



Women's Health NSW

Peak Body for Non Government Women's  
Health Centres NSW

Submission to Commonwealth Government  
on the New  
National Women's Health Policy  
July 2009

The assurance that women's health status and health care delivery is  
integrated, equitable, and encourages empowerment.

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## **Women's Health NSW Recommendations**

Women's Health NSW commends the following recommendations for the new National Women's Health Policy:

1	We endorse the submission of the Australian Women's Health Network and the comprehensive list of twenty four recommendations.
2	That the National Women's Health Policy: <ul style="list-style-type: none"><li>○ Incorporate the principles underlying the 1989 National Women's Health Policy which clearly recognizes<ul style="list-style-type: none"><li>i. A social model of health</li><li>ii. Equity</li><li>iii. United Nations Ottawa Charter for Health Promotion (1986)</li><li>iv. Best practice approach to service delivery including the principles of empowerment</li><li>v. Evidence based practice</li></ul></li><li>○ Incorporate a Gendered Approach – analysis, equity and equality</li><li>○ Incorporate a Human Rights Approach</li></ul>
3	That the National Women's Health Policy aim to have a multi-strategic approach to affect improvement on: <ul style="list-style-type: none"><li>○ Government policy and legislation</li><li>○ Government, non government and private human services</li><li>○ Women's Health Program, Female Genital Mutilation Education Program, Family Planning Association and the Aboriginal Alternative Birthing Program</li></ul>
4	That the National Women's Health Policy articulate and promote the essential and unique services Women's Health Centres provide women in Australia
5	That the National Women's Health Policy incorporate all three stages of care in the development and expansion of programs: <ul style="list-style-type: none"><li>○ Prevention</li><li>○ Early Intervention</li><li>○ Tertiary (as demand increases with improved prevention strategies).</li></ul>
6	Abolish the current National Pregnancy Hotline Program which evidence shows has been ill conceived. Apply the monies to programs which have demonstrated improved health outcomes for women.

## **Introduction**

Women's Health NSW commends the Commonwealth Government for its commitment to the establishment of a new National Women's Health Policy and welcomes the opportunity to respond to the *Development of a New National Women's Health Policy Consultation Discussion Paper*.

### **Role of our organisation**

Women's Health NSW is the peak body for, and industry association of, the 22 non-government, community-based, feminist Women's Health Centres in NSW.

### **Context of our organisation**

Women's Health NSW works within a feminist framework to improve health and social justice outcomes for women through the following aims:

- To be proactive on priority issues relevant to women's health and wellbeing
- Increase the capacity of the women's health sector to respond to women's health issues
- Enhance organisational management and performance to achieve aims.

The peak body, Women's Health NSW, is responsible for promoting a coordinated approach to policy and planning, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies.

In addition to our recommendations, in this submission, we will demonstrate how the Women's Health Centres in NSW have articulated the principles of women's health care into their daily service delivery by showcasing our programs: The Women's Health Database; The Manual of Standards for Women's Health Centres and The Women's Health Training Program. These programs were established with funding from the National Women's Health Program.

### **Women's Health Centres in NSW**

There are 21 Women's Health Centres in NSW that provide a diverse range of services to women. Throughout the network, service provision is influenced by the identified needs of local communities and a common aim of working to improve the health status of women. The centres are located across NSW.

#### **Location Sites – Women's Health Centres NSW:**

**Metropolitan:** Leichhardt, Bankstown, Blacktown, Cumberland and Liverpool. NSW Rape Crisis Centre (Statewide), Sydney Women's Counselling Centre (Campsie) and Immigrant Women's Health Service (Fairfield).

**Outer Metropolitan:** Penrith, Campbelltown (WILMA), Blue Mountains, Central Coast (Gosford), Hunter and Illawarra.

**Rural:** Central West (Bathurst), Shoalhaven (Nowra), Albury, Coffs Harbour, Lismore, Wagga Wagga and Waminda (South Coast Women's Health & Welfare Aboriginal Co operative).

Strategies incorporated by Women's Health Centres include preventative health care, community education and development, advocacy and empowerment; providing women with knowledge, skills and resources to enable them to take more responsibility over factors that may adversely affect their lives.

***The following principles are expressed in the Australian National Women's Health Policy (1989) and the Manual of Standards For Women's Health Centres (1995). They are articulated in NSW Health Strategic Framework to Advance the Health of Women (2000).***

### **Principles of Women's Health Care**

Community based feminist women's health services are based on principles of social justice and an understanding of a gendered approach to health or health within a social context, as endorsed by governments throughout Australia.

The principles are embedded legally in Women's Health Centres constitutional aims and objectives and reflected in service policy and operational objectives. They are incorporated in the Manual of Standards For Women's Health Centres forming the benchmark criteria Women's Health Centres must demonstrate to achieve accreditation through external independent review.

The principles recognise that:

- health is determined by a broad range of social, environmental, economic and biological factors
- differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preferences
- 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 illness treatment services
- information, consultation, advocacy and community development are important elements of the health process.

