platforms such as the Women's Health Hub exist and persist, as they provide a rich sort of wisdom and resources that we need to fight back.

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With policy. Information is power. This central bank of women's health resources informed by ongoing evidence and living expertise will help us to continue to reshape conversations towards gender and health equity.

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Given the breadth and depth of this redesign work we also took the opportunity to refresh our visual identity and organisational name. Subsequently, with the vote from the Australian Women's Health Network to the Australian Women's Health Alliance.

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Our refreshed brand identity reflects our role as a contemporary organisation that's evidence-based, inclusive and collaborative. Within our organisational identity, we the same equals and values for when we were established in 1986.

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We're individuals who are part of communities, organisations and groups who are all incredibly passionate about health policy, gender equity and social models of health.

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The knowledge we share on this hub will grow to reflect decades of women's movements for change. I'd like to recognise 4 women who shared both historical and recent contributions.

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They are Gwendolen Gray Jamieson. Marilyn Beaumont.

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Professor Helen Keleher.

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And Kelly Banister.

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Thank you. Gratitude to our Subcommittee Chairs who have led us through a chapter of reflection and renewal.

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Dr. Angela Brown. Holly Brennan.

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Gemma Black. Dr. Romy Listo.

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And Jo Flanagan.

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A very special thanks to Denele Crozier and her colleagues at Women's Health New South Wales are an essential part of our administrative function, existence and persistence.

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This first release of the Hub is just the beginning. How it evolves from here is up to all of us, our members, our collaborators and beyond.

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And with that, I would like to now hand over to the Assistant Minister for Health and Aged Care, the Honorable Ged Kearney.

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Thank you, Assistant Minister.

The Hon Ged Kearney MP (00:07:59.000 --> 00:08:04.000)

I do apologise. I am really, really thrilled to be here with you today.

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I did notice that, people were giving official description of themselves. I am a 60 year old, nearly 60 year old white woman with greying brown hair, bespectacled.

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And I am in my office on Wurundjeri Land. And behind me is a wonderful picture of one of my heroes of the labour movement, Gough Whitlam.

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And Gough is surrounded by a border that says he supports an Aboriginal voice to Parliament.

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Now I don't know that for sure because Gough is of course passed away but I am pretty pretty positive that were here here he would be a great supporter.

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And so, having acknowledged that I am on Wurundjeri Land, I pay my respects to elders past and present.

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And I extend that respect to First Nations people joining us today. If ever we did need a reason that we, for having a Aboriginal and Torres Strait Islander voice to parliament, I think it's in the area of health.

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The gaps are still too wide. We know maternity statistics are certainly concerning. All of the health gaps.

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Are a concern for Australians more broadly, but of course for the Australian Parliament and having a Voice will certainly go a long way to getting advice from First Nations people about how we close those gaps.

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So I'd like everybody to reflect deeply on. How they will vote at the upcoming referendum.

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But today, I'm excited to be here to launch the Australian Women's Health Alliance. Health Hub, women's health.

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So many "women's" in there. Let me say that again. I'm sorry everybody. The Australian Women's Health Alliance Women's Health Hub.

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It's very, very exciting. I want to commend the Alliance for its national advocacy on women's health.

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The work you do is incredibly invaluable, not only to me as an Assistant Health Minister, and to our Minister for Women, but to all governments or policy makers and all health care givers.

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Right across the country. Having said that, I would like to acknowledge Minister Hildegard, my fellow Labor.

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Comrade from the South Australian Parliament. It's lovely to have you here, Katrina, and I look forward to catching up soon.

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A woman centered analysis of all models of health, medical care and research underpins the Australian Women's Health Alliance in advocating for women's health.



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As a key issue. The new Women's Health Hub will make an important and necessary difference.

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The Hub, as you probably know, is an online portal. Organisations to locate and add information on Australian women's health and health policy.

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Crucially, the new Hub has been informed by lived experience. You've done an amazing job to refresh this hub in consultation with key collaborators including health peak and professional organisations.

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Health consumers, gender equity organisations and health, social and community services. The aim is to increase evidence-based knowledge about effective prevention from a gender equity lens.

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As well as strengthen national advocacy and help members drive collective advocacy at local regional, state and national levels.

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Many of you may know that gender equity and improving health outcomes for women is an absolute passion of mine. The Australian Government's latest funding to the Australian Women's Health Alliance some \$490,000 over 3 years.

