

Hobart Women's Health Centre

Submission in response to
Healthy Tasmania Five Year Strategic Plan -
Community Consultation December 2015



Hobart Women's Health Centre

Prepared on behalf of
Hobart Women's Health Centre by
Petula Broad
February 2016

Hobart Women's Health Centre
PO Box 248
North Hobart Tas 7002
Ph. 03 6231 3212
info@hwhc.com.au
www.hwhc.com.au

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 its 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 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 health. Our leadership has been evident in a wide range of health policy, in social justice and gender equity. 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 state-wide information telephone line and using electronic technologies. It currently provides services to women from approximately 50 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 28 years' experience working with, and for, the women of this state.

Hobart Women's Health Centre congratulates the Minister for Health Hon. Michael Ferguson for his initiative in considering a health promotion and preventative approach to health. This would provide long term improvement in the health of all Tasmanians. We welcome the opportunity to contribute to the Healthy Tasmania Five Year Strategic Plan - Community Consultation Draft.

HEALTHY TASMANIA FIVE YEAR STRATEGIC PLAN –

COMMUNITY CONSULTATION DRAFT

Current actions we are taking on prevention and promotion that have proven effective in improving the health of Tasmanians

We have known for some time that social and economic factors play a large part in the health and well being of a community. People cannot be proactive about their health when they are not in safe and secure housing, and are living below the poverty line because of lack of work and poor education. In Tasmania this is exacerbated by isolation, lack of access to transportation and difficulty in accessing timely medical attention.

A Fair and Healthy Tasmania Strategic Reviewⁱ highlighted the need for “community driven action to help create more socially supportive environments and develop the personal skills that improve health.”

Hobart Women’s Health Centre is an example of health promotion and community engagement that delivers results. The Centre’s view is investing in prevention, early intervention, improved health literacy and ongoing support for the community, especially the most vulnerable, will result not only in improved health but also a reduced burden on acute services and resources. At the Centre we provide health prevention and promotion activities to women.

The community sector plays an invaluable role in improving and maintaining Tasmanians’ health. Many organisations are already struggling with the demand for their services and limited funding options. If there is a move toward more community care, the sector must be adequately resourced. Investing resources into the community sector and programs which support patients after surgery and/or hospital treatment, for example, can have a significant impact on their health and wellbeing. The HWHC provides opportunities for women of all ages to improve their health, take up new interests and meet women with similar concerns and needs.

In a society where women of any age can easily become socially isolated, the Centre and its activities provide a welcome (and often very necessary) antidote.

The safe non-clinical environment has been a great attraction to isolated women, especially women with mental health issues, or those who have experienced the trauma of surgery and would like support away from the hospital environment. For Example: our Encore Programme provides exercise and support for survivors of breast cancer.

The Hobart Women's Health Centre runs evidence based programmes, and runs a universal service, recognising that women can become vulnerable at any time. By providing a non stigmatising venue for mutual support we utilise community involvement to bring about positive change in women's lives.

However the emphasis on the use of resources is for those women at most risk of poor health outcomes. Through targeted programmes we create access for vulnerable women, for example those leaving correctional facilities, migrants and refugees and single mothers.

The most effective changes that could be made in terms of overall population health benefit

The TasCOSS Submission gives examples of community projects. Neighbourhood houses provide cooking and nutrition programmes, parenting programmes, walking groups, community gardens, and men's sheds. These projects have a significant impact on the health of the community and the individual.

Education, community engagement, and social inclusion are the necessary precursors to making societal change. Without adequate education, the ability to read and write and make informed decisions about their well being, many families remain in generational ill health.

"Health literacy is the knowledge and skills needed to find, understand and use information about physical, mental and social wellbeing. In 2006, the Australian Bureau of Statistics found 59 per cent of Australian adults aged 15-74 years did not have adequate health literacy to meet the complex demands of everyday life. In Tasmania, this figure rises to

around 63 per cent of adults. Poor health literacy can have a significant impact on the safety, quality, efficiency, effectiveness and appropriateness of healthcare”ⁱⁱ

It is important to note although poor health literacy has a correlation with general literacy, there are still many other groups for whom health and medical understanding is limited. Medical, health and community workers must be aware of the barriers some language can present.

