

# Strategic Framework to Advance the Health of Women

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Better Health Good Health Care

**NSW**  **HEALTH**

NSW HEALTH DEPARTMENT

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# Foreword

Throughout the past three decades many changes have occurred in health services to improve their responsiveness to women's needs, and to ensure that services are delivered appropriately. In particular, a great deal has been achieved since the commencement of the National Women's Health Policy in 1989 and the implementation of the National Women's Health Program in NSW. The creation of positions such as women's health coordinators, nurses and educators, domestic violence workers, and the establishment of birth centres and sexual assault units have all helped to establish services which are responsive to women's needs.

In 2000, the health of women remains a priority for NSW Health. We remain committed to providing ongoing, quality health services for women, and promoting innovation.

To comprehensively and effectively address the current and emerging priorities of women, new ways of thinking about how to improve the health of women are necessary. NSW Health has released the Strategic Framework to Advance the Health of Women to meet this challenge.

The Strategic Framework to Advance the Health of Women is the first document of its kind in Australia. It is also the first women's health policy for NSW Health. It describes and integrates the elements of gender, health outcomes, targeting women in most need and conducting research within a social view of health. The framework also provides guiding principles for women's health policy and practice that all health workers can use. It has been developed over four years of consultation with women, health services, the women's health sector, and the non-government sector.

The Strategic Framework to Advance the Health of Women has been a document which has been invaluablely enhanced by the input from many health workers, academics, women's health workers and women's organisations. The important contribution of the Women's Health Policy Advisory Committee deserves special mention.

It is with great pleasure that I present the NSW women's health policy, the Strategic Framework to Advance the Health of Women. I urge all workers in the health system to incorporate the strategic directions and guiding principles in their everyday work practices. As a result, we will see real, positive changes in the health of women which will, in turn, benefit everyone.



Michael Reid  
Director General

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# PREFACE

The Strategic Framework to Advance the Health of Women is the core section of a package of documents. The purpose of the package is to assist NSW Health, in partnership with other government departments, consumer groups, non-government organisations, the tertiary education sector, General Practitioners and other parts of the health system, to advance the health of women in NSW.

The document has been developed through a comprehensive process of consultation over several years, which began with the distribution of a discussion paper, *Women's Health in NSW - A Guide to Health Improvement for Women 1998-2003*. Consultation processes with key stakeholders occurred and an advisory committee was established. Groups involved in these processes included Women's Health Coordinators, non-government organisations, older women, young women and women from non-English speaking backgrounds and Aboriginal and Torres Strait Islander women.

In addition to this core document, Fact Sheets will be released progressively. A series of consultation processes will be used to gather information and develop the Fact Sheets in collaboration with key agencies. The Fact Sheets will focus on the application of the Strategic Framework to current and emerging health issues and target groups, such as those outlined below.

| <b>Health Priority Areas</b>  | <b>National Women's Health Policy priority health issues</b>  | <b>Target Groups</b>  |
|---|---|---|
| <ul style="list-style-type: none"><li>• Cancer</li><li>• Coronary Heart Disease</li><li>• Injury</li><li>• Mental Health</li><li>• Diabetes</li></ul> | <ul style="list-style-type: none"><li>• Reproductive health and sexuality</li><li>• Health of ageing women</li><li>• Women's emotional and mental health</li><li>• Violence against women</li><li>• Occupational health and safety</li><li>• Health needs of women as carers</li><li>• Health effects of sex role stereotyping</li><li>• the measurement of women's health outcomes</li></ul> | <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander women</li><li>• Women of non-English speaking background</li><li>• Women with a disability</li><li>• Women of low socio-economic status</li><li>• Women carers</li><li>• Lesbians</li><li>• Older women</li><li>• Young women</li><li>• Rural and/or remote women</li><li>• Women who experience violence</li></ul> |

The Strategic Framework will be supported by a Strategic Framework Advisory Group. Area Health Services and the Department of Health will provide annual progress reports using a standard report proforma. The Advisory Group will monitor progress, and regular reports to the Policy Development Committee will be provided. The Strategic Framework will be reviewed every two years and will incorporate consultation with the women's health sector and the health system.

# EXECUTIVE SUMMARY

The NSW Health Department, in *Strategic Directions for Health 1998-2003*, highlights the purpose of the NSW Health system- Better Health Good Health Care. In order to achieve this purpose, four goals have been developed: Healthier People, Fairer Access, Quality Health Care and Better Value. These goals provide the basis for advancing the health of women in NSW.

The NSW government has demonstrated an ongoing commitment to providing high quality services which meet the health care needs of women. NSW Health has:

- provided a network of services for women throughout metropolitan and rural NSW, including specialist women's health services in hospitals and the community, funded non-government organisations including women's health centres, and provided a range of medical and allied health practitioners
- expanded tertiary level women's health services
- contributed to the NSW Action Plan for Women developed by the Department for Women
- released the *Women's Health in NSW: A Guide to Health Improvement for Women 1998-2003* discussion paper
- completed the NSW evaluation of the National Women's Health Program
- provided funding for innovative women's health projects across NSW
- jointly funded the network of Regional Violence Prevention Specialists, with Police, Department of Community Services and the Attorney-General's Department
- developed the NSW Education Program on Female Genital Mutilation
- developed the Alternative Birthing Services Program
- worked with the Commonwealth to develop a framework for the measurement of women's health outcomes
- developed the Cervical Screening Program
- funded an extensive network of sexual assault services across NSW
- provided a Women's Health Coordinator in every Area Health Service
- funded the NSW Breast Cancer Institute
- appointed 67 women of 141 Area Health Service Board members in 1997/98.

In order to build on this firm foundation and ensure that all groups of women achieve positive health outcomes, NSW Health will move in a new direction and adapt services to meet the current and emerging priorities of women. To comprehensively and effectively meet this challenge, NSW Health has prepared the *Strategic Framework to Advance the Health of Women*.

This Strategic Framework provides the key strategic directions for the health system to respond appropriately to women, and includes strategies which will contribute to these efforts. Annual progress reports by Area Health Services and the NSW Health Department will form the basis of monitoring implementation. Annual progress reports will be provided to the Policy Development Committee via the Strategic Framework Advisory Group. This group will comprise broadly of representatives of Area Health Services, Department of Health, consumers, women's health and other non-government organisations, Department for Women and women's health research organisations. A process of biennial review, involving consultation with the health and consumer sector will also provide a timely mechanism for responding to emerging health issues affecting women, and an opportunity to adjust the Strategic Framework when necessary.

The Strategic Framework will form the core of an integrated package of documents. Separate Fact Sheets on applying the strategic directions to identified State and National health priorities, emerging health issues and those identified in the *National Women's Health Policy* will be produced in consultation with key agencies, and be one of several means to support efforts by the health system to implement the Strategic Framework.

The Framework builds upon the discussion paper *Women's Health in NSW: A Guide to Health Improvement for Women 1998-2003*, the NSW Health *Strategic Directions for Health 1998-2003* document and the *National Women's Health Policy*. NSW Health has actively supported and implemented the National Women's Health Policy and Program and remains committed to the principles that this policy embodies.

These documents promote a social health approach. NSW Health recognises the links between women's social experiences and position within society and their health status, and remains committed to addressing these, and other, social determinants of health.

Within a social health approach, NSW Health cannot, by itself, improve the health of women. It is essential that NSW Health work in partnership with other agencies and government departments to address the social determinants of women's health if it is to make a difference to women's lives and, in particular, their health status.

In everything we do, we will

- identify the groups of disadvantaged women and those with the poorest health outcomes
- target services and develop appropriate programs to address their particular health issues and
- identify and address gaps in service provision.

These efforts will focus mainstream and women-specific services to reduce health inequities between women and men and inequities between groups of women.

NSW Health will also target particular groups of women which, by the nature and extent of their social, economic and/or health disadvantage, tend to have poorer health outcomes than other women. These groups include:

- Aboriginal and Torres Strait Islander women
- women of non-English speaking background
- women with a disability
- women of low socio-economic status
- women carers
- lesbians
- older women
- young women
- rural and/or remote women
- women who experience violence.

