Empowering the XX Factor- Improving access to women’s health services for disadvantaged women

Dr Janet Hornbuckle and Adjunct Associate Professor Graeme Boardley

Co-Leads, Womens and Newborns Health Network (WNHN)

Recommendation Responses

Clinical Senate Recommendations

Recommendation 1- Endorsed in Principle

Develop a sustainable funding model for programs for disadvantaged women that have been evaluated as being effective and efficient. e.g. Moort Boodjari Mia, Strong Links

Response: Whilst funding for new initiatives is welcomed such funding is often time limited. Valuable time and resources are used in recruitment, development and implementation of service delivery models, embedding the service within the health organisation and more importantly building trust in the community of women that it is intended to serve. Many of these recent programs have provided support for Aboriginal women to improve their health during pregnancy and have also led to increased Aboriginal workforce opportunities within health. Understandably, there is disappointment and frustration expressed by health professionals, women and families that programs established under fixed term funding projects cease, or are at risk of ceasing, at the end of the funding cycle. This is particularly true for projects that have been evaluated and can demonstrate that they are making a difference to patient outcomes and/or engagement with services. The groups of women that benefit most from such programs (for example MBM and Strong Links) are disadvantaged women and sustainable recurrent funding needs to be provided to support programs that are making a difference. In addition to the improved immediate outcomes seen in these programs there are significant long-term health benefits with resulting cost efficiencies.

It is recommended that a sustainable funding model is developed for such programs which demonstrate and continue to demonstrate improved patient outcomes.

No funding has been made available for such programs although there has been a significant increase in the number of Midwifery Group Practice (MGP) models of care being introduced. MGP’s are now in place in Broome, Bunbury, Armadale, and at KEMH. These models do include women of disadvantage, most notably in Broome where >50% of women in the MGP are Aboriginal.
Recommendation 2 – Endorsed

WA Health to develop and fund a rural women’s healthcare framework for local communities to:
- self-assess local resources and capacity
- develop and implement their local womens health action plan
- partner with inter-sectoral services/agencies where required
- identify and report on outcomes as contained within the framework.

Response: in order to address the disadvantage of geographical location a Rural Women’s Health Care Framework is recommended. One of the strengths of WA Health is the development of strategic frameworks and models of care. The Rural Womens Health Care framework would align with existing health frameworks and models of care including the WA Maternity Policy framework and Women’s Health Strategy 2013-2017, Perinatal and Infant Mental Health model of care and other health frameworks including the Primary Health Care Framework.

This framework would assist in aligning local resources to requirements, giving consideration to local community priorities and service provider capacity. Using the expertise of the WA Health Strategy and Network branch, under the current population arm, which includes the Women and Newborn Health Network, Primary Care Network, Child and Youth Network, and Disability Network, the framework would be developed with appropriate internal and external stakeholder engagement.

Additional fixed term resourcing including a dedicated project officer is required for the development of the framework, implementation and evaluation plan. This framework will build capacity and sustainability within local service providers who will have ongoing responsibility for implementation and monitoring.

No progress due to lack of available resourcing.
**Recommendation 3 – Endorsed in Principle**

WA Health to partner with non-government organisations to provide culturally appropriate * accommodation in Perth and large rural centres, which includes coordination of health and social welfare services.

(*For rural and remote women and their families accessing health services only).

**Response:** Many women and families are dislocated from their local community for the purposes of receiving appropriate health care. Ronald McDonald House currently provides accommodation to families of children requiring treatment in Perth. However, current accommodation for rural and remote women requiring health care in the metropolitan and regional areas is inadequate (as reported in the Rural Patient Journey report) and does not cater for family members or support people. This often results in non-compliance with care because family responsibility takes precedence. Care for these women is often complex requiring multiple and complicated appointment schedules in health services that are not familiar to them. Additional social support and support through ‘liaison case workers’ based at the accommodation would improve the patient journey and enhance engagement with their planned care. This would also support the health care professionals to provide their care more efficiently and improve the safety and quality of the care they are able to provide.

Opportunities exist for WA Health to partner with NGO’s to provide suitable accommodation for these women and their families which will enhance compliance and improve outcomes.

Ronald McDonald House now (commenced April 2016) accepts women and families of women/babies accessing care at KEMH.
**Recommendation 4 – Endorsed**

WA Health to host an inter-agency and cross-sector forum for identifying solutions for delivering health services to disadvantaged women across WA.

