

Submission to

Parliament of Tasmania

Joint Select Committee on Preventative Health 2015

by

Hobart Women's Health Centre



Hobart Women's Health Centre

About Hobart Women's Health Centre

Hobart Women's Health Centre is a universal service available to all women in Tasmania. It seeks to increase the range of services and reach to women who are vulnerable to inequitable health outcomes due to social or economic determinants. The Centre acknowledges the impact of societal influences such as income, education, gender, sexual orientation, ethnicity, disability and isolation on health outcomes and seeks to reduce the negative effects of these factors on individual women.

The Centre is part of a national network of women's health centres. It is a health promotion charity funded by the Tasmanian Department of Health and Human Services, guided by the World Health Organisation's definition of health; 'Health is a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity'.

The Centre provides a safe, supportive environment for women. It is run by women, for women, and aims to promote positive health outcomes by providing a diverse range of services that take a holistic approach. This approach to women's health has seen the Centre at the forefront of preventative health care in Tasmania.

The vision of the Centre is for Tasmanian women to be informed, supported and active decision makers in their own health and wellbeing. As a result, the Centre has also been a key advocate on issues such as a woman's right to make informed choices about her own body, migrant and refugee women's health, eating disorders, and the arts and health. The Centre consistently advocates on behalf of women with both State and Commonwealth governments on a range of legislation and policies impacting on women's health.

In recent years the Centre has broadened its service delivery component by undertaking outreach activities, offering a statewide information telephone line and using electronic technologies. It currently provides services to women from 48 different postcode areas.

Hobart Women's Health Centre continues to provide direct services to individual women and to advocate for, and promote, the health and wellbeing of all Tasmanian women. Our knowledge and expertise is based on 26 years' experience working with, and for, the women of this state.

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Introduction

Hobart Women's Health Centre welcomes this opportunity to comment on Preventative Health Care in Tasmania and commends members of the Joint Select Committee for undertaking this work. This is a highly important issue – one, we believe, should be at the forefront of future health planning in Tasmania and integrated into any discussions regarding new directions for clinical and acute care.

In this submission to the Select Committee, we have focussed on the role of our Centre in promoting and implementing a preventative model of health that seeks to reduce health inequities in the Tasmanian community. The Centre is constantly developing and adapting, and we believe it provides a good blueprint for community-based preventative health care in Tasmania.

The Centre is an active member of the Tasmanian Council of Social Service (TasCOSS) and of the Social Determinants of Health Action Network (SDoHAN) and supports the data and analyses presented in these submissions. We would like to endorse in broad terms the direction and priorities outlined in the TasCOSS and SDoHAN submissions particularly their emphasis on early intervention and preventative health, their concerns for the most vulnerable in our communities and the social determinants of health, and their advice on the need to find sustainable solutions to high quality equitable service delivery. The Centre refers the Committee to these submissions for more in-depth analyses of its terms of reference.

1. The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes, of Tasmanians and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health;

Sex and gender are recognised by the World Health Organisation (WHO) as important determinants of health for women and men. Beyond their biological differences, gender roles, norms and behaviour influence how women and men access health services and how health systems respond to their different needs.

Gender is not the same as sex or sexuality. Sex refers to the way our society currently categorises people according to biology. Common terms include female, male, intersex and transgender. Gender relates to roles, expectations and behaviours that our society identifies as being masculine or feminine. Gender identity is the way in which people personally express their gender and can be predominantly masculine, feminine or anywhere between or outside of these two positions (i.e. 'gender queer'). Gender identity need not necessarily 'match' one's biological 'category' (male/female).¹

¹ AHPA (Tas) and TasCOSS, *Sexuality, sex and gender identity*, Action Sheet.

HWHC adopts – as well as advocates for – a *gender-based approach* to health and wellbeing service and policy development and delivery. A gender-based approach ‘helps us to identify the ways in which the health risks, experiences, and outcomes are different for women and men, boys and girls, and to act accordingly.’² HWHC is concerned that, in Tasmania, recognition of the need for a gender-based approach to health and wellbeing – and even an understanding of what this means – is seriously deficient.