The way that NSW Health addresses the health of women is just as important as what it does. Consequently, the Strategic Framework includes the eight point Guiding Principles for Implementation of Women's Health Policy and Practice, of particular importance to advancing women's health in NSW and the four Key Strategic Directions. These principles provide the background and articulate the assumptions to develop informed, high quality women's health policy and practice.

The four Key Strategic Directions will guide the implementation of strategies that will improve and maintain the health of women in NSW. These Key Strategic Directions are:

## **Key Strategic Direction 1: Incorporate a Gendered Approach to Health**

The term gender refers to certain roles, characteristics, responsibilities and expectations that our society ascribes on the basis of being female or male. Gender is one factor which influences the use of the health system by women and impacts on women's health status.

NSW Health recognises that gender leads to different social, economic and political opportunities for women and men. These inequalities can create, maintain or exacerbate exposure to risk factors that endanger health. They can also affect the access to and control of resources, including decision making and education which protect and promote health.

In order to identify and act on inequalities that arise from gender, the adoption of a gendered approach to health is essential. This approach will enable NSW Health to identify and act on inequalities that arise from belonging to one sex or the other, or from the unequal relations between the sexes.

To achieve fairness and justice in the distribution of benefits and responsibilities, gender equity strategies need to be put in place.

Service and policy development activities will incorporate a gendered approach. The release of NSW Health's *Gender Equity in Health* and gender equity checklists for policy and frontline service staff will assist in this process.

## **Key Strategic Direction 2: Work in Collaboration with Others to Address the Social Determinants of Health**

The health of women is determined by a range of social, environmental, economic, cultural and biological factors. Many health programs and policies tend to emphasise the biological aspects of health care, focusing on the bio-medical models of diagnosis, treatment and prevention of an individual's ill health and overlook the other factors which impact on the health of women.

The World Health Organisation identifies the following social factors which impact on health:

- poverty and socioeconomic status
- social exclusion
- living environments
- life experiences
- stress
- addiction
- education & training
- lack of transport
- work and unemployment
- nutrition and food.

The way forward in women's health, therefore, requires a commitment to addressing the much broader range of factors influencing the health of women. In order to do this effectively, NSW Health must work collaboratively with women in the community, other government departments, non-government agencies, advocacy groups, General Practitioners and the private sector. This intersectoral collaboration will improve the capacity of the health system to maximise health outcomes for women.

### **Key Strategic Direction 3: Advance Research on Women's Health Experience and Morbidity**

It is important to ensure that the health needs of women are adequately represented on the health research agenda. Research topics that are undertaken in epidemiological and clinical research areas have been criticised for not being equally relevant to both sexes and that women are not always included in appropriate numbers among the subjects.

The challenge is to understand all health issues through a gendered analysis. Research is needed to examine the way in which gender impacts on a wide range of priority health issues, such as violence, mental health, cardiovascular disease and smoking for example. Research which explores the relationships between the physical and mental health of women and social determinants of health is required. These efforts will provide an account of the critical health issues for women and will explore the impact of gender on health outcomes. NSW Health recognises that both qualitative and quantitative research methods provide the opportunity to explore women's health experience, and enhance the body of research.

### **Key Strategic Direction 4: Apply a Health Outcomes Approach**

The Strategic Framework recognises that health outcomes for women must take into account the many factors which influence the health experience of women, and that outcomes must be measured. Developing a health outcomes approach will mean that health services will measure and respond to a range of indicators, including social, economic and biological indicators. These efforts will contribute to the improvement of women's health status and, in particular, that of disadvantaged women.

The development of broad indicators that can adequately report on women's health outcomes is an important strategic direction to advance the provision of services to women.

In 1999, an important project was initiated to develop a framework for the measurement of women's health outcomes in NSW. The project will provide the rationale and methodology to expand currently available measurement tools to take into account the social determinants of health which impact on women.

From 2000, NSW Health will fund projects and programs that will contribute to the implementation of the four Key Strategic Directions across the health system. NSW Health will also maintain and support a mix of mainstream and women-specific services, in order to improve health outcomes for women.

This document represents the next step in an ongoing commitment to continue to develop, maintain and improve policies and services. These efforts will enhance the health of women in NSW and make significant inroads in achieving the goals of NSW Health.

# 1. INTRODUCTION

Improving and maintaining the health of women in NSW is a crucial activity for all health workers. These efforts will contribute to meeting the goals of NSW Health: healthier people, fairer access, quality health care and better value for the people of NSW.

NSW Health recognises the importance of a social view of health to fulfil this commitment, acknowledging the broad range of social, cultural and economic determinants that influence health. The social view of health is central to advancing the health of women.

The World Health Organisation in the document, *The Social Determinants of Health- The Solid Facts*, (1998) stated that:

"People's social and economic circumstances strongly affect their health throughout life, so health policy must be linked to the social and economic determinants of health."

*Solid Facts* also linked people's social and economic disadvantage to poor health, with people with social disadvantage such as lower income levels, living in poor housing and poorer education having a much higher risk of illness and premature death. These conclusions are also supported by research conducted for the National Health Strategy in the paper *Enough to Make You Sick: How Income and Environment Affect Health* (1992). The report highlighted that women of low income, when compared to women of high income are:

- 83% more likely to suffer disability
- 32% more likely to report more serious chronic illness
- 25% more likely to report recent illness
- 148% more likely to report being only in fair/poor health.

The study recommends that emphasising outcomes which can identify differences in health status is necessary. It also suggests that policies to reduce health inequalities should consider the social view of health, emphasising change beyond the health system to improve people's social and economic circumstances in addition to improvements within the health system.

The social health model recognises and advocates action by government services and their partners on social, and other, determinants of health. The development of women's health services in NSW is a prime example of social health in action. Many initiatives in women's health and a substantial body of research have highlighted the links between women's social experiences and position within society and their health status.

## WORLD HEALTH ORGANISATION DEFINITION OF HEALTH

WHO "strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector "  
(The Alma Ata Conference, 1978)

## BEIJING DECLARATION

In 1995, the United Nations sponsored the Fourth World Conference on Women in Beijing, and developed a Platform for Action (PFA). The PFA identified 12 areas of concern for women's advancement and empowerment, and included poverty, health, violence, the economy, decision making and institutional mechanisms. Australia also provides regular reports on the Convention of All Forms of Discrimination Against Women (CEDAW) which is an important part of the international human rights framework.

The impact on health of factors such as low income, participation in employment, levels of education, poorer proficiency in English, experience of violence and abuse, discrimination issues, limited access to affordable quality housing and child care, as well as women's roles and responsibilities in the family sphere, have been well documented. For example, we know that women who give birth in their teenage years are at increased risk for adverse outcomes in pregnancy, low income, unemployment, social isolation and poor use of mainstream health services.

These issues are not inherently experienced by women as a result of biology. Many of these issues arise from the social context of women's lives. Gender and the gender relations in society need to be considered to find answers to health problems experienced by women.

Gender is recognised as one determinant which influences health status and behaviour. The patterns of health and illness in women and men show marked differences. While some differences are biological in origin, others are due to the complex biological, social, cultural and economic influences that determine health and illness. The societal perceptions of what is 'female' and what is 'male' and the roles, responsibilities and expectations assigned to these, impact on health outcomes for both women and men.

The adoption of a gendered approach to women's health, a central tenet of this Strategy, will enable NSW Health to identify and act on inequalities that arise from belonging to one sex or the other, or from the unequal relations between the sexes. These inequalities can create maintain or exacerbate exposure to risk factors that endanger health. They can also affect the access to and control of resources, including decision making and education which protect and promote health.

## **DEPRESSION**

Williams et al (1995) conducted a major study examining gender differences in depression. The study found that women were almost twice as likely as men to be diagnosed with depression &/or anxiety disorders and major &/or longstanding depressive disorders. The study also found that women diagnosed with depression were significantly more likely to be prescribed antidepressant drugs than men with the same diagnosis. This gender bias has been an area of social action and advocacy. A gendered approach to health would begin to address these gender differences.