**Response**: Following the clinical senate debate and the identification of key issues/strategies, an inter-agency forum would facilitate further discussion and engagement between key stakeholders. This forum would enable exploration of the recommendations from the debate, allow for the identification of any other issues and establish an implementation plan for these recommendations. Many of the challenges facing the disadvantaged women in our society are multifactorial and only engagement across sectors can help to bridge the gap in service provision.

It is recommended that the WA Health Strategy and Network branch, which has considerable expertise in undertaking inter-agency, and cross-sector consultation be resourced to host such a forum.

**Complete**: Forum held on 24 July, 2015.
**Refer**: ‘Improving access to and delivery of health services for disadvantaged women’ forum report
**Recommendation 5 - Endorsed**

WA Health to develop models of care and services for disadvantaged women closer to home
e.g.
- Nurse practitioner led care
- Telehealth
- Allied interprofessional care
- Rural liaison nurses
- Midwifery group practice
- Geraldton Aboriginal Medical Service (GRAMS).

**Response:** Alternative models of care exist that are providing services to women and families closer to their home. For example, at WNHS a Nurse Practitioner led telehealth service provides a ‘Diabetes in Pregnancy’ program for women living in regional, rural and remote WA. This program has significantly reduced PATS costs by minimising the number of physical attendances to KEMH, engaged women to improve their health outcomes as they are no longer being fearful of being dislocated from their community on multiple occasions and has provided opportunistic case based learning to local health care providers.

These models, which often result in women being able to stay in their local community, need to be expanded and focused on disadvantaged women to ensure engagement with appropriate services. Continuity models of care, in partnership with NGO's, need to be developed to better utilise the skills and expertise of the local workforce. Nurses, Midwives, and Allied Health professionals are well placed to provide collaborative leadership in these models of care.

As per Recommendation 1 above, there has been a significant increase in the number of MGP’s being introduced with more planned at those sites currently offering this model of care and other health services developing implementation plans.
Recommendation 6 – Endorsed

WA Health to provide mobile well women’s outreach services to provide health screening (including breast screen, Pap smear, smoking, STI, DV) for rural and remote women and their families.

Response: There is already an effective mobile outreach service undertaking breast screening in rural and remote Western Australia. In very remote areas buses are arranged to transport women from communities to access the mobile breast screen unit.

With minimal additional resources, health promotion and screening services could be provided to the wider women’s community at the same time. This resource would include a nurse practitioner with specific skills in gynaecological assessment, performing cervical and STI screening, contraceptive advice and diabetes screening. Additional expertise would include an Aboriginal health promotion officer to discuss smoking cessation, drug and alcohol misuse, psychological health, and staying strong against family and domestic violence.

Such a service would target the women of the whole community not just those of breast screening age. Teenage girls and young women would meet with the elders to discuss ‘Women’s Business’ and understand the importance of health promotion in these areas. Local community engagement is essential and therefore any local health professionals in the public or private, NGO sector and community elders would also be encouraged to participate.

There are four Mobile units currently providing services outside of the metropolitan area servicing 96 towns on a rotating two year basis. Nine major centres have vans annually. Four nurse practitioners (variable FTE) and 4 Health promotion officers (variable FTE) would be required to enhance this service.

Evaluation of this initiative overtime would be expected to demonstrate improvements in sexual and reproductive health, including reduction in teenage pregnancy and earlier engagement with health services during pregnancy, reduction in smoking, drug and alcohol use as well as the existing benefits in reducing advanced breast cancer with the breast screening program.

No progress due to lack of resources. Breast screening access has increased.
**Recommendation 7 – Endorsed**

WA Health to extend mandated cultural awareness/competence training to include other CaLD groups, including the use of appropriate interpreter services and ensuring accessibility for all employees.

Response: The WA Health cultural awareness training is an excellent resource but only provides education on working with Aboriginal families. Increasingly other cultural groups are accessing health services necessitating a review of the education package to ensure that all culturally diverse groups are included. Any revised training should include education on the appropriate use of interpreter services as this is vital to establishing and maintaining engagement with health service providers for this group of disadvantaged women.

New cultural awareness training program released in 2015. The WNHN Refugee and Migrant Women's Working Group has developed a toolkit of resources for services providing services to CaLD women.

**Recommendation 8 - Endorsed**

An implementation plan for WA Women’s Health Strategy 2013-2017 is developed considering inter-agency representation and resourcing. I.e. project manager and funding.

