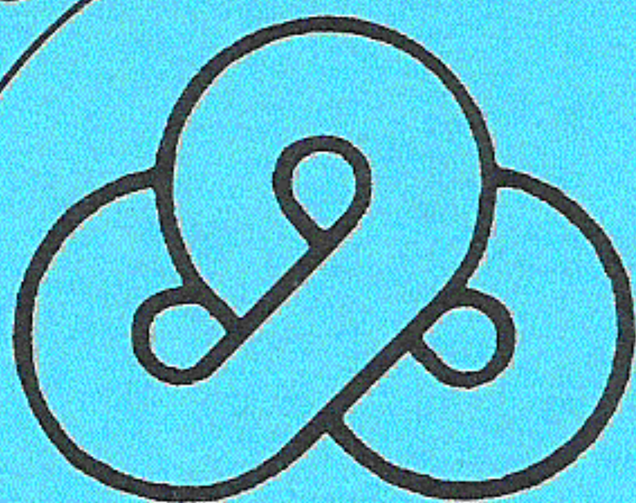
# RIVERLAND
# WOMEN'S HEALTH PROJECT

## *SUMMARY REPORT*




HEALTH & SOCIAL
WELFARE COUNCIL

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# ACKNOWLEDGEMENTS

1. The members of the Riverland Health and Social Welfare Council Women's Health Issue Group who started the project.

2. The members of the Women's Health Steering Committee for their energy, guidance and assistance during the project. Members of the Steering Committee are listed in the Appendix.

3. All those who supported the project, assisted in distributing the questionnaires and helped to organise and run the various meetings. Especially Angela May, Nancy McWaters, Helen Robertson and the Executive of the Riverland Health and Social Welfare Council

4. All the women who participated in the project by answering the questionnaire, attending the public meetings, or by telephoning or writing to us.

5. The Strathalbyn Women's Health Project for allowing us to use their questionnaire as the basis for our own. Special thanks to Kathy Shannon for her assistance in the early stages of the project.

6. Southern Community Health Services Research Unit (especially Kay Crowe and Richard Cooke) for their invaluable assistance with the design of the questionnaire and the statistical analysis.

7. Yolande Morris, Claire Smith and Mandy Channon who did much of the initial work on the project and gave a lot of help and advice when it was needed. Their contributions were invaluable.

8. The members of the Riverland media who were always ready to run an article or do an interview to help spread the word about what we were doing.

9. The staff of the Berri offices of the Department of Social Security and the Commonwealth Employment Service who put aside their urgent work to post out publicity material for the project.

10. All the other people who helped to make the project so vital and stimulating.

# INTRODUCTION

This report is a summary of the findings of the Women's Health Project conducted by the Riverland Health and Social Welfare Council between November 1989 and August 1990. The aim of the project was to consult with women and service providers in the Riverland region of South Australia about women's health issues and what should be done to address those issues. The results presented in this report are the findings arrived at by the participants in the project. Over 530[1] people participated in the project and 14 major objectives were identified.

The processes used in the project were:

- a questionnaire on women's health issues and the use women make of health services;
- five public meetings/workshops for women of the region to explore the issues and discuss services;
- a "phone-in" on women's health;
- a service providers forum for service providers to discuss issues and services, and;
- a public Women's Health Strategy Meeting in which women and service providers were asked to develop plans and strategies to address the issues raised in the consultation process.

The preliminary work on the project and the design and distribution of the questionnaire were carried out by the Women's Health Issue Group of the Riverland Health and Social Welfare Council. The results of the questionnaire were then collated on computer by the Southern Community Health Research Unit using the SPSS statistical package.

In May 1990 Elaine Henn was employed as a project officer to complete both the Women's Health project and another project on improving access to services for people from non-English speaking backgrounds. Elaine worked under the guidance and direction of a steering committee made up of local community members and service providers. The Steering Committee was responsible to the Executive of the Riverland Health and Social Welfare Council for the conduct of the project.

1 This figure refers to the number of people we know participated in the project. Accurate records of attendance were not kept for all of the meetings and the actual number of participants was higher than 530.

