

Women-centred health care? What is it?

The terms 'women-friendly health service' and 'women-centred health care' are ones which are used quite often when we talk about what we want for the achievement health and well-being for women in Ireland. But is there a common understanding of what those terms mean?

In some of our work with NWC affiliates we have heard them call for the identification of common principles for a 'women-friendly health service.' At the NWC we are finding out about how other countries have set out guiding principles for the provision of health care to women

What are other countries using to guide effective and appropriate health service provision to women? In British Columbia in Canada the Vancouver/ Richmond Health Board has created a 12-element framework for women's health that they are using to plan for women's health in the area. They use this framework in conjunction with the Canadian department of health's (Health Canada) 12 determinants of health. These determinants are as follows:

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| • Income and social status | Personal health practices and coping skills |
| • Employment | Health services |
| • Education | Social support networks |
| • Social environments | Biology and genetic endowment |
| • Physical environments | Gender |
| • Health child development | Culture |

The elements of the framework for women-centred health are described in brief below. They are interconnected.

- 1. The need for respect and safety** – this element refers to women's experiences of discrimination in health systems and their feelings of not being heard. In order to put this element into operation, providers could advertise their policies on confidentiality widely. They could also take more time to build relationships with women clients.
- 2. The importance of empowering women** – self-esteem is lowered as a result of gender discrimination. Service providers could address this need through the provision of health advocates, through using a community development approach in their work and by giving women access to their own medical files.
- 3. Involvement and participation of women** – this needs to be supported with adequate provision of resources. Actions which support this element using women as key informants to shape services and having equal numbers of women on committees and from the same sector.
- 4. Collaborative and inclusive work environments** – this element refers to the need for mutual empowerment of workers in health care settings. For instance, in Glasgow, a women's health clinic there rotated cleaning of the clinic, every staff member took a turn, even the doctors.
- 5. Women's patterns or preferences in obtaining health care** – this is shaped by women's multiple roles and marginalisation. Health clinics should provide comprehensive services and also should be close to where people live and work.
- 6. Women's forms of communication and interaction** – women learn certain ways of interacting. They need situations where they can share their experiences and talk about their whole selves.
- 7. The need for information** – there is not enough health information for women. They need different kinds at the appropriate life stage. Peer education is a good way to get information to women.
- 8. Women's decision-making processes** – women do this in terms of their relationships with others. Providers should allow the discussion of context when women clients are making health care choices for themselves and others.
- 9. Gender inclusive approach to data** – data needs to be disaggregated. 'Snapshot health profiles' and time series data can access gender differences in health status and needs.
- 10. Gendered research and evaluation** – this element calls for getting women themselves to set research agendas and asking the 'right' questions about their experiences. Qualitative methodologies are inclusive of these perspectives. Results should be used to change the services.
- 11. Gender-sensitive training** – this needs to be provided to all health care workers, researchers and so forth. A case-study approach works well for effective training.
- 12. Social justice** – health has social determinants, therefore the eradication of social problems means better health for women. Partnerships between providers and the community allow for a social model of health to be negotiated.

The Vancouver/Richmond health board sees this framework as a way to assess existing programmes and to guide the planning of new ones. Perhaps a model like this could be adapted to the Irish context to evaluate the policies and services we have in place to see how 'women-centred' our health care is.

Welcome: a New Era for Women's Health in the NWC

Welcome to the first issue of Women's Health... Women's Wealth, the newsletter for the NWC Women's Health Project! This newsletter is a forum for discussion of priority health issues for women, announcements of important events, updates from within the NWC and more.

More importantly this newsletter is to be shaped by you: NWC Counterparts on the WHACs; NWC representatives to the Women's Health Council, and the members of the Health Panel. Please feel free to respond to this issue with any ideas you might have or suggestions for future pieces. Send in an editorial or a FAQ sheet about a health topic that is important to you. Contact details for the health project are below and all comments may be forwarded there. In the meantime, happy reading!