## **WOMEN'S HEALTH IN ACTION Hearing Women's Voices**

An Older Women's Wellness Forum in July 1999 was a collaborative project organised by NSW Health Department, the Older Women's Network, Benevolent Society, Department of Sport and Recreation, Department for Women and the Ageing and Disability Department.

## **WOMEN'S HEALTH IN ACTION Addressing Social Determinants of Health**

Physical activity is linked to good health outcomes in relation to cardiovascular disease and other conditions. Studies show that women are less likely to participate in physical activity as a result of a variety of gender-specific reasons. NSW Health funded a physical activity demonstration project, Concord: A Great Place to Live. Central Sydney Area Health Service & Concord Council implemented strategies to increase the opportunities for local women aged 20-50 years to be more physically active. The project focussed on helping women overcome the perceptual and physical barriers they face to being more active.

## **WOMEN'S HEALTH WEB SITES**

Some useful starting points for health practitioners using the internet to find out more about women's health include:

**NSW Health Department** - [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

**Department for Women** - [www.women.nsw.gov.au](http://www.women.nsw.gov.au)

**Women's Health Australia** - [www.u2.newcastle.edu.au/wha/](http://www.u2.newcastle.edu.au/wha/)

**Office of the Status of Women** - [www.dpmc.gov.au/osw/](http://www.dpmc.gov.au/osw/)

**Attorney General's Department** - [www.lawlink.nsw.gov.au](http://www.lawlink.nsw.gov.au)

**World Health Organisation Library** - [www.who.int/hlt/virtuallibrary/English/fulltextjour.htm](http://www.who.int/hlt/virtuallibrary/English/fulltextjour.htm)

**UN Beijing Declaration and Platform for Action** - [www.un.org/womenwatch/daw/beijing/platform](http://www.un.org/womenwatch/daw/beijing/platform)

**National Women's Health Program** - [www.tased.edu.au/tasonline/twhn/awhpr.htm](http://www.tased.edu.au/tasonline/twhn/awhpr.htm)

**Australian Women's Health Network** - [www.awhn.org.au/](http://www.awhn.org.au/)

**International Women's Day** - [www.isis.aust.cam/iwd/](http://www.isis.aust.cam/iwd/)

**Medical Journals** - [www.medweb.emory.edu/](http://www.medweb.emory.edu/)

**United Nations-Women's Health & Development Program** - [www.who.org/frh-whd/](http://www.who.org/frh-whd/)

**Women's Health Queensland Wide** - [www.womhealth.org.au/](http://www.womhealth.org.au/)

**Population Health Division of the Commonwealth Department of Health and Family Services** - [www.health.gov.au/pubhlth/strateg/women/index.htm](http://www.health.gov.au/pubhlth/strateg/women/index.htm)

## GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF WOMEN'S HEALTH POLICY AND PRACTICE

The implementation of the *Strategic Framework to Advance the Health of Women* will be guided by the principles of the *National Women's Health Policy* in conjunction with the Guiding Principles for Implementation of Women's Health Policy and Practice. The principles, outlined below, provide the background and articulate the assumptions that are needed to form the basis of informed quality women's health policy and practice.

**TABLE 1: GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF WOMEN'S HEALTH POLICY AND PRACTICE**

- 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, socioeconomic status, ethnicity, disability, location and environment
- Health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary along with high quality treatment services
- Information, consultation and community development are important elements of the health process
- Women's health policy must:
  - encompass all of a woman's lifespan and reflect women's various roles in society, not just their reproductive role,
  - aim to promote greater participation by women in decision making about health services and health policy as both consumers and providers,
  - recognise women's rights as health care consumers, to be treated with dignity in an environment which provides for privacy, informed consent and confidentiality,
  - acknowledge that informed decisions about health and health care require accessible information which is appropriately targeted for different socioeconomic, educational and cultural groups,
  - be based on accurate data and research concerning women's health, women's views about health and strategies which most effectively address women's health needs
- Implementation of this Strategy and any improvement in women's health status will require the commitment and involvement of a range of agencies, based on intersectoral partnerships
- Development of initiatives to improve women's health will be on the basis of need
- Participation by women in the planning and delivery of health services is essential to providing a high quality, equitable and responsive health system.

This Strategy provides an overview of current key health issues for women and a framework to guide the implementation of strategies that will advance the health of women in NSW.

## 2. THE PROGRESS OF WOMEN'S HEALTH IN NSW

In NSW, the health status of women has been raised as an issue of concern by health workers and women themselves over a number of years. Since the 1970s, when action on women's health began to gather momentum with the establishment of the first women's health centres and sexual assault services, a number of common, recurring issues have been noted including:

- why do women experience high rates of morbidity?
- why are health services not more responsive to women's health needs?
- why are there limited services to address the social health needs that affect women's health eg: affordable child care, social cohesion and support, child-friendly and accessible health services?
- why are women disproportionately 'victims' of violence including domestic and sexual violence?
- why do some groups of women experience poorer health status than other groups of women?
- why do women report more recent health conditions (those experienced in the previous two weeks) and are more likely to report chronic health conditions than men?
- how can women's health promoting behaviour be supported?

The development of women's health services has arisen predominantly from a position of dissatisfaction with existing health services, and the recognition that there were gaps in services for women. These factors, in addition to the realisation that research agendas did not encompass a broad range of issues affecting women, contributed to adverse health outcomes for women. Services were also developed as a result of a socio-political, feminist analysis that highlighted the patriarchal nature of society and the oppression of women. For many years, women have argued for an understanding of a social view of health, highlighting the links between health status and the social position of women in society.

These experiences led to the development of strategies to improve equity and equality for women. This includes advocating for equality of opportunity and the elimination of discrimination in all aspects of society.

This movement has been characterised by the establishment of women specific services, delivered by women for women. These services have been additional to the mainstream health services offered by the health system. Similarly, efforts have particularly been directed towards those services that are unique to women, such as sexual and reproductive services, and those health issues that are more prevalent among women such as domestic violence and sexual assault.

### WOMEN'S HEALTH IN ACTION Conducting Innovative Research

Women's health action has always focussed on women in most need. Access to health services by women with mental illness was addressed by a project in Northern Sydney Area Health Service. An innovative research program aimed at identifying utilisation rates and barriers to the use of women's health services by women with a mental illness was conducted.

### WOMEN'S HEALTH IN ACTION Providing Real Choices for Women

Women's Health and Crisis Centres provide holistic community based health services and work actively in the community to improve women's quality of life. Centres across NSW provide a range of health services involving women closely in the development, management and delivery of services to meet the local expressed needs of women.

By supporting non government Women's Health and Crisis Centres, NSW Health has increased choice for women and encouraged the development of a range of models to respond the health needs of women.

In addition, the women's health movement also recognised the need to influence mainstream health services to be more responsive to the needs of women. This action has included recognising the needs of specific groups of women, such as older women, lesbians and women with low income.

The goal of improving mainstream service delivery to women is a central element to improve the health of women. NSW Health, therefore, supports a combination of responses that direct funding and policy efforts to women specific services and to mainstream services.

The history of women's health in NSW informs the policies and services developed and delivered by the current health system. Some significant gains for women have been made.

This document represents a commitment to continue to develop, maintain and improve policies and services which will enhance the health of women in NSW.

For specific groups of women, health status remains poor. The NSW National Women's Health Program Evaluation (1997) recommended that further action is required in the following areas:

- health needs of Aboriginal and Torres Strait Islander women
- women who are carers
- women from low socio-economic backgrounds
- women with disabilities
- women's occupational health and safety, and
- negative sex role stereotyping of women.

The Evaluation also noted that where services have made advances in addressing the issues for women for whom health outcomes are poor in comparison with the general population, the knowledge gained has not necessarily been transferred to service development in mainstream services.

Health workers have commented on the need to provide systemic health system responses in addition to individual service development responses to health issues for women. This recognises the continued relevance of the National Women's Health Policy key action areas.

The implementation of strategies to improve women's health in NSW has been facilitated by infrastructure development, such as the opening of the new Women's Hospital at Randwick and the funding of a Women's Health Coordinator in every Area Health Service, as well as service provision. This infrastructure has enabled the coordination of services, plans and policies, advocacy on women's issues and the development of diverse strategies that promote the health of women.

