Submission

To: Department of Health and Ageing

Re: New National Women's Health Policy

Developed in Perth, Western Australia by:

- Ishar Multicultural Women's Health Centre
- WOMEN'S Healthworks
  Health Education and Resource Centre

With support from:

City of Wanneroo

Government of Western Australia - Department for Communities

September 2009

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1.0 INTRODUCTION

WOMEN'S Healthworks, Ishar Multicultural Women's Health Centre and with the support of the Government of Western Australia, Department for Communities combined resources to offer local women the opportunity to input into the development of a new national women's health policy. Located in the northern suburbs of Perth, the two women's health centres were also supported in this initiative by the City of Wanneroo who provided "in kind" support to the consultation process. (Promotional flyer attached at 5.1)

2.0 CONSULTATION PROCESS

Over 100 women of varying ages and ethnicity attended the forum which occurred in the middle of the day to maximise participation. All women were provided with a light three course meal free of charge which was consumed during small group work exercises. Dr Lekkie Hopkins, Co-ordinator of the Women's Studies Program at Edith Cowan University, provided three short multi-media presentations to provide background information and stimulate discussion. Subsequent to these presentations, participants were invited to discuss set topics at their tables and these discussions were then reported back to the larger group. (Agenda attached at 5.2)

Discussion at all the tables was recorded on butcher's paper and subsequent to the forum was tabulated and has been used as the basis for this report. Several women also provided written information after the forum and this has also been incorporated. Direct quotes from the consultation have been incorporated into the report to ensure that input has been accurately represented. Given the breadth of issues covered only those areas that were common to at least 30% of the participants is outlined below. (Tabulated summary of all input attached at 5.3)

3.0 EMERGING THEMES

Participants at the Café Dialogue appeared to be very engaged in the process and enjoyed the opportunity to contribute their ideas and views. Despite the breadth of ideas presented there was also a good deal of consistency regarding some of the main themes.

Domestic violence and sexuality / reproductive health were two of the seven priority health issues identified in the 1989 National Women's Health Policy. There was consensus at the forum that these two areas in particular require an ongoing focus.

There were a significant number of ***women from a CaLD background*** at the consultation. They represented a significant and growing number of CaLD communities in the northern suburbs of Perth. There were a number of issues reported at almost all of the discussion tables including social isolation resulting from language and cultural barriers, the need for more accessible interpreter services, and the need for health information produced in alternate languages and formats.

Mental health and self harm was an issue recorded by 70% of the Café Dialogue participants. It was suggested that the high rates of anxiety and depression for women in the 0-65 year age bracket may in part be explained by women's loads increasing with responsibilities in the workplace, home front, in their communities of origin and as carers for aging parents and families.

Again there was considerable consistency when considering the ***barriers to accessing health care.*** The cost of dental care, the need for more women's health centres and greater provision of alternate therapies were all high priority considerations. Equally important however was the need to make much better use of nurse practitioners and greater consideration given to the development of health related infrastructure in new suburbs.

Almost all women at the consultation believed that ***prevention was the key to improved health for all*** and that not enough was currently being done in this area. It was identified that some of the potentially effective strategies included more comprehensive health education in schools, health education campaigns via the media along with parenting classes. The facilitation of social and support groups for women, particularly those from CaLD backgrounds, and Aboriginal or Torres Strait Islander was viewed as potentially very effective. Clearer labelling of food was also seen as a useful initiative.

Finally, Café Dialogue participants identified two strategies to promote the ***participation of women in health decision making and management.*** These were the organisation of annual women's health conferences at both the State and Federal level and the establishment of national systems to both fund and support women's health services.

4.0 ISSUES IDENTIFIED (NB: numbering relates to the New National Women's Health Policy Consultation Discussion Paper 2009 for ease of reference)

4.2 Risk Factors

The issue of domestic violence was identified by 40% of the consultation participants and it was agreed that while there is increasing community awareness and a greater provision of services, it appears that the incidence of violence against women is increasing. While domestic violence was one of the seven priority health issues identified in the 1989 policy, it appears that a continuing focus is required.

5.1.1. Sexuality and reproductive health

The area of sexual and reproductive health was agreed as significant by most of the participants and there were a range of different issues canvassed. Reproductive health and sexuality was another of the seven priority health issues identified in the 1989 policy and it is suggested that this also requires a continuing focus.

- Over 60% of the women at the forum agreed that lack of birthing choices was a major issue. Comments included a perception that the medical model and insurance industry was driving hospital births with an increasing rate of caesarean section deliveries.