HWHC views health through a gender equity lens. 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.

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. 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.

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.

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. 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.

Women today still have primary influence over the health of the entire family, including a male partner where one exists.

Further, a comprehensive health strategy needs to address the financial and emotional cost of violence and family breakdown.

HWHC is not a crisis support service, but we do see the long term effects of child abuse and family violence, sometimes a lifelong affliction. Violence and abuse can sometimes affect a woman's ability to make positive choices in rebuilding and maintaining a healthy life.

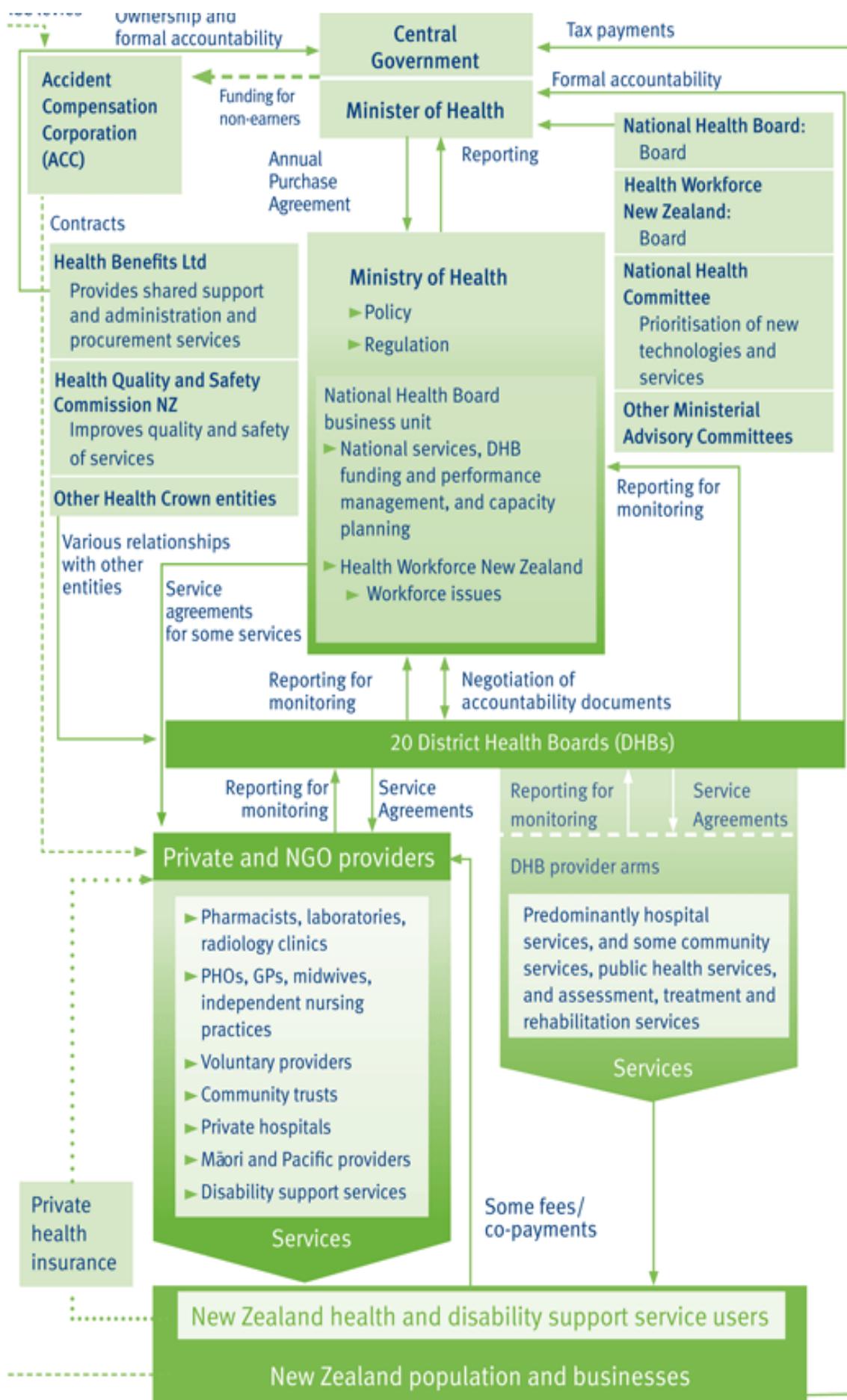
Alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania

To protect the integrity of any long term health plan for Tasmania, it would be necessary to create a separate governance structure protected by legislation that lives beyond the life of the sitting government. This would be a bi partisan model, accountable to the Department of Premier and Cabinet.

As an example, the New Zealand model of accountability, differs greatly from our own and has proved particularly effective in Canterbury after the Christchurch earthquakes called for a timely response to the health needs of the community.ⁱⁱⁱ

This model is of particular interest as the Canterbury community^{iv} is very similar to the Tasmanian community in terms of population size and rural disadvantage.

Hobart Women's Health Centre believes the Tasmanian government would benefit from investigating this model. The important point to note about this model is the inclusion of the community in its governance. It is not driven by only the medical profession.



Adopting Targets

It would be difficult to set targets in the absence of existing benchmarks.

The government already has access to most of the health and well being statistics provided by the programmes they fund, including health of the community data and hospital statistics.

Careful analysis of this information would provide opportunities to assess where we are now and where we need to be at each stage of the process.

A 'Best Buys' approach to preventive health

In recent years, over the life of this and the previous governments, there has been a decrease in capacity within DHHS, some of which is due to cuts in Federal government funds. This has placed additional pressure on an already lean community sector. Hobart Women's Health Centre has noted an increased demand since the loss of some Population Health programmes and Women Tasmania services. Serious consideration should be given to "Best Buys" investment in community sector organisations who have always delivered cost effective services in health promotion and prevention. With the greater emphasis in the two years on outcomes, most services are more thoroughly able to measure their positive outcomes, providing governments with excellent documentary evidence.

The current practise of tendering and other competitive approaches for community services funding, has not proven to be the best model for consumers. In practise, it has put workers under increased stress to deliver outcomes with less funding, and reduces the opportunities for information sharing and collaboration between services, because organisations are holding information as a protection against losing funding.

The consumer is disadvantaged by "falling between the cracks" of stringent service provision arrangements, having to constantly move from one service provider to another, and getting less service provision.

We would suggest that the current health budget for Health Promotion which currently sits at 1.9% of the health budget should be increased to at least 5%. This is best viewed as an investment for future benefits and long term sustainability.

Preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context

The District Health Board for Canterbury in New Zealand, oversees the south island's largest and most populous region. A successful transition from backed up hospital waiting times has been implemented so that now patients can access timely care. "It has moved from a position where, back in 2007, its main hospital in Christchurch regularly entered 'gridlock' – with patients backing up in its emergency department and facing long waits as the hospital ran out of beds – to one where that rarely happens."

They have achieved this by reducing service fragmentation, and repetition of information and processes. By creating timely responses to health care needs, health conditions are less likely to become chronic and cause further complications. By providing more in home and community care, they are keeping people out of acute settings.

Issues that we would need to address to effectively engage key stakeholders and community groups in the commissioning process?

During the Rethink Mental Health consultation, stakeholders raised concerns in relation to fragmentation between services and community teams and variations in models of care across the regions.

A Fair and Healthy Tasmania pointed out the success of place based approaches to address the concerns of particular communities.

In particular "The dispersed nature of the Tasmanian population has arguably helped to foster local community groups...high in social capital."