## **WOMEN'S HEALTH IN ACTION** **Responding to the Community**

The Post Natal Depression Support and Information Service was established as a result of approaches from women to the Shoalhaven Women's Health Centre. This identified an unmet need in the community. The service provided counselling, groups, resources and training for local women experiencing postnatal depression. Partnerships with the Shoalhaven Women's Health Centre and Illawarra Area Health Service resulted in the service being integrated with the Women's Health Centre in order to effectively meet the growing needs of the target group.

## **BREAST CANCER**

Breast cancer is the most common malignant cancer, and the leading cause of cancer death, in women. New cases of breast cancer have gradually increased in recent years (partly due to increased screening and detection), but death rates have remained stable.

## **WOMEN'S HEALTH IN ACTION** **Excellence in Staff Training**

The Education Centre Against Violence is a statewide specialist organisation funded to provide training and resources for health workers about child and adult sexual assault and domestic violence.

By broadening the skills and competencies of health, welfare and other professionals throughout NSW, the training and resource materials developed by the Centre are designed to enhance the quality, effectiveness and accessibility of services available to people whose lives have been affected by sexual assault, abuse, or domestic violence.

Women's Health Coordinator positions are a major vehicle by which infrastructure and capacity is developed to support the implementation of the National Women's Health Policy. These positions have coordinated the development of women's health policies and plans at the local level and have influenced mainstream services to most effectively meet the health needs of women.

Training of health professionals on women's health issues has also been a key strategy to promote skills and knowledge of women's health issues across the whole health system. Consulting with women, involving women in accessing services and providing health information have also been successful strategies. Further efforts are required in research and involving women in the planning, management and evaluation of services.

NSW Health recognises that women and men often have different health needs. Patterns of illness and injury differ in many respects between women and men. Where illness is sex specific, these differences are obvious, but where both sexes are affected, these differences can be more subtle and need to be recognised and taken into account when planning health strategies appropriate for women's needs. NSW Health is responsible for ensuring that all services are appropriate to the diverse needs of women and men and between differing groups of women.

It is also understood that women are a diverse group, and that the specific needs of sub-groups of women need to be identified and addressed. For example, the health needs of a woman who is a recent migrant and single parent living in poor housing, are likely to be different to the health needs of a woman of high income in full-time employment who is a single parent.

NSW Health also recognises the need to build on the efforts of the past and to take steps to ensure policies, programs and services are inclusive and relevant to all groups of women.

A great deal has been achieved since the commencement of the National Women's Health Policy in 1989 and the implementation of the NSW National Women's Health Program. Maintaining the existing service levels and adapting where necessary to meet the current and emerging priorities of women will be a challenge for the future.

### **WOMEN'S HEALTH IN ACTION Adding Value to Mainstream Services**

Women's Health Coordinators facilitate a range of multidisciplinary committees as an important strategy to influence mainstream services. These committees add value to the implementation of women's health strategic plans and are key ways of including women's issues into a range of plans.

### **WOMEN'S HEALTH IN ACTION Tailoring Services**

The National Women's Health Program funded a pilot project *Promoting Health for Women in Custody* conducted by Corrections Health Service. The project consisted of a health promotion needs assessment and evaluation, and development of an education program. Women inmates participated in the planning and implementation of the education program.

### **WOMEN'S HEALTH IN ACTION Developing Local Infrastructure**

The NSW Cervical Screening Program, a joint Commonwealth State funded program, commenced in 1991. The program funded a Cervical Screening Coordinator in all Area Health Services, who have developed local strategic plans to increase screening rates. Plans have been developed in collaboration with key stakeholders, including Divisions of General Practice and community groups.

Access to appropriate screening services is a key focus of the Program. A range of collaborative projects is being implemented to improve services for women. These include training and awareness raising about barriers to screening for general practitioners, and strategies to increase opportunistic screening. Women's Health Nurses have played a key role in recruitment of women to the Program.

### **WOMEN'S HEALTH IN ACTION Enhancing Collaboration**

A joint project between NSW Health, Department of Corrective Services and Corrections Health Service assessed the current access to health services and identified health priorities of Aboriginal and Torres Strait Islander women in custody in NSW, which involved interviews with Aboriginal and Torres Strait Islander women. This collaboration has established a new model of service delivery for Aboriginal and Torres Strait Islander women in custody.

### 3. THE POLICY CONTEXT

Women comprise 50.6% of the NSW population, are major users of health services and provide a large proportion of the formal and informal health care either through participation in the NSW Health workforce or as health carers in the family/private sphere.

The four principal goals for the NSW Health System of healthier people, fairer access, quality health care and better value, reflect a commitment to improving the health of women.

Throughout the past three decades many changes have also occurred in the mainstream health service to improve its responsiveness and appropriateness to women's needs. In particular a great deal has been achieved since the commencement of the National Women's Health Policy in 1989 and the implementation of the NSW National Women's Health Program. The creation of positions such as women's health coordinators, nurses and educators, various developments in community health, and the establishment of birth centres and sexual assault units have all helped to re-orient health services to be responsive to the impact of social factors on women's health and well being.

Policies and programs that aim to improve the health of women are delivered across the full spectrum of health services in NSW, and include health services that are specifically aimed at women or are primarily used by women. Maternity services, breast and cervical screening programs, menopause and gynaecological services are examples of such services. The issues with these services have been quality and appropriateness for all women. NSW is committed to ensuring that sexual and reproductive health services for women are responsive to the needs of all groups of women and that all women enjoy equitable outcomes.

The National Women's Health Policy has guided NSW Health's response to the health needs of women. NSW Health remains committed to the implementation of the National Women's Health Policy and the principles this policy embodies. This policy remains relevant and instrumental in shaping the development of strategies aimed at improving women's health outcomes in NSW.

The goal of the National Women's Health Policy is:

*"to improve the health and well-being of all 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"*

#### **BIRTHING**

Birth and delivery in hospitals alone accounts for more than \$200 million of health care expenditure every year. 44% of women 20 – 34 years old admitted to hospital are going there to give birth. Not surprisingly, women have formed consumer groups in an effort to improve health service response to women's needs for sensitive birthing services.

The Maternity Services Advisory Committee was established to assist with policy direction and ensure the Health system responds appropriately to address:

- continuity of care
- connection/referral with other services required
- cultural insensitivity of services
- desire for more flexible hospital structures
- recognition and support for women with post-natal depression.

The National Women's Health Policy outlines seven priority health issues. In NSW, a range of women's health services, policies and programs have been developed to progress these priority health issues including:

- reproductive health and sexuality
- health of ageing women
- emotional and mental health
- violence against women
- occupational health and safety
- health needs of women as carers
- health effects of sex role stereotyping on women.

NSW Health has implemented these priorities by directing efforts to the five key action areas in the National Women's Health Policy, namely:

- 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.

The National Women's Health Program was funded to support the National Women's Health Policy, on a cost shared basis. The implementation of this Policy has been instrumental in NSW establishing comprehensive women's health services across NSW.

The National Women's Health Program in NSW has been influential in improving access for marginalised women, particularly non-English speaking background women, Aboriginal and Torres Strait Islander women and rural women. The Program has also provided the incentive for health system change through policy initiatives in women's health, training of health care providers and women's participation on key committees in Area Health Services. Women's Health Coordinators have been the most evident agents of change directly influencing mainstream health services to adopt practices congruent with the National Women's Health Policy.

## **WOMEN'S HEALTH IN ACTION**

### **Addressing Social Determinants**

The Learn to Drive and Self Esteem Program, developed by a Women's Health Nurse in the Mid North Coast Area Health Service is a best practice example of a project responding to the needs of rural women.

The program was developed to address the transport access issues of rural isolated women from low -socio economic status who were not accessing the health service.

By rewriting the Traffic Handbook into an understandable format and developing appropriate teaching material the program assisted participants to gain their drivers licences.