A gender-based approach has broadened our understanding of women’s health problems and helped identify ways to address them for women of all ages. Cardiovascular disease, for example, is now known to be a major cause of death among women. However, this is not well recognized, leading to delays in treatment-seeking and diagnosis among women. The identification of gender differences in cardiovascular disease has made it possible to develop more effective health promotion and prevention strategies that have improved women’s health in many countries.³

Gender is a social determinant of health because social factors such as powerlessness, access to resources, and constrained roles impact on patterns of health and illness.⁴ At a population level, in most countries of the world, women have more limited access to, and less control over, resources, and over their bodies and lives, than do men.⁵ Gender determines the differential power and control men and women have over the socioeconomic determinants of their health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific health risks.⁶

HWHC – We listen to woman and take a gender-approach to health and wellbeing

(Comments below refer to clients of the Centre with high and complex needs)

...These clients are women who are, or are vulnerable to being homeless, suffering ill-health and social isolation. The issues these women present are complex and inter-related. Our usual process is to offer either counselling and support for women for 3 – 4 sessions and then find suitable case managers or other services to assist. We will of course still welcome them to our Centre subsequently as with all women. Each one of these women has a special and unique reason why this Centre suits her needs. But what they all have in common is their needs are such that many services cannot help them, they won’t go to what might seem the most obvious service because of some past experience or fear, real or perceived, they will be judged or worse. What we offer is a warm non judgemental place where women are listened to. We take a holistic view of health.

These are women who fall through the gaps. Not through any fault of other services but the system which funds organisations for one or a limited range of activity. We think we see them partly because the sector is over loaded.

HWHC Counsellor - observations

² WHO, *What is a gender-based approach to public health*, <http://www.who.int/features/qa/56/en/>.

³ WHO, Op-Cit.

⁴ Phillips SP, 2005, ‘Defining and measuring gender: A social determinant of health whose time has come’, *Int J Equity Health*, 4: 11.

⁵ Ibid.

⁶ WHO, *Gender and Women’s Mental Health*, http://www.who.int/mental_health/prevention/genderwomen/en/.

Women suffer more negative health consequences of inequalities between the sexes.⁷ For example, women generally live longer than men but are more likely to suffer from long-term disability and chronic diseases; historically women have been subject to discrimination and gender role stereotyping leading to social exclusion and poor mental health; and women are far more likely than men to be victims of domestic violence and sexual assault.⁸ Gender and sex considerations are also clinically relevant in areas such as sexually transmitted infections (including HIV/AIDS), pain, diabetes and heart disease.⁹

Gender as a social determinant of health – and mental health

Gender is a critical determinant of mental health and mental illness. Gender differences occur particularly in the rates of common mental disorders - depression, anxiety and somatic complaints. These disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem.

Unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women. Depression is not only the most common women's mental health problem but may be more persistent in women than men. More research is needed.

Reducing the overrepresentation of women who are depressed would contribute significantly to lessening the global burden of disability caused by psychological disorders.

The disability associated with mental illness falls most heavily on those who experience three or more co-morbid disorders. Again, women predominate.¹⁰

⁷ Ibid.

⁸ AHPA and TasCOSS, Op-Cit.

⁹ Gahagan J, Gray K and Whynacht A, 2015, 'Sex and gender matter in health research: addressing health inequities in health research reporting', *International Journal for Equity in Health*, <http://www.equityhealthj.com/content/pdf/s12939-015-0144-4.pdf>.

¹⁰ WHO, Gender and Women's Mental Health, Op-Cit

HWHC – Supporting women to improve their mental health

Susie, 53 years of age had a history of depression and recent reproductive health complications. Susie visited HWHC to access counselling support and an appointment with the nurse practitioner after a friend recommended the service. Susie had recently undergone a hysterectomy and was struggling with physical, emotional and with identity related changes following her surgery. Susie was also struggling financially and was socially isolated due to lack of affordable avenues for social participation.

Susie accessed information and support from the nurse practitioner, was referred to another health worker at HWHC with expertise in hormonal health and information about physical and emotional changes related to her surgery. During counselling Susie was able to identify a range of affordable physical and social activities she would engage with at HWHC and with Pham, Anglicare for ongoing mental health support. Susie accessed a range of hormonal health related information from the HWHC library and was given useful websites including Jean Hailes. Susie attended 3 counselling sessions and made connections with other 'drop in' visitors at HWHC and identified several strategies to address social isolation and her identity concerns. Susie's longer term plan was to complete a business course when her physical and emotional health became stable. Susie reported that the social connections she made, the light physical activity and an increased sense of control due to greater understanding of her health situation had improved her outlook greatly.