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Includes funding for the Women's Health Hub Refresh. I said earlier that I was proud to be part of a government that's giving a voice to First Nations people.

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But I'm also very proud to be part of a government that is profoundly committed to supporting, protecting and promoting the health and well-being of all women and girls.

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It's a key priority for the Albanese government. Something as I said I am very passionate about.

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Australian women, girls and those who are part of diverse communities like LGBTQ people. Especially those that greater risk of poor health.

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Deserve equal access to safe, effective, affordable and appropriate healthcare services and support that is tailored to their circumstances.

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The government is committed to progressing better health outcomes for women and girls, including work to consider the impact of gender bias in the health system.

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Our recent budget includes measures to support equitable healthcare access for women. Something I'm pretty proud of.

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As our commitment to strengthen Medicare for all Australians. These include Medicare rebates for longer GP consultations to support improved access and affordability for patients with chronic conditions and complex needs.

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Such as those that might be related to family, domestic and sexual violence, as well as reproductive health matters including menopause.

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As well, a historic increase in incentives for bulk billing will support women on low incomes and their children.

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The government is also considering the recommendations of the recently tabled report of the Senate inquiry into universal access to reproductive health care.

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And we are working through our response right now. I thank all of you who have contributed your insights to inform the refined, that inform the findings of the report.

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As part of the National Women's Health Advisory Council, of which I'm pleased to say, Australian Women's Health Alliance's Executive Chair, the fabulous Miss Bonney Corbin, is a Council member.

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And we are undertaking a national consultation survey. This was launched just Friday. The survey's aim is to better understand the issues Australian women, girls, gender diverse people face in health care.

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The survey is available in multiple languages and is open for 3 months. So women all around the country can provide information about their experiences of gender bias in the healthcare system.

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I really encourage all of you to let your networks know about the survey and encourage women to upload their stories.

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There is a lengthy survey that can fill in the survey if they wish. There is the ability to just upload a story.

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Using voice. Clever stuff, and/or you can just put in free form your story, you don't have to answer the survey.

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So, we're really trying to encourage this all across the community. Finally, I want to again congratulate the Alliance for your many decades of work, driving change in the pursuit of women's health equity.

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I share your commitment to working towards better health and well-being for all women. No matter what stage of life they're in.

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And I look forward to working with you to fulfill that commitment and I look forward to being able to access the Women's Health Hub with all the wonderful gems.

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Important information that it will hold and share. Thanks very much for having me.

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Thank you so much. Assistant Minister for those words. And now I'm really excited that we can let the celebration of the Hub begin!

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And what better way to do that than by seeing it in practice. And so now I'm going to hand over to incredible Sienna who is a Senior Project Officer at the Australian Women's Health Alliance who is going to be taking us on a virtual tour of the Hub.

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Over to you, Sienna.



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Thanks so much Kate and hi everyone. It's so nice to see you online virtually to join us for this exciting occasion.

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So as Kate mentioned, my role as Senior Project Officer has been to drive the national project to refresh this Women's Health Hub.

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And really it builds on this, it builds on a recognition of how valuable it is to have that central point of information.

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Around women's health to inform research policy and practice. This refreshed Hub builds on iterations that the Alliance has worked on over the last few decades and also, it reaffirms our focus.

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In particular, on prevention to support a gender equity approach to health and healthcare across Australia. So with that, I'm going to share my screen, and, give you a quick tour of the refreshed Women's Health Hub.

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At AustralianWomensHealth.Org. Also for myself, in terms of my visuals, my, I'm a Filipino woman with black hair, big headphones, and my background is blurred.

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And in terms of the Hub, the new Women's Health Hub, it really, it's really my pleasure to share that with you today.

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So, the Hub itself, has 5 main sections that you can navigate through our navigation window.

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For those new to women's health or if you're wanting to engage your audiences to make that link between, women's health, gender equity and prevention.

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You can check out those pages under Women's Health. There's also some information on the 50 years of women's health in Australia as well.

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The Hub resources can be found according to 3 key pillars. The first is 'Research and evidence'. And resources under this category will include national studies.

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Data sets, reviews and more. The second section, 'Public policy', will have resources such as national policies, strategies, and action plans, as well as policy beliefs, papers and position statements.

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And then, the third section, is called 'Prevention in practice'. And this will include different guides, webinar recordings, and in future, we'll be developing some online education and training.

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The resources themselves can be accessed from a few different places around the website.