# MAJOR FINDINGS

The consultations clearly identified a number of issues and the actions needed to address those issues. The section below describes the issues identified by the women and service providers of the Riverland; and the goals and objectives established by the participants in the project. Both the issues and the goals can be grouped into three broad categories:

- **New and Better Services Which Respond Sensitively to Women's Needs;**
- **Better Access to Services; AND**
- **Happy, Confident, Well-Informed Women Participating in Decisions that Affect Their Health and Well-Being.**

## SERVICES

### 1. WOMEN'S HEALTH SERVICES

Both women and service providers raised a plethora of issues and ideas around this topic.

Many women expressed discomfort about consulting male doctors about anything that was seen as "women's health". The "difficult" areas included such things as sexual hygiene, contraception, pap smears, mammograms, etc. Some of the discomfort was about talking to a man about these issues. However, some people also felt diffident about bothering a busy doctor with "minor" complaints. Women also expressed difficulty taking personal or delicate problems to someone they (or their family) know socially. It was said that one barrier to using general practitioners was the fear that information about visits to a doctor might get around in the small towns.

Furthermore, doctors' surgeries, hospitals and other service providers' places of business were seen as uncomfortable and alienating places where people had to wait with nothing to do for long periods. It was felt that it was important to have more informal and cheaper ways of getting information and advice on women's health issues. People wanted to have somewhere where they felt comfortable and relaxed when seeking information and advice on women's health issues.

A preference was expressed for women doctors (especially gynaecologists) and for female nurse practitioners providing clinical services (such as contraceptive advice, pap smears and mammograms) in a range of informal settings without the need for a referral from a general practitioner. A desire was also expressed for counselling on health matters and access to a wide range of health and fitness classes and groups[1] (e.g. swimming and yoga for pregnant women). It was also felt that the services needed to be mobile and accessible to women no matter where they live in the region.

The absence of a Family Planning service or a women's health service was said to be the major problem in women's health and action to address this lack was seen as a first priority.

*Goal 1:* ***A Women's Health Service will operate in the Riverland.***

*Goal 2:* ***A Family Planning Service will operate in the region.***

*Goal 3:* ***There will be an increase in the number of female nurses, female General Practitioners and female Gynaecologists***

1 One of the issues that emerged from the needs expressed was the lack of information women had about existing services.

A number of women wanted alternatives to hospital births conducted by medical practitioners. They suggested the use of midwifes, homebirths and birthing centres.

The absence of child care at hospitals and doctors' surgeries was another issue. Attempting to talk about personal and delicate issues while trying to care for one or more squirming children was described as very difficult.

## 2. GENERAL HEALTH SERVICES

There were a lot of issues in this category particularly about general practitioner (GP) services[1]. A number of individual doctors were highly praised by many of the women. Eleven women indicated that services were generally comprehensive and good. However many women felt that there were problems with services. The issues raised included:

- an inability to see service providers because they are usually booked out;
- unsuitable appointment times to see doctors and a lack of flexibility about consultation times except in emergencies;
- the cost of services (women much preferred bulk billing);
- charges above the scheduled fee;
- the time taken to get money back from Medicare;
- women wanted to get recall notices similar to those sent out by dentists for regular checkups on things like pap smears;
- some women reported it was difficult to get repeat prescriptions over the phone;
- a number of people expressed dissatisfaction with the ability of medical, nursing and reception staff to communicate with people trying to deal with personal issues or suffering from grief or loss;
- there were a number of women who were dissatisfied with the diagnosis and treatment offered by their GP's
- a number of women complained of the attitudes of doctors and reported that they found the use of medical language difficult to understand;
- difficulties for women from non-English speaking backgrounds and a reported lack of any effort to arrange for translation services before consultations;
- it was also reported that many women were not given relevant information by their GP's about schemes such as PATS and other services which the women might find helpful;
- there were a number of instances cited in which referrals to services in Adelaide were not well co-ordinated resulting in several trips to Adelaide when one might have done, and;
- one woman stated that she had been referred to a private hospital in Adelaide when she had no private hospital insurance. (She was unaware that it was private at the time of referral.)

