



**REPORT ON THE
ACT Ministerial Advisory Council on
Women Roundtable:**

ACT Women's Health and Wellbeing

**RECEPTION ROOM
ACT LEGISLATIVE ASSEMBLY**

11 JUNE 2008

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REPORT ON THE ACT MINISTERIAL ADVISORY COUNCIL ON WOMEN ROUNDTABLE: ACT WOMEN'S HEALTH AND WELL BEING

11 June 2007

WELCOME AND OPENING

Janean Richards, Chair of the Ministerial Advisory Council on Women, opened the meeting by acknowledging the traditional owners of the land - the Ngunnawal people.

Ms Richards advised that the Roundtable had arisen in part through the ACT Women's Summit. The Summit held in August 2006, had identified a number of issues related to the six objectives of the ACT Women's Plan. Since the Summit the Council has held two roundtables and a leadership and representation forum in order to progress issues relating to affordable housing, prevention of violence against women and leadership and representation.

This Roundtable aims to engage with key stakeholders to identify major issues and policy opportunities and to progress the health and wellbeing issues which arose from the 2006 Summit, including:

- Women in correctional facilities
- Post prison housing
- Bulk billing and access to GPs
- Dental Services

Ms Richards encouraged participants to identify issues, obstacles, policy development and budget initiatives which impact on ACT women's health and wellbeing. She acknowledged that women's safety issues, including violence against women, cannot be isolated from health and wellbeing issues.

NATIONAL WOMEN'S HEALTH POLICY

Dr Gwen Gray provided a brief historical overview of national women's health policy. She noted that in 1989 when the first national women's health policy was developed, Australia was seen as a leader in this area. Since 1998, women's health policy has not been a federal government priority; however the Federal Minister for Health, Nicola Roxon has advised that the Rudd Government will be developing a new national Women's Health Policy. Dr Gray expressed optimism that when developed, the new national policy will have positive effects for women in the ACT.

ACT HEALTH - WOMEN'S HEALTH POLICY AND INITIATIVES

Dr Gray invited Mr Mark Cormack, Chief Executive ACT Health, to provide an overview of current and planned ACT women's health policies and initiatives.

Mr Cormack briefly outlined relevant new initiatives, including:

- The development of an *ACT Women's Health Services Plan*;
- \$1billion announced in the 2008/09 Budget to overhaul the ACT public health system with \$200 million of this is specific to women, the centrepiece being the Women's and Children's hospital;
- ACT Health is undertaking preliminary planning to totally rebuild the health care system including fact finding, identification of best practices and consultation; and
- Development of an *ACT Men's Health Plan* will commence once the *ACT Women's Health Services Plan* has been completed.

Mr Cormack noted that historically health services have not been as responsive to client's needs as other service industries. The Government's commitment to a complete overhaul of the health system will provide the ACT with a rare opportunity to rebuild the health system by re-designing how services are provided, re-visiting priorities to ensure they are meeting community needs and, where possible, will use new technology to streamline the passage of people through the health care system.

ACT Health - Women's Health Services Plan

Ms Megan Cahill outlined work being undertaken to develop the *ACT Health Women's Services Plan*. The Plan will address specific health related conditions, issues and challenges where women and girls are uniquely affected, including gynaecological disorders, obstetrics and breast diseases, conditions where women may be affected disproportionately more than men and issues that require different approaches from mainstream services to achieve improved health outcomes for women.

A Steering Group, representing a diverse range of service delivery areas, together with health consumer representations, has met on several occasions since February 2008 to guide the development of the Plan. The Group reviewed a *Background and Issues Paper* that outlined preliminary consultation outcomes and health service planning information.

The Steering Group recommended the development of a comprehensive and informative ACT women's health status profile to guide the decision making process by enabling the identification of priority areas in women's health. The Population Health Research Centre was engaged to undertake this work, supported by members of the project's Steering Group. She advised that the paper - *Health Status of Women in the ACT* will be released soon.