  "there is a lack of information on birth choices & women are finding that doctors are taking charge of births"

  However a recent state government initiative to fund insurance cover for home-birthing midwives was reported and received enthusiastically.

- Some 30% of the participants focused on the lack of access to post-natal services identifying the benefits to both mother and child.

> ***"Post natal services especially exercise classes has the potential to lessen depression & feelings of isolation that will hopefully lessen Mum's harming themselves and their babies"***

In fact several groups supported the provision of post-natal care for two years post a baby's birth. At least one innovative program in Western Australia has demonstrated the effectiveness of longer term support particularly for "at risk" families.

> ***"should allow clinics to do follow-ups of Mums for at least two years in regards to nutrition, vaccination, post-natal depression, child development and health etc"***

- A further 30% of the participants identified the issue of young pregnant women dependant on alcohol and drugs as a priority. Intervention strategies to meet this identified trend would seem to be a priority.

- A new and emerging area identified at the consultation concerned women who had survived cancer. Given that the "Baby Boomer" generation are now moving into the high risk age group for many cancers there are likely to be high numbers of women falling into this category. Some of the issues identified included sexual problems after treatment (and as a result of treatment) lower self esteem and a general lack of knowledge by the health sector of this emerging area. Another issue included the lack of any subsidy for prostheses after mastectomy.

5.2.2.2. Immigrant and Refuge women

There were a significant number of women from CaLD background at the consultation. They represented a significant and growing number of CaLD communities in the northern suburbs of Perth. There were a number of issues reported at almost all of the discussion tables including social isolation resulting from language and cultural barriers, the need for more accessible interpreter services, and the need for accessible health information produced in alternate languages and formats.

- Isolation resulting from language and cultural barriers was identified by 40% of the participants. It was suggested that this might be an even more significant issues for the elderly within CaLD communities who are hampered by limited public transport, lack of information on services available and small support networks.

> ***"some migrant families are small and don't have community/family/children to support them in age"*** **and;**
>
> ***"there are large numbers of aged women living in isolation with a lack of information on services available and no family/ social networks"***

- It was reported that although a free telephone interpreting service was available for doctors in both the public and private sectors it was not being well utilised. It was suggested that many doctors were asking women to take their children to appointments and interpret for them. It was believed that time constraints may be a factor which is also a problem as women need time to talk through their health concerns. Using children as interpreters creates issues for the women concerned not least of which is their right to have medical issues dealt with in confidence. While this is a specific issue it does highlight the need for more expansive and accessible translation services to meet the needs for the growing CaLD populations.

"It is vital that funding for interpreter services is increased"

- The third issue concerns the provision of health information in alternate languages and formats including Auslan, Braille and large print, electronically on CDs and emails. The consultation identified that Centrelink does not make any of their forms available in alternative formats and that is very problematic for many CaLD communities.

- One innovative idea reported at the consultation suggested rotating existing and experienced multicultural staff across a number of agencies to assist in addressing access and equity issues.

5.2.2.5 Women who have a disability including mental illness

Mental health and self harm was an issue recorded by 70% of the Café Dialogue participants.

- Anecdotally the consultation participants supported the statistics reported in the discussion paper ie: women suffered with anxiety and depression at twice the rate of males in the 0-64 year age group. Understanding that statistic may be explained in part by the comments of some of the consultation participants who suggested that women's load was increasing with responsibilities in the workplace, home front, in their communities of origin and as a carer for ageing parents and families.

"women are now more likely to be working & caring & volunteering & ..."

- Family and domestic violence, stressful relationships due to financial insecurity for women was also identified.

- Concern was reported on the lack of on-going funding for CaLD specific mental health services which are mostly provided by the non-government sector. Funding is generally only provided on an annual basis for innovative programs so these agencies are often unable to provide long term sustainable mental health services to women from CaLD backgrounds. Currently there are only three non-government agencies in Western Australia that provide mental health services to CaLD women. Given that 27% of Western Australia's population is from non-English speaking backgrounds (half of them being women) this is a dire situation. Recurrent long term funding must be made

available by all levels of governments to provide sustainable services for systemic advocacy, information delivery to communities and direct service provision. Ongoing sustainable funding for women's health centres to provide services was seen as paramount.

5.2.3 Barriers to accessing health care

Identifying barriers to health care was addressed by most groups consistently throughout the consultation and there were some clear agreement about the issues.

