

WOMEN'S HEALTH IN NSW: WHERE TO NOW?

GUEST EDITORIAL

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New South Wales has a proud tradition of innovation and excellence in women's health. When the Leichhardt Women's Health Centre opened in Sydney on 8 March 1974 (International Women's Day), it became the first dedicated women's health centre in Australia.¹ By the end of 1975, two more centres, Liverpool and the Working Women's Centre at Mayfield in Newcastle, had been established. As recommended by the Womens' Health Policy Committee, convened by the NSW Department of Health, NSW then established a Women's Health Unit within the Department in 1985 and appointed regional womens' health coordinators, among other strategic initiatives.¹

Strategic partnerships with non-government agencies were then pursued by the Women's Health Unit. For example, the NSW Faculty of the Royal Australian College of General Practitioners was awarded funds in 1986 to develop a Course of Advanced Training (CAT) in Womens' Health, which continues.² The late 1980s were remarkable for initiatives in women's cancer screening, including the creation of a Screening Evaluation Co-ordination Unit, which facilitated State-Commonwealth dialogue and realised an evidence-based approach to public health policy through strategic research of a scope and significance yet to be matched elsewhere in population health.^{3,4} Cost-sharing between the States and the Commonwealth of these and other women's health programs ensured their viability in NSW and other states throughout the 1990s. Evaluations of womens' health nurse practitioners and reviews of tertiary gynaecological and maternity services in NSW set national benchmarks.

Achievements in NSW over these two decades reinforced the philosophy and principles of the National Womens' Health Policy,

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first published in 1989, namely:

1. The social view of health that recognises that:
 - health is determined by a broad range of social, environmental, economic and biological factors;
 - differences in health status and health outcomes are linked to gender, age, socioeconomic status, ethnicity, disability, location and environment;
 - 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 and community development are important elements of the health process.
2. Women's health policy must encompass all of women's lifespan and reflect women's various roles in Australian society, not just their reproductive role.
3. Greater participation by women in decision-making about health services and health policy, as both consumers and providers must be promoted.
4. Women's rights to be treated with dignity in an environment that provides for privacy, informed consent and confidentiality must be recognised.
5. Informed decisions require accessible information that is appropriately targeted for different socio-economic, educational and cultural groups.
6. Accurate data and research concerning women's health, women's views about health and strategies that most effectively address women's health needs are essential as a basis for developing, implementing and evaluating policy.⁵

Yet there is no cause for complacency. The issue of women's health has not entered the mainstream as effectively as it could have.⁶ Other global movements, such as health improvement, equity, social capital or quality may well overtake women's health as catalysts for health

reform across NSW. As each of these can trace their origins back to the broader social changes of the 1970s from which feminism also developed, it would seem that women's health has little to fear. Or has it?

This first of a two-part series to appear in the *NSW Public Health Bulletin* contains essential reading for those eager to learn the current status of women's health in NSW. Elena Murty summarises new directions in policy development, placing in context the recent *Strategic Framework to Advance the Health of Women*. Pickett describes the work of the Older Women's Network, Moore and Connolly describe the results of an evaluation of a community intervention to raise awareness about domestic violence, Boyce identifies how early intervention strategies could be used to prevent women developing postnatal depression and, finally, Purcell describes the effect of smoking on women's health. The second issue in the series will focus on women's health research.

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NEW WAYS OF THINKING ABOUT WOMEN'S HEALTH

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The NSW Department of Health has recently released in draft form a *Strategic Framework to Advance the Health of Women*. Developed through an extensive consultation process begun in 1996, it represents the next step in an ongoing commitment to develop and improve the policies

and services that support the health of women in NSW. This article describes the rationale supporting the development of the strategy and its principal elements.

BACKGROUND

In June 1996 women comprised 50.2 per cent of the NSW population.¹ They are both major users of health services and providers of a large proportion of formal and informal health care through their participation in the NSW Health workforce and as health carers in the family-private sphere.