To date, the main challenges identified in the development of the Plan are:

- For women aged 45-64 years the most common causes of death were breast and lung cancers;
- The most common causes of female mortality were heart disease and cerebrovascular disease;
- Notification rates of Chlamydia infections for women have increased since 2000;
- Women are more likely to be obese and have insufficient levels of physical activity;
- The rate of caesarean section births has increased from 21.7% in 2000 to 28.9% in 2005. Despite this increase the ACT has the lowest rate nationally;
- BreastScreen Australia aims to achieve 70% participation in breast screening for women aged 50 to 69 years. The participation rate for ACT women in 2003/04 was 51.1%;
- Arthritis, asthma, chronic obstructive pulmonary disease and cardiovascular disease were the most prevalent chronic health conditions reported by ACT women;
- For younger women aged 15-44 years, the most common causes of death were intentional self inflicted injury and accidental injury;
- For women from Aboriginal and Torres Strait Islander backgrounds, low birth weight babies and smoking during pregnancy remain issues of concern; and
- Women are more likely to suffer depression and mental health services need to be more accessible.

Work is now underway to bring together the issues identified through the *Health Status of Women in the ACT Report* and consultations with broader reference groups. This work together with identified Australian and international evidence-based best practice models will inform strategies to deliver good health outcomes for ACT women.

ACT Health - Capital Asset Planning

Ms Cahill, Executive Director, Government Relationships and Planning, ACT Health advised that a number of health initiatives were announced in the 2008/09 ACT Budget including:

- the construction of a \$90 million Women's and Children's Hospital; and
- an \$18 million new Community Health Centre in Gungahlin.

The Women's and Children's Hospital will be located on the Canberra Hospital site, on the footprint of the current Maternity Unit. User groups will be invited to participate in the design of the new facility. A specific Midwifery Program will be developed to enhance continuity of care and to include new birthing models.

WOMEN'S CENTRE FOR HEALTH MATTERS - CONSULTATION AND RESEARCH

Ms Kiki Korpinen, Executive Director, Women's Centre for Health Matters (WCHM) provided an overview of work undertaken by WCHM in 2008, including:

- Publication of *Marginalised and Isolated Women in the Australian Capital Territory: risk prevalence and service provision 2008*;
- Publication of *Health and Wellbeing issues for Women in the Australian Capital Territory 2008*; and
- A forum entitled *Women of the ACT – working together to improve our health and wellbeing* was held on 1 May 2008 and attended by more than 50 women.

Marginalised and Isolated Women in the ACT

WCHM commissioned the Report on marginalised women in the ACT in response to a gap in information on ACT women's health and wellbeing. The Report presents a range of data aimed at exploring the nature of women's marginalisation and isolation in the ACT and explores current gaps in service provision and policy.

The Report identified:

- Risk factors, which may result in ACT women experiencing marginalisation and isolation, including homelessness, poverty, drug and alcohol misuse, mental health issues, disabilities, violence, age, culturally and linguistically diverse backgrounds and Indigenous and Torres Strait Island backgrounds;
- Key gaps in service provision, including inadequate housing, transport and access to health care and other services that support marginalised and isolated groups; and
- Areas that require policy development, including additional services for women with complex needs, access to affordable health and wellbeing professionals and the provision of comprehensive gender disaggregated data.

Health and Wellbeing Issues for Women in the ACT

In November 2007, a survey of the health and wellbeing needs of ACT women was undertaken by WCHM. Interviews were held in three shopping centres across the ACT and surveys were distributed to WCHM networks. 180 responses were received. The principal survey findings were:

- Women in the ACT consult a wide range of practitioners in order to act on their health and wellbeing issues, with GPs being the most consulted professional;
- Access to dental care is an issue of concern for ACT women, which is in line with nationally known information about Australia's dental health;
- Women are more likely than men to access allied and alternative health and wellbeing services. This is in line with the social determinants of health model and the evidence we have from the 1989 National Women's Health Policy that women understand the social model of health and are motivated to care for their wellbeing in a holistic way;
- Almost 20% of women surveyed reported fair or poor health. This is higher than the national health survey data, which shows that 13.4% of Australian women report fair or poor health. It can be calculated that between 18,000 and 26,000 women in the ACT are experiencing significant health and wellbeing issues;
- Women in the ACT are confronted by a number of barriers in acting on their health and wellbeing issues. These include issues regarding affordability of treatment, long waiting lists for appointments, difficulties with transport, not

having enough time to take action, not knowing where to get help and not seeing the issue as a health priority;