Response:

Women and Newborn Health Service led the development of the WA Women’s Health Strategy 2013-2017 which has SHEF endorsement. Successful implementation of strategic policy requires a robust inter agency implementation plan to assist in realising the strategic intent and subsequent health benefits. Similar implementation plans have supported the FASD model of care and Safe Infant Sleeping Framework. Using the expertise of the Womens and Newborns Health Network in partnership with the Womens Health clinical support unit in WNHS, project manager funding is recommended for a 12 month period to develop the implementation plan. Development of this plan will include internal and external stakeholder engagement. The plan will include performance indicators to ensure progress in implementing the strategy is evaluated.

An Implementation plan has been developed by the Women and Newborn Health Service’s, Women’s Health Clinical Care Unit. No additional resourcing was received.
**Recommendation 9 – Endorsed in Principle**

WA Health to implement a dedicated workforce based in ED specifically to support disadvantaged women presenting to those services both in metropolitan and regional centres.

- appropriate levels of Social Work
- Community Care Coordinators (similar to psych liaison nurses).

Response: Coordination of care at the point of entry into services is important to recognise the complex/multifactorial needs of disadvantaged women and families. Social Work services are frequently accessed by this group but current models of service delivery do not adequately address the growing demand. The inclusion of Social Workers and/or Care Coordinators in the ED workforce will enhance engagement and should result in decreased length of stay with improved support in the community. In turn, this would be expected to reduce recurrent utilisation of acute health services at points of crisis.

Consideration needs to be given to developing and implementing these models of care and support.

It is recommended that all emergency departments have dedicated FTE for social work and/or community care coordinators to support women presenting in crisis.

No progress.

**Recommendation 10 – Endorsed in Principle**

WA Health to undertake a pilot project utilising the touch-points of child health to provide targeted women’s health services for disadvantaged women.

- school-based child health parenting centres, dental health, child health nurse and vaccination.

Response: By utilising the touch points of child health, women accessing these services for their children will be supported in their other care needs. Successful models of care exist in other states of Australia, where antenatal care, dental health, child and paediatric health are provided in a “one stop” shop community setting. Benefits of opportunistic health promotion and screening would also be realised.

It is recommended that WA Health undertake a pilot project in a socially disadvantaged area to measure the effect of targeted women’s health services being provided alongside existing child health services on Reproductive, Maternal and Child Health outcomes. The project would also identify the cost effectiveness and resources required to expand program and develop a proposed model of care for such services.

WA Health would partner with NGO’s and engage the Telethon Kids Institute to undertake the pilot project.

No progress.
**Recommendation 11 – Endorsed in Principle**

WA Health to partner with NGOs to provide and sponsor women’s health forums across rural WA that are a combination of live talks and televised talks.

(Based on the successful metro-based models such as Aboriginal Planning Forums).

Strategies for consideration might include:
- funding of venue hire and IT support
- sessions recorded and made available on line
- subtitled into other languages
- small community grants to increase engagement

Response: Engaging with the local community to better understand the needs of that community will ensure that services are established in the right areas. In partnership with NGO’s, WA Health should facilitate open forum discussions to encourage rural and remote areas to become engaged in guiding the health care needs of women disadvantaged by geographical location. This model used in Aboriginal Planning processes has worked well in identifying the capacity of the local community and services, to inform the development of additional or support services.

In addition, there are metropolitan community forums that bring together WA Health and NGO’s to showcase health promotion activities, health screening and disease prevention. There has been considerable local community engagement in these programs. Women in rural and remote areas in particular have not had the opportunity to access the benefits of these Women’s health forums.

Whilst recognising that it is not practical to include the breadth of services in a live ‘roadshow’ format in each community, there is the opportunity to engage rural communities by providing a smaller face to face program supported by televised aspects of the forum and facilitated discussion by local health promotion workers, public health and other primary local health care services.

WA Health would provide sponsorship to enable communities to participate in the proposed forums.

No progress.
**Recommendation 12 – Endorsed**

WA Health establishes a mechanism to ensure that each disadvantaged category can be identified in all DoH data sets.

**Response:** To better inform future planning to service provision, WA Health needs to clearly understand the groups requiring/accessing care. Without robust data which identifies the diverse population groups, including those of disadvantage, planning appropriate service provision is inefficient. In addition, it is important to be able to measure and demonstrate improvements in health outcomes for disadvantaged women as we empower them and improve their access to health services across WA.

No progress.