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And here is the resources library, which we will be populating over time.

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There are, there are ways to search by keywords. Search using advanced filters.

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Such as author. Or year published. And also, as I mentioned, filtering according to those 3 key pillars.

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The website itself can also be translated into different languages. It can also, there are also some accessibility tools such as increasing, and decreasing text.

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Changing the color and contrast. Of the website and there is also a quick exit button if required.

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To get involved, if you haven't already, you can, visit our Get Involved pages.

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You can join us as a member, donate or collaborate with us on growing the Women's Health Hub.

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As I mentioned, we'll actually be populating this over time with previous, publications and emerging content.

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And so if you would like to suggest a resource, you can click the suggest a resource link and we'll also provide links in the chat as well.

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We also welcome any feedback about the website as, it grows and as we keep building on it over over the coming years.

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And I guess, what I wanted to leave you with is just to let you know that, you know, this, this first release, provides that benchmark, and hopefully as Bonney had said, you know, this will become the Hub that we make together.

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So any suggestions for resources, feedback, or opportunities to get involved in future co-development sessions.

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We would love to have you on board. We worked with, graphic designer, Ximena Jimenez to design this look and feel, including our new logo.

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And we also engaged in our new logo. And we also engaged Drop In Solutions who are a social enterprise of the WA Council of Social Services.

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So thank you to the team there, Vikas, Jaime and Fernanda, for bringing our vision to life.

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And I also wanted to give a shout out to Bonnie Laxton-Blinkhorn for your support in copy editing.

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And if you were here to join any of our co-development sessions to get this hub to where it is today.

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Thanks so much for your input and we look forward to continuing that conversation. I'll hand over back to, to Kate now and I'm really looking forward to continuing that conversation on what it means to bank share and utilise knowledge on women's health for gender and health equity.

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Over to you, Kate.

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Thank you. So much, Sienna. It's so exciting to see it in practice. And I know that many of you are going to be, really happy to have the opportunity to explore the Hub and more after today's discussion.

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I guess because the Hub is a repository which holds women's voices and stories, it seemed really really fitting that I would get the opportunity to have a discussion with 2 incredible powerhouses today.

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Sasha and Sarah. I'll start by introducing Sasha Kutabah Sarago who is a filmmaker, a speaker and author of one of my new favorite books, Gigouru.

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It's time to reclaim beauty. First Nations, wisdom and womanhood. Sasha is also the founder of Ascension, which is Australia's first digital lifestyle magazine for women of color.

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Thank you so much for being here today, Sasha.

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Thank you so much for having me.

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And Sasha, I was wondering if you could do a brief visual description of yourself and then I'll kick over to Sarah in a second.

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Absolutely. I am a First Nations African American woman with mid-length. Curly hair.

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I have a blurred background and I'm wearing a very lovely lime, striped black shirt today.

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Thanks so much, Sasha. Today we're on the panel. We're also going to be, joined by Sarah Firth.

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Sarah is an award winning cartoonist, artist, writer, speaker, and graphic recorder. She's currently working on her debut graphic novel, Eventually Everything Connects, which I'm so excited to check out.

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Thank you so much for being here in this conversation as well today, Sarah.

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Thanks very much Kate, and I'll just give a quick visual description of myself. I'm a white Irish Australian woman in her late thirties with white brown hair with a fringe and a bun on the top of my head and a red jumper, and my background is my lounge room slash studio with lots of art everywhere.

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Thanks, Sarah. I mean, I guess because today we're all about disrupting hierarchies and having a conversation.

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I'll just tell you a little bit of the context that I'm bringing to the conversation as well.

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And so I'm an artist and I am a co-host of the podcast Being Biracial, and I'm also a family violence lawyer who has worked in their health system.

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So let's get straight into the conversation. And I guess maybe because I have an artistic practice, I'm always really curious about what motivates people.

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And so Sarah, I was wanting to kick off today's discussion by just asking, what sparked your interest in graphic recording?

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Yeah, sure. Well, I'm very excited for us to see what Josephine has been working on because we'll see the beautiful evidence of how powerful and useful graphic recording is.

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But for me, I actually started off doing graphic recording out of absolute necessity. When I was younger, because I didn't realise that I had a learning disability and I had a lot of trouble, listening and focusing in class and reading and writing was a real challenge.

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And I get into trouble a lot. But my mom bless her. She noticed that if I sat down with a pen, what we called "dancing the pen".