- Concern about the cost of dental care was raised very early in the consultation and the initial speaker was greeted with applause when she suggested that dental needed to be covered by Medicare.

  "dental health access is difficult & expensive - it's more like a business than a health service" **and**

  "Australia has some of the worst dental health in the world and this causes ongoing health problems. Dental treatment should come under the Medicare banner"

- Almost all groups repeatedly reported the need for health service providers to consider the provision of alternative therapies.

  "non-medical treatments are sought by CaLD women; these are familiar to them eg: massage for both preventative and rehabilitative health" **and**

  "there needs to be diversity & choice in treatment options; virtual & human, experts & peers, western & alternative"

  Linked to this idea was the proposal that GPs refer to other services prior to pharmaceutical options.

  "An emphasis on prevention would be good as we are too focused on the magic pill approach"

  The need for more women's health services was identified by 40% of the participants.

- The need for mobile women's health centres was even more strongly supported by 60% of women at the consultation with one innovative idea suggesting that a generalist women's health service be attached to mobile breast screening vans. The notion of mobile clinics could address many access and equity issues.

- Several groups also reported that there was a need to encourage all health services to deliver services from a much more holistic perspective. Several women suggested that the "illness" and "specialist" models of health delivery often resulted in women feeling disempowered and not engaged with any preventative strategies.

"holistic health centres offer a blend of social and biomedical services within communities"

- The need for economic health was identified as an issue by 40% of the participants.

  "the never ending cycle of poverty eventually spirals out of control and results in anxiety, depression, violence and drug use"

- Lack of infrastructure in new suburbs was an issue identified by several groups and was possibly not surprising given the number of new developments opening up in the northern corridor of Perth.

  "For Western Australia, and Wanneroo in particular, there is a lack of supporting infrastructure in new, emerging & growing suburbs" **and**

  "Health needs to be given greater consideration in urban planning"

- Approximately 80% of the participants supported the greater use of nurse practitioners as a strategy for lessening barriers to the delivery of health services. Although it was not articulated why this approach was supported reasons could include the predominance of females in this profession, cost effectiveness and mobility of service provision.

- Several tables suggested that a significant barrier to women accessing health services was the limited availability of public transport. One strategy proposed by several groups to overcome this difficulty was the provision of grouped services or the concept on a "one stop shop".

6.3 A focus on prevention

Almost all women at the consultation believed that prevention was the key to improved health for all and that not enough was currently being done in this area. What was particularly interesting was that almost all tables were in agreement as to the most potentially effective strategies to promote good health.

- The provision of health information via the education system was one strategy that was promoted at almost all tables. Some did have the view that the education system was already buckling under the weight of what it currently had to provide. However there was also the view that effective health prevention would be very cost effective for all levels of government and could free up funding for other educative initiatives.

  "Education on healthy wellbeing should be shared from an early age and throughout school years to raise awareness"

- Another strategy that was promoted by almost all the discussion tables was the notion of educative campaigns utilising all forms of media with simple yet key messages.

> ***"health promotion needs to use all available educative resources eg: internet, Skype, libraries, help lines, shop fronts, shopping malls, publications in multiple languages, child/community centres etc"***

Further to this idea a number of tables suggested utilising the same media outlets to promote information on existing health services.

> ***"Feedback has shown that there are a lot of services available but they are unknown to most people in the community"***

- Just under half of the groups identified parenting classes as a useful strategy to consider. While the rationale for this suggestion was not clear one could assume that it was about informing and educating parents who are then are a child's greatest teacher.

- The establishment of social and support groups to enhance the take up of healthy living strategies were suggested by approximately 30% of the participants. It was further identified that these activities would need to be fun, low cost and in the workplace where possible to be effective. The aim would be to integrate these activities into a new, healthier lifestyle wherever possible.

> ***"establish & encourage more women's health groups within mainstream Indigenous & CaLD communities and funding should be provided for these initiatives"***

- A couple of groups suggested that the clearer labelling of food would be a helpful initiative. With increased education about the possible harmful components of some processed foods it was agreed that it was a consumer's right to understand what was in the food she was buying. As the woman is often buying for the whole family her knowledge and understanding is likely to affect the health of others as well.

> ***"a strict standard of food labelling is required that is easy to understand rather than codes & numbers"***

7.4 Promoting the participation of women in health decision making and management

Two strategies were identified to promote the participation of women in health decision making and management

- The organisation of annual women's health conferences at both the State and Federal level was proposed. It was believed to be important that this type of event happened at the state level so that women with a cross section of backgrounds and interests could attend.