- When they do act on their health and wellbeing issues, women in the ACT report a high rate of positive experiences. However, one in four women perceived their experiences as either mixed or negative; and
- Women's perceptions of their dealings with health practitioners would be more positive if the practitioners enhanced their communication skills, increased their use of accredited interpreters, provided greater access to relevant health-related information, improved scheduling and waiting times for appointments and improved bulk billing practices and availability.

Research undertaken by Inanna Inc, WCHM and Women's Services Network

Ms Korpinen advised that previous research, undertaken by Inanna Inc, WCHM and the Women's Services Network, recommended that an approach be made to ACT Health and the ACT Government to fund a program that improves access to health services for women experiencing (or at risk of) homelessness in the ACT. This report indicates the need for further investigation in this area and recommended that:

- Territory health and wellbeing services providers be informed of the survey's findings;
- WCHM explores the possibility of developing collaborative strategies with key stakeholders aimed at addressing health and wellbeing service barriers and gaps identified by women in the ACT. This could be achieved through the establishment of a multi-agency committee, initially auspiced by the WCHM, to plan for data collection on a wider scale regarding women's health and wellbeing in the ACT;

The below two recommendations are from the Health and Wellbeing Issues for ACT Women survey report:

- WCHM replicate the survey following evaluation of the survey methodology, tools and techniques. Replication of the survey could be achieved through established partnership arrangements with other local and interstate women's health and wellbeing organisations; and
- WCHM lobbies relevant institutions to continue further research into identifying the health and wellbeing needs of ACT women using similar methodology. The resultant data could then inform the ACT Government of the unmet needs identified by ACT women and further inform planning for future health service delivery.

Ms Korpinen advised that WCHM is developing a second report on social determinants of the health of ACT women and to this end has recently purchased ACT gender disaggregated data from the Australian Bureau of Statistics (ABS).

WCHM Forum, 1 May, 2008 – *'Women of the ACT – working together to improve our health and wellbeing'*

Forum participants identified the following key issues for marginalised and isolated women:

- improved access to information;
- an accessible and affordable transport system;
- strengthening current resources/community centres to build and strengthen the community;
- further research;
- greater collaboration between all sectors; and
- improved outreach support.

Forum participants also identified the following key health and wellbeing issues for ACT women:

- the need for more collaboration between health services;
- the need for more community based health centres providing holistic and comprehensive services, referrals and outreach services (e.g. home visits so that people don't fall through the gaps);
- the need for better access to general practitioners and dentists
- the need for best practice, community integrated transport services to provide access for all ACT communities.

Ms Korpinen tabled copies of a draft summary of the WCHM Forum. The Summary provides a range of potential strategies to improve ACT women's health and wellbeing, including specific strategies for marginalised and isolated women. Ms Korpinen advised that the document is still in draft form and therefore is not for citation.

IDENTIFYING KEY WOMEN'S HEALTH ISSUES

Dr Gray invited participants to raise key women's health and wellbeing issues.

Older Women

Ms Margaret Ryan, representing older women on the Ministerial Advisory Council on Women (MACW) raised the need for more post operative convalescent beds.

Mr Cormack advised that this is being considered in the forward planning for the new ACT health system, particularly as the population aged over 65 years will triple in the coming years.

Women in Prison

Ms Ryan also asked how the needs of women in the new ACT prison will be addressed. Ms George, Senior Manager, Health Services Planning, ACT Health advised that this is being considered as part of the *Corrections Health Plan*.

Ms Korpinen asked whether women in the new ACT prison will have access to a female GP on request. Ms George advised that this will be determined by the Director based on prison population. Mr Cormack agreed to check whether the prison doctor roster enables women access to a female GP.