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I was able to actually listen and focus and absorb what was happening. And over time that developed into kind of early visual notes which you which you could call graphic recording and it was a way for me to spatially organise the information that I was hearing, add colour, and make a logic that made more sense to someone with my kind of brain, rather than a very linear way of learning.

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And I've just kept that up over time for my own learning and then as I've become an adult I've realised that that's useful for other people. Particularly people with different kinds of brains, maybe ADHD or autistic or learning disabilities or low literacy.

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That it's a really useful, additional tool for communicating, information and sharing voices. And also the like emotional side of research and data.

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Hmm. I'm wondering, Sasha, if that sparked something for you, I guess, in terms of your experience.

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in writing your debut novel. And how that has kind of shaped your understanding of I guess particularly First Nations women's wisdom, in general and how it links to health?

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Oh, you're on mute. Of course.

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(Laughs) Unmuted. So when I was writing Gigorou, it enabled me to connect with my matriarchs. And when we were connecting, I was able to learn, share, but also document our Indigenous cultural knowledge.

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Which, for a very long time we weren't able to share, you know, due to colonisation.

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And past and present government policies which prevented us from doing so. But as we were gathering as matriarchs and women together.

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We realised that we were engaging in women's business. And how women's business is very integral.

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To our optimum health and well being, as First Nations women. And just in that gathering, We opened up.



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A dialogue about, how we would like to practice our traditional cultural knowledge. And how do we revive it, but also protect those.

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Practices and the knowledge that we retain. And so when we were speaking in conversation about that we had to explore.

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Different questions. You know, how do we share and protect that traditional cultural knowledge? In a way that would enable us to have.

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Not only autonomy, but authority and maintain the integrity of those traditional practices. And the sacredness.

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And we had to look at the challenges, the barriers that we were facing and we also wanted to make sure that we wanted to prevent.

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The commodification. And exploitation of those traditional practice nets, those sacred practices. And so we looked at, for example.

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Birthing on Country, which was a practice that we wanted to incorporate. And a challenge with that was us having access as First Nations women to our traditional Country or sacred lands.

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And on the flip side, as we are navigating in a primarily Western institution. Do we have open communication?

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Partnerships or agreements with Western institutions and practitioners? To ultimately have access to, you know, our placentas. Placentas which we, we bury on sacred land.

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So we use that as an example of. How do we put that in practice? And so from me as a First Nations woman, I have inherently had this understanding.

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You know, as a child to being a woman, as a person within my community. That when we look at our health and well-being.

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It's from a holistic point of view. And it's not designated to, one person.

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Say, one institution or one method, of looking at our health. Our health is collective. It's also interconnected and it's heavily interconnected.

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Within our culture and the Land. So that was some of the wisdom and understanding that I was able to obtain when I was doing the process of writing and looking at the different knowledge and wisdom.

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And you know how do we protect and how do we keep that flowing for health and well-being here today.

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Sarah, I guess like drawing on what, Sasha is talking about. I'm curious because I know that you work with a lot of communities and organisations, and some in the health ecosystem as well. And some in the health ecosystem as well.

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Like Sasha's kind of drawn on some in the health ecosystem as well. Like Sasha is kind of drawn on some of the barriers that she has seen and I'm curious about what kind of barriers you've seen in your work during graphic recording.

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Yeah, I really, the value of what Sasha is talking about can't be overstated.

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And I think that, is something that I see again and again in the work that I do across the health ecosystem and when I say across the health ecosystem I'm talking about housing, and when I say across the health ecosystem, I'm talking about housing, I'm talking about poverty, I'm talking about housing, I'm talking about housing, I'm talking about poverty, I'm talking about family violence, I'm talking

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about family violence. I'm talking about cultural aspects. I'm talking about marginalization. You know, there's The whole thing is very complex and it's interdependent and that it's complex, you know, like Sienna was saying that health is a complex thing.

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And I guess like one of the biggest patterns I see across all of that is that particularly politically, unfortunately a lot of health things get weaponised as if it's a willpower or a moral thing, when really most of the health issues that come up are a lot to do with systemic barriers and a lot of the solutions are systemic barriers and it's really important that lived experience.

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People who are really dealing with things that their voices are heard and shared and amplified and that that is strengthened for people working in a policy and service delivery context.

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And you know, I can speak about my experiences as well, being a neurodivergent person trying to access and navigate systems and I have a lot of privileges in my life and yet I still find it incredibly difficult to access the resources that I need as a neurodivergent person and also a woman.

