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Current Issues Background Paper



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Women's Health Policy in Australia

by

Sharon Rose

1994/4

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Foreword

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Suggestions for future topics are welcome.

Rob Brian
Parliamentary Librarian
April 1994

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1 Introduction

The purpose of this paper is to outline the current position regarding women's health policy in Australia, both at the Federal and State/Territory levels.

In recent years, the increasing importance of 'women's health' as a legitimate separate entity in Australia has been recognised. This is evidenced by the release of the *National Women's Health Policy* and its implementation via the *National Women's Health Program*. In addition, all States and Territory Governments have, or are in the process of developing, Women's Health policies.

The *National Women's Health Program* was the subject of an *Evaluation and Future Directions Report*, forwarded to the Minister for Family Services and Minister Assisting the Prime Minister in August, 1993.

Section 2 discusses the rationale for a separate women's health system and Section 3 is a chronology of key events in relation to the adoption of a national policy on women's health policy and its implementation. Section 4 outlines the National Women's Health Policy and Section 5 the National Women's Health Program while the evaluation of the National Women's Health Program is considered in Section 6. Other policy initiatives such as Health Goals and Targets for Australian Women 1993; the Australian Medical Association's Position Statement on Women's Health, and the Commonwealth Government's Commitment to the Women's Health Program are outlined in Section 7. State and Territory Women's Health Policies are detailed in Section 8, with concluding remarks at Section 9.

2 Why a Separate Women's Health Policy?

The fact that women live longer than men has previously been cited as evidence to back up the belief that health services catering specifically for women are not necessary. However, the fact that women suffer from diseases which are unique to them and which stem from their physiology, in particular the reproductive system, can not be disputed; "women have a very different health profile to men in the illnesses they suffer and those from which they die. There is a different pattern in female morbidity and mortality, at all ages, which seems to result from a combination of genetic, biological, behavioural and environmental factors".¹ In addition, that fact that women tend to live longer than men does not take account of the quality of life of those women or how much of those 'additional' years are spent in pain or ill-health.

The suggestion has been made that as women make a disproportionate use of health services that that explains why they are, generally speaking, "healthier"

¹ *Women's Health From Womb to Tomb*, Penny Kane, 1991, p194.

or, that they seek the advice of medical professionals for relatively trivial or minor complaints. This perceived 'excess use' of medical services does not reflect the fact that women, as the traditional caretakers of the family's health, often consult with health professionals about the health of her children or partner, as well as herself.

Kane suggests that merely examining the statistics in relation to number of consultations or hospital visits does not differentiate between visits for ill health and those for other reasons: "some of the statistics equate use of medical services with ill-health: a proposition which is probably generally true for men, but not for women. Much of the 'apparent' excess use of services by women is for conditions which have nothing to do with ill-health. For example, contraception accounts for a substantial proportion of GP consultations by women and for the 'medicines' which women say they take."²

Kane suggests that women themselves may have previously played down the differences between men and women to challenge male views in relation to the suitability of equality between the sexes. Thus, early feminists may have felt that to push for special services would have played into the hands of those who cited women's physical make-up as deeming equality impossible.³

The fact that women have specific and unique medical needs has now been accepted in Australia, and Governments at the Federal and State/Territory levels have been participating in policy and program development in relation to this issue.

² Kane, *Ibid*, p192.

³ Kane, *Ibid*, p195.

3 Chronology

The following is a chronology of key events in relation to the adoption of a national policy on women's health and its implementation:

- 'Women's Health in a Changing Society' conference held in Adelaide in **September, 1985** when the development of a national women's health policy was a resolution of the conference;
- The Prime Minister, the Hon R.J.L. Hawke MP, announced in **November 1985**, the Government's commitment to formulating a National Women's Health Policy to improve the health of women in Australia and meet their health care needs to the year 2000;
- Ms Liza Newby, was appointed in **June 1987**, as Special Adviser to the Federal Minister for Community Services and Health to co-ordinate the development of the Policy;
- In **October 1987**, the Australian Health Ministers' Advisory Council (AHMAC) established a subcommittee on Women and Health to report to it and to the Australian Health Ministers' Conference (AHMC) on matters affecting the health of women;
- 'Women's Health: a framework for change' a discussion paper for community comment and response was issued in **February 1988**; (18,000 copies of the document were distributed throughout Australia and 300 responses were received)
- Between **February and May 1988**, the Special Adviser held discussions in all States and Territories to seek comments on the discussion paper;
- Between **June 1988 and early 1989**, the Women's Health Unit of the Commonwealth Department of Community Services and Health co-ordinated the development of the final policy document in co-operation with a working group of the Australian Health Ministers' Advisory Council (AHMAC) Subcommittee on Women and Health (SCWH);
- The National Women's Health Policy was endorsed in principle by the Commonwealth, State and Territory Health Ministers at the meeting of the Australian Health Ministers in Burnie **21 March 1989** and launched by the then Prime Minister, the Hon R.J.L.Hawke in **April 1989**.