In accordance with these principles, feminist Women's Health Centres provide a service which:

- encompasses all of women's lifespans, and reflects women's various roles in Australian society, not just their reproductive role
- promotes the participation of women in debate and decision making about health issues, their own health care, health service policy, planning, delivery and evaluation
- recognises women's rights, as health care consumers, to be treated with dignity, in an environment which provides for privacy, informed consent, confidentiality and safety
- acknowledges that informed decisions about health and health care require accessible information, which is appropriately targeted for different socio-economic, educational and cultural groups
- uses existing data, research and policy concerning women's health, as well as incorporating women's views about their own health and the best strategies to address their health needs, in service planning and development
- provides appropriate women's health care to women in local communities, within a state-wide, coordinated approach

- ensures equity and accessibility of services without financial, cultural, geographic and or other barriers
- ensures effective community management and operation of Women's Health Centres by women, for women
- provides a broad range of services and strategies within a preventive and holistic framework, which:
  - is provided by women, for women
  - values women's own knowledge and experience
  - facilitates the sharing of women's skills, knowledge and experience
  - links women's individual experience and health needs to the social and cultural context of women's lives
  - empowers women
  - challenges sex-role stereotyping, gender discrimination, racism and homophobia which affect health
  - increase the accessibility, sensitivity and acceptability of health services for women
  - relates to identified health priorities at the local and state level.

*One of the successes of the **National Women's Health Policy (1989)** was the funding of women specific services across Australia.*

*The program funded services that embraced a social view of health and understood sex role stereotyping and, based on World Health Organisation (WHO) findings that health outcomes are still determined by status and a sense of empowerment.*

*Women's Health services still today are a vanguard as a model of service provision in the social model context, working across the five strategies of the Ottawa Charter and providing a leading practice where activities are individual and community prevention focused simultaneously.*

*Women's Health NGOs in NSW:*

- Are **community-based**. The Board, staff, volunteers are usually from the immediate community.
- Operate from a perspective of **dignity, safety, and empowerment**.
- **Incorporate an understanding of the effects of gender** on law, culture, power, access, status, community attitudes and health outcomes.

## **Social Model of Health**

The social model of health presumes the context of a person's life is fundamental to their health and wellbeing. It understands that all of the social determinants impact on people's health and wellbeing and recognises that:

- differences in health status and health objectives are linked to gender, age, socio-economic status, ethnicity, disability, location and environment, racism, sex-role stereotyping, gender inequality and discrimination, ageism, sexuality and sexual preferences (2).

From the perspective of women, this will mean that each woman will have a different range of influences placing stress on and/or strengthening their health. Where we live and work, whether we have access to transport, what type of food we can afford, whether our children or partners are well, whether we can speak English or not, all these factors affect our capacity to manage our health care.

Once women are affected by ill health or a traumatic life experience, for example - stress, anxiety, depression, grief, chronic pain, sexual assault, domestic violence, disordered eating, discrimination or infertility (to name but a few), women need access to health care providers that understand the context of the life they are living.

It is useless to prescribe a diet that a woman cannot afford, to give leaflets in English to a woman who only speaks Mandarin, expect someone to make a weekly appointment when they can only afford one bus trip each fortnight, and or, expect someone to be brave when they have been beaten for over ten years, or expect someone to be focused and communicative when one of their children has been diagnosed with cancer.

### **Feminist perspective**

While contemporary feminism has its roots in political movements such as the Suffragettes and the Women's Liberation Movement, feminism is concerned with (among other things) equality of opportunity, equality of education, the right to choose freely if and when to have children, welfare rights and access to affordable and appropriate health care. Feminism is also concerned with women who suffer double disadvantage as a result of their low socio economic status, or women from diverse cultural backgrounds, women with disabilities, lesbians and other disadvantages groups of women. (1)

In a health care setting, understanding how gender inequality and sex role stereotyping has affected the situation at hand is an essential component to the provision of 'gender sensitive' services. A prime example is the situation of rape where it is essential to understand that women are raped because they are women not because they are dressed well or in the wrong place.

NSW Women's Health Centres operate from the belief that women experience disadvantage and possess less power (because they are women) and that there is a system (political, social and economic), that supports and enables the power imbalance and disadvantage to continue. (1)

### **Service Delivery Example: Domestic Violence**

Domestic violence is a women's health issue. It poses the greatest risk for disease and premature death for women 15-44 years old and costs the country \$8 billion each year (11). Proportional to all women, domestic violence causes more ill health than well known risks to health such as cholesterol or illicit drugs (12). Mental illnesses, substance abuse, femicide, suicide, abortion and miscarriages are all health risks of domestic violence (13). Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias and somatic and medical symptoms (WHO 2000). They report poorer physical health overall, are more likely to engage in practices that are harmful to their health and experience difficulties in accessing health services (WHO 2000).

## Service Delivery Example: Using a Social Model of Health

### Current Programs of Women's Health Centres: Domestic Violence:

#### Utilising prevention, education, intervention while providing direct services at a tertiary level.

The 21 Women's Health Centres across NSW have a range of domestic violence related responses and prevention strategies embedded into their service delivery. Women's Health Centres have ensured this occurs in their service delivery because violence against women and children is a significant issue that the centres encounter.

In relation to domestic violence, Women's Health Centres squeeze in extra services covering preventative, educative and intervention approaches because of the prevalence of the domestic violence experience and the pervasive effect it has on women, children and communities.

