

MODULE OF STANDARDS FOR WOMEN'S HEALTH CENTRES

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Background

The first edition of the *Manual of Standards for Women's Health Centres* (1995) was funded by the NSW National Women's Health Program, through the NSW Health Department, and was developed with input from women's health professionals and service providers in NSW and throughout Australia.

The process of writing and producing the manual was guided by the collaborative efforts of the NSW Women's Health Manual of Standards Management Committee with membership from the sector, NSW Health Department, CHASP, WHIRRCA and Area Health Services.

As part of the consultation process, 180 copies of the draft manual were distributed Australia-wide to:

- NGO women's health services
- Australian Health Ministers Advisory Committee Sub-committee on Women and Health
- State and Federal government women's health advisers, co-ordinators, policy, program and project officers
- CHASP co-ordinators and
- Identified women's groups and individuals.

The development of the first edition standards manual was an exciting innovation for women's health service provision in NSW. Developed over two years, with extensive input from women's health centres, as well as Australia-wide consultation, the manual represented a further step towards recognition of the invaluable work provided by women's health centres to the women of NSW.

This second edition module evolved from experience gained during the subsequent service development reviews undertaken by women's health centres in NSW throughout 1999. Following pilot reviews of six centres, it emerged that although the *Manual of Standards for Women's Health Centres* (1995) was valued by the sector as a quality resource, it was somewhat repetitious and unwieldy when used as a review tool.

At a state-wide meeting of the non-government Women's Health Centres (March 2000) it was agreed that the standards covered by the Quality Improvement Council (QIC) *Health and Community Services Core Module* were appropriate and consistent with women's health standards. If they could be identified and excluded from the existing manual then those standards remaining would form a draft module of standards specifically for the women's health sector.

A small working party oversaw this process and a first draft was prepared for pilot testing. The draft standards were then circulated widely throughout the sector for comment and endorsed in November 2002.

Introduction

Women's Health Centres

Women's health centres provide a unique, wholistic, woman-centred approach to primary health care provision. They bring together a range of counselling, natural therapies, health promotion, education, self-help and consumer advocacy services with medical and clinical services.

The work of women's health centres was supported by the National Women's Health Policy (1989) *Advancing Women's Health in Australia*, which identifies national priority health areas for women and which has had an influential role in shaping the development of women's health services across Australia. The national policy validated the already progressive work being undertaken by women's health centres in NSW since the 1970s. This pattern of validation continued throughout the 1990's and can be seen in the current NSW Health policies *Strategic Framework to Advance the Health of Women* (2000) and, *Women's Health Outcomes Framework* (2002).

The Module of Standards

The development of this standards module builds on the pioneering first edition in Australian Standards of Practice for non-government organisation (NGO) women's health centres. Women's health centres have always sought to provide high quality services by and for women. This second edition module used in conjunction with the Quality Improvement Council (QIC) *Health and Community Services Core Module* (2004) and the QIC Standards and Accreditation Program, will provide centres with a process to measure standards of service that is consistent with both community health services and other services in the not-for-profit sector.

The standards focus on women as service users and provide opportunities for continuous and incremental change in the nature of service provision.

The standards ensure that services to women recognise individuality, dignity, confidentiality and responsiveness to the needs of women. They reflect a service management approach that is responsive and sensitive to women's health needs and provide new benchmarks for the provision of quality services.

The *Module of Standards for Women's Health Centres* is organised under the following sections

WHC 1	Philosophy of Women's Health
WHC 2	Contact and Service Delivery
WHC 3	Health Promotion
WHC 4	Records

Each of these sections has a **principle**, a range of **standards** designed to reflect the intent of the principle and **indicators**. *Indicators are measurable, practical steps a women's health centre can use to assess its achievement of the standard and ultimately the principle in question.

Standards for Quality

The standards in this module represent the optimum level of service a centre can aim for, which will be useful when the centre is planning programs and services or determining its goals in any particular area.

Women's health centres can use the standards in a variety of ways to:

- facilitate and support the culture of a learning organisation
- assess their own operations in detail
- stimulate a range of ongoing planning, quality improvement and evaluation activities
- provide basic education to staff in women's health principles and practices * and
- develop policy and procedures.

In effect, these standards are benchmarks against which practice can be measured, thus providing women's health centres with a basis for self-evaluation.

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. This endorsement was originally expressed in the National Women's Health Policy (1989) *Advancing Women's Health in Australia* and subsequently in various State and Territory broader policy frameworks for health priorities that have a gender view of health such as the *Women's Health Outcome Framework* developed by NSW Health (2002).

This view recognises 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, co-ordinated 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.

These principles are informed by the National Women's Health Policy and NGO women's health centres.

Why Women's Health?

The question 'Why women's health?' is often asked. Women after all generally live longer than men and experience lower mortality rates for all but sex-specific causes. Despite this, women are still the major users of health services. They report more episodes of ill health, consult medical practitioners, chemists and other health professionals more frequently and take medication more often. Women have higher rates of hospital use both during their reproductive years and after the age of 70. Women comprise of 72 per cent of those in nursing homes and long-stay institutions and report a higher prevalence of psychosocial problems than men – particularly severe and chronic depression. *Women's Health Services in NSW* (1985).

A multiplicity of factors including biological, social, cultural, environmental and economic, influence women's health status, their need of health services and their ability to access appropriate services. In particular women's health needs stem from the fact that:

- Women are more socially disadvantaged than men in terms of poverty, education and power. Socially disadvantaged people are more likely to become ill
- Women are more likely to use health services because of their social role as carers of children, older people, or people with disabilities and the extra strain this places on their health
- Women have particular sexual and reproductive health needs, for example, menses, pregnancy, childbirth and menopause
- Women are treated differently from men in society generally because of gender inequality resulting in, for example, violence against women and sexual assault. The *Women's Safety Survey* (1996) conducted by the Australian Bureau of Statistics, found that 5.9 per cent of women surveyed had experienced physical violence in the previous 12 month period, and a further 1.5 per cent had been sexually assaulted. On a population basis, these combined figures represent 490,000 women across Australia
- Women are also treated differently within the health system. For example, 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 and/or anxiety disorders and major and/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. *Strategic Framework to Advance the Health of Women* (2000).
- Women have frequently been excluded from being health and medical research participants leading to major gaps in knowledge about women's health. Even when women are included in "people" research the results are often not analysed in terms of gender so differences between men and women are often not known, or an assumption is made that women are affected the same as men. This can lead to prevention, intervention and policy decisions that adversely affect women.

It was because of these and other factors that women in the community, feminist women, applied for and received funding from the Commonwealth Community Health Program in 1974. Services were also developed using 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.

There are now 22 community managed women's health services funded by the NSW Health Department. They are complemented by various projects funded under other women's health initiatives. While the services vary in focus and size, their core principles remain consistent with those expressed in this document.

The following definition of women's health was endorsed by the Australian Health Minister's Advisory Council in 1993:

"The advancement of women's health requires the 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."

In 2000 NSW Health adopted a policy framework approach recognizing 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. *Gender Equity in Health 2000*.

The Women's Health Services are actively involved in strategies to change the social structure that negatively affect women's health. At the same time they provide appropriate individual, group and community services, information and referral. *The Nature of Women's Health: Past; Present; Future 2002*.