4 The National Women's Health Policy

The Policy's goal is "to improve the health and well-being of women in Australia, with a focus on those most at risk and to encourage the health system to be more responsive to the needs of women".⁴

Sixty-four recommendations were made for achieving this goal and seven priority health issues identified:

- Reproductive health and sexuality
- Health of ageing women
- Women's emotional and mental health
- Violence against women
- Occupational health and safety
- The health needs of women as carers
- The health effects of sex role stereotyping

In addition, five key action areas were also identified:

- Improvements in health services for women
- Provision of health information for women
- Research and data collection on women's health
- Women's participation in decision making on health
- Training of health care providers

However, of these five action areas, two: women's participation in decision making, and research and data collection, were not funded under the National Women's Health Program.

The Policy places health within a "social context" which acknowledges that health is affected by a range of interacting factors, including social, environmental, economic and biological.

⁴ *National Women's Health Policy*, p78

5 National Women's Health Program

The Commonwealth Government began work on the implementation of the major recommendations of the Policy by establishing the National Women's Health Program.

The Program was announced by the Treasurer in the August 1989 Budget, along with related proposals designed to improve women's health. The Program was to run for four years on a cost-sharing basis, with a health service component, an information and education component and a professional information, education and training component.

Program guidelines and legal agreements were accepted and all States and Territories, except Western Australia, joined the Program in its first year - 1989/90. Western Australia joined later in March 1991.

(a) Goals and Objectives

The Goal of the Program was the same as that established by the Policy "to improve the health and well-being of women in Australia with a focus on those most at risk and to encourage the health system to be more responsive to the needs of women".⁵

The objective of the program was "to provide funding for the promotion of primary health care for women, focusing on improvements relating to all seven priority areas identified in the Policy".⁶ However, as previously mentioned, only three of the five key action areas: improvements in health services for women, the provision of health information and education for women and training of health care providers were funded, while research and data collection on women's health and women's participation in decision making on health, were not funded.

(b) Funding

The Commonwealth Government allocated \$16.86 million in August 1989, to be maintained in real terms over the four years of the Program. The funding is shared on a dollar-for-dollar basis between the Commonwealth and the States and Territories and amounted to \$33.72m. The Funding for each of the four years of the Program is noted overleaf:

⁵ *National Women's Health Program, Evaluation and Future Directions*, p5.

⁶ *Ibid* p6.

Table 1: Total funding allocated over the four years of the program⁷

1989-90	1990-91	1991-92	1992-93
2.000m	5.480m	13.120m	13.120m

Table 2 highlights the proportion of funding allocated to each of the three key action areas:

Table 2: Projects in Key Action Areas funded by the National Women's Health Program⁸

Key Action Area	% of Project Funds	\$ (Millions)
Improvements in Health Services for Women	94.5	33.999
Health Information and Education for Women	3.0	1.079
Training of Health Care Providers	2.5	0.893,500
Total	100.0	35.971

(c) Key Action Areas

(i) Improvements in health services for women

This key action area attracted the largest percentage of Program funds amounting to \$33,999 over four years, representing 94.5% of total program funding, "reflecting the fact that health service provision was the primary concern identified by women during the Policy consultations".⁹

The policy proposed a dual strategy concerning improvements to health service provision within the mainstream health system and also to the provision of

⁷ National Women's Health Program: Evaluation and Future Directions, p6.

⁸ The data comprising this table can be found in the National Women's Health Program - Evaluation and Future Directions, Chapter 1.

⁹ Ibid p7.

services through women's health centres.

A diverse range of new and extended services in major population centres, rural centres and remote areas were funded. Examples include gynaecological preventive health checks conducted by women's health nurses for women who are socially, economically, geographically or culturally isolated from mainstream services; services focusing on women from non-English speaking backgrounds or Aboriginal women; support services for specific target groups including older women, victims of violence, single-mothers; and sexual assault services.

These services were provided within the mainstream health system and through women's health centres.

(ii) Health information and education for women

The objective of this component of the program is to "assist in the development of appropriate and readily available information and education materials for women of varied backgrounds".¹⁰ Funding was made available for the provision of information and education for women.