*Goal 4:* ***Health Services will operate in a flexible fashion, and be responsive to the social and health needs of the patients and clients.***

*Goal 4a:* ***Doctors will issue recall notices for regular tests and check-ups.***

*Goal 4b:* ***Service Providers will be aware of, and have access to both the Telephone Interpreter Service and other interpreters within the region.***

1 The emphasis on GPs is not surprising given the frequent use of general practitioners. They are usually the first port of call and 90.6% of the women who answered the women's survey had seen her GP at least once in the last 12 months.

*Goal 4c:* ***Service providers and staff will become more skilled in counselling and dealing with grief and loss.***

*Goal 4d:* ***The language used by service providers will be clearer and easier to understand.***

Another issue in this area was a perceived shortage of trained staff, particularly in the Department for Family and Community Services. It was felt that the problem could be remedied if people who lived in the region were given the opportunity to acquire qualifications without having to leave the Riverland.

*Goal 5:* ***Tertiary Education and professional training will be available in the Riverland.***

## ACCESS TO SERVICES

### 3. CHILD CARE

The difficulty for women trying to see service providers while caring for children was mentioned earlier in this report. It was felt to be such a problem that women expressed a desire for service providers to provide child care. Failing that, other, flexible forms of occasional child care were desired. The lack of a child care centre in Renmark exacerbated the problem for women in Renmark.

*Goal 6:* ***Affordable, Flexible and Convenient Child Care will be available throughout the region.***

*Goal 6a:* ***Affordable Occasional Child Care will be available to people using health and welfare services.***

*Goal 6b:* ***A Child Care Centre will be established in Renmark.***

### 4. SPECIALIST SERVICES

The issues here were similar to those raised for service providers generally. The problem is compounded by the paucity of specialists resident in the region. Particular concern was expressed about the lack of an Ear, Nose and Throat specialist and an Eye surgeon.

Riverland people are forced to travel to Adelaide or use visiting specialists. However, visiting specialists are rare birds who are usually booked out for months in advance. Most people who need specialist treatment are required to go to Adelaide.

Women explained that this was both expensive and time consuming particularly for people on low incomes. It was costly and inconvenient for everybody because people have to take a day or two off work each time they go to Adelaide.

The situation is made more difficult by the community's apparent lack of knowledge of the PATS scheme. A number of women who had been referred to Adelaide on several occasions did not know about the scheme. This lack of knowledge was said to be especially prevalent in the non-English speaking communities.

Other women knew about the scheme but found the difficulties of using it so great that it was felt to be hardly worth the bother. The difficulties are even greater for women with low incomes who said that they sometimes did not keep their appointments in Adelaide because getting an advance payment from PATS involved demeaning procedures such as showing bank books to prove they had no money.

Women in Waikerie were angry that they were not eligible for PATS because the town was 9 kilometres too close to Adelaide.

*Goal 7:* ***There will be an increase in the number of medical specialists resident in the region.***

*Goal 8:* ***The PATS Scheme will be better known, more widely used and the procedures will be less demeaning.***

### 5. INTER-TOWN TRANSPORT

Transport was constantly raised as an issue for women in the Riverland. Some transport is available to access some health services for some people. However, the ambulance is not always available and for many people simply getting to see the GP is a problem.

The issue was seen as part of a broader problem and the discussion was not limited to the difficulties of getting to health services. The Stateliner bus services to and from Adelaide have been used for inter-town transport in the past. However, the service is said to have been both too rigid and to have run at the wrong times. It was consequently not well utilised despite the need. It was cogently argued that since the bus service ceased, the increasing centralisation of services in Berri has created an increased need for public transport between towns.

*Goal 9:* ***An Inter-Town transport system will be in operation in the region, with bus services to and from all Riverland towns with a focus on Berri.***

## WELL-WOMEN

This report has already highlighted a perception among women and service providers alike that: poor knowledge of the existing services and resources; a diffidence on the part of women to approach service providers; and a reluctance to question the information given by doctors, were major issues. It was felt that the health of women in the community would be greatly improved if women had more knowledge of services and exercised more control when they used health services.

*Goal 10:* ***Riverland women will be assertive, confident and well-informed about health services in the region.***

### 6. INFORMATION

The women's meetings highlighted a lack of knowledge within the community about services. A large number of people felt that there was a lack of accessible information about services, what they did, where they were and when one could use them. It was felt that there should be a central point where one could get all the information needed about an issue or service and where one could be referred to the appropriate service. A number of people pointed to the difficulties faced by people who do not speak good English.