Women with Disabilities

Ms Louise Banister representing women with disabilities on the MACW, raised a number of issues for women with disabilities including:

- access to affordable services generally;
- cost and availability of transport;
- access to affordable medical services (noting the shortage of medical practitioners willing to bulk bill in the ACT); and
- access to affordable and accessible preventative health and wellbeing services.

Women from Culturally and Linguistically Diverse Backgrounds

Ms Sally D'Souza, representing women from culturally and linguistically diverse backgrounds (CaLD) on the MACW, noted that the research undertaken by WCHM showed that being a woman from a CaLD background is a risk factor, which may result in marginalisation and isolation.

Ms D'Souza raised concerns about:

- the limited availability of services that bulk bill;
- the low rate of breast and pap screening among CaLD women, noting that there are specific cultural sensitivities; and

- the need for culturally appropriate and accessible health and health service information.

She suggested the establishment of a multicultural women's health clinic, which included secondary consultation options, such as the location of Arabic counsellors.

YWCA of Canberra

Ms Manja Visschedijk, Director, Community Services, YWCA of Canberra raised a number of issues in regard to the health and wellbeing of young women in the ACT including:

- binge drinking;
- eating disorders; and
- self harm.

She highlighted the need for early intervention and therapeutic responses, in particular, access to community based treatment and information.

Ms Visschedijk also noted that women will often put the needs of their families before their own needs. She stressed the need to address access to affordable medical and dental services issues, particularly for refugee women and women accessing homelessness services.

She said that women with mental health problems often experience difficulty in accessing services and suggested that better community health outreach services would benefit this group.

Ms Visschedijk also raised the need to address:

- the limited number of GPs in the ACT who bulk bill; and
- to address issues of access and affordability for women under 50 years who require a mammogram.

Health Care Consumers Association

Ms Darlene Cox, acting Executive Director, Health Care Consumers Association of the ACT said that the ACT needs better community care options, rather than more hospital beds.

She highlighted the needs of women carers. In this role, women require health literacy, an ability to navigate the health system and advocacy skills.

She raised issues relating to dental health, including high co payments even within the public dental health system. Women who cannot afford private health insurance face financial obstacles when trying to access dental services.

She suggested that other primary health models should be considered and that nurses and other allied health professionals could be better utilised to provide more affordable and accessible health services.

Ms Cox also raised issues in regard to skill shortages and training of health professional and noted the shortage of enrolled nurses.

Skill Shortages

Mr Cormack said that in order to address the shortage of medical and health professionals the system needs to retain existing staff, attract new staff and train more health professionals. He noted that the ACT does not have the population to fill the training needs.

Mr Cormack spoke about structured skills migration programs and specific strategies that might benefit both the host country and the source country. He noted that some developing countries do not have enough positions available for the number of health professions being trained. This provides opportunities for Australia to enter into formal development partnerships which provide practical benefit and do not deplete the source country. Typically, this would

involve employing overseas practitioners for 2-5 years and providing training to increase their skill levels to Australian standards.

Ms Coralie Gerrard, Nurser Advisor, Royal College of Nursing Australia, noted that both the Canberra Institute of Technology (CIT) and the Australian Catholic University (ACU) provide training for nurses and that these courses are full. Mr Cormack said that although this is the case there are still gaps in the recruitment of enrolled nurses.

Attendees discussed the need to redesign the health system's workforce. It was noted that Nicola Roxon, Minister for Health, recently announced that the Australian Government will look at the role boundaries of health practitioners and will conduct a feasibility study into walk-in health centres.

Health Profile

Attendees discussed the availability of health data. The lack of available information on health issues in relation to income and occupation was raised. Ms Korpinen advised that WCHM has purchased data from the ABS which is broken down by income quintiles but not by occupation.

Ms Lyndal Ryan, MACW member, said that women in low paid occupations, including health services can experience negative work-related health outcomes. She raised concern that a redesign of the health workforce may create an underclass of low paid, poorly qualified workers who are predominately female.

