

Report

1997 — 1999

The **Women's** Health Council
Comhairle Shláinte na mBan



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Chairwoman's statement

I am delighted to present this first report of the Women's Health Council. A unique agency, the Women's Health Council represents an important commitment by the Irish Government to addressing an issue of major importance to women.

The 1990s have seen a quiet revolution in how women's health issues are addressed in Ireland. In less than a decade we have had a new approach to health planning, a major consumer enquiry on women's health, the development and agreement of a wide ranging plan for change and new structures to ensure that the plan will be implemented. The challenge is to translate this commitment into practical change, and to transform significantly the health system and practice on the ground.

The Women's Health Council has a central role to play. We are setting out to make a difference, to offer a new and creative dimension to health policy making which can benefit all. This process, if it is to be fully successful, will be built on a very strong partnership between health policy makers, providers and consumers. Our immediate task is to support the building of that partnership which involves new relationships and arrangements at national and regional levels.

On that note I would wish to pay tribute to the members of the first Women's Health Council appointed in 1997, who worked with great commitment to develop a model of partnership within the agency. In the very wide women's health agenda, and on issues where traditional models of decision-making and practice are well established, I have valued the willingness of the members to explore new approaches. That same willingness must be matched by every individual and agency engaged in the development and delivery of health care.

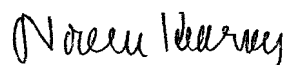
As we approach the completion of our first two year's work, the Women's Health Council has focussed on identifying and prioritising issues, setting up the structures for collaboration, information exchange and support, and putting in place the office and staffing infrastructure. The next three years will see a number of research projects undertaken and joint initiatives with other agencies. At all times the Council will put a particular emphasis on our primary role of advising the Minister for Health and Children. This work must be underpinned by investment in additional staff if we are to fulfil our statutory obligations and meet the standards of excellence which the Council expects of itself, on behalf of those whose interests we serve.

From small beginnings we have taken a number of confident steps which will inform our work and will support the work of others charged with responsibilities under the "Plan for Women's Health". "Women — the Picture of Health" is the report of the first research commissioned by the Women's Health Council. It documents the lack of comprehensive data and analysis to inform women's health policy development and service provision, something which comes as no surprise but which required this firm evidence. The results of this research must be acted upon without delay.

The Women's Health Council also has an important role in the evaluation of regional actions being carried out by the Women's Health Advisory Committee's of the Health Boards. It is our intention to support and encourage new actions and the exchange of information across the country. As well as this regional co-operation, the Women's Health Council will be working with other agencies who share our commitment to change.

Ireland is the only member of the European Union which has established a Women's Health Council. It is an initiative which suggests a genuine interest in finding more effective links between women's health and health-related services. It is our intention to develop this model as a European standard.

Ultimately the success of this new approach to women's health will lie in the quality of the experience of individual women. Those of us charged with meeting the challenges set out in the Plan for Women's Health will determine that experience. Finally I would like to thank the Department of Health and Children for its co-operation and I look forward to reporting on future progress.



NOREEN KEARNEY

Report 1997 — 1999

The Women's Health Council is a statutory body set up in 1997 to advise the Minister for Health and Children on all aspects of women's health. Its mission is to inform and influence the development of health policy to ensure the maximum health and social gain for women in Ireland. The membership of the Women's Health Council is representative of a wide range of expertise and interest in women's health.

Introduction

The Women's Health Council was established in 1997. Its origin lies in a groundbreaking process of health policy development and national consultation, initiated by the Department of Health working with regional Health Boards and the National Women's Council of Ireland.

On foot of a recommendation in the Report of the Second Commission on the Status of Women (1993), "Developing a Policy for Women's Health — a Discussion Document" was published in 1995. In the following two years women were consulted on their experience of health care services, as well as future direction and delivery.

The result of this extensive consumer enquiry was a National Plan for Women's Health. The Plan sets out an approach, built on five core elements identified by the process of consultation with women:

- control
- respect
- consultation
- involvement
- choice

Among the many recommendations in the Plan, was a proposal that a Women's Health Council be set up as "a centre of expertise on women's health issues, to foster research into women's health, evaluate the success of this Plan in improving women's health and advise the Minister for Health on women's health issues generally."

The Women's Health Council has five responsibilities detailed in its Statutory Instrument:

- Advising the Minister for Health and Children on all aspects of women's health
- Assisting in the development of national and regional policies and strategies designed to increase health gain and social gain for women
- Developing expertise on women's health within the health services
- Liaising with other relevant international bodies which have similar functions to the Council
- Advising other Government Ministers at their request.