Examples of projects funded under this component include: services to assist women from non-English speaking backgrounds by providing culturally appropriate information in the client's own language; the production and distribution of information to the public and key service providers on priority issues; education on sexuality and reproductive health for young women who have not had access to mainstream information and education services; health education to rural, remote and isolated communities; and the development of health information strategies.

(iii) Training of health care providers

The objective of this component is to "provide a health workforce which can deal effectively with women's health issues and to educate other professionals and carers about women's health".¹¹

Examples of projects funded under this component include: an education package for schools which include the development of a special curriculum module and training manual for teachers dealing with the health effects of sex role stereotyping of girls; and a distance learning package to provide continuing education to registered midwives who care for childbearing women and their families in isolated areas.

¹⁰ Ibid p7.

¹¹ National Women's Health Policy - Evaluation and Future Directions, p9.

6 Evaluation of the National Women's Health Program

A report entitled "National Women's Health Program - Evaluation and Future Directions" was submitted to the Minister for Family Services and the Minister Assisting the Prime Minister for the Status of Women, on 16 August 1993. Pertinent issues and findings raised in this document are outlined below.

This report considered the efficacy of the National Women's Health Program in relation to meeting the aims of the National Women's Health Policy, by consulting with a range of appropriate and interested organisations and persons.

A number of points are made in relation to the implementation of the Program, including:

- the Program has demonstrated the capacity to reach targeted population groups, including Aboriginal and Torres Strait Islander women and women from non-English speaking backgrounds;
- the Program has produced skilled and experienced women's health workers;
- the Program has yet to focus systematically on the needs of other groups such as young unemployed women, women with low incomes, women who are carers and ageing women;
- priority should be given for funding to develop a data collection strategy for the program and for women's participation in decision making on health;
- despite some gaps, it is clear that in some areas of planning and service provision in the mainstream health system, some well-defined frameworks for the participation of women are in place or are developing.

The evaluation also surmised that there is support for the continuation of the program, with a number of recommendations concerning the formulation of such an extension to the Program including:

- A strategic plan for the Program needs to be developed which addresses priorities and targets for the future;
- Plans should be developed which involve all systems relevant to a social model of women's health;
- There is a need for regular consultation, both within the community and the mainstream health system;
- There is a need to consolidate and strengthen links with existing organisations and structures at local, regional, State, Territory and national levels and in public and private health sectors;
- A new set of funding guidelines needs to be developed to incorporate the priorities emerging from the first four years of the Program.

7 Other Policy Initiatives/Statements

(a) Health Goals and Targets for Australian Women 1993

The Commonwealth Department of Health, Housing and Community Services commissioned a review and revision of the National Health Goals and Targets in 1991. This was with the intention of guiding the improvement of the population's health and as an indicator of priorities in health care. This process did not, however, include methods of achieving the targets.

In this context, "the Australian Health Ministers' Advisory Council (AHMAC) Subcommittee on Women and Health considered it appropriate to undertake the development of goals and targets for women's health to enhance the national revision."¹²

Given that the evaluation process of the National Women's Health Program was underway, it was clear that liaison would need to take place between the Working Party set up to establish the goals and targets and the evaluation process. However, "it was decided, therefore, to formulate a stand-alone set of goals and targets that would emphasise the way health care is delivered and how the system in which it functions could be changed; that is, the structural and process elements as distinct from outcomes".¹³

The goals and targets included in the document are based directly on the seven priority health issues and five key action areas identified in the National Women's Health Policy. Alongside each target, there is a set of suggested strategies arranged within the groupings: preventable mortality and morbidity, health life-styles and risk factors, health literacy and life skills, health environments and the health care system.

(b) Australian Medical Association - Position Statement on Women's Health

In early 1994, the Australian Medical Association (AMA) released its Position statement on Women's Health which was accepted by the AMA Federal Council at its meeting on 29 October, 1993. The Position Statement was drafted by the AMA's Women and Medicine Committee and took account of the relevant current policies of the World Health Organisation, the American Medical Association and the AMA.

The Position Statement refers to a number of issues and states its position in relation to them. Areas covered include:

- Medical Practitioners and Women's Health;
- Medical Research;

¹² *Health Goals and Targets for Australian Women, 1993, AGPS p1.*

¹³ *Ibid, p1.*

- Health Services;
- Women's Health Centres.¹⁴

(c) Commonwealth Government commitment to the National Women's Health Program

In the 1993-94 Commonwealth Government Budget, the Government has funded the extension of the National Women's Health Program for a further four-year period, from 1993-94 to 1996-97 with approximately \$30 million allocated for this period.