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And so I despite the kind of very narly problems that we all see and face in the in the health system there is so much good work being done and that's something that I really see a lot is there are so many good people.

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Strong people working for collective health outcomes and that's very exciting actually.

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Yeah, I guess like while you both in speaking, I've just been thinking about the fact that like I'm a woman in my thirties and kind of like I don't, you don't get to this point without having like strong opinions about women's health.

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And so much of that for me, of course, stems back to patriarchy. And kind of the ways that our health system like operates within that.

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And that so often my question as I would say like unreliable narrators of our experience. Our pain is diminished.

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Blame is placed on our bodies for being inadequate and deficient, and even more so for women of colour, obviously.

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That's what the research shows us. That's what the personal experience shows us. And so it's kind of like a microcosm for me, I guess, of like a microcosm for me, I guess, of like things that we've always been told more broadly about ourselves as women.

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And so I guess like. Linking to what you're saying, Sarah. Like I want us to like kind of zoom out for a second and think about like the system systems more broadly and I'm really curious about maybe I'll start with you Sasha about how like your creative practice I guess informs the way you think about systems more broadly.

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So when I approach my creative systems because it's quite diverse as an author, filmmaker, editor and listening to diverse women's points of view.

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I try to approach my creative practices by asking myself one question and that question is: am I looking and approaching my work?

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From a Western lens? Or from a culturally competent standpoint? And so that question has allowed.

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Me to work more fluidly. And not in a stagnant or static place, where there is a multitude of different methods of understanding but also I can approach it with.

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Making informed decisions when I'm looking at my work. And so when I think about operating systems and particularly healthcare.

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I have been applied that question in the past, and as a woman in her forties, I'm more confident and I have more knowledge about how do I take.

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Onership of my health care needs. And so in the past I've realised that I've been operating through that lens of a Western lens.

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So giving my power and authority over to who I deemed the experts, which is health practitioners and institutions, which to a level they are, but ultimately the power and authority lies within me.

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I know best about my body and so I have experience as a black woman navigating the health system, unfortunately, medical biases, you know, racism and discrimination, which actually contributed to.

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Me not feeling confident and asking questions. To looking for a second, third, fourth opinion until I got the answers that I needed or adequate health care because I didn't believe that I knew best.

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Now, being more knowledgeable and confident as I stand today. I'm looking at the healthcare and the systems that I operate in.

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In a more culturally confident way. And so that gives me the power and authority in my hands and allows me to operate the body sovereignty.

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That I'm always going to be that expert. And what do I need to do, say, or who do I need to employ.

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To help me get my needs met. So that question has been so powerful for me. In how do I get my needs met?

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How do I get my voice heard in any system that I'm operating in?

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What about you, Sarah? How does your creative practice kind of inform the way you think about systems?

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I just wanted to say I love what you said just then Sasha about body sovereignty because sort of looking more at my collective group of, friends who, you know, females in their late late thirties.

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There are so many health challenges that many of us are having typically around reproductive health and it's shocking how much is still not known and how access is still so poor.

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And I just, so many people put up with pain for far too long because they think it's normal and I, look, there's a lot of shame of people not talking about what they're going through in this type of thing.

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And I guess to tie that into the question you asked, Kate, about how does my creative practice, tie in with that.

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I'm very interested, because I have a lot of trouble understanding things because of my learning disability.

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It makes me very interested in trying to map out systems or figure out how things work. And in doing so, I see a lot of kind of incongruities and to Sasha's point, there are so many different ways of knowing.

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Systems actions, how to arrange together. And I really feel like there is more interest now in exploring different and culturally appropriate ways to think about what different people need and in my work I'm very interested in how do we hold the complexity of experience, the complexity of systems that do and don't work and where can I or we as, you know, small nodes in broader ecosystems of people and a health

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system, you know, stand up for our body sovereignty, support the people that we love to stand up for their body sovereignty and then collectively how can we help impact systems and I'm very interested in that you know macro and micro in my work and I feel like with graphic recording as a practice it's very good at being able to hold that the micro the lived experience and the

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macro of the bigger system and sort of get us thinking in multiple levels and I find at least for me just even in understanding systems, it's really useful to kind of, you know, map out the different thresholds of how things interact.

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I hope that makes sense.

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Hmm, no, it really makes sense. Do you have a sense of, like how your graphic recordings are used by organisations that kind of beyond.