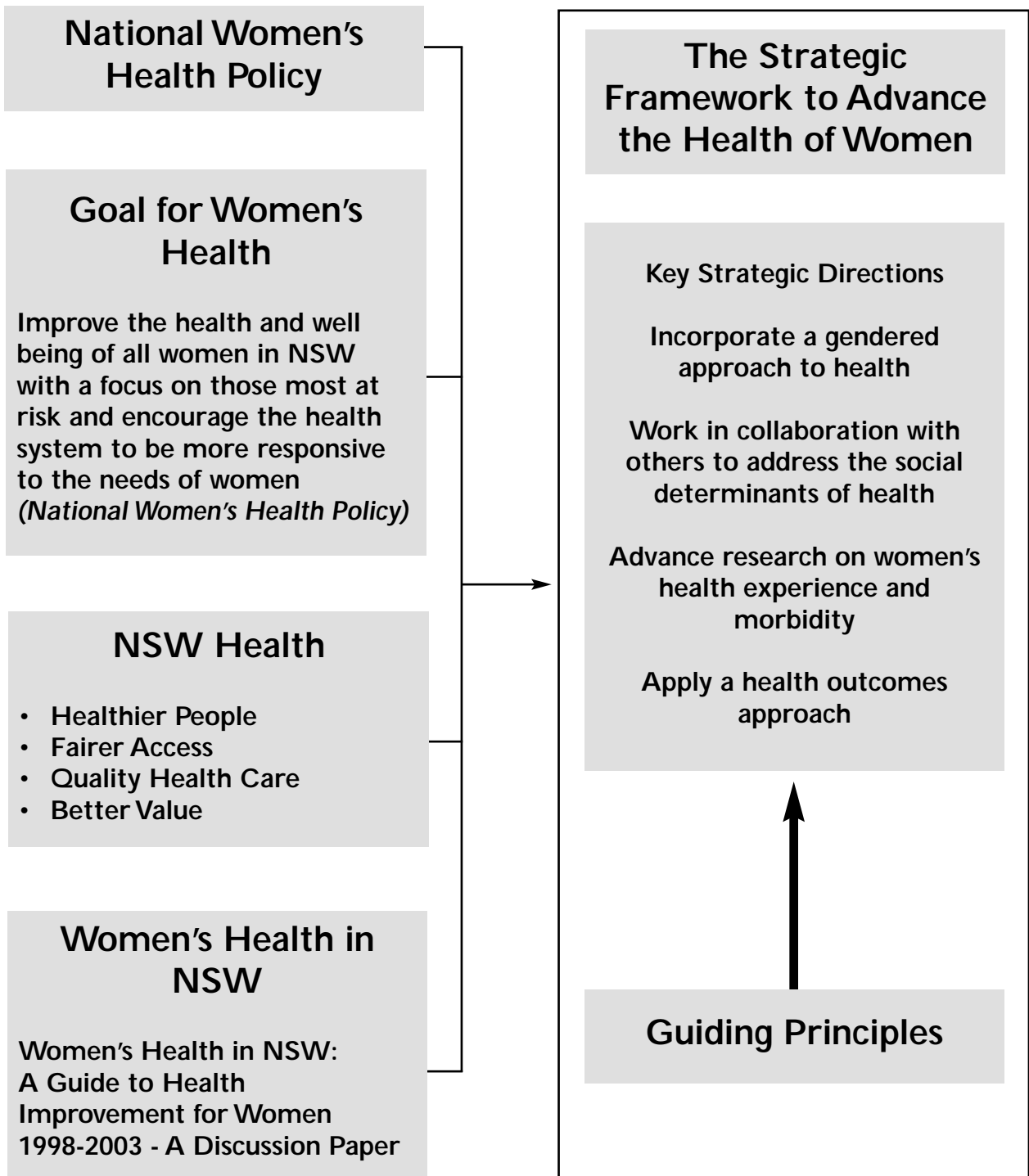
Significant numbers of Koori and non-English speaking background women use this program.

## **WOMEN'S HEALTH IN ACTION**

### **Creating Innovation**

Baby CHAIN is a successful program, funded through the National Women's Health Program, addressing the needs of pregnant adolescent women. A multidisciplinary team provides an innovative link between community and hospital-based care, enabling the sharing of resources and experience which ensures better service provision for young women.

**FIGURE 1: The Policy Context**



## 4. WHAT IS HAPPENING NOW

Particular population groups of women are recognised as having poorer health status than the general population. These groups include, but is not limited to, older women, immigrant and refugee women, Aboriginal and Torres Strait Islander women, women with disabilities and women who are carers. Specific strategies tailored to improve health outcomes for these groups will be required, as will addressing the health issues of young women, lesbian women, rural women and women of low socio-economic status.

### Current Health Issues for Women

The definition of a women's health issue used in this Strategic Framework is as outlined in *Health Goals and Targets for Australian Women* endorsed in 1993 by the Australian Health Minister's Advisory Council, namely:

"The advancement of women's health requires that promotion of physical, mental and social well-being, following the broad definition of health adopted by the World Health Organisation. Women's health issues are defined as social conditions, illnesses and disorders unique to, more prevalent among, or more serious in women or for which there are different risk factors, interventions or strategies for women than for men".

It is recognised that major health gains in the health of NSW women in recent years have been achieved, including declining rates of new cases and deaths from cervical cancer, declining deaths due to coronary heart disease and increasing breast cancer 5 year relative survival rates.

However, women continue to experience higher rates of poverty and lower rates of literacy, with access to economic power and decision making not being commensurate with numbers, or needs. Women report more long term and recent health conditions and mental illness over a lifetime.

Women are more likely than men to experience health problems related to their reproductive systems and are more likely to suffer child abuse and violence in the home. Circulatory diseases, cancers, respiratory diseases, injury and poisoning are the major causes of death for women.

The Women's Safety Survey (1996), conducted by the Australian Bureau of Statistics, found that 5.9% of women surveyed had experienced physical violence in the previous 12 month period, and a further 1.5% had been sexually assaulted. On a population basis, these combined figures represent 490,000 women across Australia.

Smoking in younger women is a problem. Schofield et al (1998) found that 21% of women aged 12-17 years self reported smoking recently. The same study noted the continuing trend for more females to take up smoking than males.

#### EDUCATION

In NSW in 1991, 64.2% of women and 53.3% of men reported that they had no post-school educational qualifications, compared to 61% of women and 50.8% of men in 1996. (Chief Health Officer's Report, 1997 and 1999).

#### HEALTH STATUS

In 1995, NSW women reported more recent health conditions (those experienced in the last two weeks) than men. Most common were headache (15.2% of women), arthritis (10.8%) high blood pressure (10.5%), asthma (6.0%) and the common cold (5.7%). (1995 National Health Survey)

When we look at what are the priority health issues for women, we can get a better picture by asking a variety of groups. Table 2 indicates that women, health statistics and key informants can give a varying picture as to what constitute major health issues for women. When we look at the issues identified, we find that there are links and relationships between the three sources of information. For example, smoking and lung cancer reflect the same health issue. Considering these issues from a gendered perspective, smoking is also closely related to stress, anxiety, weight and body image, especially for young women.

By considering and evaluating a variety of data sources with different respondents, health services can make more informed decisions regarding service planning and delivery.

## SOCIAL FACTORS

By taking a social health approach to addressing the health needs of women, the following are examples of social factors which have an impact on the health of women:

- Poverty and economic disadvantage
- The changing nature of women's employment
- Work issues
- Drug and alcohol use
- Caring for dependants
- Environment in early childhood
- Violence and abuse
- Social cohesion
- Social exclusion
- Effects of alcohol and other drugs
- Access to healthy food
- Cultural factors
- Access to adequate housing
- Access to child care
- Aboriginal and Torres Strait Islander descent
- Access to transport

**TABLE 2: Identified Health Issues for Women by Different Respondents**

| <b>HEALTH STATISTICS<br/>(Potential Years of Life Lost 1994)</b>   | <b>WHAT THE WOMEN SAY<br/>(Brown &amp; Doran 1996)</b>   | <b>WHAT KEY INFORMANTS SAY<br/>(Brown &amp; Redman 1995)</b>  |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Breast Cancer</li> <li>• Heart Disease</li> <li>• Motor Vehicle Accident</li> <li>• Lung Cancer</li> <li>• Suicide</li> </ul> | <ul style="list-style-type: none"> <li>• Tiredness</li> <li>• PMS, Period Pain, Heavy Periods</li> <li>• Stress, Anxiety, Depression</li> <li>• Weight and Exercise</li> <li>• Disturbed Sleep</li> <li>• Arthritis</li> <li>• Menopause</li> <li>• Smoking</li> </ul> | <ul style="list-style-type: none"> <li>• Control of reproductive health</li> <li>• Domestic Violence</li> <li>• Mental Health</li> <li>• Body Image and Eating Disorders</li> <li>• Menopause</li> <li>• Smoking among Young Women</li> <li>• Screening for Breast and Cervical Cancer</li> </ul> |



## 5. WHAT WE WILL DO

In 2000, NSW Health will address the challenges that the roll-over of the National Women's Health Program into the Public Health Outcome Funding Agreement presents. NSW Health will ensure that the resource distribution of women's health funds will be equitable and sustainable, and support the *Strategic Framework to Advance the Health of Women*.