HWHC Counsellor - observations

Health and community services in Tasmania are currently struggling to meet the needs of the community. Women are often disproportionately affected by the social determinants of health due to factors such as their likelihood to be on low incomes, in casual and/or temporary employment, and have less accumulated superannuation; to be the primary carers of children and elderly relatives; to be victims of domestic violence; to be lacking access to stable affordable housing; and/or to be living with chronic illness.

When women present at the Centre for support, more often than not, it is in relation to more than one issue impacting adversely on their health. Holistic health care is in the best interests of the women who access our service but this is resource intensive.

Some groups of women are more affected by social inequities than others. Women living in rural and remote areas generally have less access to services than those in urban areas. This is particularly an issue in Tasmania with its large rural population. Other groups who have inequitable access to services, or for whom services are often inadequate or inappropriate, are: women with disabilities; refugee and migrant women, women with low health literacy; women with mental health issues; and those who identify as lesbian, bisexual, transgender or intersex. HWHC offers programs and services for these groups of women but our capacity is limited in the face of extensive unmet need.

2. The challenges to, and benefits of, the provision of an integrated and collaborative preventive health care model which focuses on the prevention and early detection of, and intervention for, chronic disease

Hobart Women's Health Centre provides a good case study of how an integrated and collaborative preventive health care model can work in practice. The Centre acknowledges the impact of societal influences such as income, education, gender, ethnicity, disability, sexual orientation and isolation on health outcomes for the individual. While the Centre welcomes all women, it actively seeks to engage with women who are at risk of poor health outcomes due to social and economic circumstances, and to influence these outcomes.

Some examples of this work include:

- Collaborating with the Salvation Army in providing a program for women affected by changes to the Centrelink parenting payments and increasing their self-confidence and ability to find employment
- Providing shower and washing facilities for homeless women and those who have difficulty accessing these facilities
- Running exercise programs for older women to increase their physical strength, while also breaking down social isolation
- Engaging women from cultural and linguistically diverse backgrounds in activities at the Centre
- Providing intensive support for women with complex needs
- Providing a telephone and electronic information service
- Providing preventative health care such as screening, counselling and referral.

The work of the Centre is often far reaching in its effects:

HWHC – Changing lives

Today a woman came into the Centre and thanked me for 'changing her life.' About 12 months ago I met the woman who was in chronic pain, and using a walker. We spoke about her condition and the gamut of treatments she had tried. She disclosed to me that she was so depressed from being in constant pain she was considering killing herself.

We spoke at length about her emotional/mental health and then I suggested she try hypnotherapy for pain relief. She had never heard of it and was curious and desperate enough to give it a try. Over the next week I researched and located psychologists who specialise in this treatment and were willing to work with a Mental Health Care Plan. I gave her the phone numbers of 3 practitioners, suggested she speak to them and choose someone she felt most rapport with, and explained how to access a MHCP. This she did, and in my opinion she became a changed person. She presented as much more positive, thankful for her life, and very grateful that I had listened and introduced her to a new way of managing her condition. Working in Health Promotion it is not always possible to see an immediate benefit, so it is gratifying to witness behavioural change.

Nurse Practitioner

HWHC's client base is characterised by a large proportion of concession card holders, women with disabilities, older women and women from diverse cultural backgrounds.

The Centre also works to influence the socio-economic and cultural conditions affecting the health of Tasmanian women by, for example:

- Writing letters to the media on issues such as violence against women
- Writing submissions to government on a variety of relevant topics (such as the Select Committee on Preventative Health Care)
- Presenting information to medical students on gender, social determinants of health and issues affecting women's health
- Participating on a range of committees and working parties seeking to change conditions for women (eg violence against women, sexual and reproductive health issues, hospital consumer issues)
- Working in partnership with other women's organisations, community groups and individuals to influence government policy and practice in response to the needs of women.

The benefits of this way of working are manyfold - for individuals currently and into the future, and for our overburdened health system by way of intervening early with those who might otherwise require more acute services. It has also been said that by taking care of women's health, we also take care of the health of their families, their friends and their communities.

The challenges faced by the Centre in providing a preventative health care model are also significant. While this way of working may have far-reaching effects further down the track these outcomes are often not immediately evident or measureable. It can be difficult to present evidence on the richness and diversity of these outcomes in a way that is meaningful to government officials. In the face of the immediacy and transparency of hospital waiting lists, it is often politically difficult to argue for more funding for preventative work.