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Beyond the like the context of the event in which they're created like. to do that kind of macro-work?

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Do you have a sense of that?

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Yeah, so. What I'm gonna say is a little bit of an oversimplification, but it might kind of help.

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Create a mental model of it which is, in a live event like this a graphic recording usually gets made with everyone watching so it's collaborative so we as attendees kind of create a mnemonic like a memory, a memory map.

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Of what was said and that sort of sticks in our mind so we can use it to jog our memory of what was said but then also we can take that as an asset after an event to show our mum, our sister, our kids and share that information along in a in a micro individual community context but then also the graphic recording can be used in a policy document in a report to add an extra, it doesn't it doesn't replace all of the

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rigorous detailed information but it's a addition that can help people who might not engage with a report so well.

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To enter into what was said, how things feel. The less explicit information, more the tacit.

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Feeling of things. And so it could be really, compelling in a policy space for helping people see, you know, this is what people said, this is how they feel.

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So it can be you, it can be used in lots of different ways and, graphic recordings are typically very attractive to look at.

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They've got interesting pieces and colours and things like that. So in my experience that's typically how they get used.

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And Sasha, we haven't really touched on it yet, but I'm kind of curious about like you you founded Ascension.



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And and I'm curious about, I guess, your process in deciding to kind of go out of limb, go out on a limb and create that space and kind of what the impetus was for that.

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Cause I imagine that kind of links to what you were talking about earlier in terms of approaching your, the way that you approach your work more generally.

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Absolutely. I was trying to find a representation of my voice. And also visually through mainstream women's magazines and I realised that the way that I showed up in the world was quite different from what was on the shelves or being represented.

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And after so many years of complaining and writing letters to the editors, I needed to be the change that I wanted to see.

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So that gave me the inspiration to start a digital platform and I decided 12, 13 years ago so, say 2011, that I wanted the space to be digital because I knew that my diverse background was touching upon different motherlands and I wanted to have a broad reach so women of colour not only in Australia could also have these conversations internationally as well as we do come from far and wide.

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And it was really important to make up for lost ground when it comes to those conversations that we haven't had in this country.

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And get the support internationally. Where we could draw upon different best practices or different. Issues that have been making, you know, groundbreaking work to learn from and incorporate that.

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Here in Australia. So it was really not having a representation to fall upon and to actually authenticate, you know, my lived experience and so that's why I started Ascension to be celebrated, to learn from each other ultimately.

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And it's been wonderful because we've had, you know, non women of color coming onto the platform and learning and seeing the commonalities and that's what it's all about.

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Being able to share these experiences and grow in and progress.

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And I'm imagining that the space has changed quite a lot. More recently. Like have you seen that?

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Absolutely. I think, you know, for me it was realising that the digital landscape has also grown, there's multitude of subgroups that multiply.

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Quite exponentially and so when I first started the platform it was something that hadn't been done before primarily in a print.

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Type of landscape and so now it's allowed us to be diverse and innovative and how we share that information, you know, which, you know, Sarah touches on.

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It really caters to different groups. So that's just been such a blessing where, you know, we're continually learning.

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And evolving in the way that we communicate and we represent ourselves.

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I guess kind of on that note I'm curious about maybe I'll start with you, Sarah.

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I guess more broadly about thinking about how we make knowledge about women's health more accessible and so it can inform policy.

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Look, well, I have my, I have my bias towards visual visuals, which is, you know, visuals are inaccessible to many people but for people who yeah, have neurodivergence, it's often, spatial information is more, easy to navigate and I think that particularly with women's health it's really important to

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Yeah, elevate the voices of people experiencing it and for me just being able to listen to people in a room and draw that live on a screen that everyone can see.

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There's something really powerful in that like you are being heard. It is right there, but also it's depersonalised.

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So when we're talking about difficult really difficult topics, particularly family violence, particularly family violence, there can be real barriers to sharing what's going on and what's not working.

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And it's a really good way to protect people's, safety, but also get their voices there and have the emotional content that comes with it.

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That's very important as well rather than just the statistics around it.

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What about you, Sasha? What do you think?

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Sorry, can I get the question again? I was so engrossed in what Sarah was saying.

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Oh no, and feel free to, I guess speak to some of what Sarah is speaking to as well.

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I guess the broader question is like how it's very broad but how do we make knowledge about women's health like more accessible.

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Yeah.