### KEY STRATEGIC DIRECTIONS

The Strategic Framework has been developed by NSW Health to inform policy and service development. Four key strategic directions have been identified as being necessary to inform and direct efforts in improving the health of women in NSW. These approaches will apply across the health system. Health care providers must address these approaches when undertaking any health activity, project, plan or policy which will have an impact on women.

Actions in each key strategic direction will contribute to:

- achieving the NSW Health Strategic Goals of healthier people, fairer access, quality health care and better value for women in NSW.
- achieving the goal of the National Women's Health Policy of improving the health and wellbeing of women with a focus on those most at risk and to encourage the health system to be more responsive to the needs of women.

The following provides a concise explanation of each approach, a clear objective for applying the approach as well as strategies for implementation. The strategies are not exhaustive but provide guidance to Area Health Services, departmental units and non-government health service providers striving to improve and enhance the services they provide to achieve our common goal of better health for women.

The strategic directions are inter-related and complementary. For example, in conducting research on a specific health issue, such as health of carers, analysing the issue using a gendered approach will provide a greater understanding of the issue. Research in this area will identify specific desired health outcomes for women carers. It is through the integrated application of the Key Strategic Directions that more efficient and effective services, policies and initiatives can be developed to address and enhance women's health and well being.

#### DOMESTIC VIOLENCE AND MENTAL HEALTH

A longitudinal study undertaken in Queensland used a sample of 335 women who reported to the Emergency Department of a major Brisbane hospital. The study found that women who reported domestic violence showed significantly more diagnoses of generalised anxiety, depression, phobias, current harmful alcohol consumption and psychoactive drug dependence than those who reported no abuse. Women who had experienced abuse during childhood and as an adult were significantly higher than for women who reported adult abuse only. The study found that one third of psychiatric diagnoses in the study population were attributable to domestic violence. Roberts et al (1998)

## STRATEGIC DIRECTION 1

### Incorporate a Gendered Approach to Health

Gender has a significant impact on health. Gender is distinct from sex, that is the biological existence of being female or male. Gender refers to the values, norms and expectations that society attributes to being female or male.

Gender leads to different social, political and economic opportunities for women and men. These are not always equal and may change over time.

Existing biases within the health system may advantage some groups and disadvantage others. A consideration of the impact of gender as a factor influencing health is necessary at every level of health intervention and by every health worker.

A gendered approach proposes that women's and men's interactions with each other and the circumstances under which they do so, contribute significantly to any sex differences in health opportunities and constraints.

The combination of a person's biological sex and the gendered nature of their cultural economic and social lives will put individuals at risk of developing some health problems while protecting them from others.

Gender differences can create, maintain or exacerbate exposure to risk factors that endanger health. They can also affect the access to and control of resources, including decision making and education which protect and promote health.

A gendered approach to health is essential in order to identify and act on gender-related health and social inequities. It is the responsibility of every health worker, both frontline and management, to identify, consider and address gender inequities.

#### A GENDERED APPROACH TO SUICIDE

Apart from gender differences in the symptoms of particular diseases, gender differences in response to treatment, and the existence of gender bias in medical research, health service practitioners often do not take gender into account when implementing health services.

The male suicide rate is higher than the female suicide rate. However, women attempt suicide at higher rate than men: of 6944 episodes of inpatient care in 1995/96, 4028 were females (58%). Rates for attempted suicide increased by 80% for males and 115% for females over the 1991-1996 period. (Chief Health Officer's Report, 1997).

## Intended Outcome

Adopting a gendered approach to health will enable the health system to identify and act on inequities that arise from belonging to one sex or the other, or from unequal relations between the sexes, and address any differences in health status between specific groups of women.

The following strategies will further the development of a gendered approach to women's health.

### Target Areas For Action

- The NSW Health Department to develop Gender Equity guidelines and checklists on how to incorporate gender equity into health care policy and practice
- The NSW Health Department to undertake a gendered analysis of the NSW public health priority areas and other health issues relevant to women
- The NSW Health Department to convene regional fora on how to apply the four Strategic Directions to policy, planning, implementation and evaluation processes
- Area Health Services to incorporate gender analysis in program development
- Area Health Services to implement strategies to redress health inequities for women arising from gender
- Area Health Services to develop models of women's health care that are gender sensitive
- Area Health Services and the NSW Health Department to promote the education and training of health staff on the impact of gender on health
- Area Health Services to undertake women's health research that incorporates a gendered analysis and explains gender differences
- The NSW Health Department to examine the collection of health data by sex and recommend areas to incorporate a gendered analysis
- The NSW Health Department and Area Health Services to identify health issues for women where health inequities exist and have a gendered component

## STRATEGIC DIRECTION 2

### Work in Collaboration With Others to Address the Social Determinants of Health

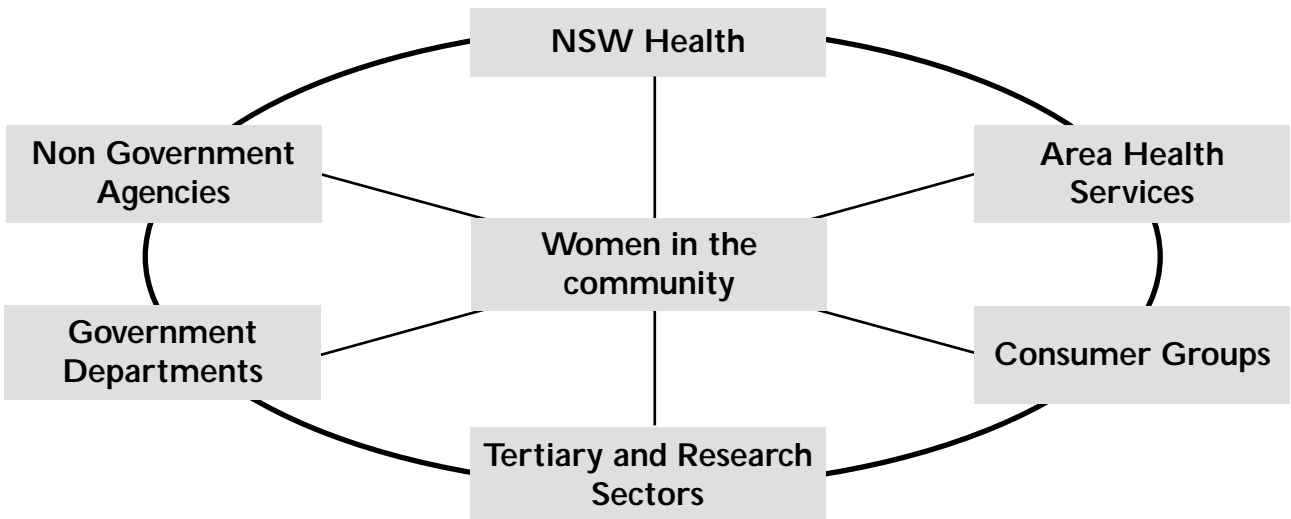
The health of women is determined by a range of social, environmental, economic, cultural and biological factors. Health programs and policies have a tendency to emphasise the biological aspects of health care, focusing on the biomedical models of diagnosis, treatment and prevention of an individual's ill health.