A conference at the Federal level would provide an important policy platform as well as an opportunity to promote critically important women's health research and other initiatives.

- The establishment of national systems to both fund and support women's health services was also proposed.

> ***"Women's health should not be governed at the state level; it should have national funding and regulations. It should be a national concern supplemented by state interests and support"***

5.0 CONCLUSION AND THANKS

All of the agencies involved in promoting Café Dialogue agreed that it was a wonderful success and were very pleased with the attendance of over one hundred women. Participants found the history of the NWHP interesting and were enthusiastic in responding with their input for inclusion into the development of the new policy. One of the challenges in writing this document has been to thread together a diverse range of issues and ideas and present them in a format that is both respectful and useful.

WOMEN'S Healthworks, Ishar Multicultural Women's Health Centre, the Government of Western Australia, Department for Communities and the City of Wanneroo sincerely thank all their staff for their energy and efforts in both preparation and facilitation of the day. Thanks also to Dr Lekkie Hopkins, Co-ordinator of the Women's Studies Program at Edith Cowan University for her presentations. The greatest appreciation however is extended to all of the individual women who represented the consumer's viewpoint and those representatives from the thirty eight agencies who attended the day and who collectively, shared their energy, wisdom and insight.

6.0 APPENDICES

6.1 Organisations represented at Café Dialogue, Thursday 20 August, 2009

1. Australian Asian Association
2. Advocare Inc
3. Anglicare Daisy House
4. Australian Red Cross
5. Breast Screen
6. Child &Adolescent Community Health Centres
7. Carers WA
8. City of Stirling
9. Community Midwifery WA
10. Department of Health WA – Perinatal Mental Health Unit
11. Department Health and Ageing
12. Disability Services Commission
13. Drug and Alcohol Office
14. Edmund Rice Centre
15. Ethnic Communities Council of WA
16. FPWA
17. Grandparents Rearing Grandchildren WA
18. Health Consumers Council
19. Iraqi Community
20. Ishar Multicultural Women's Health Centre
21. Koondoola Integrated Services Centre
22. Metropolitan Migrant Resource Centre
23. Men's Advisory Network
24. National Family Planning
25. Nulsen Haven Association
26. Osborne Park Hospital
27. People with Disabilities
28. Refugee Health - Child & Adolescent Community Health
29. Ruah Women's Refuge
30. Swan Health Services - Kalamunda
31. The Shire of York
32. WA AIDS Council
33. WA Cervical Prevention
34. WA Network of Alcohol and other Drug Agencies
35. Women and Newborn Health Services
36. Women's Health Centre Multicultural Women's Advocacy Svc
37. Women's Healthworks - Health, Education and Resource Centre

6.2 Country of Birth information on consumer representatives at Café Dialogue, Thursday 20 August, 2009

America
Australia
Burma
England
India
Iran
Morocco
Namibia
New Zealand
Singapore
South Africa
Sudan

6.3 Invitation flyer

FREE EVENT

invitation



Women's Health Today .....

Tell us what you think, so together we can make a difference.

Come along and join us to have your say into the development of the new National Women's Health Policy.

We are keen to hear what you think about women's health, barriers to accessing services and how we can improve women's health and wellbeing.

At this exciting event common interests will be explored and YOU can have your say in shaping the direction of future health services for women.

A scrumptious lunch will be provided.

Dialogue Café in the Banksia Room at The City of Wanneroo
23 Dundebar Road, Wanneroo
Thursday 20 August 2009 from 10.00am to 1.45pm

10.00am	Arrival and registration
10.45am	**Entrée** What are new and emerging health issues for women in our local community?
12.00pm	**Lunch** How can we help women in preventing these health issues?
12.30pm	**Dessert** How can our health services be made **more** accessible?
1.45pm	Finish

Please let us know if you have any special dietary requirements.