Pharmacy Guild

Ms Amanda Galbraith, Community Pharmacist and Vice President, ACT Branch of the Pharmacy Guild of Australia, advised that pharmacists are often used as an alternative to GPs and that customers seeking health advice are predominately women.

Community pharmacists often provide support, including emotional support, to carers. They see a large proportion of elderly patients and assist them to maintain their independence. She noted that 170,000 hospital admissions occur as a result of patients taking the wrong medication. Pharmacists help reduce this risk by encouraging the use of Webster Packs.

Ms Galbraith suggested that limited access to medical services is not only caused by a shortage of GPs and specialists who bulk bill but is also caused by a shortage of doctors, so that appointments are not always readily available. She noted that pharmacists provide outreach to patients at home and provide assistance to Aboriginal and Torres Strait Islander people who are unable to afford medications.

Dr Gray said that for many people the cost of medicines is a barrier to positive health outcomes and that this is demonstrated by the estimated 13% of Australians who cannot afford to have their prescriptions filled. It was noted that hospital pharmacies provide medication for 3 days only.

Ms Galbraith advised that affordability of medicine is an issue for many self-funded retirees.

Ms D'Souza noted that people from CaLD backgrounds often go to a chemist who speaks their language. Ms Galbraith assured attendees that pharmacists are able to provide information on pharmaceuticals in a variety of languages.

Ms Galbraith said that the ACT Branch of the Pharmacy Guild is keen to look at how community pharmacists can be better utilised.

Royal College of Nursing Australia

Ms Gerrard advised that the Royal College of Nursing Australia (RCNA) is a national professional body for nurses. It provides a voice for nursing, by speaking out on health issues that affect nurses and the community in general and provides training for nurses. She thanked the MACW for the opportunity to participate in the roundtable discussions.

GENERAL DISCUSSIONS

Ms Korpinen suggested that it would be timely to look at including a women-centred approach when re-designing health service training. Such an approach acknowledges the broader complexities of health and wellbeing and provides a holistic approach. She advised that WCHM has had conversations and will be negotiating a training package with the ANU College of Medicine and Health Sciences.

Ms Korpinen again stressed the importance of collecting and providing gender disaggregated data.

Dr Gray noted that Canada has committed to provide 50% of health services through health teams by 2011. Ms Cahill said that the ACT is leading the promotion of inter-professional learning.

Ms Gerrard advised that over the past 8 years there has been an increase in the amount of clinical work being undertaken by general practice nurses.

Ms D'Souza asked whether the qualifications of overseas trained doctors and health professions were recognised in Australia.

Ms Cahill said that it depends on the country and the level of qualification obtained and whether it meets Australian requirements.

Ms Ryan noted that in some cases the cost of re-training can be prohibitive. She suggested that supporting overseas trained health professionals already living in Australia to upgrade their qualifications in order to meet Australian requirement could be another option to address the skill shortage.

Mr Cormack advised that Australia has made significant investments in ensuring that there are a range of pathways for overseas trained health professionals to work in Australia. He noted that in the ACT, 40% of junior medical officers are overseas trained. They require and receive extensive support through supervision and training.

Ms Cahill said flexible options are being explored to enable overseas trained medical graduates to fast track training to meet Australian requirements.

Men's Health Plan

Ms Caldwell, MACW member, asked if the impact men have on women's health and wellbeing and visa versa will be addressed in the ACT Women's Health Services Plan and the ACT Men's Health Services Plan. Ms George advised that this has not been specifically included in the Women's Health Plan.

There was discussion about encouraging women to assert their rights and whether community education would assist to change behaviour, particularly in regard to violence against women.

UNMET AND EMERGING NEEDS

Attendees made comment on a number of issues including:

- Convalescent care – acute and sub acute care;
- Holistic approach to health which recognises the social determinants such as housing, economics and security;
- Collaboration to provide better continuity of care ;
- More gender disaggregated data required in order to monitor trends;
- Regional areas accessing ACT health services. As the NSW is charged for health services accessed by NSW residents, the ACT collects detailed data on who accesses

services including hospital, emergency and outpatient care and the level of care they receive.