As a result of the evaluation of the NWHP, a major long-term study of women's health is planned, with a sum of \$3.7 to be allocated over a four year period as outlined in the 1993-94 Commonwealth Budget. "This longitudinal study will follow a group of women over time, collecting information on key aspects of the women's behaviour and health. The Department is consulting with experts in various disciplines and a Ministerial Advisory committee is being set up to guide the preparation of the brief for the study".¹⁵

¹⁴ *Position Statement on Women's Health*, Australian Medical Association, released early 1994.

¹⁵ *Oswomen*, January 1994 No 19 p7.

8 State and Territory Women's Health Policies

The following section details Women's Health Policy at the State and Territory level. All States and Territories were contacted and provided the information outlined below. South Australia is currently revising its Women's Health Policy and, as a result, no details can be provided at the time of writing. However, the section on South Australia in the National Women's Health Program is appended for information.

(a) Australian Capital Territory

A Woman's Health Plan which will identify priority health issues and recommended strategies for women in the ACT, is being finalised.

However, the ACT Women's Budget Statement 1993-94 identifies the following key activities for women as part of the cost shared National Women's Health Program:

- the community based Canberra Women's Health Centre which has been established to focus on education and information provision and to provide a resource base (eg meeting rooms, education facilities and library) for women and community based groups; and
- a Consumer Information and Education Strategy with the theme for 1992-932 being cross-cultural issues. The strategy funded training for crisis workers on domestic violence and Koori women's issues, and also the establishment of a Bilingual Community Educator Program for the ACT.

In addition, the ACT participates in the cost-shared programs for the Early Detection of Breast Cancer and Cervical Cancer Prevention. The Breast Screening Clinic was established in February 1993 and has had an overwhelming response from women to date. A cervical cytology register is also being established.

The Women's Health Advisory Committee monitors the effectiveness of programs dealing with health services for women in the ACT. It identifies and advises on any anomalies or gaps in health services for women in the ACT, and liaises with community groups to provide effective consultation and information.

A Women's Health Adviser position with the Services Policy Section of the Health Department undertakes to:

- provide strategic advice on women's policy issues to Senior Officers and the Minister;
- establish close working relations with provider areas across the department to ensure services are accessible and appropriate to women;
- review services across ACT Health and advise on ways to improve delivery and identify gaps, eg maternity services review, data collection

on women's health, education and training on women's health issues;

- participate in national forums and apply national trends locally, eg health goals and targets for women; and
- work intersectorally with other agencies/departments to develop policy and other mechanisms to improve women's health status and access to services, eg sexual assault and domestic violence legislation.¹⁶

(b) New South Wales

Prior to the implementation of the National Women's Health Program in NSW, work had already taken place in relation to women's health policy initiatives:

- The first Women's Health Centre was established in Leichhardt in NSW in 1974;
- A Review of Women's Health Services took place in 1985;
- In 1985 the Report of the New South Wales Child Sexual Assault Taskforce was produced;
- The Ministerial Taskforce on Obstetric Services in NSW (Shearman Report) was produced in 1989;
- In 1989/90 the National Women's Health Program commenced;
- A Strategic Profile for Women's Health in NSW was produced (unpublished) and the NSW Women's Policy Statement was released by the then Premier Nick Greiner in 1990; and
- Domestic Violence Policy (NSW Dept of Health); Review of Sexual Assault Services (NSW Dept of Health) and the Tertiary Women's Health Care in NSW Report (NSW Dept of Health) were produced in 1992.¹⁷

Women's health co-ordinators are currently employed in all Area Health Services and Districts who provide policy and program advice to Area and District administrations of the Health Department on all health issues concerning women.

Strategic plans for women's health are now being developed in all Areas and Districts to ensure professional and women-focussed service delivery in mainstream health services, with community input being sought through consultation with customers, public forums and community focus groups.¹⁸

¹⁶ ACT Women's Budget Statement, 1993-94 pp138-152.

¹⁷ *Review of the NSW National Women's Health Program 1989-1993*, NSW Dept. of Health, January 1994.

¹⁸ *Women's Health Statement - Budget Highlights*, February, 1994.

The NSW National Women's Health Program is administered by the Women's Health Unit of the Department of Health, which is responsible for all policy and operational matters in relation to women's health in NSW.

The most recent policy initiative in women's health in NSW was released by the Minister for Health, The Hon Ron Phillips, MP, on 16 February, 1994, "Women's Health Statement - A New Focus".¹⁹ The Statement specifies the Government's commitment to improving the health of women in New South Wales and details and number of initiatives including;

- boosting targeted women's health funding this year;
- expanding gynaecological oncology services in the West;
- establishing the Western Women's Health Network;
- opening the Caroline Chisholm Centre which will be the focal point for a new network of women's services throughout the West and South West of Sydney and will be the biggest Birthing Centre in Australia;
- building a new Royal Hospital for Women;
- encouraging more women to be screened for cervical and breast cancer; and
- locating Mothercraft facilities, like Karitane, where they are needed.²⁰

At the same time, the Minister also launched a handbook entitled "Better Health, Better Living for Women in NSW" in February, 1994.²¹ The handbook is designed to inform women about the services they can access and includes information about a range of women's health services in New South Wales.

(c) Northern Territory

The Northern Territory Government endorsed the National Women's Health Policy in 1989 and this was to provide the philosophical basis for the development of the Northern Territory Government Women's Health Policy, released in 1992.

The stated goal of the Policy is "To improve significantly the health and well being of Northern Territory Women by identifying and responding to their

¹⁹ *Women's Health Statement*, The Hon Ron Phillips, MP, NSW Minister for Health, 16 February, 1994.

²⁰ *Ibid*, p7.

²¹ *Better Health, Better Living for Women in New South Wales*, NSW Health Dept, February, 1994.

specific and unique health needs".²²

The Policy endorses the principles of the National Women's Health Policy, based on an understanding of health within a 'social context':

- health is determined by a broad range of social, environmental, economic and biological factors;
- differences in health status and health outcomes are linked to gender, age, socio-economic status, ethnicity, disability and environment;
- health promotion, disease prevention, equity of access to appropriate and affordable services together with high quality illness treatment services are necessary; and
- information, consultation and community development are important elements of the health process.²³

The Policy acknowledges that as health is influenced by a broad range of factors, a coordinated approach to service provision between a range of government and non-government organisations will be necessary.

A number of issues were identified by consumers in the course of a consultative process and by policy development and review processes through the Department of Health and Community Services; including "reproductive health, health of ageing women, women's emotional and mental health, violence against women, occupational health and safety, health needs of women and carers, health effects of sex role stereotyping on women, isolation, access to services, environmental/social health, preventive health, and, education for health care providers on women's health issues".²⁴

A number of priorities and related strategies have been identified in the Policy concerning:

- access and participation
- information
- prevention and health promotion
- screening and early detection
- training for health care providers
- reproductive health
- violence against women

²² Northern Territory Government Women's Health Policy, 1992.

²³ Op Cit p5.

²⁴ Op Cit p9/10.

- substance abuse
- evaluation

The point is made that while the Government is maintaining its commitment to these strategies, the policy will need to be implemented on a staged basis and that there needs to be flexibility so that it can adapt to changing circumstances.

Finally, the NT Women's Health Policy has identified as priority groups, Aboriginal women; women of non-English speaking background; and women resident in remote areas.

(d) Queensland

The Queensland Government released a 'Women's Health Policy' in 1993. It was developed after a consultation process which included input from consumers and providers of health services. The Policy has been developed within a "social justice framework based on the principles of equity, access, participation and rights".²⁵

Although the Queensland Policy acknowledges that the National Women's Health Policy (1989) provides the foundation for policy and program development in relation to women's health in Australia, the point is made that the specific geographical conditions and attendant problems existing in Queensland were not specifically reflected in the National Policy. Accordingly, these issues are emphasised in the goals and objectives of the State Policy.

Aim

The stated aim of the Queensland Women's Health Policy is:

"to maintain and improve the health and wellbeing of Queensland women, paying particular attention to those most at risk and to reorient the health system to be more responsive to the needs of all women".²⁶

The Policy states that it has "adopted a view of health which recognises the direct and indirect impacts of physical, socio-economic and socio-cultural influences on the health of all women",²⁷ a concept which is also reflected in the National Women's Health Policy.

The Policy identifies six goals, which have been framed to take account of the principles of equity; access; participation and rights:

1. "The Queensland Government is committed to the reduction of inequities experienced by women in the health system;

²⁵ Women's Health Policy 1993 - Foreword .

²⁶ Ibid, page 7 - Purpose.

²⁷ Ibid.

2. The Queensland Government is committed to the improvement of women's access to health services, programs and information;
3. The Queensland Government is committed to improvements in the quality, relevance and usage of data on women's health and well-being;
4. The Queensland Government is committed to women's participation in health decision making;
5. The Queensland Government is committed to the promotion and protection of women's right to health care which meets their needs; and
6. The Queensland Government is committed to addressing the health effects of sex role stereotyping on women."²⁸

In order to achieve these goals, the Policy outlines a number of suggested strategies in relation to each goal and a time line of three years has been identified, within which the Queensland Government aims to have implemented these strategies.

(e) Tasmania

"The Tasmanian Women's Health Program: Directions for the Future"²⁹ was released by the Tasmanian Women's Health Unit in June 1993, and is a "forward planning document for women's health in Tasmania and a synopsis of past achievements and activities"³⁰.

In 1992, the Women's Health Unit, in conjunction with a Working Group on Women's Health, produced a draft Women's Health Policy Framework for Tasmania - "Women's Health Policy: The Framework", which "draws upon the principles of the National Women's Health policy and links in with other parts of the State Health Plan".³¹

Specific services for Women's Health in Tasmania were extremely limited prior to the introduction, in 1989, of the National Women's Health Program (NWHP). Accordingly, the initial work concentrated on researching the health needs of women in Tasmania and; "although this has meant some delay in the development of specific services this early work was considered to be a necessary preliminary stage to the development of relevant, appropriate services and projects".³²

²⁸ Ibid, page 13.

²⁹ *The Tasmanian Women's Health Program - Directions for the Future*, Women's Health Unit, June 1993.

³⁰ Ibid - Preamble.

³¹ Ibid, p5.

³² Ibid p6.

The strategic direction established for women's health policy in Tasmania, is based on a set of principles laid down in "Women's Health Policy: The Framework". Although this document is still in draft form, there is general acceptance of these principles which include:

- Health Services for Women should be provided recognising the importance of the social dimensions of health;
- The unique health needs of women must be the focus for specific women's health programs and services;
- All services provided for women in health should endeavour to be accessible, appropriate, affordable and acceptable to women;
- The needs of special groups of women should be recognised in all service provision, their protocols and in policy development in women's health;
- Health services for women should reflect the various roles of women in society and not just their reproductive role;
- Health services for women must involve a holistic approach and seek to prevent a fragmentation of services;
- A specific, identifiable women's health program is necessary within each region to ensure effective strategies to meet the needs in women's health.³³

In order to assist in the implementation of both the National Women's Health Policy and the State Women's Health Policy, a number of strategic directions have been set by the Tasmanian Government:

- *The Women's Health Unit to continue its role and to address, in particular a number of tasks including:* ongoing implementation of the National and State women's policies; statewide coordination of the Tasmanian women's health program; the development and support of appropriate Statewide consultative mechanisms to enable women to participate in the ongoing management of the Tasmanian Women's Health Program; development of a women's health training strategy for Tasmania; and, development of women's health data systems;
- The development of regional women's health programs and ongoing implementation of the National and State women's health policies at the regional and local levels including: coordinating existing services for women in the region; ensuring that women's health needs are given priority in regional strategic planning; developing regional consultative mechanisms and information dissemination networks; ensuring that gender-specific regional data systems are in place; health promotion regarding women's health issues and community education; monitoring training needs and coordinating training programs for service providers;

³³ *The Tasmanian Women's Health Program: Directions for the Future* p25 - 64.

and providing information or referral to other sources of information;

- Other strategic directions are established in relation to the key action areas identified in the National Women's Health Policy, including:

Improvements in health services for women

- * Funding to be provided to Aboriginal women to address health issues and Aboriginal women empowered to determine priorities for using this funding;
- * Further funding for both the Launceston and Hobart-based services for women in the middle years and the establishment of a North West Service to be considered;
- * The provision of funding to enable the production of a video targeted at young women on the subject of chlamydia, its effects and preventative measures to be considered.

Provision of health information for women

- * The development of regional information coordination and dissemination structures which will implement appropriate mechanisms to disseminate up-to-date information about existing services to as many women as possible;

Research and data collection on women's health

- * Development of a women's health data system and a minimum data set for Tasmania in 1995 in line with proposed national developments;
- * Any new projects established to include comprehensive data collection and evaluation mechanisms from the outset to enable the effectiveness of new approaches to the delivery of health services for women to be closely monitored;

Women's participation in decision-making in health

- * The Women's Health Unit to establish and support Statewide consultative mechanisms;
- * The participation of women who represent the interests of women with a particular need for improved health care (eg low income women, women from culturally diverse background, Aboriginal women, women living in rural/isolated areas, women who have physical or intellectual disabilities, lesbians, single mothers) to be sought in decision-making processes regarding the development of health services;

Training of health care providers

- * A women's health training strategy to be developed which would identify factors such as; the training needs of particular groups of health workers; ways to encourage participation and facilitate their training; the roles of various personnel such as regional women's Health Coordinators and officers of the Women's Health Unit; the possible use of community health centres for training programs;
- * In the development of training programs priority to be given to issues regarding the particular needs of NESB women, women with disabilities, lesbian women and young single mothers in undergraduate, inservice and post basic-training programs for health workers; and, more education for health workers regarding menopause and related health issues so that they can provide women with comprehensive, impartial information.³⁴