The range of strategies implemented by the Women's Health Centres include:

- Case management of women experiencing violence which is individualised, sensitive, solution-focussed and strength-based
- Work in partnership with police and their local courts. Most Women's Health Centres are on the court roster for their local Domestic Violence Court Advocacy Services (WDVCAS) and are members of their local Domestic Violence Liaison Committee
- Some centres auspice the WDVCAS funded through Legal Aid NSW
- Counselling to assist women and families recover from the longer term effects of violence and the patterns of violence
- Some centres have the 'Yellow Card system' in place, measuring significant beneficial impact. This program relies on police informing women of their local service contact for follow up support. These centres are able to follow through with the client formally
- Other Women's Health Centres provide emergency crisis intervention to varying degrees doing what they can in terms of fitting women into appointments, emergency case management and coordinated and appropriate referrals
- One centre has a permanent 'anti violence' worker providing support, information and advocacy to women who have experienced violence
- Health education and psycho-social course for women focussing on resilience-building, stress management, healthy relationships courses for women including; *Is This Love* and or *New Beginnings* Support Groups programs for women who have experienced domestic violence; Depression information and support; other courses in self esteem, assertiveness and communication; safety and self defence; effective parenting and healthy relationships.
- Development of non-funded support programs such as the provision boxes of fresh food and financial support to access medical specialists
- Development of creative partnerships with non-health specific services crucial to the multi-agency approach required for women experiencing domestic violence, eg. centres have developed in-house and in other cases near-by partnerships with family law solicitors, family support services and private domestic violence counsellors to complement the funded health services the centres provide
- Education for prevention and awareness raising, including to other services women experiencing domestic violence access, such as the police and court staff.
- WEEOWISER Programs for Young Women at School: Development and implementation of train the trainer's prevention education programs. – Young women's information about relationships; *The Good, the Bad and the Ugly*. (6)
- Building Health Public Policy has included advocating for:
  - Development of multi strategic statewide policy on Domestic Violence and Sexual Assault.
  - NSW Law Reform on Sexual Assault law of consent
  - Improvement to Forensic health services victims of sexual assault
  - Establishment of Homicide Review Committee.



**Service Examples: Group work further demonstrates the work undertaken across NSW. Groups range from educational and self help to supportive and therapeutic. The group titles speak for themselves:**

Deaf Women's Group Auslan Group	Communicating with Children
New Beginnings: Support for women who have experienced Domestic Violence	Personal Safety on the Street
Express Your Self: Communication and Self Esteem	Memory and Dementia
Aboriginal & TSI Women's Gatherings	Dealing with Gambling
My Life My Voice – Explore Emotional Wellbeing	Staying Calm & Positive
Young Mums Group	Food for thought
Is This Love	Single Mothers Support
Stress Management	Childbirth Education
Protecting Human Rights in Australia	Sudanese Women's Well-being Group
Afghani Women's Group – Information Sessions	Breast Friends
Responding to Domestic Violence – TAFE Welfare Students	Recovery from Abusive Relationships
Lesbian Health, Wellbeing and Support	Adult Survivors
Know Your Rights – Sole Parents Expo	Women and Anger
Healthy Lifestyle	Encore
Self Soothing	Fibromyalgia Support Group
Beyond You – Building Relationships	Menopause and Bone Health Workshops
Beating the Blues	Tai Chi for Arthritis
Writing for Ourselves	Conflict resolution
Vietnamese Cancer Information	Stop Smoking Group
Handy Women	Exploring Depression through Sandplay
Depression	Mothers Groups
Relaxation and Meditation	Older Women & Safety
Yoga	Embrace your Anger
Tai Chi	Conflict Resolution
Child Sexual Assault Education	Coping after Separation
White Ribbon Day	Grief and loss
Vietnamese Women's Support Group – settlement in Australia	Explorations Group (for women who were abused as children)
Happiness, Health and Body Image	Body Image
Post Natal Depression Group	Yoga
Mothers and Daughters Group	Tai Chi
Menopause information	Respectful relationships
Walking groups	Art Therapy
Binge drinking	Discoveries (Adult Survivors CSA)
Recognizing and responding to domestic violence	Keeping the Blues Away
Carers Support Group	Middle Eastern Senior Women's Group
Nutrition Basics	Swahili Mother and Children Playgroup
Breathing for Vitality	Turkish Women's Carers Support Group
Childbirth Education	Complementary Therapies and Depression
Women Partners of Bisexual Men	Meditation for Health
Dealing with Isolation	Antenatal care for Chinese Women
Sustainable Living	Chinese Older Women's Groups
Contraception	Cambodian Middle Age Women's Group
Osteoporosis	Exploring Happiness
Language Group Programs: Maltese, Arabic Speaking, Assyrian, Mandanian, Spanish, Serbian, Sudanese, Swahili, Turkish	Laughter for Health

## Gendered Approach

While the social model of health incorporates an understanding of the **social determinants of health**, it also fundamentally introduces the concept of gender as a significant determinant of health. The World Health Organisation states:

*'WHO's Constitution state that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". Fifty years after this Constitution was adopted, it is increasingly well recognized that there are differences in the factors determining health and the burden of ill-health for women and men. The dynamics of gender in health are of profound importance in this regards and they have long been overlooked.'* (4)

The discussion paper for the National Women's Health Policy refers to gender equity and gender analysis and notes that both are *integral to a population health approach and aims to ensure that women and men achieve optimal health outcomes* (page 9). It further notes that *Gender based analysis is used to identify health issues and health behaviours that are of particular concern for men and women and on page 24, that gender equity means that women and men are given the equal opportunity to realize good health... it is about social justice in the sometimes gendered distribution of those resources fundamental to good health*

Women's Health NGOs observe on a daily basis how gender and sex role stereotyping negatively impact on the health and wellbeing of women. Some of the most profound experiences of women are not currently reflected well in the policy discussion paper particularly in relation to the negative effects of violence women experience and how this is escalated by community attitudes and the detrimental effects of comments from health care providers who have no training on gender sensitive approaches to health care.

We iterate that gender analysis, equity and equality require a multi-strategic approach to improve health outcomes including analysis of:

- Health issues and health behaviours
- Distribution of resources
- Access to services
- Health policy, training, programs and practice
- Inherent biases existing within the health system. Individual biases of health care workers, service managers and policy makers (7)
- Understanding diversity
- Government policy and legislation
- Government, non government and private human services.