*Goal 11:* ***A Community Information Service will operate within the Riverland. Information will be available in different languages both by telephone (with a 008 number), and at a variety of locations (ie: libraries, shopping centre booths, etc.),***

## 7. COMMUNITY EDUCATION

A number of women and many service providers believed that there is a lack of knowledge about health matters in the community. It was also stated that many women, particularly young women and women from non-English speaking backgrounds, were reluctant to use services. It was felt that some of the problems raised in the consultation would be ameliorated if women were more assertive and knew more about fundamental health care and healthy lifestyles.

*Goal 12:* ***Culturally sensitive, age appropriate Community Education will be widely available in the Riverland.***

## 8. COMMUNITY SUPPORTS AND NETWORKS

Good health and self-confidence are closely linked to the number and quality of a person's social contacts. A significant number of women and service providers expressed a desire to see better networks, more activities and more support groups for women. It was considered important that these be available to people where they lived and that they be responsive to the needs expressed by women locally.

*Goal 13:* ***There will be support groups for Riverland women and opportunities for them to develop supportive social networks.***

*Goal 14:* ***There will be a community centre or neighbourhood house in each of the major towns.***

# RECOMMENDATIONS

A number of strategies were developed to implement the goals outlined above. These have been presented as recommendations to the community, to service providers and to relevant government authorities.

1. A Woman's Health Implementation Committee be established to:
   - Prepare a submission to the Health Commission to fund a women's health service in the Riverland region.
   - Liaise with the Family Planning Association to identify barriers to a regular visiting service and act to overcome those barriers.
   - Investigate the reasons behind the low numbers of women practitioners coming to the country; review the efforts in this area by the Health Commission and service providers; develop alternative strategies to increase the number of female practitioners.
   - Monitor changes in the ways in which services are provided in the Riverland.
   - Help existing community groups to establish or expand neighbourhood houses services in each of the major towns. Develop a funding submission to employ a project officer for this purpose.
   - Organise health information and assertiveness training workshops for Riverland women. Write a funding submission to the Rural Women's Access Grants for the project.
2. Health Service Providers review their practices and procedures to address the issues identified in this report.
3. Forums and workshops be conducted for service providers to:
   - provide information about resources;
   - improve counselling and communication skills, and;
   - raise the awareness of service providers about the difficulties faced by women in the Riverland when they use health services.
4. A community based group be established to do the research and lobbying needed to get an inter-town transport service in the Riverland.
5. A community based group be established to do the research and lobbying needed to get a regional community information service.
6. A community based group be established to do the research and lobbying needed to get tertiary education in the Riverland.
7. A community based group be established to do the research and lobbying needed to get a Child Care Centre in Renmark.
8. A multi-disciplinary working party of service providers and community members to identify the gaps in existing community education provision and develop proposals to fill the gaps.
9. A submission be made to the Review of PATS highlighting the problems identified in this project.

# APPENDIX

## RIVERLAND WOMEN'S HEALTH PROJECT
## STEERING COMMITTEE

**Chairperson**

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| Mel Guyatt | Member of the Executive of the Riverland Health and Social Welfare Council. |

**Members**

| | |
|---|---|
| Nora Konig | Member of the Executive of the Riverland Health and Social Welfare Council. |
| Sue Nettlefold | General Practitioner, Berri Medical Centre |
| Brenda Glassey | Social Worker, Riverland Community Health Services Inc. |
| Jamuna Doyle | Lecturer, Riverland College of TAFE |
| Barb Beck | Nurse, Child, Adolescent and Family Health Services |
| Jeanette Brown | Director of Nursing, Barmera Hospital |
| Peter Lund | Waikerie |
| Elaine Henn | Project Officer, Riverland Health and Social Welfare Council |
| David Roberts | Executive Officer, Riverland Health and Social Welfare Council |

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WELFARE COUNCIL

# REPORT OF THE RIVERLAND WOMEN'S HEALTH PROJECT

## *SUMMARY*

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David Roberts