However, as health is influenced by a range of factors including sex, race, age, ability, socio-economic status, location, gender and culture, the need to identify and explore the impact of these social determinants on the health status and health behaviour of women is important.

Awareness of the range of these factors and their association with various health issues is acknowledged as essential in improving the health of women. Different health responses are required depending on which factors are dominant or interacting at a given time to influence health. Health issues within this broad context are best addressed in a cooperative way by many groups and sectors.

The way forward in women's health means a commitment to working collaboratively with government and non-government agencies, the research sector, consumers, General Practitioners and women in the community on the range of factors influencing the health of women. Working in collaboration will improve the capacity of the health system to maximise health outcomes for women.

**Figure 2: Intersectoral Partnerships to Advance the Health of Women**



## Intended Outcome

Applying this approach will increase knowledge of the links between health and the social context of women's lives. This increased knowledge will assist in the development of services, policies and programs that more effectively address the health needs of women.

The following strategies will further the development of a social determinants approach to women's health.

### Target Areas For Action

- Area Health Services to develop intersectoral women's health programs, based on partnership models and including community groups, to address social determinants of women's health
- Area Health Services to identify and develop programs that promote the understanding of the social view of women's health within mainstream health policy and services
- Area Health Services and the NSW Health Department to promote and implement effective and inclusive consultation processes with women and involve women in identifying issues that affect their health and wellbeing
- Area Health Services to implement community-based strategies that are aimed at improving women's health and acknowledge the range of factors that impact on health
- The NSW Health Department and Area Health Services to participate in whole of government initiatives concerning the status of women, such as the Council On Violence Against Women and work within the regional network of Violence Prevention Specialists.
- Area Health Services and the NSW Health Department to identify, document and promote existing examples of effective evidence-based practice in social health programs aimed at improving women's health
- Area Health Services and the NSW Health Department to maintain and expand initiatives that address the health of Aboriginal and Torres Strait Islander women, older women, women with disability, women as carers, women of non-English speaking backgrounds and women from low socio-economic groups
- Area Health Services and the NSW Health Department to promote the development of services that are focussed on the needs of women who experience health inequities

## STRATEGIC DIRECTION 3

### Advance Research on Women's Health Experience and Morbidity

It is important to ensure that the health needs of women are adequately represented on the health research agenda. Research topics funded in epidemiological and clinic research areas have been criticised for not being equally relevant to both sexes and that women are not always included in appropriate numbers among the subjects.

Ensuring that women are visible in the collection of routine statistics and that women are included in the design and implementation of research studies, will further the understanding of women's health issues. By disaggregating routine data by sex, the knowledge base of health care providers and researchers will be more informed. Similarly, if the diverse needs of women are to be understood, data should also be disaggregated by other health determinants such as socio-economic status and age.

In areas other than reproductive health, research has often excluded women due to the variability associated with pregnancy and menstrual cycles. These conditions represent normal states for most women and therefore should be included in study designs as appropriate.

The recognition of sex differences in health status has led to the study of those conditions which tend to be significantly more prevalent in one sex or the other, for example, breast cancer in women. The emerging challenge is to understand all health issues through a gendered analysis. Future research is needed to examine the way in which gender impacts on a wide range of NSW priority public health issues. Such research is necessary in order to determine the critical health issues for women and the impact of gender on health outcomes.

Research must also consider the many factors influencing the health of women including ethnicity, class, sexual orientation, age and disability. Research which reflects the diversity of women's experiences of health will make a significant contribution to developing a health system which is informed, responsive and inclusive of factors determining health including gender.

Resources need to be committed to appropriate research to improve health gain for women. Such research will inform the planning, development and evaluation of a broad range of health services and also women-specific services. It will also improve the provision of health information and health care. Sex-specific research will be required as well as research examining women and men, so that improved health outcomes can be achieved for all.

#### AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

This national study, commenced in 1996, involves surveying six cohorts of women over a 20 year period. There are 41,500 women nationally, including approximately 15,000 NSW women, participating in the study. Results will be used to inform the development of health policies and programs. It is an important initiative which will provide an opportunity to analyse women's views on their health status and will inform evidence-based strategies to improve women's health.

The five main themes of the study are:

- time use
- health, weight and exercise
- violence against women
- life stages and key events
- use of, and satisfaction with, health care services.

## Intended Outcome

Promoting a research approach to women's health will provide a more comprehensive and informed picture of women's health needs and improve the quality and effectiveness of services and policies.

The following strategies will further the development of an appropriate research approach to women's health.

### Target Areas For Action

- Area Health Services and the NSW Health Department to identify priority health issues and appropriate interventions requiring research
- The NSW Health Department to foster close communication between consumers, researchers, practitioners and policy makers to develop research programs to inform the development of women's health
- Area Health Services and the NSW Health Department to develop close consultation with women regarding research topics of relevance and importance to women
- Area Health Services and the NSW Health Department to promote further research on the non-reproductive aspects of women's health, the impact of gender on health and the interaction between gender and other social determinants of health
- Area Health Services and the NSW Health Department to develop strategies to promote the inclusion of women in the design and implementation of epidemiological and clinical research
- Area Health Services to liaise with research ethics and grants committees to promote the development of gender inclusive research protocols and programs
- Area Health Services to increase women's representation on research ethics and grants committees
- Area Health Services to promote innovative, quantitative and qualitative methods to document gender inequities in health and health service delivery
- Area Health Services to promote the collection of data which is disaggregated by sex, age, ethnicity, socio-economic status and Aboriginal and Torres Strait Islander status
- Area Health Services and the NSW Health Department to promote research which addresses gaps in knowledge of health issues at various points in the life span of women
- Area Health Services and the NSW Health Department to initiate and support partnerships with research organisations to advance research on women's health

## STRATEGIC DIRECTION 4

### Apply a Health Outcomes Approach

Focusing on the outcomes of a health intervention rather than the health intervention itself, represents a shift from reporting activity to reporting results or outcomes. As outcomes may be intended or unintended, positive or negative, the development of performance indicators that can be applied to effectively measure outcomes becomes increasingly important.

The process of developing performance indicators and agreed outcomes for any population group draws attention to information gaps, data quality and availability, timeliness of data and utility in everyday health practice. Developing indicators for health is difficult because health has multiple objectives and multiple outcomes. It is also recognised that health is the result of complex interactions between many social, economic and biological factors.

In addition, the way in which health interventions work to produce health outcomes is the subject of considerable debate. Therefore, commitment to advance the development of performance indicators that can adequately report on women's health outcomes is an important strategic direction in the development of women's health in NSW.

As a demonstration of this commitment, an important project was initiated in 1999 to develop a framework for the measurement of women's health outcomes in NSW. The project will provide the rationale and methodology to expand currently available measurement tools to take into account the social determinants of health which impact on women.

#### WOMEN'S HEALTH IN ACTION

A consultancy on behalf of the Australian Health Ministers Advisory Council Subcommittee on Women and Health proposed a framework for outcomes and indicators for women's health which specified criteria against which potential indicators should be assessed. It was proposed that, in terms of strategic criteria, indicators should:

- be sensitive to those aspects of health and well being particularly important to women and reflect what women see as important
- include gender specific indicators in addition to those related to reproductive health issues
- recognise the heterogeneity among women
- provide support for the National Women's Health Policy
- be compatible with national initiatives such as National Health Goals and Targets, the Public Health Partnership, Council of Australian Governments and the National Health Information Model
- have the potential to drive health system and whole of government change
- emphasise health promotion and prevention
- be relevant to various levels and sectors of the health system.

## Intended Outcomes

A health outcomes approach to women's health will enhance the quality and effectiveness of service delivery, provide baseline information against which progress can be measured, and inform evidence-based practice.

The following strategies will further the development of a health outcomes approach to women's health.