The National Women's Health Policy should reflect a comprehensive understanding of the negative effects of gender to inform the quality and breadth of policy required to address both individual and systemic improvements and an understanding of women's needs from a social perspective of health care.

One study into Australia rural women's access to health care titled 'Brutal Neglect' highlighted the limited access women had to health care where a medical primary health care approach was dominant:

*'A focus on primary health care may be resulting in a lack of attention to women's health in areas such as maternity models of care, domestic violence and mental health'.*(8)

## **Human Rights Framework**

The basic human rights of women and children to live free from power, control and abuse must be another foundation of the Framework. Gendered based violence is recognized internationally as the most socially tolerated forms of human rights violations (Gender-Based Violence: A Price Too High. UNFPA 2005). The Declaration of the Elimination of Violence Against Women provides a concise summary of the meaning and standard applied to the concept of due diligence.

The committee submitted that gender based violence, that is violence directed against a woman because she is a woman, or which affects women disproportionately, constituted a form of gender discrimination and could therefore amount to a breach of specific provisions of the CEDAW, regardless of whether those provisions expressly mentioned violence (9).

## **Ottawa Charter**

NSW Women's Health Centres are committed to developing and implementing health promotion strategies to improve the health status of women in their communities. Health promotion is an active process enlisting a variety of strategies to assist women to increase control over, and to improve, their health.

Education, community development and advocacy are embedded and frequently utilized health promotion strategies. Health promotion is any combination of planned activities and related organizational, political, social and environmental interventions, which support health and well-being.

The health promotion activities are carried out in accordance with the National Women's Health Program incorporating the principles of the Ottawa Charter and subsequent declarations from the World Health Organisation's commitment to health promotion.

**The Ottawa Charter** for Health Promotion (1986) consists of the following principles:

- a) Creating supportive environments
- b) Re-orientating health services
- c) Developing personal skills
- d) Strengthening community action
- e) Building healthy public policy.

Subsequently, The Bangkok Charter for Health Promotion in a Globalised World (2005) affirms and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter and the recommendations of the subsequent global health promotion conferences.

**The Bangkok Charter** consists of the following principles:

*... that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination.*

*Health promotion is based on this critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual wellbeing.*

*Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non communicable diseases and other threats to health.*

*Progress towards a healthier world requires strong political action, broad participation and sustained advocacy.*

*Health promotion has an established repertoire of proven effective strategies which need to be fully utilized. To make further advances in implementing these strategies, all sectors and settings must:*

- ✚ **Advocate** for health based on human rights and solidarity
- ✚ **Invest** in sustainable policies, actions and infrastructure to address the determinants of health
- ✚ **Build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy
- ✚ **Regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well being for all people
- ✚ **Partner and build alliances** with public, private, non governmental and international organizations and civil society to create sustainable actions.

In Women's Health Centres, this translates to a commitment to sustained and ongoing health promotion activities through:

- ✚ Conducting health education, psycho-social and support groups
- ✚ Organising talks and training on health issues to women in their communities
- ✚ Facilitating the training of students
- ✚ Sharing knowledge with visiting professionals from other organisations interstate, overseas and locally, particularly regarding the centres' philosophy and approaches in working with women
- ✚ Participating in advocacy campaigns
- ✚ Liaising with the media
- ✚ Conducting community development activities, eg. a Mural Project to raise awareness amongst 15-18 year olds of depression risk factors
- ✚ Conducting community recognised events, such as Australia's Biggest Morning Tea and White Ribbon Day activities to provide an avenue for communicating with their communities where topics are a current health issue of concern to women
- ✚ Allocating staff time to Planning and Evaluation activities which includes a component of needs assessment and analysis
- ✚ Including health promotion in staff members' job descriptions.

The web links for key health promotion documents (The Ottawa Charter (1986), Jakarta Declaration (1997) and the Bangkok Charter for Health Promotion in a Globalised World (2005) are listed below:

Ottawa Charter 1986 - [www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)

Jakarta Declaration 1997 -

[www.who.int/entity/healthpromotion/conferences/previous/jakarta/declaration/en/](http://www.who.int/entity/healthpromotion/conferences/previous/jakarta/declaration/en/)

Bangkok Charter 2005 -

[http://www.who.int/healthpromotion/conferences/hpr\\_special%20issue.pdf](http://www.who.int/healthpromotion/conferences/hpr_special%20issue.pdf)

## **Empowerment**

**NSW Women's Health Centres have as a core belief that empowerment is a key to well being. Consequently, centres work to assist women as individuals to be empowered in their decision making, and they work with communities to exercise empowerment.**

*Empowerment influences people's ability to act through collective participation by strengthening their organizational capacities, challenging power inequities and achieving outcomes on many reciprocal levels in different domains: psychological empowerment, household relations, enhanced social capital and cohesion, transformed institutions, greater access to resources, open governance and increasingly equitable community conditions.(10)*

### *Summary of WHO Research Finding:*

*Women's empowering interventions, integrated with the economic, educational, and political sectors, have shown the greatest impact on women's quality of life, autonomy and authority and on policy changes, and on improved child and family health.(10)*

## **An Holistic, Integrated Approach to Health Care**

An holistic approach involves taking into account the full range of factors affecting the problems or health issues that women are experiencing, implementing an understanding of a social view of health and the principles of women's health care, by taking the time to seek the woman's story to have a better understanding of the circumstances of her life. A holistic approach to solving health problems involves considering a range of therapeutic and resource options (2).