- New hospitals in Bega and Queanbeyan will impact on ACT health services;
- Suicide and self harming rates particularly for young women have increased;
- Affordability, transport and appointment availability are all factors impacting on women's access to health services; and
- Improved health literacy and accessible information is required in a variety of languages. Accurate, accessible online information is important, as 35-40% of women access information on the internet.

Gender Disaggregated Data

There was further discussion about gender disaggregated data. Attendees identified available data, as well as gaps. It was reported that:

- ACT Health collects a range of data and has reasonable access to a range of gendered data sources including limited access to Medicare and Home and Community Care (HACC) data.
- The Department of Disability, Housing and Community Services (DHCS) has knowledge and data on particular population groups, including young women and specific groups of young women, for example, young women in care.
- It was agreed that there is a range of valuable data with various agencies but this is not always known or made available.
- There is a lack of data on the health services used by women with disabilities.
- Attendees agreed that it is important to identify the information that is needed to fill the existing gaps.
- The Australian Government Office for Women is looking to address the availability of appropriate data through discussions with the ABS and the National Foundation of Australian Women.
- Comment was made that although the ABS collects gendered data, the information is not released and, as WCHM is aware, it is expensive to purchase.

SOLUTIONS

Dr Gray invited participants to identify practical and tangible solutions.

Attendees identified the need for:

- improved collaboration between community service providers and health providers. this might be achieved through the Health Team Worker Model;
- focus groups to further identify community needs and increase the capacity of service providers;
- adoption of a social determinants of health or population health approach to identify the conditions of women's lives that led to poor health outcomes, to highlight unmet needs and identify target groups such as young women, ATSI women, CaLD women and groups and marginalised women; and
- provision of resources for data analysis.

SUMMARY AND NEXT STEPS

ACT women, in the survey work undertaken by the Women's Centre for Health Matters, at the Forum held in May, 2008, and at the MACW Roundtable, have consistently identified timely access to affordable, comprehensive, culturally appropriate medical, dental, health, well-being and information services as a major priority.¹ They have identified access to these services as a major priority because they are currently experiencing serious barriers, which are preventing them from using the services they need. This is especially true for women from low socio-economic groups and for those experiencing forms of disadvantage, such as disability, violence, homelessness, mental health problems and so on.

When ACT women do access services, about one quarter of them have less than positive experiences, resulting from inadequate communication between themselves and their practitioners, lack of coordination between services, lack of appropriate interpreting services and lack of relevant health related information. Second, but not less importantly, women have identified access to transport as a major issue.

At the WCHM Forum held in May, women consistently advocated the establishment of community based health centres, providing holistic and comprehensive care and outreach services as a partial solution to many of the problems they identified. Community-based services were seen as being more accessible, both from an affordability and a transport

¹ These are almost the same problems as those identified in Canada in recent years, which is not surprising, since structurally, the two health systems have a lot in common. Both countries have universal health insurance and in both, most medical practitioners are private entrepreneurs, who operate solo or in small groups, choose where to locate their practices and are paid by health insurance agencies. The main difference is that Canada outlawed user charges (charges levied on patients at the point of service) in 1984, whereas substantial user charges, which have been proven to create financial barriers to access, are the order of the day in Australia. As a result, barriers to access in Australia, at least in cities, are largely financial whereas in Canada they have been due to wait times to get an appointment or waiting time in crowded surgeries.

In response to consumer dissatisfaction with waiting times and with the narrow range of services available, Canadian governments, national and provincial, have embarked on serious efforts to achieve "health care renewal" since 2000. The focus of renewal has been reform of primary health care. In 2003, First Ministers agreed that "the key to efficient, timely, quality care is primary health care reform". An effective primary health care system, it was agreed, would improve continuity and coordination of care, improve quality of services and information, provide more of the health promotion and disease prevention services that people were asking for and generally keep people healthier, obviate the need for high hospital emergency room use and reduce levels of unnecessary hospitalisation.