(f) Victoria

In 1985 the then Minister for Health established the Ministerial Working Party to investigate women's health issues and to recommend measures to improve health services for women in Victoria. The report of the Working Party was released in 1987 and recommended that existing Women's Health Services funded by the Health Department Victoria (HDV), now the Department of Health and Community Services, be programatically funded and that a number of new 'stand alone' women's health services be established.³⁵

These were to include at least one Women's Health Service in each of the health regions and two Women's Health Information Services, one of which was to be targeted for women from non-English speaking backgrounds. Funding was allocated in 1988 by the Victorian Government for the development of one of the Women's Health Information Services - Healthsharing Women and the first Regional Women's Health Service (now the Women's Health Service for the West).³⁶

The Victorian approach to women's health policy is to follow a 'dual strategy'. That is, to attend to the direct health needs of individual women and, at the same time, to work to improve the responsiveness of other health care agencies to the needs of women. "The overall goal is to ensure that consideration of the special needs of women is integral to all aspects of the health care system."³⁷

By 1992, there were twelve publicly funded Women's Health Services across

³⁴ Ibid, pages 68-70.

³⁵ *Mapping The Models, The Women's Health Services Program in Victoria*, 1993.

³⁶ Ibid, p11.

³⁷ Ibid, p68.

rural and metropolitan Victoria and, together, these comprise the Victorian Women's Health Services Program. "Despite its relatively short existence, the program has worked with thousands of women and with health care providers developing new, innovative and sensitive approaches to women's health care."³⁸

The twelve Women's Health Services comprise nine Regional Women's Health Services and three Statewide Women's Health Information Services. Services offered include:

Regional Women's Health Services

- direct counselling and medical services;
- the provision of health information and referral;
- support and information to women considering options for treatment;
- professional education and development;
- support for the development of self help groups;
- health promotion;
- community health education;
- representation of the interests of women in local and regional health planning and policy forums;
- participation in the development of services and resources of particular relevance for women;
- project work to address specific health issues and to develop innovative models for working with women.

Each Service provides a resource library of books, pamphlets, journals, videos, audio tapes and kits, and offers health information and referral to local agencies.³⁹

Statewide Women's Health Information Services

Each of the three statewide Services has a different role and emphasis:

- Women in Industry and Community Health is a migrant women's health organisation that plays a fundamental role in meeting the information needs of women from non-English speaking backgrounds (NESB);

³⁸ Ibid, p7.

³⁹ Ibid, p19.

- the Women's Health Resource Collective develops and distributes resources on women's health issues and provides advice to other agencies who wish to produce health resources;
- Healthsharing Women operates a Women's Health Information Service, supports the development of women's health groups, has input into policy and service development at statewide and national levels, plays a significant role in health care provider training, and initiates research.⁴⁰

A co-ordinated and cohesive approach to the implementation of Victorian and National women's health policy objectives is facilitated via the regional and statewide services working together.

(g) Western Australia

The WA Government makes mention of Women's Health as a particular health care issue in a statement by the Hon Peter Foss MLC, Minister for Health; the Arts; Consumer Affairs in June 1993.⁴¹

The statement, Western Australian Government Health Policies, indicates that consultative avenues will be made available for women regarding priorities for the women's health service, and goals and targets for women's health.

The statement also indicates that special priority will be given to:

- the provision of care services for women who are victims of domestic violence;
- the needs of women living and raising children in the more remote areas of the State;
- the health care needs of Aboriginal women and women from non-English speaking backgrounds;
- encouraging and facilitating a greater role for private general practitioners in supporting the special health needs of women and in government sponsored public health screening and initiatives. The WA Government is also committed to assisting and promoting the availability for women to consult and to seek treatment from female doctors where they choose to do so.

⁴⁰ Ibid, p19.

⁴¹ *Western Australian Government Health Policies*, Statement by Hon Peter Foss, MLC, Minister for Health; The Arts; Consumer Affairs, June 1993.

9 Conclusion

All States and Territories have participated in the National Women's Health Program and are producing, or have produced, women's health policies.

There is similarity across States in relation to the identification of target groups of women as being deserving of special attention ie Koori women, women of non-English speaking background, and low income women. However, differences do occur between states regarding specific initiatives relative to their individual circumstances. For example, Queensland and Tasmania have specific needs in relation to the provision of services for rural women. On the other hand, Victoria and New South Wales have to look to the provision of services in areas of high population.