An integrated approach provides a diverse range of services and programs, exploring and providing an extensive range of skills, options and resources to address health problems that can be utilised simultaneously.

### **Showcasing Service Programs Incorporating the Principles of Women's Health Care**

Embracing a model of health care based on the articulated 'Principles of Women's Health Care' requires commitment and application to ensure a comprehensive range of skills, policy and practice, structures and networks are identified and maintained.

The next nine pages outline the programs Women's Health NSW manages in the capacity of service development and best practice. All our work is designed to reflect an incorporated model of care.

Programs showcased are: Manual of Standards for Women's Health Centres, Women's Health NSW Statewide Database and our Women's Health Training Program; The Nature of Women's Health; Past; Present; Future.

## **Manual of Standards for Women's Health Centre**

In 1989 Women's Health NSW developed and promoted best practice standards for Women's Health Centres in conjunction with Community Health Accreditation and Standards Program (CHASP) now known nationally as Quality Improvement Council (QIC).

Funded with support of the National Women's Health Program, Australia-wide consultations included:

- NGO women's Health services
- Australian Health Ministers Advisory Committee Sub-Committee on Women and Health
- State and federal government women's health advisors, co-ordinators, policy, program and project officers
- Community Health Accreditation and Standards Program
- Identified women's groups and individuals.

A vitally important aspect of the project was NGO Women's Health Centres' participation across NSW. The centres, researched, edited and piloted the standards over a two year period and contributed to the development of women's health principles and core concepts.

When Quality Management Services (QMS-NSW Branch of QIC) conduct independent reviews of Women's Health Centres against best practice standards, two documents are used, The Australian Health & Community Services Core Module of Standards and the additional standards in the Module of Standards For Women's Health Centres. Participation in the QMS review process, for accreditation or a service development review, constitutes a three year workplan cycle.

All Women's Health Centres in NSW have participated in external quality review processes and more than 50% have achieved and maintained accreditation.

**The Modules of Standards for Women's Health Centres are unique, they outline an expectation that a Women's Health Centre will operate using the full range of principles and ideologies referred to throughout this document.**

**Women's Health Centres do not see these principles as empty rhetoric and have consistently demonstrated capacity and achievement.**

**This commitment to work within a framework for and with women, to improve quality of life and health status of women in Australia over the last 34 years is an achievement in itself.**

## **Women's Health NSW Statewide Database**

Since 1996, development, distribution and statewide installation of a database system that recognises an holistic and feminist approach in health care has been an ongoing priority.

Utilising the twenty two years experience of all the Women's Health Centres across NSW, the database was developed to reflect the diversity of the work of Women's Health Centres in all capacities – diversity of women as clients, diversity in service provision, practitioner type and presenting health issues.

Over the next six pages we have included a full list of the database category listings to demonstrate the comprehensive range of work undertaken. Category lists include:

- Presenting Health Issues
- Practitioner Type
- Mode of Service
- Service Provision Categories
- Referral Categories – Individual and Organisation type
- Funding Source.

With the embracement of an outcomes approach to service planning and evaluation requiring evidence based programs and informed strategic direction, the Women's Health NSW Database is a vital tool.

The Database has a combination of capacities:

- Client Management System: Demographics, Practitioner, Contact Type and Date, Identified Health Issues, Health Treatments and Referral Links
- Statistical Data Collection: On all of the above
- Personnel Directory: Staff, Management, Members and Volunteers
- Health Worker and Organisation Directory.

The Database also gives Women's Health NSW capacity to overview a range of demographics that relate not only to client profiles but also presenting health issues and service practitioner range across the state.

### **2007-2008 NSW Statewide Statistics 114, 960 Presenting Health Issues**

**Using a social model of health in service delivery requires a comprehensive approach to service capacity and statistical data collection capacity.**

**In the table on page 16 are the 150 presenting health issues categories used in the Women's Health NSW Database.**

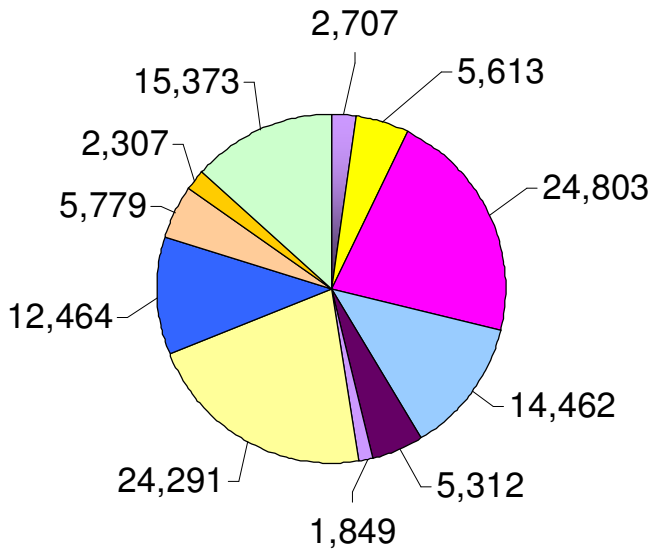
**On page 17, by number and percentage we have charted 114,960 presenting health issues recorded from Women's Health Centres face to face appointments in 2007-2008.**