These conclusions are based on extensive research that has been undertaken in Canada and are in keeping with research in other major OECD countries, such as England and New Zealand with significant primary health care reform is also underway.

In 2004, Canadian First Ministers set a target that 50 per cent of Canadians would have 24-hour, seven-day a week access, not just to doctors and medical services, but to multidisciplinary teams of health professionals by the year 2011.

References:

- Health Council of Canada (2008): *Rekindling Reform: Health Care Renewal in Canada, 2003-2008*, June.
- Health Council of Canada (2008) *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*, January.
- Health Council of Canada (2007) *Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions*, December.
- Health Council of Canada (2007) *Why Health Care Renewal Matters: Lessons from Diabetes*, March.
- The National Coordinating Group on Health Care Reform and Women ((2005), *Primary Health Care Reform and Women*, available at Canadian women's health network web site, www.cwhn.ca

perspective. It was suggested that teams of health professionals could provide the comprehensive, preventive health and information services, as well as medical and dental services, that women were seeking and that community health centre staff could act as collaborators and coordinators between sectors and services. This expanded range of services is very difficult to provide in a general practice setting, where time is short, where the range of professionals is narrow and with a fee-for-service system of remuneration militates against lengthy consultations.

Community health centres were also seen as having the capacity to provide outreach services, considered particularly important in reaching marginalised and at risk women and their families. Moreover, women thought that strong local health centres would help to build and strengthen local communities.

On behalf of Council, Dr Gwen Gray thanked the Roundtable participants for their valuable input and insights. The Ministerial Advisory Council on Women will prepare a report on the proceedings of the Roundtable and make recommendations to Katy Gallagher, MLA, Minister for Women and Minister for Health.

ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN'S HEALTH AND WELLBEING

Members of the Ministerial Advisory Council on Women (MACW) met with members of the Winnunga Nimmityjah Aboriginal Health Service's Social Health Team on Monday 21 July 2008.

Winnunga's Social Health Team works in conjunction with the Clinical Services Team to provide culturally safe holistic health services to Aboriginal and Torres Strait Islander (ATSI) people in the ACT region. The holistic model of health care provided by Winnunga encompasses not only medical care but a range of programs to promote good health and healthy lifestyles.

Winnunga provides specific women's services including Well-Women's care, the Aboriginal Midwifery Access program and the Women's support group. Advocacy and client liaison form a large component of Winnunga's Social Health Team services which are delivered around three broad themes:

- counselling;
- advocacy and support; and
- health education activities.

Dr Gwen Gray invited members of the Winnunga Social health Team to identify health and wellbeing issues affecting ATSI women in the ACT in order to inform the MACW's Roundtable Report on ACT Women's Health and Wellbeing Issues.

The Social Health Team identified:

- an urgent need for a culturally appropriate, preventatively orientated early intervention program for families at risk of having their children removed;
- a need for a dedicated women's health worker or nurse as members of the Social Health Team can only deal with women's health issues on an ad hoc basis, if time allows;
- isolation, as a result of insufficient public transport, with resulting depression and other mental health issues;
- homelessness;
- access to transport to attend non-medical services, such as the support services provided by the Social Health Team;
- access to child care for clients attending Winnunga programs, especially for women wanting to attend the Women's Support Group;
- women experiencing multiple complex issues including mental health, substance abuse, domestic and family violence and postnatal depression; and
- domestic and family violence.

Members of the Social Health Team also spoke about:

- difficulties associated with accessing appropriate housing, particularly for ATSI women with complex needs; and
- the need for improved partnerships and liaison with the ACT's child protection agency. The Social Health Team frequently has to deal with the health problems of parents who have had their children taken away but because they are not involved at an earlier stage, they have no idea about what has taken place or the reasons and are unable to undertake preventively focused early intervention.

The Aboriginal Midwifery Access Program (AMAP) identified a number of challenges in the 2006-07 Winnunga Annual Report including:

- increasing the number of women (52%) presenting to services in the first trimester;
- putting in place strategies to reduce low birth weights; and
- reducing the prevalence of smoking amongst clients, with more than 70% of AMAP clients smoking during pregnancy.