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Oh, okay. (Laughs) Thank you. I'm learning so much from Sarah. And, and that's what's just so wonderful about this forum.

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And so when I think about how we can make ourselves accessible I think you know, if we flip that question and edit it, how.

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Do we make ourselves? Accessible to, the broad and diverse wealth of knowledge that's out there when it comes to women's health.



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You know, are we coming out of our own environments? And stepping into the woman's environment?

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In an environment where she is safe, to be seen and heard. But also too, I was thinking about this lately about my own health aspirations of you know, capturing and reviving and incorporating Indigenous knowledge and health practices.

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Now, when we look at the statistics, I don't know exactly what they are, but I would like to say that I'm comfortable that it's about 50% that we're from diverse backgrounds and when we talk about you know, our community of women and I often wonder about the different Indigenous knowledge, ancient practices and health practices that.

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Have been held by diverse women in their cultures, which they would like to, practice here and today.

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And you know how are we having conversations around that on nurturing and encouraging that access to that?

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Do we have the tools, the resources to champion that? And stepping out of a primarily so Western framework of looking at health and operating in that system.

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So that's what I think about when it comes to accessibility of how do we make ourselves more, more fluid and flexible into the changes of those health practices that we know today or look quite comfortable. You know, are we able to be uncomfortable?

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In this space to become more powerful, in the way that we represent the women, that we wanna make sure that their health and well being is.

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The best that it can be.

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Yeah, I completely agree. I feel like, when you was speaking earlier about body sovereignty, I was thinking a lot about the fact that, we do have to kind of like play this game.



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Of being like kind of the perfect balance of like, stern enough that we'll be taken serious, but docile enough that it seems like we're happy to be here, grateful for the knowledge, all of that kind of thing.

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And that's such a like difficult balancing act that I think so many of us and so many women of call have to do in their day to day lives.

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Anyway,

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A lot of reading the room.

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So how much reading the room and like when you're navigating a health care system that's the one moment we don't want to have to read the room.

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And, and I guess like, yes Sarah?

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I have a question for both of you, which is: If you could. If you could like, oh, I don't wanna say wave magic wand, but it's like if you could make health settings more culturally safe.

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What are it like just for the people here today? Like are there any key things that you would be?

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That you're like, "I would love to see this," or, "I would love to see this", as opposed to you having to read the room and conform to that, like what would you love to see?

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In the room already to make it more comfortable for you?

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I mean, leadership. Leadership and that's the only thing that I can think of at the moment is leadership.

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That we have First Nations women or women of colour at the head of these conversations and driving the policy and the way that we look at our health and all those different perspectives in the room that ideally, in a magical world, I would love to see that because I know that.

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I speak for my experience and I feel more comfortable. You know, that's why I love, you know, going to the Indigenous health services because it feels like I am protected, that's my space, and I don't have to second-guess that space at all.

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And so if I could see women who reflect the community and my culture that are driving these changes. That'd make my life so much better.

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And that I don't have to translate. And trying to use allies to get my point across which really negates a lot of the authenticity at times when if it could just be spoken from A to B.

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And be trusted and heard. That would really enable me to get the best outcome, not only for myself, but for my community and future generations that we don't have to keep reinventing the wheel and coming to this crossroad continually.

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So leadership is imperative for that.

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Yeah, and I guess for me, similar to Sasha. I guess when I was working like, kind of as an outsider as a family lawyer, but working that kind of in that space in a hospital setting.

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Yeah, I was overwhelmed by how white those spaces are, especially in the upper end of leadership.

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And I, and my mum also, is, yeah, she's Iranian and she's a doctor and, and I know just from having kind of heard about her experiences, how how difficult it is for her to I guess be in the medical.

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Space. And how much racism there is. I mean, so it's so difficult because I kind of from my perspective, I'm like these hospitals are so white and then also I'm like but it is so difficult.

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For people like my mom to kind of exist in those spaces. And so, yeah.



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I can agree with Sasha. Leadership is everything and I think. A while ago I read, Tressie McMillan Cottom.

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Is an incredible, black author from the US and she wrote this incredible essay about, and actually, Sarah, I think you did a graphic recording of one of her events at Broadside! But she did this incredible essay that kind of talked about also the way that, black women's pain is kind of diminished and kind of drew on her own experience but also Serena Williams' experience.

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I was like if Serena Williams can't be believed like what chance do the rest of us have?