The work of the Women's Health Council is guided by three principles

- equity based on diversity — the need to develop flexible and accessible services which respond equitably to the diverse needs and situations of women
- quality in the provision and delivery of health services to all women throughout their lives
- relevance to women's health needs.

The emphasis is on an holistic approach that sets “health” in a life long context, that approaches health in terms of promotion, preventative measures and curative care, and that engages every consumer with respect.

Partnership is a principle underpinning the Women's Health Council. It is part of an ongoing and radical approach to creating more effective, efficient, responsive and accountable health care services. The involvement of health professionals, policy makers and consumers in the structures is reflected at each level and promotes a new collaborative approach, in developing policy and in the decisions.

Partnership and collaboration must go beyond the formal structures. To carry out its remit the Council is committed to a collaborative approach with the many agencies and bodies which are involved in health issues. Among our partners are:

- The Department of Health and Children
- Regional Health Boards and Authorities
- Expert agencies, professional bodies and representative women's organisations.

As a fledgling organisation the Council in its early months focussed on assessing how it could make a difference, identifying the key areas where its intervention and expertise could add value to policy and other developments in women's health care, social gain and well being. This proved to be a complex task.

Should the WHC specialise in those areas where there was a rising incidence of mortality among women — such as cardiovascular disease and lung cancer? Or should we target health promotion and prevention, where early intervention can make a significant difference? Is our role primarily about expanding research or changing attitudes? Are certain issues such as mental health our priority?

To assist in the development of a coherent approach to its work, the Council members participated in a number of planning sessions in 1998 as well as embarking on an initial work programme. This underpinned the preparation of a Strategic Plan to 2002. The Plan follows the five strategies or responsibilities of the Council, and in each year an operational programme will target key activities. In these pages we outline how the Council has begun its work.

“Health is
a state of
complete
physical,
mental and
social
well being”

Progress on the Plan for Women's Health

The Plan for Women's Health is the foundation for all policy development in this area. Its implementation and progress are important in developing the views of the Women's Health Council in order to advise the Minister for Health and Children.

The Plan for Women's Health has four main objectives:

- to maximise the health and social gain of Irish women
- to create a woman friendly health service
- to increase consultation and representation of women in the health services
- to enhance the contribution of the health services to promoting women's health in the developing world.

Meeting these objectives involves a concerted effort on behalf of all those involved at regional and national level as well as in the delivery of services. The Plan has a strong action orientation, which must be lead by the Department of Health and Children.

A key development in its implementation is in the appointment at regional Health Board level of advisory committees to address women's health issues within regional plans. The advisory committees draw their membership from a representative range of interests including non-governmental organisations and their work is co-ordinated by the Department of Health and Children. The committee's remit is to advise Health Boards at regional level on the implementation of the recommendations to improve health services for women as detailed in the Plan for Women's Health. The primary role of The Women's Health Council in this area is to develop an overview of the work countrywide, assess the regional workplans against the Plan for Women's Health and monitor and evaluate the actions.

Policy development

The Women's Health Council has taken a number of opportunities to contribute to policy making and will increase this aspect of its work in the coming years. In addition to advising the Minister directly the Council will prepare position papers and submissions on specific issues and will develop approaches to auditing initiatives which will assist in policy and strategy development.

Cardiovascular Health

Cardiovascular disease is the leading single cause of death among Irish women and covers a range of disorders including coronary artery disease and heart failure. In its submission to the National Cardiovascular Strategy Group, the Women's Health Council referred to the fact that 80% of research on heart disease focuses on men and that until recently it was assumed that studies conducted on men would apply equally to women. The submission also pointed to the major risk factors associated with heart disease such as cholesterol, smoking, high blood pressure, obesity and physical inactivity. However these risk factors may differ in relative importance to women. An additional factor for women is hormone levels and there are also indications that genetic and environmental factors have a bearing.

The Women's Health Council made a series of recommendations on three issues — health promotion and prevention, education and research. The recommendations included:

- targetting decreases in smoking among women
- promoting regular physical activity from an early age
- educating health professionals to recognise and treat early signs of heart disease in women as intensely as they do in men
- educating women approaching the menopause about prevention, early detection and the risks and symptoms of heart disease
- promoting research on women
- studying the long term effects of hormone therapy.

The submission went on to say “It is clear from studies that more research on the ways women differ from men in terms of heart disease risk and treatment is needed. One of the most important messages in all future campaigns should be to encourage women, so accustomed to caring for others, to look after and take greater responsibility for their own health.”

Effective auditing

Systematic assessment through auditing mechanisms will be important in determining the effectiveness of the implementation of the Plan for Women's Health and in contributing to future developments. An auditing process will highlight and promote best practice, exchange information, set targets, and maintain a national dynamic so that women throughout the country benefit. As a first step in this area the strategy sub committee of the Women's Health Council has been identifying areas where an audit process would be valuable. The Council expects to be making recommendations for action to the Minister for Health and Children in the near future.

National Committees

The Women's Health Council is represented on three national policy committees:

- The National Breast Screening Committee
- Review of Symptomatic Breast Cancer Services
- The National Consultative Committee on Health Promotion

Research

Women — the Picture of Health?

The Women's Health Council began its research activities by commissioning a study of research and initiatives already undertaken in the area of women's health.

The study had three elements:

- identifying, collating and reviewing research, ongoing or completed in the area of women's health in Ireland
- identifying and reviewing health promotion initiatives or training programmes in women's health
- identifying and reviewing research into women's participation in decision and policy making in the area of health in Ireland.

"Women — the Picture of Health" was published in October 1999 and presents a comprehensive overview of current research from a policy perspective. It describes the extent of research on women's health in Ireland and assesses its adequacy as a basis for policy. The research emerges as fragmented, and further data collection and analysis are required so that policy can be informed by a comprehensive knowledge base.

In relation to women's health, the review identified:

- areas on which we do not have any data
- areas where the data collection methods need to be gender proofed to ensure they are capable of revealing accurately the situation regarding women
- areas where data could be informative about women's health, but these data have not been analysed or otherwise used for policy purposes
- areas where available data have been analysed with regard to women and have provided revealing insights for policy makers.

Taking the principles of health gain, social gain, equity, quality and accountability as its foundation, the study evaluates the state of research in Ireland in regard to each.

The outcome of the study indicates a number of important steps which need to be taken with the Women's Health Council making one primary recommendation — "... that the Department of Health and Children, in consultation with relevant data collection and research bodies such as the Health Research Board and the Central Statistics Office, take steps to put in place a regular comprehensive system of health status measurement for the Irish population."

The study pointed out that "no such system exists in Ireland at present, though appropriate models based on population survey methods have been developed and validated in other countries. In the absence of such monitoring, it is not possible to assess progress or measure effectiveness in key areas of health policy, particularly regarding health gain and equity in health. The lack of a means for such assessment means that the possibility of a genuinely strategic approach to health policy is hampered.

Policy analysis and assessment in relation to women's health is also hampered, since the lack of data on population health status affects women as much as any other segment of the population."

Copies of the report are available from the Women's Health Council.

Symptomatic Breast Screening

The National Cancer Forum requested the Women's Health Council carry out a study on Services for Symptomatic Breast Disease. The study will assess consumer views and reaction to the current services for symptomatic breast care, including diagnostic services and access to additional services such as counselling, surgery and radiotherapy. The research will identify best practice and make recommendations, and will be completed by the end of 1999.

The findings from this review will be used as a basis to develop best practice guidelines in the provision of symptomatic services for breast disease.

Counselling

The Women's Health Council, in collaboration with three of the regional Women's Health Advisory Committees, is developing a proposal for joint research on counselling services. Counselling was an issue raised by women from all areas in the consultative process in 1996/97. In view of the demand for such services an agreed framework for their provision and delivery is important. Among the likely areas for study are definitions of counselling, service providers and provision, access and cost.

Longitudinal Research

The Women's Health Council is committed to the development of a wider research programme on women's health to inform policy development and service delivery. In particular the Council assessed the option of longitudinal research to underpin an ongoing health strategy. A similar study is already underway in Australia but the costs associated with such long term research are very high. A second option considered would involve a once off assessment of the health status of women. The Council will continue to review these options within its research programme.

Working together

The Women's Health Council is working collaboratively with many organisations through the Council members who are drawn from a range of organisations and specialisms in women's health. A number of presentations by expert organisations have assisted the Council in developing policy and operational priorities.

Health and poverty

The Women's Health Council met with the Combat Poverty Agency and Pavee Point to discuss the important relationship between health and poverty. During a presentation, the Combat Poverty Agency highlighted the impact of poverty on women and particularly on those who are head of households. The Agency pointed to the absence of a gender dimension in how household surveys measure poverty as a significant gap in the information underpinning policy in this area. Pavee Point raised the particular experiences of the Travelling Community in relation to health service provision and the need for more specific interventions such as the pilot project in the Eastern Health Board.

Primary Care — “Women taking control of their health”

In October 1999 the Women's Health Council was pleased to work with the Irish College of General Practitioners in organising a groundbreaking conference involving women and general practitioners. “Women taking control of their health” brought together women from leading women's organisations, many with a specialist health expertise, health policy makers and GPs to discuss the changing balance in the relationships in primary care.