Registrations close 13 August, please enrol as soon possible as places are limited.
For further information contact either Mandy at WOMEN'S Healthworks on 9300 1566 or email mandy@womenshealthworks.org.au or
Andrea at Ishar on 9345 5335 or email andrea@ishar.org.au

'Ishar' Multicultural Women's Health Centre

City of Wanneroo

Government of Western Australia
Department for Communities

WOMEN'S Healthworks

6.4 Café Dialogue Agenda

WOMEN'S Healthworks | City of Wanneroo | Government of Western Australia Department for Communities | ISHAR Multicultural Women's Health Centre

AGENDA

Café Dialogue - National Women's Health Policy

Time	*Wh*	*Topic*
10am		
10.30 ***(coffee & cake)***	Lana Glogowski, Facilitator	
10.35	Andrea Creado Director	
10.45	Mandy Stringer Executive Director	
10.55	Dr. Lekkie Hopkins Edith Cowan University	Update on the National Women's Health Policy
11.05	Participants at tables	Are there new and emerging health issues for women?
11.40	Lana Glogowski	
11.50	Dr. Lekkie Hopkins	Prevention and intervention rather than curative measures
12.00 ***(lunch)***	Participants at tables	How can we support women in prevention strategies?
12.35	Lana Glogowski	
12.45	Dr. Lekkie Hopkins	Issues of access
12.55 ***(dessert)***	Participants at tables	How can our health services be made more accessible?
1.30	Lana Glogowski	
1.40	Mandy Stringer & Andrea Creado	

6.5 SUMMARISED CONTRIBUTIONS RESULTING FROM CAFÉ DIALOGUE HELD THURSDAY 20 AUGUST

QUESTION ONE - Are there new & emerging health issues for women?

MAIN ISSUES, STRATEGIES & SUGGESTIONS RAISED	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
1. Mental health & self harm	5.2.2.5	"There is a stigma within CALD communities" "There is also a disbelief in the effectiveness of the existing services"
2. Free or subsidised dental services	5.2.3	"dental health access is difficult & expensive – it's more like a business than a health service" "Australia has some of the worst dental health in the world & this causes ongoing health problems. Dental treatment should come under the Medicare banner"
3. Need for alternative therapies	5.2.3	
4. Isolation resulting from language & cultural barriers	5.2.2.2	"some migrant families are small & don't have community/family/children to support them in age"
5. Economic health	5.2.3	"the never ending cycle of poverty which eventually spirals out of control results in anxiety, depression, violence and drug use"
6. Need for more Women's Health Services	5.2.3	
7. Breadth of responsibilities for Women	6.1	"women are now more likely to be working & caring & volunteering & …"
8. Sexual & reproductive health for CALD women	5.1.1	"there is a lack of information on birth choices & women are finding that doctors are taking charge of births"
9. Young women & pregnancy, alcohol & drugs etc	5.1.1	
10. Lack of ante & post-natal services & birthing choices	5.1.1	"Post natal services especially exercise classes has the potential to lessen depression & feelings of isolation which will hopefully lessen Mum's harming themselves & their babies"
11. Need for health prevention	6.3	"an emphasis on prevention would be good as we are too focused on the ***magic pill*** approach"
12. Domestic violence	4.2	

MAIN ISSUES, STRATEGIES & SUGGESTIONS RAISED	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
13. DV within CaLD communities	5.2.2.2	
14. Sexual & reproductive health for women generally	5.1.1	
15. Homelessness	5.2.2.3	
16. Child Protection	5.2.2.3	
18. Drug & alcohol issues	4.2	
19. Dependence on male partner	5.1.3	
20. Value of volunteering	5.2.2.5	
21. Challenges for older Mums	5.1.1	"the shift towards a later age for first pregnancy is sometimes economically driven"
22. Aging population	6.2	"mental symptoms of aging are stressful for the family" "there are large numbers of ages women living in isolation with a lack of information on services available and no family/social networks"
23. Need for gender equity	6.1	
24. Need for paid maternity leave	6.1	
25. Elder abuse	6.2	" This is a complex issue and as the abuse is sometimes perpetuated by the family then external support is required"
26. Need for Indigenous specific services	5.2.2.1	
27. Lack of infrastructure in new Suburbs	5.2.3	"For WA & Wanneroo in particular there is a lack of supporting infrastructure in new, emerging & growing suburbs"
28. Support required for carers	6.1	" carer payments do not reflect the costs incurred"
29. Fragmentation of society	5.2.3	
30. Sexuality issues & costs of prostheses post-cancer	5.1.1	

QUESTION TWO - How can we support women in preventative strategies?