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So yeah, those are the kind of the things that I often think about. And so we're coming, we're running out a bit of time, of course, because I've been so caught up in how good this conversation is.

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So I just, in closing today, I really, just wanted to draw on something from your book, Sasha.

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And in it you finish with a love letter, to a younger version of yourself. And I just thought it would be really fitting for us to finish in a in a similar way and so I'm curious and maybe I'll start with you Sasha and then go to Sarah about what you both wish you could teach yourself and tell your younger self.

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About women's health.

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I would tell my younger self that I ultimately have the power. And I am the expert over my health and my body.

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I would say to my youngest self to listen and strengthen my intuition because my intuition is.

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A personal compass. It's specifically designed for me and it'll always leave me in the right direction.

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Also to ask as many questions as I need. That I have the right to say no. And, change my mind when it comes to my health and body.



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And lastly, I would say to my younger self to research and build a team of health practitioners, institutions or allies that are invested in my health just as much as I am.

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That's what I would say to my younger self.

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I wish I could say all those things too! What about you, Sarah?

00:55:05.000 --> 00:55:11.000

I think for me, because I spent a lot of time thinking that I was somehow broken or stupid.

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Cause that's what I was told, that no, you are not. And that, you have a different brain and that is a good thing.

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And that when you're older there will be a groundswell of people on social media who are talking about what it's like to have a different brain and you will finally find your community.

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So hang in there. That's what I would, tell myself. And also, Yeah, I would say that like having pain.

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You know, keep pushing to have people take your pain seriously. And that it's not normal to be in huge amounts of pain.

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And that if someone doesn't take you seriously, go to someone else and keep pushing for that.

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And yet body sovereignty. Love it. Yep.

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What I'm really hearing for both of you is I guess like find your team and find your community.

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And believe yourself, which is like, I think the perfect way to end today's conversation. So thank you both for your generosity.



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00:56:25.000 --> 00:56:23.000

And speaking not only about your professional experience, but also your personal experience. I just really, really appreciate you both for being here.

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So thank you.

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Thank you so much for having us.

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Thank you so much.

00:56:32.000 --> 00:56:49.000

And now that we have this discussion that includes discussion about graphic recording. I can't think of him better time, for us to throw to the incredible work that Josephine Ford from Digital Storytellers has been tirelessly working on.

00:56:49.000 --> 00:57:07.000

I can see it on my screen and I'm I'm so excited I'm for you all to see it. It's so cool to have an artistic summary of the event but also so important I guess, also hearing from what, Sarah has talked about, today.

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I, really want to, I guess, finish up today's session by just thanking a few people.

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I really wanna thank, the Honorable Ged Kearney MP, for joining us and officially launching the Hub.

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I also want to acknowledge the incredible work of our Auslan interpreters, Gerry and Fiona.

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Thank you so much and for all that you do. I also want to thank the Australian Women's Health Alliance not only for being a national voice on women's health.

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But also putting on today's event. And I particularly want to shout out, Bonney and Sienna, for their incredible work.

00:57:50.000 --> 00:57:58.000



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And also Suhayla who has been behind the scenes making sure all of the tech issues work out, and that we haven't had any glitches.

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And I guess, most importantly, I would encourage you all to go and check out the Women's Health Hub.

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That's why we're here and you will have seen the link to it in the chat and but otherwise it is at AustralianWomensHealth.org.

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The Hub is the place where you'll be able to access today's Zoom recording. See Josephine's incredible artwork.

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Thank you so much, Josephine. And you'll also be able to find more information as Sienna mentioned about getting involved, joining as a member, donating, finding out how you can collaborate with the Alliance.

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It's all there on the Hub. And today, I guess when we finish and we end the Zoom, you're going to get a little survey.

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That will pop up. Your feedback is so important to us and I guess just to help the women's health alliance and more broadly to strengthen their work.

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And will be used for reporting and continuous improvement purposes. So please fill it in. Your voice is really important as you've heard and so we'd love to hear it. And that's it.

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We're finished. So I'll close today by encouraging you all again to go and check out the Women's Health Hub.

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Thank you so much for being here and being a part of today's launch. I've had such a great time.

00:59:26.000 --> 00:59:27.000

Thank you



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00:59:27.000 --> 00:59:43.000

[Music, acoustic guitar playing]

About us

Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

Contact us

Enquiries: Info@AustralianWomensHealth.org

Web: www.AustralianWomensHealth.org

The Australian Women's Health Alliance acknowledge the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.