**Womens Health NSW Database - Presenting Issues Categories**

<b>Physical/Medical</b>	<b>Breast</b>	<b>Addiction</b>
98 Acute Pain	93 Breast cancer	29 Alcohol
4 Allergies	139 Breast cancer metastasis	30 Amphetamines
83 Arthritis	140 Breast diagnostic	31 Cannabis
61 Cardiovascular (heart and blood)	11 Breast feeding	32 Cocaine
17 Chronic fatigue syndrome	14 Breast implants	39 Gambling
87 Chronic Pain	12 Breast lumps	33 Hallucinogens and party drugs
62 Dermatological	15 Breast other	34 Opiates
26 Digestion	10 Breast screening/examination	37 Other drug abuse
63 Ears, Nose, Throat	13 Breast surgery	35 Poly drug abuse
132 Endocrine/Hormonal - diabetes	138 Lymphoedema	36 Prescription medication abuse
64 Endocrine/Hormonal - other	<b>Gynaecological / Urogenital</b>	38 Tobacco smoking(nicotine)
42 Faecal incontinence	68 Endometriosis	<b>Legal / Financial</b>
65 Gastrointestinal	94 Cervical Cancer	3 Adoption
80 Haematology	67 Circumcision/female genital mutilation	41 Employment
46 Headache	66 Gynaecological general (eg.fibroids,cysts, polyps)	43 Financial problems
95 Health Other	69 Hormone replacement therapy	50 Homelessness
47 Hepatitis C	70 Hysterectomy	49 Housing
60 Herbal/homeopathic medication	73 Menopause	53 Legal issues - child custody
48 HIV/AIDS	74 Menstruation	54 Legal issues – divorce
81 Immunology	145 Ovarian Cancer	56 Legal issues - family law
51 Injury - acute	99 Pap/Cervical screening	57 Legal issues – other
52 Injury - chronic	75 Polycystic ovarian syndrome	55 Legal issues - victims compensation
86 Injury - repetitive strain/tenonitis	76 Premenstrual syndrome	<b>Emotional / Mental Health</b>
89 Injury physical - other	77 Thrush	5 Anger
59 Medication	121 Urinary (kidney/bladder)other	6 Anxiety/ panic disorders
82 Musculoskeletal other	119 Urinary incontinence	7 Stress
91 Neurological - other	120 Urinary tract infections	25 Depression
97 Nutrition	78 Vulva-vaginal other	45 Grief/ loss
92 Oncology/Cancer - other	<b>Reproductive</b>	96 Mental health
<b>Also see</b> Breast and Cervical Cancer	9 Pregnancy - artificial insemination	16 Body image (not eating disorder)
84 Osteoporosis	71 Pregnancy - infertility	40 Disordered eating
100 Pathology and other tests	72 Pregnancy - IVF	110 Self esteem
88 Pre/Post surgery	134 Pregnancy - miscarriage	112 Suicide
90 Pulmonary (lung)/Respiratory	105 Pregnancy - pregnancy test	8 Trauma – emotional
85 Sciatica	21 Contraception - emergency	111 Self harm
79 Sexually Transmitted Infection	20 Contraception - general	102 Post natal depression
131 Sight/Vision/Eyes	103 Pregnancy - antenatal/ prenatal care	<b>Social / Cultural</b>
118 Sleep issues	107 Pregnancy - ectopic pregnancy	22 Cultural concerns
18 Tiredness/ fatigue	106 Pregnancy - gestational diabetes	28 Discrimination
129 Weight management	108 Pregnancy - other	58 Loneliness/isolation
<b>Relationships</b>	104 Pregnancy - post natal check ups	23 Migration
136 Childhood Issues	141 Pregnancy - options	24 Racism
135 Family Issues	133 Pregnancy - post termination	142 Systemic Racism - indigenous
146 Impacted Addiction	2 Pregnancy - termination	143 Systemic Racism - immigrant/refugee
148 Impacted Health - mental	<b>Violence / Abuse</b>	113 Sexual discrimination
147 Impacted Health - physical	114 Sexual harassment	115 Sexual Identity
149 Impacted Identity	122 Violence - Adult CSA	<b>Other</b>
150 Impacted Other	124 Violence - Adult sexual assault	1 Access and advocacy
101 Parenting	123 Violence - Child CSA	19 Complaint
109 Relationships	128 Violence - Children	27 Disability - management of
117 Safe sex	125 Violence - DV	44 Emergency/crisis
116 Sex & sexuality (not identity)	127 Violence - other	130 Other
	137 Violence - Ritual Abuse	
	144 Violence - Systemic Abuse	
	126 Violence - trauma/torture	



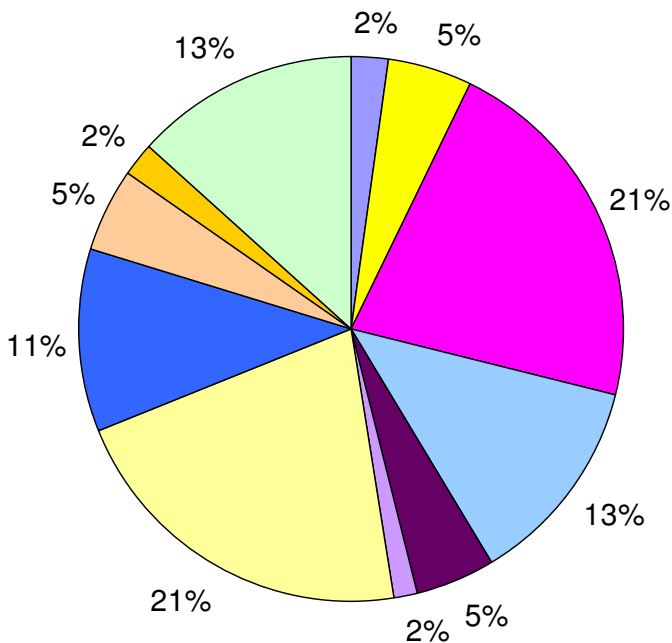
2007 - 2008 Presenting Health Issues  
Client Appointments - Total 114,960  
Women's Health Centres NSW



- Addiction
- Breast
- Emotional/ Mental Health
- Gynaecological/ Urgogenital
- Legal/ Financial
- Other
- Physical/ Medical Health
- Relationships
- Reproductive
- Social/ Cultural
- Violence/ Abuse

This collated data is based on the work of seventeen Women's Health Centre in NSW.