MAIN ISSUES, STRATEGIES & SUGGESTIONS	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
1. Stronger focus on health education in schools	6.3	"education on healthy wellbeing should be shared from an early age & throughout school years to raise awareness"
2. Educative campaigns via media with simple key messages	6.3	"health promotion needs to use all available educative resources e.g.: internet, libraries, shop fronts, shopping malls, publications in multiple languages, child/community centres etc"
3. Mobile women's health centre	5.2.3	
4. Greater use of nurse practitioners	5.2.3	
5. Alternative health therapies	5.2.3	"non-medical treatments are sought by CALD women; these are familiar to them e.g.: massage for both preventative & rehabilitative health" "there needs to be diversity & choice in treatment options; virtual & human, experts & peers, Western & alternative"
6. Reliable information based on evidence based research	6.4	´there is a real need for research into child sexual abuse and in particular female circumcision/mutilation"
7. Low cost activities eg: gyms	6.3	
8. Use of technology ie: Skype, web, help lines to disseminate info	6.3	
9. Social model of health	5.2.1	"The current medical model does not focus on the human being as a whole. People are treated as objects & this is taking away their responsibility for their health"
10. Parenting classes	6.3	
11. Social groups / support groups	6.3	"establish & encourage more women's health groups within mainstream Indigenous & CALD communities & funding should be provided for these initiatives"

MAIN ISSUES, STRATEGIES & SUGGESTIONS	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
12. Annual women's Health conference	7.4.1	
13. Greater access to social workers & welfare workers	6.3	
14. Clearer labelling of food	6.3	"a strict standard of food labelling is required that is easy to understand rather than codes & numbers"
15. Activities need to be fun	6.3	
16. Activities need to be in work place	6.3	
17. Attitudes need to be integrated into life	6.3	
18. Grouped services i.e.: one stop shop	5.2.3	
19. Resources available in many languages	5.2.2.2	
20. Accessible information	6.3	
21. Interpreting available for all services	5.2.2.2	"It is vital that funding for interpreter services is increased"

<u>QUESTION THREE</u> – How can our health services be made more accessible?

MAIN ISSUES / STRATEGIES / SUGGESTIONS	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
1. Increase visibility of health services via campaigns	6.3	"Feedback has shown that there are a lot of service available but they are unknown to most people in the community"
2. Partnership & integrated health services model	5.2.3	"Integrated health models inclusive of all cultural groups utilizing the concept of integrated health teams"

MAIN ISSUES / STRATEGIES / SUGGESTIONS	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
3. Translator services & resources available in different languages	5.2.2.2	"GPs are reluctant to use available free translation services. This is sometimes due to time limits which is itself an issues as women need time to explain their problems"
4. Mobile women's health clinics	5.2.3	"perhaps a women's health service could be attached to the mobile breast screening van"
5. Better public transport & community centre buses	5.2.3	
6. Greater use of bulk billing	5.2.3	
7. National funding & standardisation of Women's health services	7.4	"Women's health should not be governed at state level; it should have national funding and regulations. It should be a national concern supplemented by state interests & support"
8. Use of health phone lines & other info, technology	6.3	
9. Greater use of nurse practitioners	5.2.3	
10. Greater use of "outreach" models of service delivery	5.2.3	
11. Holistic medicine	5.2.3	"holistic health centres offer a blend of social & biomedical services within communities"
12. Sustainable funding of services	6.4	
13. Flexibility of service delivery in remote & rural communities	5.2.2.4	
14. Educate men to support women's Health	5.2.3	

MAIN ISSUES / STRATEGIES / SUGGESTIONS	***RELEVANT SECTION OF DISCUSSION PAPER***	***SELECTED COMMENTS***
15. GPs to refer to other services prior to pharmaceutical option	5.2.3	
16. Cost of services & medications	5.2.3	" services & medications need to be more affordable not just to low income earners; some women are earning reasonable income but have large families & are also supporting extended family & friends from country of origin"
17. Extended service delivery hours	5.2.3	
18. One stop shop	5.2.3	
19. Information workshops	5.2.3 / 7.4	
20. Health to have greater consideration in urban planning	5.2.3	
21. More women in prominent positions	7.4	
22. Advocacy services	5.2.3	
23. Ante-natal care to 2 yrs plus	5.1.1	"should allow clinics to do follow-ups of Mums for at least two years in regards to nutrition, vaccination, post-natal depression, child development & health etc"
24. Needs of same sex couples	5.2.3	
25. Rotating multicultural staff across agencies	5.2.2.2	
26. Health info via schools	6.3	
27. Childcare too expensive	6.1	
28. Need for parenting services	6.3	

This report has been prepared by Lana Glogowski (Progressing Priority Projects) on behalf of WOMEN'S Healthworks, Ishar Multicultural Women's Health Centre, City of Wanneroo and the Government of Western Australia, Department for Communities.

25 September 2009

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