3. Structural and economic reforms that may be required to promote and facilitate the integration of a preventive approach to health and wellbeing, including the consideration of funding models

HWHC believes that a preventive approach to health and wellbeing can happen at any level of the health system, as well as in other areas of government and the community responsible for influencing the social determinants of health. With a shift in focus and more training of staff, hospitals could play a much greater role in preventative health care, as could general practices and community organisations.

The Centre believes though that a stronger emphasis on community based health promotion and an integrated cross-government approach are also necessary. Our traditional siloed systems within government are not conducive to a social determinants of health approach. HWHC endorses a shift across government towards 'health in all policies'.

Within communities, local government and community organisations are key to good health and wellbeing. Again, a lot could be achieved with a more integrated approach, with organisations working together to strengthen community capacity and resilience and rebuild local economies. The downturn in rural and manufacturing industries in Tasmania has caused considerable hardship for traditional rural and blue collar workers and their communities. Young people from these communities are particularly at risk. The Centre is very aware of high teenage pregnancy rates and has been involved in strategies to reduce this incidence.

While various projects and programs have been implemented to help ameliorate the disintegration of rural and low income communities, most of these efforts have relied on one off grants for social innovation and there is a serious lack of long term, sustained community development.

In the community sector, there are various organisations that, like HWHC, take a preventative approach to health and wellbeing but again, there continues to be a lack of funding to trial new ways of working. Services are stretched beyond their limits and are often competing for funding. There is frequently neither the capacity nor the motivation to work together on complex problems such as influencing the social determinants of health.

HWHC believes that any moves to reform the community sector should look at long term integrated approaches towards increasing community capacity and reducing inequities in health outcomes.

4. The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups

Other than the Select Committee on Preventative Health Care, HWHC is not aware of any current whole-of-government committees or advisory groups that are taking, or discussing, a social determinants' of health approach.

Past examples of this approach include the Ministerial Advisory Committee established to oversee *A Healthy Tasmania* strategy, the Social Inclusion Strategy and its governing body, the Agenda for Children and Young People, and Tasmania Together.

5. The level of government and other funding provided for research into the social determinants of health

Overall, the Centre believes that the level of government and other funding provided for research into the social determinants of health is seriously deficient in terms of the amount of funding available and the scope of research required. In Tasmania, we are not aware of any significant wide-ranging, coordinated research efforts on the social determinants of health. There are some very impressive pieces of research being undertaken but there is no body bringing this information together and applying it – and affecting change within the communities and among the people who are at greatest risk of harm.

In relation to research on gender as a social determinant of health, we again highlight the lack of recognition and understanding of a gender-based approach. Others have also commented on this notion – Gahagan et al in a paper published earlier this year state that, ‘Although much progress has been made in ensuring a shared understanding within the scientific community on the differences in these terms (sex and gender), they continue to be used interchangeably or are left conceptually undeveloped in health research design and analysis.

The absence of sex and gender disaggregated data in health research findings remains problematic in our efforts to fully understand and ameliorate health inequities. A variety of structural issues such as funding and budgetary limitations may be perceived as barriers for limiting sex and gender as factors in research study designs. However, as stated by Johnson and Beaudet, attention to both sex and gender considerations in reporting of health research findings does in fact make for better science. An absence of sex disaggregated data or a lack of gender considerations in research reporting can lead to adverse health outcomes in areas such as drugs trials and surgical interventions. For example, Redberg argues that a lack of sex-specific results in cardiology clinical trials is leading to situations where many women are receiving implantable cardioverterdefibrillators without substantial evidence of benefit.’¹¹

The Centre believes that there is considerable scope for some concerted and coordinated research on the social determinants of health in Tasmania. Tasmania has a relatively stable population and good size for quantitative and qualitative research on interventions that might be effective in ameliorating inequities in health outcomes that are attributable to social determinants such as gender, income, education, ethnicity, disability, and isolation.

6. (6) Any other matters incidental thereto

The Centre wishes again to emphasise the need for more integrated, long term planning for health care in Tasmania that not only reduces hospital waiting lists but also looks further into the future towards more sustainable, economically viable systems based on preventative health initiatives and models of care.

¹¹ Ibid.