2007 - 2008 Presenting Issues - Client Appointments  
Women's Health Centres NSW - By Percentage



- Addiction
- Breast
- Emotional/ Mental Health
- Gynaecological/ Urgogenital
- Legal/ Financial
- Other
- Physical/ Medical Health
- Relationships
- Reproductive
- Social/ Cultural
- Violence/ Abuse

Women's Health NSW Database	
Code No.	Practitioner Type
1	Acupuncturist
2	Aroma therapist
3	ATSI Support/Access Worker
4	Body Therapist
5	Child Care
6	Chiropractor
7	Co coordinator
8	Community Worker
9	Counsellor
10	Doctor-Internal
11	Doctor-External Private
12	Doctor-Hospital/Outpatient
13	Drug & Alcohol Worker
14	Group Facilitator
15	Health Educator
16	Health Promotion
17	Health Worker
18	Herbalist
19	Information/Referral Worker
20	Intake Worker
21	Iridologist
22	Lawyer/Solicitor
23	Manager
24	Massage Therapist
25	Midwife
26	Naturopath
27	NESB Support/Access Worker
28	Nurse
29	Nutritionist/Dietitian
30	Occupational Therapist
31	Osteopath
32	Pediatrician
33	Physical Movement Instructor
34	Podiatrist
35	Project Worker
36	Psychiatrist
37	Psychologist
38	Psychotherapist
39	Researcher
40	Resource Officer
41	Social/Welfare Worker
42	Specialist-Medical
43	Taichi Instructor
44	Yoga Instructor
45	Youth Worker
46	Other
47	Private Therapist
48	Frontline Officer

Women's Health NSW Database	
Code No.	Mode of Service
1	Attend centre appointment
2	Attend centre group
4	Drop in /Emergency
3	Drop In for information
9	Email
8	Letter
10	On-line
5	Outreach clinic
6	Outreach group
7	Telephone

Women's Health NSW Database: Services Provided Categories	
1	Acupuncture
2	Advocacy
3	Assessment
4	Body Work (Chiropractic/Osteopathic, etc)
8	Building Health Public Policy
38	Case Conference
42	Casework
5	Counselling
41	Court Support
9	Creating Supportive Environments
11	Developing Personal Skills
13	Flower Essence
6	Group - Education
7	Group - Support
14	Herbal Medicine
15	Homeopathy
16	Information and Health Management
18	Interpreter - external
17	Interpreter - internal
19	Legal advice
20	Liaison/Networking/Building Partnerships
21	Library Resources
22	Massage
23	Medical
24	Medication
25	Meditation
26	Nutrition and Diet
37	Other
27	Pathology and Other Diagnostic tests
28	Physical Movement/Exercise/Tai Chi/Yoga
29	Podiatry
30	Referral - External
31	Referral - Internal
12	Reorienting Health Services
32	Report/Support Letter
39	Screening (Preventive)
10	Strengthening Community Action
33	Supervision (Other Professionals and Students)
34	Use of Rooms
35	Vitamins
36	Welfare and Welfare Rights

**WHNSW Women's Health Database: Referral Code Listing**

CODE	INDIVIDUAL	CODE	ORGANISATION
1	Acupuncturist	1	Aboriginal Specific Services
2	Aromatherapist	2	Abortion Services
3	ATSI Support/Access Worker	3	Alternative Health
4	Body Therapist	21	Asthma Foundation
5	Child Care	26	Baby Health Clinics/Breast Feeding
6	Chiropractor	28	Breast Screening
7	Co Coordinator	5	Child Care
8	Community Worker	4	Child Protection
9	Counsellor	6	Community Health
11	Doctor-External Private	7	Complaint Investigation
12	Doctor-Hospital/Outpatient	8	Counselling And Therapy
10	Doctor-Internal	9	Court Support
13	Drug & Alcohol Worker	10	Crime Notification
14	Group Facilitator	11	Crisis Intervention
15	Health Educator	29	Diagnostic/Screening Other
16	Health Promotion	12	Disability Services
17	Health Worker	13	Drug And Alcohol
18	Herbalist	14	Education
19	Information/Referral Worker	15	Employment Assistance
20	Intake Worker	16	Family Support Services
21	Iridologist	17	Financial Counsel/Assistance
22	Lawyer/Solicitor	18	Gay And Lesbian Services
23	Manager	19	Home Care
24	Massage Therapist	20	Housing/Accommodation/Refuge
25	Midwife	22	Immigrant Specific Service
26	Naturopath	23	Income Support/Benefits
27	NESB Support/Access Worker	24	Legal Services
28	Nurse	25	Local Support Service
29	Nutritionist/Dietitian	27	Maternal And Infant Care
30	Occupational Therapist	31	Medical General
31	Osteopath	32	Medical Specialist/Dental
46	Other	33	Mental Health
32	Pediatrician	34	Needle Exchange
33	Physical Movement Instructor	35	Older Womens Services
34	Podiatrist	45	Other
47	Private Therapist	36	Sexual Assault Services
35	Project Worker	37	Sexual Health Clinics
36	Psychiatrist	38	Social Support - eg. Single mum Picnics
37	Psychologist	39	Suicide Prevention
38	Psychotherapist	40	Tenant Advice Services
39	Researcher	41	Torture And Trauma Services
40	Resource Officer	44	Welfare Support (Food/Clothing, etc)
41	Social/Welfare Worker	42	Womens Health Services
42	Specialist-Medical	30	Xray/Pathology
43	Taichi Instructor	43	Youth Services
44	Yoga Instructor		
45	Youth Worker		