This is a vital area in terms of women's own health, preventative services and care, as well as family health, where women play an important role. Among the many issues discussed were the changing nature of primary care, contraception, the needs of carers, screening services, and concepts of life long health and services which support that concept.

The two organisations have committed to continuing their collaboration both in extending the dialogue between women and General Practitioners and in working together on common goals with regard to policy development and the service provision.

The International Context

As European attention has turned to health care the opportunities for co-operation and exchange of information increases. We welcome the appointment of Commissioner David Byrne to the Health and Consumer Protection portfolio in the European Commission. The Council will be at the forefront in seeking a European strategy on women's health and identifying opportunity for greater collaboration in effective health service development.

Priorities for the Council are:

- the development of working links with the health related agencies of the EU, contacts leading to collaboration with other bodies with a women's health remit in Europe and in the Member States
- an advisory and watching brief on activities internationally, particularly at the United Nations.

The Director met with EU officials dealing with the health area and to discuss Europe wide public health strategies. This is an important time, as one round of E.U. health initiatives reach their conclusion. The Women's Health Council will review the outcomes and contribute to future policy development.

During 1999 the Council had a number of meetings with the Department of Health and Children in relation to the follow up to the UN International Conference on Population and Development. The Women's Health Council welcomed the strong commitments to further development in Ireland made by the Minister at the ICPD+5 Conference in New York in June 1999.

The Minister reported to the Conference that a range of changes had occurred and referred to "the preparation of a specific plan on women's health which is being implemented at present and the establishment of a Women's Health Council on a statutory basis."

The Minister also reported

- the introduction of breast and cervical screening programmes on a phased basis a comprehensive schools-based programme which realistically addresses adolescent sexual and reproductive health issues.
- the continuing priority of the HIV/AIDS strategy
- the importance of reducing the extent of abortion throughout the world
- equitable access to basic health services, including reproductive health services, in the developing world.

These are issues where the Women's Health Council shares the Ministers concerns and commitment, and we will work assiduously with him and his Department to ensure that the commitments are met.

Information

The Women's Health Council will be using a number of channels to raise issues and promote women's health issues and best practice. The Women's Health Council is developing a Website to be operational by the end of 1999. The Website will provide information about the Council, details of submissions, information on actions around the country and links to agencies and actions in other countries. It will also be developed as a place for exchange of ideas and information, and to promote greater dialogue between women, health professionals and policy makers on women's health issues.

Ensuring that people with visual or reading difficulties can access information is important. The Website is being designed to be accessible to people with visual impairments, and the Council is also committed to other initiatives in this context.

Publications will also be available as hard copy and in alternative formats.

Finance

The set up of funds both received and expended by The Women's Health Council was voted, authorised and paid by the Department of Health and Children up to 30th October 1998.

The control of funds received and expended did not pass to the Council until 30th October 1998.

A financial statement will be provided for the period ended 31st December 1999 and will be audited by the office of the Comptroller and Auditor General. This Financial Statement will be published in the Women's Health Council's Annual Report for the year 2000.

The Women's Health Council

The Council, including its Chairperson, consists of not more than 23 people appointed by the Minister for Health and Children. The members are drawn from the statutory and voluntary sectors and reflect the widest possible range of interests pertaining to women's health. Council members are appointed for three-year terms. The first Council was appointed on 25th June 1997 and in line with our Statutory Instrument eleven members served a two-year term.

Board Members

Ms. Noreen Kearney, Chairwoman	* Ms. Rosaleen Glackin
* Dr. Michael Boland	Ms. Maureen Gilbert
* Mr. John Browne	Ms. Peggy Maguire
* Ms. Noreen Byrne	Ms. Roisin McDermott
Ms. Rita Burtenshaw	* Dr. Peter McKenna
• Ms. Denise Charlton	* Ms. Maura McNally
* Ms. Helena Close	Dr. Claire McNicholas
Dr. Pat Doorley	• Ms. Lenore Mrwicka
* Dr. Tony Fahey	* Ms. Nora Newell
• Mr. Chris Fitzgerald	• Ms. Nuala O'Donnell
Ms. Maura Fitzgerald	* Ms. Ann Reidy
* Ms. Anita Geraghty	* Mr. Declan Walsh

- * members term expired 24th June 1999
- members appointed 25th June 1999

Sub committees

The Women's Health Council has three sub committees which deal with

- Strategy
- Research
- Finance and General Purposes

Staff

Director	Geraldine Luddy
Administrative/Research Assistant	Anya McKenna
PA to the Director	to be appointed

Designed at Language