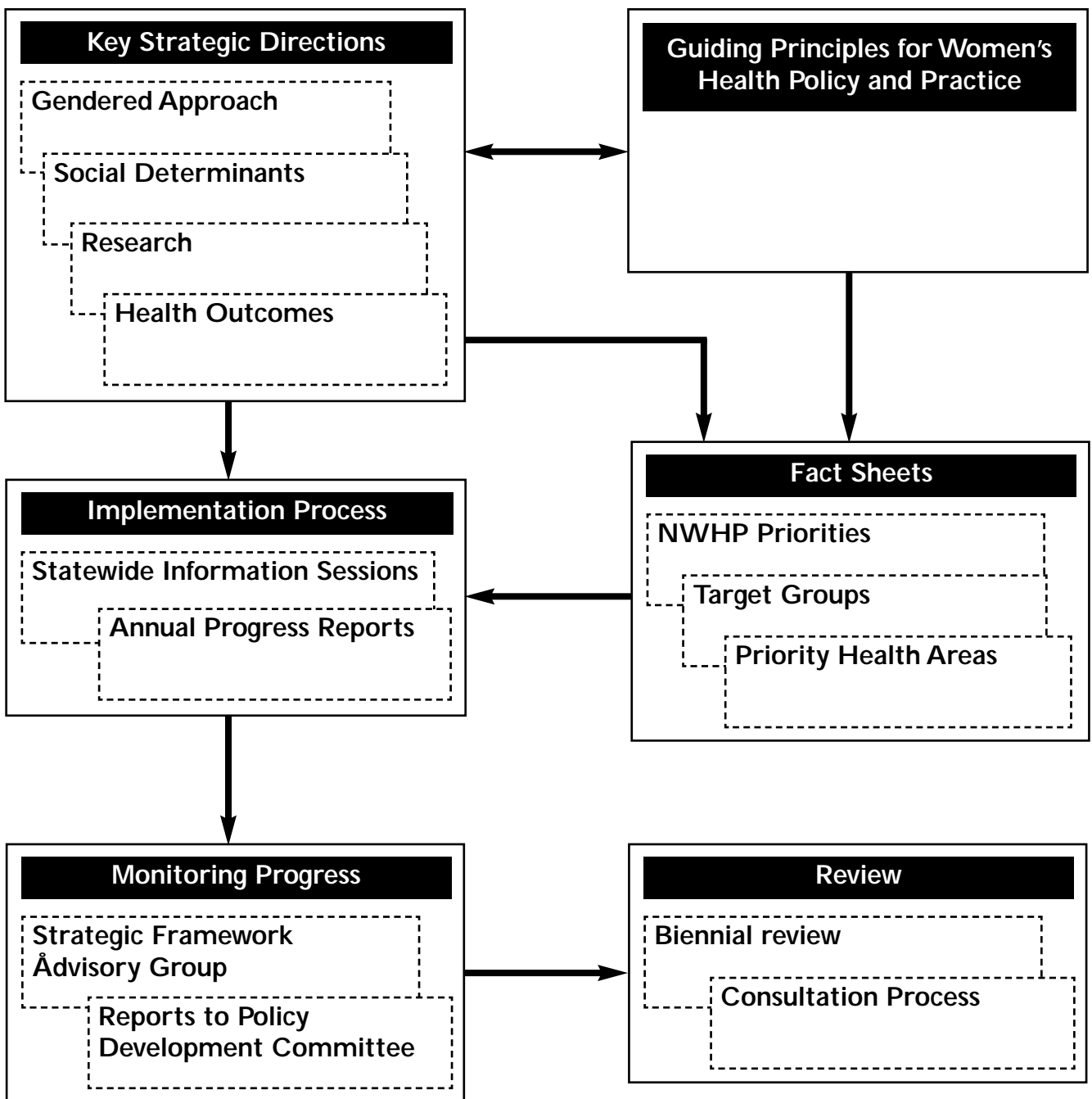
### Target Areas For Action

- The NSW Health Department to identify a set of agreed priority health outcomes for women in NSW
- The NSW Health Department to develop a women's health outcomes framework
- The NSW Health Department to convene a statewide forum to support and monitor the development of women's health outcomes
- The NSW Health Department to promote the development of projects that focus on identifying women's health outcomes
- Area Health Services to develop projects that identify and address the social determinants influencing women's health outcomes
- The NSW Health Department to disseminate information on priority health outcomes for women
- Area Health Services to incorporate priority health outcomes within planning frameworks and implement programs that are consistent with these priorities
- Area Health Services and the NSW Health Department to consult with women regarding desired health outcomes and monitor whether these outcomes are being met

## PLANNING, IMPLEMENTATION AND REVIEW

This Strategic Framework provides the key strategic directions for the health system to respond appropriately to women, and includes strategies and performance indicators which will contribute to these efforts. Annual progress reports by Area Health Services and the NSW Health Department will form the basis of monitoring implementation. Annual progress reports will be provided to the Policy Development Committee via the Strategic Framework Advisory Group. This group will comprise broadly of representatives of Area Health Services, Department of Health, consumers, women's health and other non-government organisations, Department for Women and women's health research organisations. A process of biennial review, involving consultation with the health and consumer sector will also provide a timely mechanism for responding to emerging health issues affecting women, and an opportunity to adjust the Strategic Framework when necessary. (Figure 3)

**FIGURE 3: Implementation of the Strategic Framework to Advance the Health of Women**



## 6. CONCLUSION

In order to advance the health of women, NSW Health will incorporate the four Strategic Directions into everyday health practice and service planning. This will involve the reorientation of both mainstream and women's specific services.

We cannot, and should not, do this alone. NSW Health recognises that the improvement of the health of women is a shared responsibility between the government, non-government, tertiary education, private health and consumer sectors. By involving women and a range of other stakeholders in planning and evaluation processes, we are able to make informed, cost-effective decisions regarding the shape and delivery of services.

At all times, health services will need to identify differences between groups of women. Whilst maintaining services to meet the health needs of the population of women, the health system will also need to target services to meet the specific needs of those women with the poorest health outcomes.

The business of advancing the health of women is the responsibility of every health worker.

It is not a responsibility that can be treated lightly if we are to make significant and sustainable gains in our efforts to achieve the four goals of the NSW Health system: Healthier People, Fairer Access, Quality Health Care and Better Value.

## 7. GLOSSARY

|                      |  |
|----------------------|--|
| Gender               | Refers to women's and men's roles and responsibilities that are socially determined. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organised, not because of our biological differences. It therefore refers to certain roles, characteristics, responsibilities and expectations that our society ascribes to being female or male. Gender is socially determined.   |
| Sex                  | Genetic, physiological or biological characteristics of a person that indicate whether one is female or male. Sex is biologically determined.  |
| Mainstreaming Gender | Integration of gender concerns into the analyses, formulation and monitoring of policies, programs and projects, with the objective of ensuring that these reduce inequalities between women and men   |
| Gender analysis      | A methodology for assessing and redressing gender basis in policies, program design, management, implementation and review. The basic elements of gender analysis are: <ul style="list-style-type: none"> <li>a) identify differences and inequalities between men and women, and inequities within populations of men and women, relating to who has access to work, resources, responsibilities and decision-making power: which men, which women?</li> <li>b) assess differences in women's and men's opportunities needs, incentives, and rewards</li> <li>c) assess whether the institutions involved in policy making and program implementation have the capacity to advance gender equality and equity objectives</li> <li>d) identify and remove obstacles and resistance in initiatives to achieve gender equality and equity</li> </ul> |
| Gender Equality      | Absence of discrimination on the basis of a person's sex in opportunities and the allocation of resources or benefits or in access to services. The concept of gender equality has evolved over time from being concerned with treating everyone the same, to arriving at equitable outcomes.  |
| Gender Equity        | This concept recognises that men and women have different life experiences, different needs, different levels of power and access to decision-making levels in our society, differing expectations by others and different ways of expressing illness. Gender equity strategies recognise that gender leads to different social, economic and political opportunities for women and men. The concept recognises that women and men have different needs and power structures and that these differences should be identified and addressed in a manner that rectifies imbalance between the sexes. Gender equity strategies seek to achieve fairness and justice in the distribution of benefits and responsibilities between women and men, and recognise that different approaches may be required to produce equitable outcomes.                |
| Health Intervention  | Are strategies carried out by individuals, organisations, the community or government to maintain or attain health   |
| Health Outcome       | Is a change in the health of a defined population related to an intervention. Health outcomes can be intended or unintended, positive or negative.   |

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