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You can look @ the Vancouver/Richmond Framework for Women's Health: www.vcn.bc.ca/vrhb/vrhb_documents.htm

FOOD FOR THOUGHT

Are you searching for ideas for women-centred health initiatives? Here is some food for thought – for health boards and community groups:

- Form a women's health speakers bureau in your local area. Invite activists, academics and health professionals to put their names in the bureau and then advertise it locally.
- Do research that tracks caregivers' as clients in the system instead of care providers. Putting the burden of caring on women without proper supports can take its toll on caregivers' health and the health system too.
- Have a health fair – get together as much information on health issues as you can find – find a room to display it in and invite the community to come and see it.
- Conduct random 'exit interviews' with women after they have used a health service. Use that interview to form a case study for training in gender awareness for health care providers and others.

Smart Cards – are they the smartest option?

Electronic health data can improve the quality and efficiency of health care, research and public health surveillance. However, trying to improve the coordination of health care should not come at the expense of key principles of medical ethics, i.e. the individuals right to privacy, consent and autonomy. Although there are many benefits to the idea of a Health Smart Card, this idea should not be supported without asking some critical questions and gaining clear assurances.

Some of the assurances that should be sought:

- The individual's right to control information about ourselves its collection, use and disclosure and the right to determine who gets what information and to what purpose. Personal health information belongs to the individual and not to anyone else.
- Information should not be collect beyond what is needed for care.
- This information will not be used for any other purpose than care or disclosed for any other reason than care.

For women the issue of the smart card must mean that the need for greater coordination of care is achieved but not at the expense of deterring access to care or respect for privacy. Simple examples of where this could be challenging issue arise in area of privacy use of access to reproductive health services or the disclosure of health status re HIV. It could also bring concern of linking of health data to social service benefits.

Some useful contacts and reports to look at include:

Some Useful Web Links

NWCI Affiliates

Bodywhys - <http://www.bodywhys.ie/>

Cork Rape Crisis Centre – <http://www.cork-rapecrisis.ie/>

Dublin Rape Crisis Centre - <http://www.drcc.ie/>

European Institute Of Women's Health - <http://www.eurohealth.ie/>

Home Birth Association of Ireland - <http://ireland.iol.ie/~hba/>

Irish Family Planning Association - <http://www.ifpa.ie/>

Irish Nurses Organisation - <http://www.ino.ie/>

Pavee Point Primary Health Care Project - <http://www.iol.ie/~pavee/>

Well Woman's Centre - <http://www.wellwomancentre.ie>

Women's Aid – www.womensaid.ie

Other Useful Irish Links

Breast Check - The National Breast Screening Programme - <http://www.breastcheck.ie>

Department of Health – Health Promotion Unit - <http://www.healthpromotion.ie/index.html>

Irish Cancer Society - <http://www.irishcancersociety.ie/>

Irish Cervical Screening Programme - <http://www.icsp.ie/>

Irish Heart Foundation – <http://www.irishheart.ie/>

La Leche League - <http://homepage.tinet.ie/~lalecheleague/>

Northern Ireland Women's Aid Federation - <http://www.niwaf.org/>



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Have you seen.... Resources to check out

- **Action for women's health: making changes through organisations. Resource pack for workers and organisations.** This manual is from the Women's Health Working Group for the Glasgow Healthy City Project. Their work is innovative and follows a social model of health. Write to: Sue Laughlin, Convenor, Women's Health Working Group, Department of Public Health, Greater Glasgow Health Board, Dalian House, Glasgow, G3.

International Women's Links

Australian Women's Health Network - <http://www.awhn.org.au>

Boston Women's Health Collective - <http://www.ourbodiesourselves.org/>

Canadian Centres of Excellence for Women's Health <http://www.cewh-csf.ca/indexeng.html>

NWCI Policy Work and Women's health by Maeve Healy (to be submitted)