Funding local communities to do more at a grass roots level will produce outcomes that meet the needs of that group, increase social inclusion and lead to more participation and awareness, raising the level of health literacy as a by product of other lifestyle programmes.

It is always important when working with community to use accessible language, and some of the wording used in the Community Consultation Draft appears to contradict stated outcomes, and is geared toward a select group of stakeholders.

Targeting Smoking as a Benchmark

Most smokers are cognisant of the risks associated with smoking. A punitive approach to tobacco addiction fails to acknowledge the socio economic and emotional drivers underpinning the reasons people use tobacco. As with most drugs, (including alcohol) addiction is best viewed as a symptom, rather than a negative behaviour that is easily changed by prohibition. This is exemplified by the high smoking rates of people with chronic mental illness.

In fact one could question the success of prohibition when we look at the history of alcohol and marijuana use in the community, particularly with young people. In many cases we can view risk taking behaviour as a normative process of maturing. Increasing the smoking age would not be a deterrent for the target group alone, as illicit tobacco products are already available.

This requires a shift from an individual focus of tobacco control to a more comprehensive examination of the social, economic and political contexts of smoking. Our focus should be on improving the status and inclusion of smokers, rather than demonising their behaviour.

A suggested model may be found in Liberation! *Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide*, developed by the British Columbia Centre of Excellence for Womens Health.

“This guide emphasises the connection between smoking and other forms of disadvantage, including mental health issues, violence and trauma, low socio economic status and other addictions.”

Obesity as Outcomes

Obesity, poor nutrition, and lack of exercise are complicated issues and they continue to be areas which need to be seen in the light of societal expectations, and the socio economic and emotional drivers. Healthy food is expensive and inaccessible in some Tasmanian communities. Marketing and labelling contribute to poor decisions. However nutrition is complicated and there is, for many people, a psychological relationship with food. Disordered eating takes many forms and is often more prevalent in women.

A number of community programs have targeted healthy eating successfully but there is more to do and punitive or judgemental approaches will not work. Education will have benefits; many people have no conception of the content of process foods, soft drinks and the presence of salt and sugar in every day products like bread and cakes. Information is not always enough, how many of us have the knowledge but still “break the rules”?

As with all approaches to health prevention one strategy is not enough.

We are pleased to see an increase in breast feeding as one of the targets. This is a health strategy with well evidenced benefits for both mother and baby. However, this too is an area where women feel judged. With more support from lactation experts many women could achieve a successful and satisfying breast feeding experience. Assistance early, delivered in hospitals and support for the work of the Breast Feeding Association would increase rates. However not every women succeeds and in some cases the motivation is low because it is unpleasant for them or they need to return to work quickly or economic reasons.

Once again this is evidence of socio-economic issues affecting health and well being. Societal norms are also influential here as breast feeding in public and in the workplace is still not encouraged.

Images of the “perfect body” are often displayed in a static pose, artificially created to raise expectations. Dieting often creates a cycle which does nothing to achieve the dream figure.

Disordered eating can take the form of life threatening thinness through to morbid obesity. Without examining the contexts, progress will not be made.

Interestingly although predominantly a female issue, the pressure is on for the men and gendered strategies will need to be adopted. Young men are now presenting with issues around the perfect muscular body image which again raises expectations for them. Excessive weight lifting, coupled with and drug and formula regimes, cause serious physical and mental health issues.

The role of exercise is well documented and Hobart Women's Health Centre provides many activities for women. Coming together on a regular basis is the highlight of the women's week and is a great motivator for continuing. However breaking down social isolation is also one of the best strategies for improved health in the community.

ⁱ A Fair and Healthy Tasmania Strategic Review 2011

ⁱⁱ (A Long-Term Plan For Mental Health in Tasmania 2015-2025)

ⁱⁱⁱ The quest for integrated health and social care A case study in Canterbury, New Zealand

^{iv} <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports>