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WOMEN'S HEALTH RESEARCH: SIGNING UP OR SELLING OUT?

GUEST EDITORIAL

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This second of two special issues of the *NSW Public Health Bulletin* demonstrates the breadth of women's health research in NSW. In two articles, Wendy Brown and her colleagues provide an introduction to 'Women's Health Australia'. Unrivalled in its scope, Women's Health Australia will derive new insights into the effect of social and medical events on women's lives, the influence of protective factors such as personal 'hardiness' on health outcomes, patterns of health service utilisation and differences between rural and urban women's health.

Elizabeth Harris and her colleagues have focused on a single urban community, grounding their contextual insights within a social policy paradigm. This third article summarises some of the data obtained from face-to-face interviews with residents from one of the most socially disadvantaged communities in NSW. One third of women interviewed reported they were 'worried' or 'extremely worried' about leaving their house in case it was burgled. Sixty per cent 'would not be sorry to leave'. Projects to increase the social capital within communities such as this may support the health of these women.

These three articles also provide a glimpse of the breadth of disciplines, perspectives and methods needed to understand and improve women's health. This is not to deny the longstanding tension when hard-nosed 'reductionists' with their claims to objectivity are challenged by radical feminist perspectives on women's health in particular and the nature of scientific enquiry in general. Nonetheless, health care has thrown its lot in with the empiricists, having declared its allegiance to 'evidence-based medicine'. Aligned with science, women's health could forge ahead. Peer-reviewed papers arising from research described in this issue by Women's Health Australia and the Centre for Health Equity Training, Research & Evaluation will form an irrefutable basis for policy, service innovation and evaluation in women's health in NSW.

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However, other realities must be acknowledged. In a landmark report entitled *A sliver not even a slice*, the paltry amounts allocated to research examining the health effects of gender stereotyping and health system issues of concern to women was documented.[1] Redman et al. had previously identified the discrepancy between women's concerns and health research priorities,[2] subsequently extending available methods to identify funding priorities for breast cancer research from researchers and consumers.[3] How these assessments shape the research agenda will be seen over time.

Regrettably, recommendations for dedicated womens' health research institutes and research funding responsive to the constituency of women have come and gone.[4,5] In this issue of the *Bulletin*, Harris herself warns against research and health services development 'that may have no relevance to the lives of the women who need our support the most'. Today, 'biomedicalisation' of women's health research looms large yet women's health research is not just osteoporosis, menopause, breast cancer and genotyping. Profound class-based inequities exist in women's health. Research hypotheses may be statistically neat and tidy in the laboratory but experimentation in the 'real world' in which health care is delivered will yield knowledge more useful to health service planning.[6]

Clearly, links between policy, health services development and women's health research need to be strengthened. In their article, Murty and Osborn anticipate the development of a 'health outcomes framework' for women's health. Indicators with which to monitor advances in women's health will need to be comprehensive, meaningful and acceptable to a diverse audience from potentially conflicting paradigms. Those advocating social determinants of health will likely expect 'up-stream' indicators of health and wellbeing such as literacy, individual empowerment and community capacity. Given the Quality Framework recently promulgated by NSW Health,[7] other indicators in the women's health outcomes framework should include clinical issues such as gender discrepancies in access to cardiac surgery, adherence by surgeons to National Health and Medical Research Council early breast cancer guidelines or psychological morbidity among female carers of stroke patients.

The challenge for women's health is to develop an outcomes framework which does not undermine its fundamental goal and cherished principles.[8] Area-based women health coordinators need increasingly sophisticated skills in program evaluation, critical appraisal and advocacy. Kate Lamb chronicles the history and role of women's health coordinators. In the aftermath of the Public Health Outcomes Funding Agreement, Lamb recommends partnerships within and outside area health services.

As exemplified in the authorship line-up of this issue of the *NSW Public Health Bulletin*, it is pleasing to see more women themselves directing research programs and developing innovative policy. Anecdotally however, nurses and members of other female-dominated health professions continue to be concerned about the competitive, individualistic research funding mechanisms which are dominated by male researchers. Senior positions in health services management are not yet gender-balanced. Audits of publication outputs or gender bias in awarding of research grants and tenure are examples of useful strategies with which to monitor and improve these over-arching structural impediments to women's health.[9,10]

Having brought together researchers, policy analysts, women's health coordinators and practitioners as authors in this and its previous women's health issue, the *NSW Public Health Bulletin* invites optimism for women's health. Such a multidisciplinary dialogue is rare in health care and augurs well for the betterment of women's health in New South Wales.

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