Members of the Winnunga Social Health Team recommended:

- funding for an early intervention program where an aboriginal health worker works with families at risk of having their children removed in conjunction with care and protection workers.
- funding for child care to enable women to access Winnunga services;
- funding for transport and a driver for people attending non medical services; and
- funding for a designated women's health worker.

KEY RECOMMENDATIONS

1. MACW recommends that, as resources and the availability of personnel allow, the ACT's existing community health centres be steadily and systematically expanded to provide the comprehensive range of accessible services that ACT women are seeking. This would be of special benefit for low income and marginalised women and those with debilitating conditions, such as mental health problems and disabilities, since services would be close to home, thus reducing transport and isolation problems. The centres should provide outreach services, with a view to discovering people at risk of poor health and isolation and an after-hours service, especially for people with mental health problems. The ACT has four community health centres, which are well placed in areas of population density and a fifth centre is about to be established in Gungahlin. Such a development would be in line with international best practice on strategies to improve population health and well-being and, simultaneously over time, would relieve existing pressures on the conventional medical and hospital systems.
2. MACW strongly endorses the recommendations for Aboriginal women's health of the Winnunga Social Health Team, which are:
 - funding for an early intervention aboriginal health worker to work, in conjunction with care and protection workers, with families at risk of having their children removed;
 - funding for child care to enable women to access Winnunga services;
 - funding for a vehicle and a driver to provide transport for people attending non medical services; and
 - funding to allow Winnunga to employ a designated women's health worker.
3. MACW strongly recommends that the ACT Government continue to fund a female GP within the Women's Health Service (WHS). This position is essential to the provision of health and wellbeing services to vulnerable women in the ACT and requires a person with appropriate knowledge of working with women from a range of life experiences, including but not limited to, homelessness, domestic violence, drug and alcohol misuse and mental health issues.

FURTHER RECOMMENDATIONS:

1. The provision of health promotion, education and information targeting vulnerable groups (i.e. CALD women, women with MH issues, women with disabilities) concerning the importance of breast screening and pap testing;
2. That a triage nurse be made available to attend women's homelessness services, to provide health care, advice and information to this vulnerable group, who often fall through the gaps (particularly now that the previous Doctor has retired);
3. That Government and Community Sectors together look at gender disaggregated data collection for the ACT and at how this can be improved and resourced, so that community organisations can actually gather this crucial information;
4. That the ACT government provide the resources for research institutions and community services to regularly consult with and survey ACT women regarding their health and wellbeing needs, adopting a social determinants of health model approach.
5. That ABS gender disaggregated data to be made available publicly.

ROUND TABLE PARTICIPANTS

Mark	Cormack	Chief Executive, ACT Health
Sandra	Lambert	Chief Executive, DHCS
Bronwen	Overton-Clarke	A/g Deputy Chief Executive, DHCS,
Manja	Visschedijk	Director Community Services, YWCA of Canberra
Kiki	Korpinen	Executive Director, Women's Centre for Health Matters
Coralie	Gerrard	Nurse Advisor, Royal College of Nursing Australia
Megan	Cahill	Executive Director, Government Relations and Planning, ACT Health
Jacinta	George	Senior Manager Health Services Planning, ACT Health
Darlene	Cox	A/g Executive Director Health Care Consumers Association
Amanda	Galbraith	Community Pharmacist and Vice President ACT Branch of the Pharmacy Guild of Australia, Inc

MACW members

Janean	Richards	Chair
Gwen	Gray	Roundtable Facilitator
Sally	D'Souza	Representing CALD women
Louise	Bannister	Representing women with disabilities
Margaret	Ryan	Representing older women
Sabrina	Caldwell	Member
Lyndal	Ryan	Member

In attendance

Anna	Fieldhouse	Manager, ACT Office for Women (OfW)
Fiona	Baker	MACW Secretariat, (OfW)
Michelle	Bamford	OfW