Nevertheless, there is generally a uniform commitment to pursuing the objective of improving women's health. In addition, specific issues arise from time to time which demand action and consideration. Female genital mutilation has recently received attention in the wake of the Family Law Council Report on that subject and the issue has recently been debated both in the Federal and New South Wales Parliaments.⁴²

Also, the seeming 'epidemic' increase in the incidence of breast cancer in Australian women has promoted action by the Federal and New South Wales Governments in relation to providing funding for research into this disease.⁴³

⁴² *Female Genital Mutilation - Briefing Note No 003/94* by Sharon Rose, Research Officer, NSW Parliamentary Library, March 1994.

⁴³ See *Background Paper* entitled *Breast Cancer* by Dr Rebekah Jenkin, Senior Research Officer, NSW Parliamentary Library, March 1994.

Appendix

South Australia's Participation in the National Women's Health Program

from

*National Women's Health Program - Evaluation
and Future Directions*, Commonwealth Department of
Health, Housing, Local Government
and Community Services

3.3.5 South Australia

South Australia has participated in the National Women's Health Program since its inception in 1989-90.

A number of services were already established in South Australia prior to the establishment of the National Women's Health Program:

- four women's health centres;
- two sexual assault/rape crisis centres;
- a domestic violence counselling service;
- special grants and programs for migrant women, cancer screening, repetitive strain injury research and research into drug and alcohol services;
- family planning services; and
- obstetric and gynaecological services.

The establishment of services for country women was identified as the priority for Program implementation in South Australia. The Country Women's Health Services Advisory Group was set up in June 1990 to oversee the development of an implementation plan for South Australia. The plan identified the need for women's health services to be strengthened in rural areas and for the needs of disadvantaged women to be addressed.

The advisory group was replaced in September 1991 by a broader advisory structure, the National Women's Health Program State Steering Committee. Its role, as required under the Commonwealth-State agreement, includes assessing project submissions.

The Social Health and Policy Development Branch carries responsibility for liaising with the Commonwealth and for implementing and monitoring the National Women's Health Policy and Program. A project officer oversees the projects.

Of the 37 projects funded under the South Australian National Women's Health Program from 1989 to 1993:

- fifteen have addressed the priority health issue of the health effects of carers;
- twelve have addressed the priority health issue of occupational health and safety;
- eight have identified Aboriginal women as one of their main target groups;
- five have identified women of non-English speaking background as one of their main target groups;
- eleven have identified ageing women as their main target group;
- twenty have provided services to women in rural and remote areas, 13 as part of the Country Women's Health Services program; and
- six have identified health care providers as a target group, either as part of the service or as the total focus.

Improvements in health services for women

Examples of projects funded under the health services component include:

- rural women's health services — providing clinical and health promotion program for rural women;
- community women's health nurses; and
- Women's Health Business for Aboriginal Women — this project involves developing culturally appropriate resource materials for use in women's health delivery.

Provision of health information for women

Projects funded under this component:

- a 008 women's health information line; and
- STATEing Women's Health Newsletter Project, which provides information to women on a statewide basis.

Other projects

Funding has also been directed towards projects addressing issues of project development, support, coordination and monitoring.

Projects addressing these issues include:

- the Women's Health Program Implementation/Evaluation Coordinator, who develops and coordinates education and training resources and assists policy development and coordination;
- Evaluation of the National Women's Health Program;
- Training and Resource Development for Women's Health; and
- the Services Development and Support Project which employs a support worker to assist in the development of country women's health services.

Funding

	<i>Commonwealth</i>	<i>South Australia</i>
	\$	\$
1989-90	46,564	71,000
1990-91	120,000	120,000
1991-92	595,017	615,677
1992-93	604,840	618,840

Comments

Relatively few comments were received from South Australia in response to the key stakeholder questionnaire. Of those received, almost all gave support to the Program.

The focus in South Australia on rural health service drew some adverse comment. One respondent opined that other areas for implementation had not been as consistently addressed as rural services. Another respondent noted that women from non-English speaking backgrounds in particular had health needs that are not currently being targeted under the Program, a view which was shared by most South Australian stakeholders. Despite this failing, the same respondent 'strongly supports the continuance of the National Women's Health Program'.

A number of respondents identified the low level of Program resources as a major obstacle to achieving the Program goal. Other obstacles included a failure to promote the Program adequately to women in the community and a lack of cooperation and understanding from general practitioners.

As in other States, the short period over which the Program has been operating drew much comment. One respondent felt that 'the real work is only just beginning ...' and this view was frequently repeated, not only by South Australian respondents but Australia-wide.