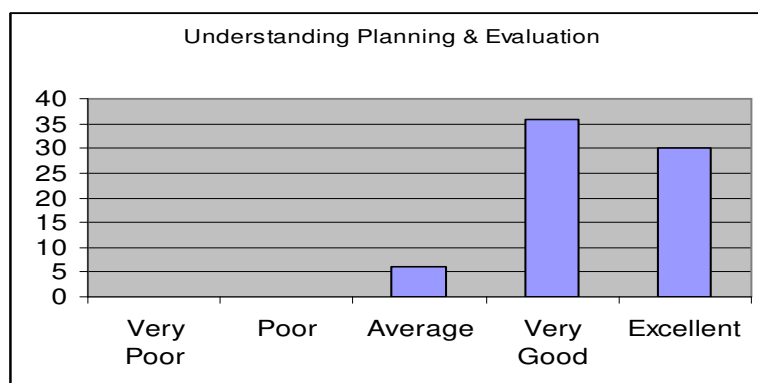
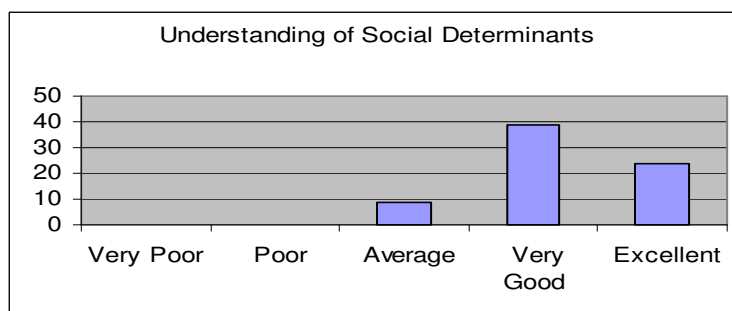
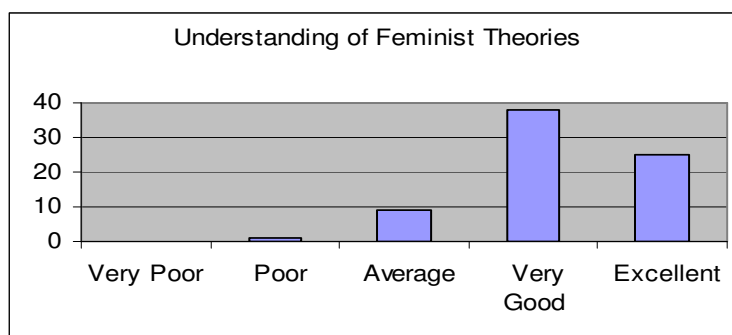
Women's Health NSW Database	
Code No.	Funding Source By Name
1	Area Assistance Scheme
2	Area Health
3	ASTI
4	Attorney General's Victims of Crime
5	Attorney General's WDVCS
6	Clubs funding General
7	Clubs funding Gambling
8	Community Relations Commission Multicultural NSW
9	DOCS
10	DOCS - Early Intervention
11	DOCS CSA
12	DOCS DV
13	DOCS Families First
14	DOCS Multicultural Service Unit
15	DOCS -other
16	DOH - Aboriginal Health Branch
17	DOH - D&A
18	DOH - Dementia, Carers and Disability
19	DOH - DV
20	DOH - HIV/AIDS
21	DOH - Mental Health
22	DOH - Other
23	DOH - Womens Health Program
24	Donations
25	Federal Government Other
26	Foundations and Trust
39	HIC - Medicare
27	Law & Justice Foundation
28	Local Council
29	National Drug Strategy
30	NRMA
31	NWHP (PHOFA)
32	OATIH
33	Other
34	Other State Health (eg.Victoria, QLD)
35	Other State General (eg.Victoria, QLD)
36	PHOFA EOI Project
37	Sport and Recreation
38	State Government Other

## The Nature of Women’s Health: Past; Present; Future

Women’s Health NSW developed this comprehensive training package in 2002 and presents the course on a yearly basis. Designed in two parts, the program is a distance learning package of six modules with an accompanying workbook, followed by an intensive three day workshop. Staff, management, students and volunteers of Women’s Health Centres will:

- Explore the history and philosophy of the Western feminist movement and its relationship to health policy development, service planning, management and models of health care delivery
- Identify current trends, practice and policy in women’s health
- Understand the impact of gender and other health determinants on health status
- Apply an outcomes approach to health service planning.

The course is consistently ranked well in evaluation and demonstrates high learning outcomes:



The NSW Women's Health Training Program is essential to facilitating effective community-based women's health care services that are consistently best-practice, evidence-based and relevant.

### **Accreditation and Graduate Certificate Recognition**

The Women's Health Training Program has achieved:

- Acknowledgement by Quality Management Services. It is now formally linked to the women's health quality improvement service development review process to demonstrate appropriate sector development training
- Advanced standing for two elective subjects in the Graduate Certificate for Health offered at UTS, Faculty of Nursing, Midwifery and Health.

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